Becoming and Being a Grandparent Special Guardian: An Interpretative Phenomenological Analysis

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Acknowledgments

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Abstract

Special guardianship orders (SGOs) are a legal order used in the family court as an outcome in both private and public law care proceedings. SGOs enable children who are unable to live with their parents to be permanently cared for by people they are connected to, giving parental responsibility to the child's special guardians. However, although SGOs are now an accepted permanence option there is a lack of research and few studies have focused on the experiences of special guardians.

Children subject to SGOs have usually experienced trauma during their childhoods and they generally have similar needs to children in local authority care. Grandparents make up the largest cohort of special guardians and little is known about how their unique relationships with the children and the parents affects the role.

This interpretative phenomenological study examines the lived experiences of grandparent special guardians. Twenty-nine grandparent special guardians participated in 18 semi-structured interviews. Transcripts were analysed ideographically using the principles of interpretative phenomenological analysis.

The findings identified that the experiences of grandparent special guardians consisted of two stages, 'becoming' and 'being' grandparent special guardians. The 'becoming' stage involved: a transition in identity from grandparent to special guardian; changing relationships with both their grandchildren's parents and local authorities; and the experience of support during the child protection and court processes. The 'being' stage involved: the development of a special guardian identity and a new family identity; the management of complex relationships with the grandchildren's parents alongside supporting the grandchildren to understand their relationships with their parents; and the availability of support and the potential barriers to accessing it.

The thesis concludes with recommendations for policy, practice, and future research, arguing that there are unique features of grandparent special guardship families, and a new approach is needed in planning and supporting this family type.

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Table of Contents

Part 1: Introduction to thesis

Chapter 1: Introduction

This study investigates the experiences of a specific group of kinship carers: grandparent special guardians. Kinship care is a term used to describe a family situation where children who cannot live with their parents are looked after by other people connected to them, usually a family member or family friend. Kinship care has been happening across cultures for generations, often as part of daily life (Tapsfield 2001). However, in the UK there is a notion that parents take sole responsibility for raising their children (Giddens 2006). This is enshrined in legislation, with the Children Act 1989 laying down strict criteria of who has legal parental responsibility (PR) for children, primarily the parents.

Under the Children Act 1989, kinship carers do not get PR for the children they care for unless they have a legal order granting it to them. In recent years, a new legal order called a special guardianship order (SGO) provided a means by which kinship carers (or others) could acquire PR for children and become their permanent carers until they reach 18. SGOs are a relatively new legal order being used regularly in the family court, which can have a life changing impact on the families involved (Harwin et al. 2019a). Currently, there is a small but growing research base on the implementation and impact of SGOs (Harwin and Simmonds 2019a). This study builds on this knowledge base to develop an understanding of the lived experiences of grandparents who care for their grandchildren via an SGO.

The purpose of an introduction is to explain the rationale for the study (Smith *et al.* 2009:111), to identify why the research is important (Wright et al. 2012) and locate 'the research within the wider social and political context and within the existing literature base' (Becker et al. 2006:14). To achieve this, this chapter discusses the development and use of SGOs through the key research available. It explains the rationale for the study and why this research is necessary. The chapter concludes by outlining the structure of this thesis.

1.1 Understanding special guardianships – the legal, political and research context

In the UK, most children live with at least one parent. However, for a significant number this is not possible and most of these children are cared for by family and friends (Wijedasa 2015) in an arrangement known as kinship care. This section provides an overview of the different types of kinship care used in England and Wales before introducing SGOs.

1.1.1. Kinship care in England and Wales

Although kinship care is an internationally recognised concept, there is no internationally agreed definition because of political and cultural factors in different countries (Greef 1999). For example, Leinaweaver (2014) argues that definitions of kinship worldwide are more flexible than the biological and legal definitions used in North America and Western Europe. Hunt (2003) argues that the differences in the social structures and demographics in other countries where kinship studies have taken place, mean that the transferability of any relevant findings should be carefully considered in relation to UK culture.

In England and Wales, legislation and guidance defines who are kinship carers and what constitutes kinship care. The Children Act 1989 first introduced the term 'family and friend carers' to describe family or other people connected to the family, who provided foster care to a child who was looked after by a local authority (Hunt 2003). The criteria for who could be described as family and friend carers developed over the intervening years and now the DfE (2011b:7) define family and friend carers as:

> a relative, friend or other person with a prior connection with somebody else's child who is caring for that child full time.

This broader definition now incorporates people who are caring for children not formally looked after by a local authority. The DfE (2011b:5) identifies six possible scenarios where people can be considered family and friend carers:

- in informal arrangements with relatives;
- in informal arrangements with friends or other family members which last for a period of less than 28 days;
- as a private fostering arrangement;
- as a looked after child placed with foster carers;
- under a residence order or special guardianship order; or
- in arrangements which may lead to an adoption order.

In these scenarios the term relative is used as defined in s.105 of the Children Act 1989 as a grandparent, brother, sister, uncle or aunt or a stepparent. These relatives can be either a full blood or a half blood relative or a legal relative by marriage or civil partnership.

Where there is an informal arrangement with relatives or with friends and other family members that lasts for a period of less than 28 days, then kinship carers do not need to inform the authorities. If the child remains with a carer who is not a relative as defined in s.105 for longer than 28 days, the placement then becomes classed as a private fostering arrangement, as defined in s.66 Children Act 1989. Private fostering arrangements are regulated by the Children (Private Arrangements for Fostering) Regulations 2005 and there is statutory guidance that must be followed (Department of Education and Skills 2005a). Although local authorities have a legal duty to monitor private fostering arrangements, research by Selwyn and Nandy (2014) suggests that most of these placements are unknown to local authorities.

Where children are looked after by the local authority and placed with friends and family carers either voluntarily via s.20 Children Act 1989 or through an Interim Care Order or Care Order, the carers become friends and family foster carers. These carers must be assessed as foster carers in line with Fostering Regulations 2011 and DfE (2011b) Fostering Services: National Minimum Standards. It is possible for temporary approval to be granted under Regulation 24 of The Care Planning, Placement and Case Review (England) Regulations (2010). This allows children to be placed with the carers in emergency situations. The full assessment must then be completed within 16 weeks, although this can be extended for another eight weeks in exceptional circumstances.

It is believed that most children are in kinship care informally (Farmer and Moyers 2008, Nandy *et al*. 2011, Wijedasa 2015). However, a growing number of children are living with kinship carers under the auspices of a special guardianship order (SGO) (Selwyn *et al.* 2015, Harwin *et al.* 2019a, Department for Education (DfE) 2020).

1.1.2 Special guardianship orders

Kinship care enables children who cannot live with their parents to live with connected people rather than going into local authority care (Hunt 2020), although as discussed previously, children can be in the care of kinship foster carers whilst in local authority care. A significant minority of children in kinship care will never be able to return to the care of their parents and need to have a legally secure permanent home with someone connected to them (Wade *et al.* 2014).

The need for a court order to allow some children to be able to permanently join another family unit whilst maintaining links to their parents, has been an ongoing issue in modern social policy, for example see Rowe and Lambert (1973) or Rowe *et al.* (1984). Prior to the introduction of the Children Act 1989, a legal order called custodianship was developed which sought to achieve this. Custodianships were introduced by Part II of the Children Act 1975 and were intended to offer an alternative care option for children that bridged the gap between foster care and adoption. However, custodianships were not used in any significant way, largely due to a delay in implementation and a lack of promotion by the government (Wade *et al.* 2014).

Custodianships were abolished by the introduction of the Children Act 1989 which Lindley (2006) argues left a gap in the permanent care options for children. In 2000, the Prime Minister's Review on Adoption highlighted that for some children neither long term foster care nor adoption were appropriate placement options (Performance and Innovation Unit 2000). The review explicitly recommended the need for a new legal category which afforded a child greater security with their carers than in foster care but without the permanent severance of ties from their birth family which, the review suggested, happened in most adoption cases. The response to the review was the Adoption: A New Approach White Paper (Department of Health (DoH) 2000) in which the Government proposed the creation of special guardianships.

The White Paper explained that special guardianships were intended for children who needed a permanent placement away from their parents for wherever reason, but where links to their parents were necessary. This included children who were too old to be placed for adoption, children who were already living with family members, as well as people whose religion or culture were opposed to the practice of adoption (DoH 2000). Paragraph 5.10 of the White Paper (DoH 2000:29) identified that special guardianships would:

- give the carer clear responsibility for all aspects of caring for the child or young person and for taking the decisions to do with their upbringing. The child or young person will no longer be looked after by the council;
- provide a firm foundation on which to build a lifelong permanent relationship between the carer and the child or young person;
- be legally secure;
- preserve the basic legal link between the child or young person and their birth family;
- be accompanied by proper access to a full range of support services including, where appropriate, financial support.

Although the concept of SGOs was generally well received, there was scepticism amongst professionals who worried about the success of their implementation (Lindley 2006, Wade *et al.* 2014).

The implementation and development of SGOs over the past 14 years has happened at a time of change and uncertainty in the family court system (Masson *et al*. 2019). The last decade has seen a number of significant changes in the system, such as the implementation of the Public Law Outline process including the 26-week rule, austerity and cuts to legal aid, and increasing demand on the courts due to more children being taken into local authority care (PLO 2014, Bowyer *et al*. 2015a, Bowyer *et al.* 2015b, Care Crisis Review 2018, Dickens *et al.* 2018, Masson *et al.* 2019). The number of children subject to care proceedings has increased significantly in the last decade (Harwin *et al*. 2019a), although the profiles of the families does not appear to have changed (Masson *et al*. 2019). All these issues have added pressure to a system that is under strain due to reductions in resources (McFarlane 2019, Public Law Working Group (PLWG) 2019). In 2018 the President of the Family Division set up the Public Law Working Group to address the issues the family court was facing. In 2020 the PLWG published a report specifically concerned with SGOs. The report made eight recommendations to improve practice within the family court in relation to SGOs (PLWG 2020). The eight recommendations were divided into four recommendations for immediate change and four recommendations for longer-term change.

The four recommendations for immediate change were:

- ‘more robust and more comprehensive special guardianship assessments and special guardianship support plans, including a renewed emphasis on (1) the child-special guardians relationship, (2) special guardians caring for children on an interim basis pre-final decision and (3) the provision of support services,
- better preparation and training for special guardians,
- reduction in the use of supervision orders with special guardianship orders,
- renewed emphasis on parental contact’ (PLWG 2020:12).

The four recommendations for longer-term change were:

- ‘on-going review of the statutory framework,
- further analysis and enquiry into (1) review of the fostering regulations, (2) the possibility of interim special guardianship orders, (3) further duties on local authorities to identify potential carers, (4) the need for greater support for special guardians,
- a review of public funding for proposed special guardians,
- effective pre-proceedings work and the use of Family Rights Group’s Initial Family and Friends Care Assessment: A Good Practice Guide (2017)’ (PLWG 2020:13).

All the issues identified in this section have affected the use of SGOs and will be discussed later in both this chapter and in the literature review chapters.

1.1.3 Legal framework of SGOs

SGOs were introduced when the Adoption and Children Act 2002 amended the Children Act 1989 section 14A. They became law on 30th December 2005 along with the Special Guardianship Regulations 2005 and Special Guardianship Guidance (Department of Education and Skills 2005b). There are slight differences between the Special Guardianship Regulations 2005 in England and the Special Guardianship (Wales) Regulations 2005 in Wales, along with the associated statutory guidance (Department for Education, Welsh Government 2018). The data for this study was collected in England; therefore, all references to SGOs will refer to those that follow the English Regulations and Guidance.

SGOs can be granted in both private and public Children Act 1989 care proceedings either via the application by an individual or by the court's own motion. If an individual plans to make an application for an SGO, they must be eligible to do so. Section 14A (5) of the Children Act 1989 stipulates that to be a special guardian, a person must be over 18 years old and not be a parent of the child. In addition, they must either:

- already be a guardian to the child;
- be named in a Child Arrangements Order or Residence Order for the child;
- be an approved local authority foster carer who has been caring for the child for at least a year;
- be a relative with whom the child has lived for at least a year;
- be a person with whom the child has lived for three years;
- have the consent of a parent or other person holding parental responsibility for the child or the consent of the local authority if the child is subject to a Care Order;
- have leave of the court to make the application.

Any person meeting these criteria must give the local authority three months written notice of their intention to make an application. Once the local authority receives this notice, they must assess the suitability of the applicants and consider what support, if any, should be to be offered to the family. The local authority must prepare a report for court, addressing the points identified in the Schedule of the Special Guardianship Regulations 2005 as set out in regulation 21. The court cannot grant an SGO without this report.

Alternatively, the court can make an SGO as an outcome of s.31 care proceedings if it is considered to be in the welfare interests of the child to do so, even if an application has not been made and the criteria identified above have not been met. This means that a person can be granted an SGO with little planning or notice. The granting of an SGO automatically ends any s.31 care orders the children may have been subject to. Harwin *et al.* (2019a) argue that the ability of the court to grant an SGO in public care proceedings without an application, grants an element of flexibility to the order but undermines the robustness of the SGO process that is required in private law proceedings.

Once granted, an SGO gives the special guardian PR for the child which is shared with the parents and any other people who have legally obtained it. The special guardian can exercise their PR to the exclusion of anyone else holding PR for that child. There are several restrictions identified regarding the use of PR in s.14C Children Act 1989. For example, special guardians cannot change the child's name or move them out of the country for longer than three months without gaining permission from every person with PR or gaining leave from the court. Another aspect of an SGO that promotes it as a permanent order is that any party who wishes to vary the order, including revocation, requires the leave of the court to do so. The Children Act 1989 s14D (5) stipulates that for the court to grant this leave, it must be satisfied that there has been a 'significant' change in circumstances since the order was granted.

Support for special guardians is covered in the Special Guardianship Regulations 2005 and related statutory guidance (DfE 2017). Regulation 3 states that local authorities must make support services available to special guardians in their area, including financial support, therapeutic support and support with contact. When developing these services, the local authority should take into consideration other services provided in their areas, such as adoption support services. Regulation 11 states that when a child was previously in the care of the local authority, the local authority must assess the special guardian, the child or the parents at their request. If the child had not previously been in the care of the local authority, then the special guardian, the child, the parents, any child of the special guardian or any other relevant person, may be offered an assessment. Special guardians should also be able to access all universal services available to parents.

The SGO Regulations and guidance indicate that there should be parity between the support received by special guardians and that received by other alternative carers such as foster carers or adopters. Paragraph 25 of the guidance (DfE 2017) states that the local authority should 'take into account similar services… such as adoption support services, and plan… special guardian support services accordingly'; and paragraph 65 states that when paying special guardians an allowance, 'the local authority should have regard to the amount of fostering allowance which would have been payable if the child were fostered'. The provision of support, including that provided through the Adoption Support Fund (ASF), will be discussed in detail later in this chapter.

Previous research has consistently found that most local authority support services for special guardians are inadequate (Wade *et al*. 2014, Bowyer et al. 2015c, Harwin *et al*. 2019a) and a report by the Local Government and Social Care Ombudsman (2018) found that many special guardians were not receiving the support they were entitled to.

1.1.4 Prevalence of SGOs

When children are unable to live with their parents, practitioners generally focus on ensuring that they achieve permanence with alternative carers (Bowyer *et al* 2015b). When considering permanence, social workers should use the hierarchy of placement choice as stipulated in s.22C Children Act 1989, first considering reunification with parents, then placement with a connected person before adoption or foster care (Bowyer *et al* 2015c). Research has identified that SGOs are increasingly being considered by social workers, local authorities and the court as a permanent placement option for children, once reunification with parents is assessed as not being possible (Bowyer at al 2019b, Wade *et al.* 2014, Selwyn *et al.* 2015, Masson *et al.* 2019).

There is sometimes confusion regarding the numbers of SGOs being granted because both the DfE (2020) and Ministry of Justice (MoJ) (2020) produce statistics on SGOs. The DfE figures only identify children leaving local authority care via an SGO, which in the year to March 2020 was 3,700 (DfE 2020). The MoJ (2020) gives a more comprehensive overview because it identifies the number of SGOs made as an outcome of all family law care proceedings, including private and public law. Private law proceedings are proceedings between private individuals for example, a grandparent could make an application to the Family court for an SGO. Public law proceedings are proceedings where the state has made an application to the family court for a court order for example, a local authority could apply for a Care Order for a child. The participants in this study were granted SGOs in both public and private proceedings; thus, this thesis uses the MoJ (2020) figures unless specified. The number of children being made subject to SGOs in both private and public care proceedings increased at an exponential rate from 4,286 in 2011 to a peak of 7,483 in 2016 (MoJ 2020). The figures have fallen slightly since then to 6,256 in 2020, with 5,092 being made in public law proceedings and 1164 in private law proceedings (MoJ 2020). The numbers of SGOs granted in

England and Wales over the last ten years in private law proceedings, public law proceedings and combined can been seen in table 1.

Table 1 – The number of SGOs granted in England and Wales 2011 – 2020

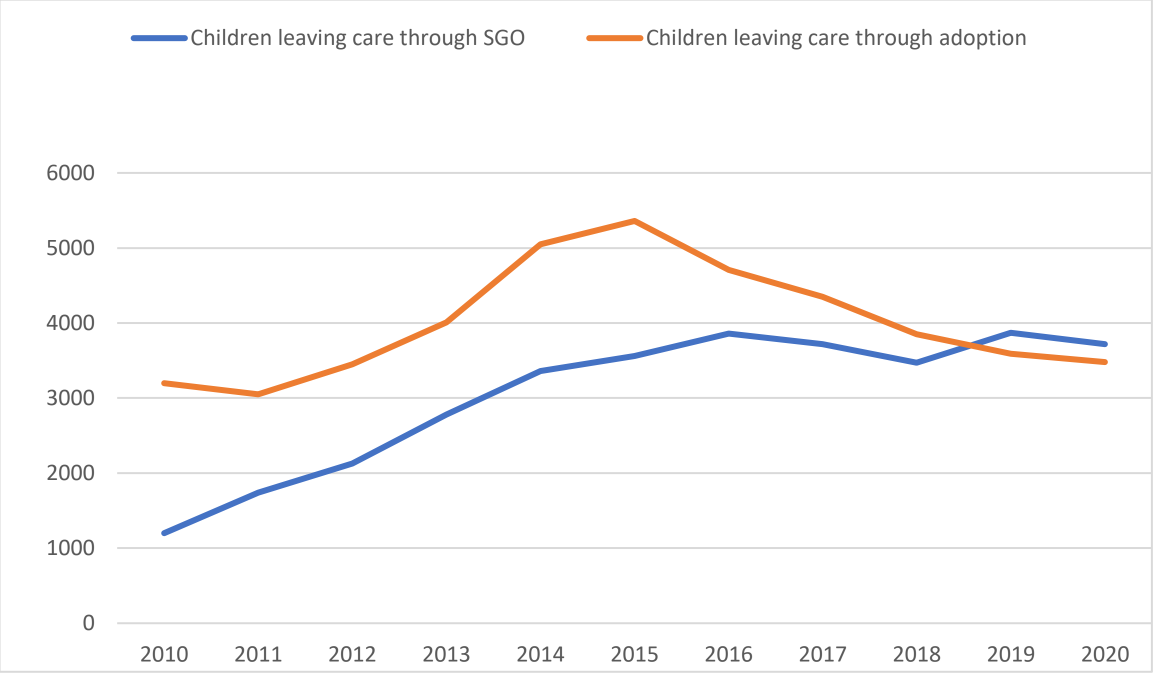
Year	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
SGOs granted in private law proceedings	1,313	1,545	1,863	1,944	1,949	1,812	1,581	1,501	1,542	1,183
SGOs granted in public law proceedings	2,973	4,076	4,923	4,852	5,514	5,671	5,762	5,921	5,814	5,170
Total number of SGOs granted in England and Wales	4,286	5,621	6,786	6,796	7,463	7,483	7,343	7,422	7,356	6,353

(MoJ 2020)

An interesting point highlighted in table 1 is the relative stability of the number of SGOs granted in private law proceedings. In 2011 there were 1,313 SGOs granted in private law proceedings, which rose to a peak of 1949 in 2015 and fell to a low of 1,183 in 2020; a variation of less than a thousand over the decade. The variation is greater in public law cases. In 2011 there was a low of 2,973, which rose to a peak of 5,921 in 2018; a variation of nearly three thousand. This demonstrates that the growth in the use of SGOs has predominantly come in their use as an outcome of public law care proceedings.

The increased use of SGOs as an outcome of public law care proceedings can also be seen in the DfE (2020) statistics on children leaving care. Figure 1 below demonstrates how over the preceding decade the number of children leaving care to SGOs increased significantly up until 2014. Between 2014 and 2020 the number of children leaving care through SGOs has stabilised from a low of 3360 in 2014 to a peak of 3870 in 2019. During the same period, the number of adoptions have varied greatly, from a peak of 5,360 in 2015 to 3480 in 2020. Figure 1 demonstrates how between 2015 and 2020 the number of adoptions decreased to the point in 2019 where more children left care through SGOs than adoption.

Figure 1 – Trend graph of the number of children leaving care through SGOs compared to the number of children leaving care through adoption



Furthermore, the trend data, based on analysis of Cafcass national administrative data completed by Harwin *et al.* (2019), shows that the number and percentage of SGOs being granted overtook the making of placement orders in the year 2015-2016 and remained higher in the year 2016-2017.

The figures since 2019 should be treated with caution when considering trends in the data. It is likely that the use of SGOs has been affected by the Covid-19 global pandemic and it may be some time before reliable usage patterns will be again identifiable. However, the figures indicate that SGOs are now considered a serious addition to the permanence options available for children unable to live with their parents (Wade *et al.* 2014, Bowyer *et al*. 2015a, Harwin *et al* 2015, Harwin and Simmonds 2019a, Harwin *et al.* 2019a, Masson *et al.* 2019).

1.1.5 Developments in the use of SGOs

The implementation of SGOs, although generally positive, has not been without difficulty or controversy. Several concerns have been identified about their use and the impact they are having on children, families and social policy.

Early small-scale research into SGOs completed by Hall (2008) and Wade *et al*. (2010) gave an overview of the profiles of special guardians and children. The first real in-depth study (Wade *et al.* 2014) explored the use and impact of SGOs from their introduction through to 2012. Overall, the findings were that SGOs were generally positive and that they had the potential to result in positive outcomes for the children. However, some concerns were identified. For example, assessments could be rushed and of poor quality; there was usually no transition or settling in period when the children were moved at the end of care proceedings; there was a lack of support for families; and the needs of special guardians and their children were rarely reassessed post-order. Furthermore, SGOs appeared not to be being used as envisaged in the DoH (2000) White Paper because few foster carers were applying for the order, the order was being made for younger children as well as older ones, and the majority were being granted in public rather than private care proceedings. These concerns led the authors to recommend a review in the use of SGOs.

One concern regarding the use of SGOs was the potential impact on the numbers of children being placed for adoption. Wade *et al*'s (2014) research suggested that SGOs were not affecting the use of adoption as a permanence option for children. However, in 2014 the National Adoption Leadership Board (NALB) (2014) raised concerns that the numbers of placement orders were declining due to court judgements Re B (A Child) [2013] UKSC 33 and Re B-S (Children) [2013] EWCA Civ 1146. In Re B, the Supreme Court stated that adoption should be considered a 'last resort' when 'nothing else will do'. This resulted in a renewed focus of keeping children within their families (Masson *et al.* 2019). The NALB argued that these judgements ascribed to the view that higher thresholds were needed than had been the case when considering adoption for children. Subsequent research by Masson *et al.* (2019) supported this view, arguing that the increased use of SGOs since 2013 was probably influenced by the Re B and Re B-S rulings and that the DfE (2020) statistics on looked after children specifically identifies that these two court judgements affected the number of adoption orders being granted.

Whilst the rates of placement orders were declining, the numbers of SGOs were rapidly increasing. In 2016, Harwin *et al.* (2016) argued that there appeared to be parity developing between the numbers of children being placed for adoption and children being made subject to SGOs, with the numbers being nearly equal in the year to March 2016. However, caution is needed when considering these figures because they often relate to different children. The average age for children when an adoption order is granted is three years two months, whereas the average age when SGOs are granted is five years ten months (DfE 2020), although SGOs are more likely to be used throughout childhood (Wade *et al.* 2014). A like for like comparison based purely on the numbers of orders granted will not give an accurate reflection because a significant proportion of children subject to SGOs would not have been considered for adoption.

The NALB (2014) also raised concerns that SGOs were being granted for children younger than they were originally intended for. There were concerns that SGOs were being used for children whose age made adoption a realistic option. It has been argued that professionals see adoption as the 'gold standard' in placement choice for children (Hall 2008:360, McSherry *et al.* 2016:64). This has been reinforced by government rhetoric; for example, the DfE's (2011:6) Action Plan for Adoption identifies that 'in many cases adoption is the best option'. However, McSherry *et al.* (2016) cautions against this, arguing that different placement types cannot be placed in a hierarchy because the issue is nuanced and many factors must be considered, such as stability, impact on identity, and on-going family relationships. Moreover, a key principle of the Children Act 1989 is that children are raised within their families where possible (DfE 2015b). Harwin *et al.* (2015) argued that the reason the use of SGOs with young children had become an issue was because of the perception that they were being prioritised by the courts over adoption. They suggested that because SGOs were a realistic alternative to adoption, it challenged those who believed adoption was the placement of choice for very young children.

Two further pieces of research (Bowyer *et al.* 2015a and 2015b) into the implementation of the Public Law Outline on the outcomes of court, identified that although SGOs were viewed positively by professionals, there were also some concerns. One was the rise in the use of supervision orders being made alongside SGOs. Supervision orders are granted through s.31 Children Act 1989. They are time limited, initially being granted for one year but they can be extended for up to three years and s.35 (1)(a) states a supervision order places a duty on a local authority 'to advise, assist and befriend the supervised child'. Other concerns focused on assessments being rushed, some SGOs being made to people with tenuous links to the children, difficultly monitoring SGO disruptions, and the deficit in support for special guardians. These issues will be discussed in detail in the literature review.

Around this time there were also three high profile serious case reviews into children who were seriously harmed, died or were murdered whilst subject to SGOs (Harrington 2017, Wate 2017, Wiffin 2017). The serious case reviews raised several concerns about the processes that resulted in the SGOs being granted and the experiences of the children when in the care of their special guardians. Concerns were generally around the tenuous links the special guardians had to the children prior to the SGOs being granted and poor assessment practices linked to tight court timescales.

These concerns led the government to commission Cafcass (2015) and Research in Practice (Bowyer *et al.* 2015c) to complete qualitative case file analyses of Cafcass and local authority case files respectively, as well as requesting a call for evidence from practitioners and members of the public on the use of SGOs (DfE 2015a). Although these studies were quite limited due to being small-scale and rushed, they did begin to identify how the use of SGOs was developing. The government then produced a response to this research (DfE 2015a). The research indicated that most special guardians safely cared for the children for the duration of their childhoods but three areas of concern were identified (Cafcass 2015, DfE 2015a, Bowyer *et al* 2015c). First, assessments of potential special guardians could be rushed leading to a poor quality of analysis, possible due to time pressures from the court. Second, the increased use of supervision orders with SGOs indicated that social workers, Cafcass guardians and the family court were concerned with either the decision for the SGO to be granted or the potential stability of the placement. Third, support for special guardians continued to be inadequate.

To address these issues, the government updated the guidance and regulations (see Special Guardianship Amendment Regulations 2016 and Statutory Guidance for Local Authorities on the Special Guardianship Regulations 2005 (as amended by the Special Guardianship (Amendment) Regulations 2016) (DfE 2017)). The main changes were to the assessment process which now had to explicitly consider: the child's previous relationship with the potential special guardian; the impact of any harm a child may have suffered; the child's future needs up to the age of 18; a more thorough assessment of the potential special guardians' parenting capacity (DfE 2017). In 2018, the NALB was renamed the Adoption and Special Guardianship Leadership Board (ASGLB), although this is misleading as their leadership remit only relates to children who have previously been in local authority care rather than all children subject to SGOs. In relation to support, from May 2016, the government allowed the Adoption Support Fund to be used for special guardians if their children had previously been in the care of the local authority. Research consistently identified that most children who were subject to SGOs had suffered trauma pre-order, regardless of whether that had been in care (Wade *et al.* 2014, Bowyer *et al*. 2015c, Cafcass 2015) and Masson *et al*. (2019) argued that support should be available to all special guardianship children.

There has been no specific research examining the impact of these changes in regulation and guidance and there continues to be concerns about the way SGOs are granted and used. For example, in 2018, the Re P-S (Children) [2018] EWCA Civ 1407 family court case identified **t**hat as a result of the impact of the 26-week limit on care proceedings, the court considered making a 'time limited' care order to enable potential special guardians with no previous relationship with the children to care for them before the SGO was granted. However, it was ruled incorrect to place children on 'time limited' care orders to test out placements where there had been a positive SGO assessment. An outcome of this ruling was that the President of the Family Division invited the Family Justice Council to develop guidance on SGOs for the family courts. The Nuffield Family Justice Observatory completed a rapid review of the research into SGOs which resulted in three reports and a summary (Harwin and Simmonds 2019a, Harwin and Simmonds 2019b, Harwin *et al.* 2019b, Brown *et al*. 2019). This research was closely followed by Harwin et al.'s (2019a) research into the use of SGOs and Supervision Orders and Masson *et al.*'s (2019) research into the outcomes of care proceedings, both of which contained data and analysis related to SGOs. These studies continued to raise concerns about the quality of assessments, the impact of court processes on decision-making and the availability of support. These findings will be fully explored in the literature review.

Although the research into SGOs remains limited, the future of SGO research is looking more promising; for example, at the time of writing, the DfE was advertising for bids for two research projects aimed at children in adoptive and special guardianship families. In my role as the policy and practice advisor for Kinship, a national kinship care charity, I have created a kinship care researcher network which is attended by people researching kinship care, including several Ph.D. researchers examining various aspects of SGOs.

One consequence of the lack of research on SGOs is that little is known about the impact they have on the key stakeholders: the children, their parents and the special guardians. This study aims to build on existing research and use qualitative methods to examine the lived experiences of grandparent special guardians, to develop an understanding of the issues that affect them.

1.2 Structure of the thesis

This thesis used Interpretative Phenomenological Analysis (IPA) and as such follows the thesis structure recommended by Smith *et al.* (2009). The thesis is split into five parts. Part one has introduced the research topic and explained the rationale by locating the study within existing research and the social and political context. Part two reviews all the existing literature into SGOs and examines selected research in related areas such as permanence, kinship care, child development and grandparenting. Part three explains the rationale for the data analysis method chosen as well as describing each stage of the data analysis process and the ethical considerations. Part four is structured according to the key themes identified in the data analysis process. In IPA research, the findings focus solely on participants' experiences and the researcher's interpretation of them, which is done without the introduction of any external literature (Smith *et al*. 2009). Part five discusses and reviews the research and considers its strengths and limitations. It then discusses the findings in the context of selected literature, before making recommendations for policy, practice and future research.

1.3 Motivations for the research

My motivation for researching special guardians stems from both personal and professional experiences.

Growing up, I had a difficult childhood and my grandmother played an important role in my life. I developed an interest both in children and families social work and kinship care which led to me train to become a social worker.

Once I gained my social work qualification, I worked as a social worker and a team manager for a child protection team for seven years. During this time, I continued to develop my interest in kinship care. My experience of public care proceedings meant I worked with several families where SGOs were granted. During this time, I became increasingly frustrated by the lack of research regarding kinship care and SGOs on which to base my analysis and decision making.

When I decided to apply to undertake a PhD., researching SGOs felt like a natural progression. The influence of my personal experiences is discussed in more detail in the methodology chapter.

1.4 Note on terminology

The thesis uses several terms that need to be explained.

The term 'parents' will be used for the special guardian children's parents. I have reflected seriously on this issue and consciously chosen not to use the term 'birth parents'. The reason for this is because unlike in adoption, there are no other parents for the children. A unique aspect of special guardianships is that children can be given legal permanence with other carers whilst their biological parents remain their legal parents. The findings of this study identify that several participants were comfortable being called variations of mum and dad by the children but caveated this by explaining that they did not see themselves as parents but as special guardians parenting their grandchildren.

Other terms I use in this thesis are used for ease rather than as reflection of my views or research evidence on the subject. I understand some terms, such as adoptive parent, can be contested, as some would like to be referred to purely as a parent. However, some parameters were needed to ensure the arguments could be expressed with clarity.

Generally, the term special guardian is used to describe children's kith and kin who are granted an SGO. I acknowledge that mainstream foster carers are also able to be granted an SGO; however, the focus of this study is on grandparent special guardians. When I refer to special guardians who were former foster carers I will specifically indicate this.

Part 2: literature review

Chapter 2: Introduction to the literature review

The purpose of a literature review is to contextualise a project within the available research and theory related to the field of study. This allows the researcher to demonstrate a thorough understanding of the literature, evaluate and critique the relevant research and theories, identify any gaps in knowledge and demonstrate why their project is pertinent and necessary (Ridley 2008). The field of study for this project is SGOs, with a specific focus on the experience of grandparent special guardians. However, with SGOs being a relatively new construct, the literature is still limited (Harwin and Simmonds 2019a). Therefore, I review the literature on SGOs more generally rather than focusing specifically on grandparent special guardians, then highlight the gaps in the existing research which will be addressed in the present study.

The following areas of research and theory related to SGOs are examined to help contextualise this thesis: the need for permanence; the impact of trauma on children's development; socio-genealogical connectedness; grandparenting.

2.1 Purpose of the Literature Review

Hewitt-Taylor (2017:31) argues that literature reviews are a 'form of secondary research' and as such should be 'rigorous, systematic, and free from bias'. The use of the word systematic can cause confusion as it relates to the identification of a clear search and selection strategy, rather than referring to a systematic literature review which is a standalone research method. This review will combine a 'traditional', or 'narrative' literature review method following Cronin *et al.*'s (2008:38) five step approach to reviewing literature, combined with Wallace and Wray's (2016) model of critically reviewing literature. The five steps Cronin *et al.* (2008) propose are, selecting a topic, searching the literature, analysing and synthesising, writing the review and referencing.

The literature search in a narrative literature review is different to that of a systematic literature review, but still needs to be thorough and robust (Cronin *et al.* 2008), especially as the search criteria are not as strict as in a systematic review (Aveyard 2014). However, Wallace and Wray (2016:166) caution that one should be critical about what research is included because 'if you let yourself become a servant to the literature you will rapidly become overwhelmed by trying to read and describe everything written in the field'. The authors suggest that the reviewer should make 'critical choices' as to what literature to include to ensure the review is not just a description of all available literature but gives an analytical overview.

This review is also influenced by the methodology employed. Smith *et al.* (2009:42) propose that the 'IPA approach to data collection is committed to a degree of open-mindedness' which requires the researcher to 'suspend (or bracket off) preconceptions' to 'enable participants to express their concerns and make their clams on their own terms'. Smith *et al.* (2009:43) continue that in IPA, the 'literature review can be quite short and maybe more evaluative'. Smith et al (2009) argue that the literature review should identify the gaps in knowledge that make the research necessary but should not pre-suppose which areas of interest the findings will discover. The rationale for which areas were included and excluded in the review are explained later in this section. Please see appendix 1 for an overview of the search strategy.

Because there is very limited research on grandparent special guardians, all literature on SGOs is included in this review. While there is a dearth of peer reviewed books and articles about the subject (Harwin *et al*. 2019b), there is a growing body of literature that is not published in peer reviewed journals but by universities or research focused organisations such as the Nuffield Family Justice observatory. Some of this literature could be described as grey literature which is defined as produced by organisations where academic publishing is not the primary activity, such as government documents, newspaper articles, comment pieces, research briefings, etc. (Mering 2018). Grey literature has a significant role in relation to social policy where releases from agencies such as charities and other third sector organisations, professional bodies, etc. are intended to change public perception and influence the policy making process about specific issues (Hartman 2006). However, grey literature should be approached with caution due to a lack of quality control (Harman 2006). For example, grey literature is sometimes not formally peer reviewed, the subject knowledge and research experience of the authors could be unknown, and the agencies releasing it could be working toward their own agendas which could introduce bias (Mering 2018).

Contemporary literature reviews are mainly undertaken using electronic searches of academic databases (Cronin *et al.* 2008). When using search terms related to SGOs, only four academic empirical papers were identified: Hall (2008), Thompson (2019a&b), and Hingley-Jones *et al.* (2020). All four papers relate to small research studies. Most published research into SGOs are research reports and briefings from universities and other organisations. I have identified these through internet searches, snowballing from other reports and networking. My extensive networking has meant that I was aware of most studies whilst they were on-going and knew when they would be published (see methodology chapter).

When considering what wider literature to use, I referred to Wallace and Wray's (2016) critical literature review method which requires the researcher to use their own 'intellect' and knowledge of the literature to identify studies that are most relevant to the research question (Wallace and Wray 2016:166). The focus of my research question meant I included some literature on kinship care, contemporary grandparenting, and child development in the review because they helped identify the gaps in knowledge. However, to avoid presupposing the findings, I chose not to include literature from wider sociology, social work, or psychology. Relevant literature on these subjects are introduced in the discussion chapter where they are used to discuss the findings in more detail.

SGOs are a legal order used in England and Wales. Therefore, there is no international literature available. However, international literature is available on kinship care and grandparenting, especially from the USA. Farmer and Moyers (2008) argue that the legal, social, historical, cultural and structural differences between the UK and the USA make it hard to translate any findings from USA research into kinship care to a UK context. Saunders and Selwyn (2008) argue that in the USA, most kinship carers are African American or Hispanic grandmothers whereas in the UK they are commonly white British, although black and minority ethnic families are overrepresented (Wijedasa 2017). Ethnicity will be discussed later in this chapter. Such significant cultural differences make relating US literature to the UK problematic. There are also cultural complexities when considering the literature on grandparenting given the many differences in how grandparenting is researched internationally (Timonen and Arber 2012, Herlofson and Hagestad 2012). For example, contemporary research into grandparenting in the US focuses on grandparents becoming kinship carers for their grandchildren because of social issues within that country, whereas in Europe, the research has focused more on grandparents caring for grandchildren so the parents can access the labour market. For these reasons, I use a cautious approach when incorporating international research into the literature review.

2.2 Development of SGO literature

The literature focusing on SGOs has developed in an interesting way since their inception. The first study, completed by Hall (2008), was a small mixed methods study combining the quantitative analysis of 70 court files and interviews with six child welfare professionals. Next, Wade *et al.* (2010) examined SGOs as part of a larger study into child permanence options. This study involved a document analysis and interviews with 38 managers in eight local authorities, a survey of 81 special guardians and interviews with 15 special guardians and three children. The findings from that study prompted a larger project (Wade *et al.* 2014) which is the largest and most comprehensive study of SGOs to date. It included a survey of the use of SGOs in 132 local authorities between 2006 and 2011 and an analysis of the DfE data held on the 5,936 children who had left care to SGOs within the same timeframe. The study also included a survey of 115 special guardians, an analysis of 224 casefiles and interviews with 20 special guardians, 10 children and 23 professionals in seven local authorities.

In the same year, Selwyn *et al.* (2014) examined breakdown rates of different legal permanence options for children, using data gathered on 5,912 children subject to SGOs. Research in Practice published two small studies on SGOs in 2015. The first, Bowyer *et al.* (2015b), was part of a bigger study looking into the impact of the family justice reforms. This study involved telephone interviews with 19 professionals from six local authorities. At this point, as discussed in the Introduction, concerns were developing regarding the increased use of SGOs, the decrease in placement orders and the robustness of the SGO processes. This, along with several serious case reviews involving children subject to SGOs, led the DfE (2015a) to undertake a 'call for evidence' which included consultation with stakeholders, along with three other commissioned projects. Research in Practice completed a qualitative case file analysis of 51 cases from five local authorities (Bowyer *et al*. 2015c). Cafcass (2015) completed a case file analysis of 51 cases, selected from applications that resulted in an SGO between May 2013 and May 2015. Harwin *et al.* (2015) completed a statistical analysis of the numbers of SGOs being granted between 2007 and 2015. These reviews resulted in a change of policy, as described in the thesis introduction.

There continued to be developments in the use of SGOs and the court case Re P-S (Children) [2018] EWCA Civ 1407 resulted in the president of the family division identifying that the lack of evidence available to the court meant decision- making with regard to SGOs was not underpinned by a strong research base. This led to the Nuffield Family Observatory and CoramBAAF producing three research reports, along with an overall summary completed by Harwin and Simmonds (2019a). The first report (Harwin and Simmonds 2019b) focused on the findings of a study into practitioners' perspectives on SGOs, including concerns they had. Forty-four professionals attended five focus groups and data were analysed thematically. The second report (Harwin *et al*. 2019b) was a review of the available studies into SGOs. The preliminary findings of this thesis were used in the review. The third report (Brown *et al.* 2019) examined international research into kinship care.

SGOs were the focus of a larger study into the use of supervision orders in the family courts (Harwin *et al.,* 2019a). One part of that study examined the use of supervision orders granted alongside SGOs. It involved a descriptive case file analysis of 107 children subject to SGOs and supervision orders, interviews with five parents, 12 focus groups involving 89 family justice professionals, seven interviews with special guardians and focus groups involving 24 special guardians.

Three journal articles were published in 2019 based on two smaller projects specifically looking at discrete aspects of SGOs. Thompson's (2019a&b) study examined contact in SGOs via a survey of 102 local authority social workers, two focus groups involving nine social workers, and two focus groups involving 12 special guardians. Hingley-Jones *et al*.'s (2020) study examined ten sets of grandparent special guardians' journeys to becoming special guardians and examined issues around relationships and contact. Hingley-Jones *et al*.'s (2020) study has many similarities to this project. It was a qualitative study which examined the experiences of grandparent special guardians. However, there are several differences: there were fewer interviews and participants, and the data were analysed thematically rather than using IPA.

Other projects have referred to SGOs, for example Masson *et al*. (2019) and salient points from them are incorporated into this review.

Chapter 3: The need for SGOs

3.1 A theoretical understanding of the need for SGOs

This chapter considers why children need to feel permanently attached to dedicated carers. It will do this by giving an overview of selected literature (Wallace and Wray 2016) into child development relevant to SGOs, before reviewing the literature examining the profiles of children who are subject to SGOs.

3.1.1 Permanence

Children who are unable to live with their parents, for whatever reason, need safe and stable care for the duration of their childhoods to be able to develop and reach their potential (Schofield and Beek 2006). Special guardianship orders were intended to enable children to receive permanent care from a person either related or connected to them (DfE 2017). A theoretical framework that considers this need for children is known as permanence. Permanence was a key principle in the development of SGOs.

The theoretical concept of permanence was developed in the 1970s and 1980s in the USA (Maluccio and Fein 1983; Schofield *et al.* 2012). Permanence is about more than just providing children with an alternative physical home to grow up in; it is intended to ensure children develop the psychological confidence that they have a carer who will provide them with emotional and physical care throughout their childhoods (Schofield 2009). This is achieved by allowing children to develop lifelong emotional relationships with attuned and sensitive carers (Maluccio and Fein 1983), belonging to a family (Schofield *et al.* 2012) and being confident that their placement situation is permanent (Thoburn *et al.* 1986). In the context of SGOs, Wade *et al*. (2014) argue that permanence combines being part of a family, having a home, and having legal certainty over who can exercise PR. Maluccio and Fein (1983) argue that the intention of the carer to provide permanence to a child is a key aspect of permanence. Children need to feel that their carers intend to care for them forever. Boddy (2013:1) argues that permanence does not just relate to just the main carers: it also ‘recognise[s] the key qualities of family relationships for children and adults across generations’. Boddy (2013) contends that family members from all generations, not just those in the parenting role, have a role in making a child feel like a permanent member of the family.

The UK care system has a long history of looking after children who cannot be raised by their parents (Schofield 2012). However, the concept of permanence only really began to develop in the UK when research studies into children in local authority care found that many children were drifting in the care system, with no plans for their long-term care, leaving them uncertain about their futures (Rowe and Lambert 1973; Rowe *et al*. 1984). Initially, permanence focused on children being adopted from care and children in long-term foster care. At the same time, studies such as Rowe *et al*. (1984) indicated that kinship placements could also provide children with stable care. This developed over time, eventually leading to formal kinship care being perceived as a permanent placement option for some children, although it does not receive the same levels of recognition or support as adoption and foster care (Wade *et al*. 2014, Bower *et al*. 2015b&c, Harwin and Simmonds 2019, Harwin *et al*. 2019a).

The concept of permanence has influenced policy development in the UK (Boddy 2013, Dickens *et al.* 2014). Dickens *et al.* (2014) argue that the principles of permanence are generally accepted by both sides of the debate between children's right to be cared for by their parents and their right to be safe. Permanence proposes that children should be raised by their parents, but where this is not safe, the child needs to become part of a new family with minimal delay. However, the means by which permanence should be achieved can cause tension. An example of this is the debate into whether SGOs are being misused in situations where adoption may be more appropriate. Some argue that SGOs were a rebalancing of a system that was becoming overly punitive, whilst others argue that SGOs may be usurping adoption orders due to a misunderstanding of case law (National Adoption Leadership Board 2014; Harwin *et al.* 2016). The political drive to ensure that children have a permanent home and family was one of the driving forces behind the development of SGOs (Performance and Innovations Unit 2000; Department of Health 2000). However, at the time of writing there is uncertainty about the government's commitment to SGOs. Although there is a focus on adoption in the current Conservative Party's manifesto, neither SGOs nor kinship care are mentioned (Conservative and Unionist Party 2019). However, the government's recent adoption strategy (DfE 2021a) states: 'Where a child cannot live with their birth parents the best alternative home will often be with other family members or within loving foster families' and there is a commitment to offer support to these families.

Since their inception, SGOs have been compared to other permanence options for children. A small study undertaken by Hall (2008:373) shortly after the implementation of SGOs, identified that they were initially welcomed by social workers as a viable permanency option for children, although,

> 'There was a clear consensus that adoption remains 'the gold standard' and that special guardianship is not as 'secure', 'final' or 'permanent' as an adoption order'.

As the use of SGOs has become more prevalent, there have been subtle changes in how professionals view them. Harwin and Simmonds (2019b:12) found that social workers generally believed SGOs were 'a valuable order for 'the right child and the right family'', although there was a sense that each case should be taken on its own merits. However, many professionals still had some reservations about how they are used (Wade *et al*. 2014, Bowyer *et al*. 2015a, Harwin and Simmonds 2019b, Harwin *et al*. 2019a).

The main concern about SGOs among professionals was whether they were usurping other permanence options for children in s.31 proceedings, such as adoption orders (Bowyer *et al.* 2015). The DfE's (2015a) call for evidence found that only 35% of respondents felt social workers knew which order would be most appropriate for families as an outcome of s.31 proceedings, highlighting the lack of confidence that the most relevant orders were being made for children. Bowyer *et al*.'s (2015b:9) study identified that many professionals in leadership positions were concerned that SGOs were being used in place of adoption. One Cafcass manager said,

> (SGOs) weren't meant for babies or an alternative for adoption - they are being used for all sorts of variable placements these days - for younger children, with friends, not just family members - some of it contradicts the purpose of SGO.

There is evidence that these concerns might be misplaced. Wade *et al*. (2014) argued that an increase in SGOs does not appear to lead to a decrease in adoption orders, although fewer SGOs were being granted at the time of that study. Cafcass (2015) found limited evidence of SGOs being used in cases where other permanence options might have been more appropriate. One reason why these concerns arise could be the apparent lack of consistency regarding how SGOs are used by the court (Bowyer *et al.* 2015b, Harwin and Simmonds 2019b). Harwin *et al*. (2019a:45) found that at Designated Family Judge (DFJ) level, 'approximately a third of the DFJ areas depart significantly from the national trend' of numbers of SGOs being granted, although they did not identify which orders were being granted in their place. Other issues related to the court processes will be examined later in this chapter.

As discussed in more detail later in this chapter, SGOs are mainly used to keep children within their immediate families. The majority of SGOs are granted to children's grandparents, 61% according to Wade *et al*. (2014) and 58%, according to Harwin *et al.* (2019a). Qualitative data from Wade *et al.* (2014) indicates that special guardians are generally committed to providing permanence to the children and professionals in Harwin and Simmonds' (2019b) study believed that most special guardians are committed to caring for the children until adulthood.

While there are no studies about special guardians' or children's views of permanence, two studies of permanence examined foster carers' levels of commitment and care plans (Schofield *et al.* 2012, Dozier and Lindhiem 2006). Dozier and Lindhiem's (2006) research from the USA, involving children aged between 5 months and 5 years old in 84 carer/child dyads, identified that both carer and child characteristics played a role in developing a committed relationship. The carers were found to be more committed if they had cared for fewer children in the past and if the child was younger at the age of placement. Commitment also grew the longer the placement lasted.

Schofield *et al.*'s (2012) study examined the case files and care plans of 230 looked after children, as well as interviews with 40 foster carers and 20 children in care. The interviews identified important issues for the children and foster carers, including the effect of joining a different family and being a member of another family until adulthood. The authors suggested that permanence was about building an enduring, committed bond between the child and foster carer. The study highlighted some of the challenges faced by the children and foster carers, which included the difficulties of belonging to multiple families, managing birth family relationships, and some children feeling a plan of permanence pulled them away from their family. Although there is limited research into permanence in SGOs, it has been identified that children in kinship care often feel loved and part of the family when they believe their carers are committed to them (Broad *et al*. 2001, Aldgate and McIntosh 2006, Selwyn *et al*. 2013).

The quantitative data into special guardianship placement disruptions, which will be discussed later in this chapter, demonstrates that SGOs are achieving a permanent home for children (Wade *et al.* 2014; Selwyn et al 2015, Harwin at al 2019a). However, disruption rates may not be the best indicator of permanence in kinship families because, as Wade *et al.* (2014) argue, if a placement ends, it does not mean permanence was not achieved for the child. The child could have grown up knowing their carer loved and were committed to them and once the placement ended, the close relationship between the special guardian and the child may have continued. There are similarities between the themes about permanence raised in Dozier and Lindhiem (2006) and Schofield *et al.*'s (2012) research with those in Wade *et al.*'s (2014) research. However, Wade *et al*. (2014) do not specifically focus on the concept of permanence; therefore, little is known about the SGO – permanence nexus. There is also a lack of research on how permanence is experienced for children, parents, and special guardians in ongoing and disrupted placements.

3.1.2 The impact of maltreatment, trauma and loss

A child's need for permanence can be understood using child development theories. The experience of not living with parents is likely to impact on children's development and how they need to be cared for. Most children who need permanent care away from their parents, have suffered varying types and degrees of maltreatment, loss and trauma. This has been identified in studies on adopted children (Howe 1997, Selwyn *et al*. 2006, Selwyn *et al*. 2015) children in kinship care (Farmer and Moyers 2008, Hunt *et al*. 2008), including special guardianship families (Wade *et al*. 2010, Wade *et al*. 2014, Selwyn *et al.* 2015), and children in foster care (Sinclair 2005, Schofield and Beek 2006, Sinclair *et al*. 2007). While it is beyond the remit of this chapter to review child maltreatment and child development literature in-depth, it is important to understand the impact of maltreatment, loss and trauma on children, as well as their need for safe and stable long-term care, because these are issues that affect special guardianship families (Wade *et al*. 2014, Harwin and Simmonds 2019a).

Most children subject to SGOs have experienced some form of abuse, neglect or loss (Wade *et al*. 2014, Cafcass 2015) and there is thorough and comprehensive research evidence into the impact of maltreatment on children's development (Howe 2009). Studies consistently find that child maltreatment increases the risk of survivors experiencing mental health difficulties, neurodevelopmental disorders, behaviour and educational difficulties, poor physical growth, relationship and friendship difficulties, attachment difficulties, and, in later life, psychopathology (Johnson and Mash 2001, Hildyard and Wolfe 2002, Howe 2005, Schofield and Beek 2006, Baer and Martinez 2006, Deault 2009, Hibbard *et al.* 2012, Crittenden 2013, Tarren-Sweeny 2013, Dinkler *et al.* 2017).

A theoretical model of child development commonly used to consider the impact of loss and child maltreatment on children is attachment theory (Howe 2005) which 'offers a rich and powerful explanatory framework … for understanding the histories and behaviours of children who need family care' (Schofield and Beek 2006:1). Attachment theory contends that children are born with innate behaviours that they use to elicit interactions from their main care givers, and children use and develop these attachment behaviours to keep themselves safe (Bowlby 1969). When children use these behaviours, such as crying or smiling, they are signalling information to their carer, and the way the carer responds to these signals creates a template for the child to develop an internal working model of their world; is it a safe place where their carers can keep them safe and fulfil their needs, or is it a dangerous and hostile place where their parents cannot keep them safe and their needs are not meet? (Howe 2011). Children will usually activate these attachment behaviours when they feel anxious or frightened and they refine these behaviours, developing the ones that are most likely to provoke a protective response from their care giver (Howe 2011).

Over time, these attachment behaviours have been classified in various ways (see Ainsworth *et al.* (1978), Main and Solomon (1986) and Crittenden (2012)). Howe (2011) gives a thorough overview of the Ainsworth *et al* (1978) and Main and Solomon (1986) way of classifying attachment categories. These categories of attachment are secure, insecure avoidant, insecure ambivalent and disorganised. Children who are securely attached have carers who have been consistently positive in how they respond to their child and the child is confident that their parent can keep them safe. They perceive the world as a safe place to explore and develop. Children with an insecure or anxious avoidant attachment style are likely to have carers who have often responded negatively to their child's attachment behaviours; they may dismiss and ignore the child or become angry and hostile. The child learns to minimise their attachment behaviour because they either believe there will be no response from their carer, or they want to prevent a negative response. The child then becomes avoidant of displaying their emotions. Children with an insecure or anxious ambivalent attachment style are likely to have experienced inconsistent responses to their attachment behaviours from their parents. The child is uncertain that their attachment behaviours will be responded to, which leads to the child overemphasising their needs and not being easily soothed. Children who have a disorganised attachment style have not been able to develop strategies that they can use to keep themselves safe. The child's carers often present as either frightening or helpless, which results in the child being continuously anxious and scared. The behaviours the child uses to keep themselves safe do not work, which leaves them uncertain about how to protect themselves. This often leads to the child displaying confusing and distressing behaviours.

Many studies indicate that maltreatment is one of the main causes of problems with attachments in children (Howe 2005, Baer and Martinez 2006). Tarren-Sweeny (2013) found that attachment difficulties are part of a more complex picture of mental health difficulties for many children in foster care and kinship care, which include issues such as neurodevelopmental disorders, felt and trauma related anxiety and discrete mental disorders. While there is no specific research into the attachment styles of children in special guardianship placements, the issues are likely to be similar to those of children in kinship care, foster care and adoption, due to the similarities in the children's experiences.

When children have experienced maltreatment and trauma, the behaviours they develop can be difficult for their carers to manage. Some of the most chronically and severely maltreated and vulnerable children can develop challenging and confusing behaviours (Howe 2005). Crittenden (2012) contends that when children are unable to develop behaviours that keep themselves safe, their behaviours become increasingly compulsive and can alternate between being overly aggressive, compliant, controlling or passive when under stress.

Parenting children with these experiences is challenging. Howe (2009) argues that moving a child from an abusive home into foster care is not a panacea. Children will continue to feel scared because their internal working model has developed in that way and they will often keep displaying these maladaptive attachment behaviours. If the new carer does not understand the reasons for the child displaying these behaviours and fails to respond to them in a supportive way, the children can become frustrated and isolated, and the carers can feel helpless and sometimes hostile towards the child (Howe 2009). This will reinforce the child's sense of distress, leading to them displaying increasingly extreme behaviours in a cycle that resembles the situation that the child was initially removed from.

One way of addressing these issues is to support carers to parent in a more therapeutic and reparative way, to help the children manage the impact these experiences have had on their development (Howe 2005, Schofield and Beek 2006, Crittenden 2012, Bifulco and Thomas 2013, Schofield and Beek 2005&2006). For example, the secure base model of parenting for use in foster families (Schofield and Beek, 2005 &2006) focuses on supporting children to develop a sense of permanence within a family, helping them to develop more secure attachments to their alternative carers. There is currently no specific research on attachment, the impact of trauma on attachment nor reparative/therapeutic parenting in special guardianship or kinship care families, although it is likely they will be similar to the experiences of foster families, as the children's pre-placement experiences will be similar. However, comparisons between special guardianship families and foster and adoptive families should be made with caution because of key differences that will be highlighted throughout this thesis.

3.1.3 Socio-genealogical connectedness

Another important child development theory to consider when discussing child permanence, especially when the child is placed with family and friends, is socio-genealogical connectedness (Owusu-Bempah 2007) which is described as the extent to which a person knows about their biological heritage, how they internalise this, and the impact it then has on their sense of self. Socio-genealogical connectedness contends that the information children have about their parents has a significant impact on their development and wellbeing (Owusu-Bempah 2007). Owusu-Bempah (2006:114) proposed four aspects to socio-genealogical connectedness theory:

- The amount and/or quality of information children possess about their birth parents determines the degree to which they integrate the parents' backgrounds.
- Children who possess adequate and favourable information about their birth parents have a deeper sense of connectedness.
- Conversely, children who possess no, inadequate or damaging information about their parents are less likely to integrate in and, therefore, have a shallower sense of connectedness.
- Children who have a deep sense of connectedness are better adjusted than those who have no or a shallow sense of connectedness.

Children who are presented with a realistic narrative about their absent biological parent or parents in a positive and supportive way are more likely to have positive emotional and behavioural outcomes, whereas children who are either presented with a description that focuses on the negative aspects of their parents lives or are not given any information at all, are more likely to present with emotional difficulties and challenging behaviours. It can be difficult to present a realistic view of some parents' behaviour in a positive way when their behaviour is especially challenging.

The previous chapter contended that when children no longer live with their biological parents, research often focuses on child development in terms of attachment, loss and identity. Owusu-Bempah (2007) argues that this dominance of attachment theory when considering loss and identity has led research and theoretical discussions to focus mainly on the parent/child relationship. He argues that this can minimise the influence that the child's wider family and community also have on their identity development. Owusu-Bempah (2007) suggests that although attachment theory is important, it needs to be considered in relation to socio-genealogical connectedness to allow a fuller understanding of identity development for children separated from either one or both biological parents.

Owusu-Bempah (2007) and Aldgate (2006) argue that wider families have a key role in supporting a child to feel a sense of permanence when they are unable to live with their parents, especially when the children live with kin. Owusu-Bempah (2007) contends that although the new carer will become an important figure to the children, the parents also remain influential, even if they are not physically present. Owusu-Bempah (2007) suggests that children can develop a relationship in *absentia* with their parents when their wider families and communities include stories about them in their everyday life. For example, a parent who has died but is fondly remembered and discussed with the child by the people who knew them can give the child a tangible sense of who their parent was as a person. This allows the child to feel like they know them. This is also relevant for children who do not live with their parents and do not have contact with them (Aldgate 2006), a situation that can occur in special guardianship families (Wade *et al*. 2014).

When considering the place of socio-genealogical connectedness in relation to children who require permanence, Aldgate (2006:31) argues:

> '(Socio-genealogical connectedness) has relevance to any child who is in need of a permanent placement, including children in kinship care.'

The importance of a child's genealogical heritage is discussed in literature relating to children in need of permanence, for example see Schofield (2009). Children in local authority care who are unlikely to return home still need support to understand their family histories because their life-stories will influence the development of their identities (Schofield and Stevenson 2009, Boddy *et al* 2013). Similarly, Broad (2004) and Burgess *et al*. (2010) identified that children in kinship care found it helpful to learn more about their parents and the reasons they could not live with them because it helped them better understand their life-stories. O'Brien (2012) contended that children in kinship care commonly felt that their carers knew who they really were because they had lived experience of their family histories. There is limited research into how family histories are managed within SGOs, the focus being mainly on the reasons why the children could not live with their parents (Wade *et al*. 2014). This will be examined in detail in chapter 5.

Chapter 4: Special guardians and the children they care for

4.1 Profiles of the children

The children needing to be looked after by special guardians are usually some of the most vulnerable children in society (Wade *et al*. 2014, Harwin *et al.* 2019a) and need dedicated and stable care. No centralised data are kept on all children made subject to SGOs. The DfE (2020) does keep detailed data on children leaving care subject to SGOs but this level of data is not kept for those not previously in care. The ASGLB (2020) has recently started recording data on SGOs but they warn that 2020 was the first year where robust data was collected. Several studies have reported on some aspects of their demographics and experiences but generalisations are limited by small sample sizes (see section 2.2.). This section considers children's age, gender, ethnicity, pre-placement experiences and developmental needs.

4.1.1 Gender

The gender split of children subject to SGOs appears to be even. Wade *et al*. (2014) found that 50.5% were male and 49.5% were female. The DfE (2020) data on children leaving care via SGOs for the year ending March 2020 found that 51% were male and 49% were female. This was the same as the data on SGOS held by the ASGLB (2020). This is also the same as the 2011 census analysis of kinship care (Wijedasa 2015). In a smaller sample, Harwin *et al.* (2019a) found that 55% of the children were male and 45% were female.

Overall, there is limited research evidence that gender has a significant impact on the outcomes of special guardianship placements, although Wade *et al.* (2014) found that boys in special guardianship families were more likely to have behavioural problems than girls, making them potentially harder to parent.

4.1.2 Age

The statistics on the age of special guardianship children generally refer to their ages when the order is granted rather than when the child moved in with the carer (Wade *et al.* 2014, Selwyn *et al.* 2015, DfE 2020). This can be misleading because often children move in with their future special guardians before the SGO is granted (Wade *et al.* 2014).

Hall *et al*. (2008) and Wade *et al*. (2010) argue that SGOs have been used across all ages, including for many younger children, not just older children as first envisaged. Bowyer *et al*. (2015c) found that the most common age range for SGOs was one to four years old, although their sample was purposefully over-representative of children within that range. According to Wade *et al*. (2014), over half of children were aged under five when the SGO was granted and 45% were aged over five. Selwyn and Masson (2014) and Selwyn *et al.* (2015) found that the average age for children to be made subject of an SGO was three years four months old. Neil *et al*. (2019) used the administrative data from one local authority between 2009 and 2015 to examine the impact age had on children's route out of local authority care. They found that 17% of children leaving care to SGOs were aged 0-2 years, 54% were aged 3-6 years, 8% were aged 7-11 years and only 1% were aged 12-18 year. The DfE (2020) recorded that of the 3,700 children who left care via an SGO in the year to March 2020, 16% were under the age of one, 37% were aged 1-4 years, 24% were aged 5-9 years, 21% were aged 10-15 years and 2% were aged over 16. Data held by the ASGLB (2020) found that 49% of SGOs granted in 2020 were made to children under 5 years. Overall, it appears that around half of children were four and under when their SGOs were granted, however SGOs are being used for children of all ages.

4.1.3 Ethnicity

Ethnicity was an important consideration when SGOs were being developed. As discussed in the introduction, one reason SGOs were implemented was because they offered permanence to children who could not be adopted on cultural or religious grounds (DoH 2000). Given this, is it surprising that there is no central data currently gathered on the ethnicity of all children on SGOs, only those leaving care (DfE 2020).

Some studies have reported on the ethnicity of the participants. Wade *et al.*'s (2014) found an over representation of BME children being made subject to SGOs, with 24.4% of children being non-white British. However, the authors caution that this may be due to the demographics of the local authorities involved in their studies. Selwyn *et al*. (2014) found that children from BME families were more likely to be made subject to an SGO than an adoption order. Wade *et al*. (2014) suggest that one reason for this is likely to be the difficulty of finding adoptive placements for children from BME families, as highlighted in Sinclair *et al*. (2007), Selwyn *et al.* (2008) and Selwyn and Wijedasa (2009). The DfE (2020) recorded that of the 3,700 children who left care via an SGO in the year to March 2020, 80% were white British, 12% were dual heritage and 8% were from BAME communities. The data held by the ASGLB (2020) found that 16% of children made subject to SGOs in 2020 were non-white. The 2011 census identified that in the overall population 84% of children were white and

16% were non-white, with 1.6% being dual heritage. This demonstrates a slight underrepresentation of white British children and an overrepresentation of children of dual heritage.

It is also common for children to be made subject to SGOs with carers of the same ethnicity (Wade *et al.* 2014, Bowyer *et al.* 2015c). The exception is for children of dual heritage, where they lived with one side of the family. Wade *et al.* (2014) found that for children of dual heritage, the family could encounter issues regarding identity but further research is needed in this area.

4.1.4 Pre-placement experiences

Most children subject to an SGO have had difficult pre-placement experiences (Wade *et al.* 2010, Wade *et al.* 2014, Harwin and Simmonds 2019a, Harwin *et al.* 2019a). Harwin *et al.* (2019a:82) found that 'the overwhelming majority of the children' made subject to SGOs, 'were already involved with children's services prior to the proceedings'. Wade *et al.* (2014) reported that 97.5% of families had previous involvement with children's services before the SGO was granted. This indicates that their parents had needed at least some support with parenting when they were in their care.

A significant number of children subject to SGOs have experienced trauma. Wade *et al*. (2014) found that nearly two thirds of all children subject to SGOs had suffered abuse and neglect by their parents. Cafcass (2015) identified that children who had been subject to s.31 proceedings had been at risk of suffering significant harm whilst in the care of their parents and Harwin *et al.* (2019a) found that 95% of children had experienced abuse and neglect. The DfE (2020) data on the 3,700 children leaving care via an SGO identified that 2,700 had experienced abuse and neglect, 540 had experienced family dysfunction and 210 were from families in acute stress.

Even children who have not experienced maltreatment, are likely to have had traumatic experiences pre-placement. For example, some had parents who had died, some had been abandoned by their parents and others had experienced relationship breakdowns with their parents (Wade *et al*. 2014).

4.1.5 The needs of children subject to SGOs

Research into the needs of children subject to SGOs is limited, although their needs are likely to be similar to children in unrelated foster care (Wade *et al*. 2014). The additional needs of children subject to SGOs are examined in Wade *et al.* (2014) and Harwin *et al.* (2019a) and to a lesser extent in in Bowyer *et al*. (2015c), Cafcass (2015) and Hingley-Jones *et al*. (2020). Wade *et al.* (2014:104) found that 23.5% of children had, 'a chronic health problem or a physical, sensory or learning impairment'. Harwin *et al*. (2019a) found that 26% of children were likely to have health issues and 24%, emotional and behavioural difficulties.

These findings are similar to studies of children in kinship care where it is commonly accepted that children will be more likely to have emotional and behaviour difficulties compared to children in the general population (Aldgate and McIntosh 2006, Farmer and Moyers 2008, Saunders and Selwyn 2009, Selwyn *et al.* 2013, Hunt 2018). However, although their experiences were similar to those of children in foster care (Farmer and Moyers 2008), the difficulties they displayed were not as severe (Aldgate and McIntosh 2006, Farmer and Moyers 2008, Selwyn *et al*. 2013, Hunt 2018 Brown *et al*. 2019). This finding needs to be considered with caution because SGOs are a specific type of kinship care where the child is more likely to have experienced maltreatment because they need permanent care away from their parents.

Children in kinship care also have other vulnerabilities and needs. They are more likely than children in the general population to have physical disabilities, long term health conditions and learning difficulties (Wijedasa 2017, Hunt 2018, Ashley and Braun 2019) yet are less likely to get support with these issues than children in foster care (Harnett *et al*. 2014). Children in kinship care often experience education difficulties (Saunders and Selwyn 2009). Houston *et al.* (2018) found that nearly half of children in kinship care needed help with education, and in a survey by Grandparents Plus, 37% of kinship carers believed that their children had special educational needs (Murphy-Jack and Smethers 2009). Respondents to a survey of kinship carers by Family Rights Group identified that 20% of children had been temporarily excluded from school and 5% were permanently excluded (Ashley and Braun 2019).

4.2 The profiles of special guardians

Because of the lack of literature on grandparent special guardians, this section will focus on the profiles of all special guardians.

4.2.1 Age

The limited data on the ages of special guardians suggests they are generally older than the average parent (Wade *et al.* 2014). Bowyer *et al.* (2015c) identified the average age of special guardians as 46; Wade *et al*. found that 41% of special guardians were over 50 and 10% were over 60. This age range is most likely because most special guardians are the children's grandparents. Data held by the ASGLB (2020) found that in 2020, 8% of special guardians were aged between 20-29, 16% between 30-39, 24% between 40-49, 36% between 50-59, and 16% were over 60.

The prevalence of older special guardians and the larger age gap between the child and the carers, can put pressure on families. Wade *et al*. (2014) found circa 30% of children under the age of nine were living with special guardians over 50. Wade *et al*. (2010a and 2014) identified that older special guardians often struggled to balance the demands of caring for their grandchildren with other age-related factors such as dwindling energy levels, chronic health issues, other caring responsibilities and financial insecurity. There was also some evidence that a larger age gap could increase the risk of disruption (Wade *et al*. 2014). However, many grandparents believed that their age could be a strength because they were more experienced parents which benefitted the children (Wade *et al*. 2014).

4.2.2 Gender and relationship status

Data on the gender and relationship status of special guardians is limited. Wade *et al.* (2014) found that 89% of primary carers were women and almost half of them were caring alone. This concurs with research into kinship care which identifies most kinship carers as single women (Aldgate and McIntosh 2006, Nandy *et al*. 2011, Selwyn *et al*. 2014, Hunt 2018). Being single can put additional pressure on kinship carers (Harnett *et al*. 2014); they can feel more isolated (Selwyn *et al*. 2013) and be under more financial pressure due to reduced opportunities to work (Aldgate and McIntosh 2006). Despite this, being single was not associated with a higher rate of disruption (Farmer 2010).

4.2.3 Socioeconomic status

There is no data on the socioeconomic status of special guardians. Most literature into SGOs identifies that finances play an important role in special guardians' ability to care for the children (Wade *et al.* 2014, Bowyer *et al*. 2015c, Local Government and Social Care Ombudsman 2018, Harwin *et al*. 2019a, Hingley-Jones *et al.* 2020). There is limited evidence of a correlation between being a special guardian and poverty, however. According to Wade *et al.* (2014:240):

> 'One-in-five guardians reported that caring for additional children had seriously strained the financial resources of the family and created pressures in other ways, through overcrowding or severely limiting opportunities for employment.'

The figure is surprisingly low when one considers the prevalence of poverty on kinship carers more generally, as discussed below.

Although most special guardians are of working age, Harwin *et al*. (2019a) identified only 32% of special guardians were in full time employment and 36% were unemployed. Wade *et al*. (2014) found that 48% of special guardians believed taking on the role would limit employment opportunities, which indicates that special guardians in financial difficulties could find it hard to improve their situations without support. Most special guardians believed they were not adequately financially supported. McGrath and Wrafter (2021) conducted a survey on the financial circumstances of 1948 kinship carers caring for 2752 children. The data, broken down by the legal statuses of the children, showed that although 75% of children subject to an SGO received an allowance, 74% of carers did not feel the allowance was sufficient to meet the needs of the children. The Local Government and Social Care Ombudsman (2018) have argued that there are inconsistencies in the way it is decided whether special guardians receive an allowance and how much they receive.

Special guardians face other disadvantages but the data on this is sparse. One exception is Wade *et al.* (2014) who identified that three in ten special guardians were living in unsuitable housing. The link between kinship care and social disadvantage is more established (Broad *et al.* 2001, Aldgate and McIntosh 2006, Farmer and Moyers 2008, Hunt 2008, Nandy *et al*. 2011, Selwyn *et al*. 2013, Wijedasa 2017). Being a kinship carer increases people's likelihood of living in poverty and can limit people's ability to move out of poverty (Aldgate and McIntosh 2006, Selwyn *et al*. 2013). Financial pressure often puts a significant strain on kinship carers (Hunt 2018) and can make it harder to care for the children (Backhouse and Graham 2012). Although kinship carers are entitled to some welfare benefits, many struggled to claim them because of the complex welfare system (Aziz *et al.* 2012); some were affected by benefit sanctions due to this complexity (Ashley and Braun 2019).

Kinship carers are less likely to be employed than adults in the general population (Aziz and Roth 2012, Selwyn *et al.* 2013, Wijedasa 2015) and those in employment are commonly in low paid work (Wijedasa 2017). In interviews with 80 kinship carers, Selwyn *et al*. (2013) identified a clear link between becoming a kinship carer and losing employment. Prior to becoming kinship carers, 15% of carers were unemployed and 42% were in skilled or professional work, whereas after taking on the role, 55% of households had no working adult. Selwyn *et al*. (2013) also identified that becoming kinship carers resulted in a significant drop in family income.

One reason some carers left employment was because they were told by social workers that they could not work if they wanted to care for the children (Gautier and Wellard 2012). Moreover, kinship carers who did work often found it difficult to balance working and caring for the children (Selwyn *et al.* 2013, Hunt 2018). Once kinship carers are unemployed, it is harder for them to get back into work. They are often older and more likely to have lower educational attainment than the general parenting population, and many lack basic qualifications (Nandy *et al*. 2011, Harnett *et al*. 2014, Hunt 2018). Receiving an adequate allowance can reduce the negative financial impact of the role.

For example, 74% of kinship foster carers receiving an allowance in Houston *et al*. (2018) felt that this was adequate to meet the families' needs.

Kinship carers face other disadvantages too. When compared to the general population, kinship carers are more likely to have disabilities or chronic health conditions (Broad *et al*. 2001, Aldgate and McIntosh 2006, Hunt *et al*. 2008, Backhouse and Graham 2012, Selwyn *et al.* 2013, Houston *et al*. 2018). They are more likely to have mental health and emotional difficulties (Farmer and Moyers 2008, Backhouse and Graham 2012, Selwyn *et al*. 2013, Hunt 2018). Analysis of both the 2001 and 2011 censuses identified that kinship carers usually lived in the poorest areas of England and faced over twice as much deprivation than parents (Nandy *et al*. 2011, Wijedasa 2017). They were more likely to live in social housing than parent led families (Wijedasa 2015) and housing was commonly overcrowded (Broad *et al*. 2001, Farmer and Moyers 2008, Selwyn and Saunders 2008, Nandy *et al.* 2011, Aziz and Roth 2012, Hunt 2018).

Despite these disadvantages, kinship carers usually provide the children with good care (Hunt and Macleod 1999, Aldgate and McIntosh 2006, Selwyn *et al*. 2013) and '…were able to provide many core elements of good parenting' (Selwyn *et al*. 2013:20).

4.3 Contemporary grandparenting

Grandparenting plays an important role in contemporary British society and grandparents often play a significant role in their grandchildren's lives (Dench and Ogg 2003). Socioemotional selectivity is a theory that proposes that as people age and they perceive time as limited, they focus more on achieving emotional goals rather than practical ones, for example spending more time with family rather than focusing on their careers (Carstensen *et al*. 1999). Mansson (2016) develops this idea, proposing that as people age, they become more selective about who they become emotionally close to, focusing more on key relationships, the grandparent-grandchild relationship being the one that is generally prioritised.

Timonen and Arber (2012) argue that in an ever-changing society, the role of the grandparent changes too. Improvements in healthcare and living conditions mean people are living longer, leading to grandparents having longer relationships with their grandchildren. Furthermore, families are becoming smaller, so grandparents are able focus their attention on fewer grandchildren (Timonen and Arber 2012). However, there are paradoxes to the grandparent role (May *et al.* 2012:142) as they have to balance 'being there' for the children and 'having time to oneself', and 'being there' for the child and not meddling with how the parents are raising their children.

Being a grandparent is an evolving role (Dench and Ogg 2003) which follows a natural cycle: when the first grandchild is born grandparents are often heavily involved both by fulfilling a caring role toward their grandchildren and parenting their own children to parent (Dench and Ogg 2003). However, as the grandchildren get older, the relationship changes. The parents develop their own parenting skills and need less guidance. Their grandchildren grow up, become more independent and need less support from their grandparents. Grandchildren become more distant as the generation gap becomes more noticeable when the teenage grandchildren become more involved in popular culture. Eventually, as the grandparents become older and less independent, and the grandchildren become independent adults, the roles begin to reverse, and the adult grandchildren might help support their grandparents.

Dench and Ogg (2003) argued that grandparents generally did not appear as satisfied with the grandparenting role when they were heavily involved, for example, providing a lot of childcare. They preferred to watch their own adult children succeed as parents. Dench and Ogg (2003) found the ideal age range for a grandparent to be more involved with their grandchildren was 50-65. Grandparents under 50 were commonly still focused on their own lives, for example, raising their own dependent children or advancing their careers, leaving them less time for the grandparenting role. Grandparents over 65 appeared to have less in common with their grandchildren because of the larger age gap and pressures related to being older, such as declining health and mobility.

Grandparenting generally has a positive impact on the whole family. Dench and Ogg (2003) identified that in the UK, the grandparenting role was viewed positively by parents, children and the grandparents. When children have positive relationships with their grandparents, it can have a positive impact on their development and wellbeing (Soliz 2008, Mansson 2016). These relationships also have a positive impact on the health, wellbeing and life satisfaction of the grandparents (Hughes *et al*. 2007, Mansson 2014, Mansson 2016).

Mansson (2016) identified five rewarding aspects of being a grandparent: maturation, mutual affection, shared activities, pride, and teaching and learning. Maturation is the joy that grandparents feel watching their grandchildren grow up into their own people. Mutual affection is shared verbal and non-verbal demonstrations of love and affection between grandparents and their grandchildren. Shared activities focus on the enjoyment derived from time spent doing activities with their grandchildren. Pride is a multifaceted theme: grandparents feel pride in the achievements of their grandchildren as well as in the achievements of their adult children as parents. Grandparents also find joy in teaching and learning from their grandchildren. Often the grandparents felt they were best placed to teach their grandchildren about their family histories and their experiences of the past. They also liked to learn from their grandchildren, for example about how to use modern technology.

Herlofson and Hagestad (2012) argue that changes in the structure of modern society, such as the expectation that both parents should work, places pressure on grandparents to support their families. The authors suggest that in the UK, grandparents perform different roles in relation to the care of their grandchildren, depending on the needs of their families. The mother saver role is required when the parents are unable to engage with other childcare support and grandparents undertake a significant amount of childcare to allow the parents to engage in the labour market. The family saver role sees the grandparents complement other care options that the parents use. In this role, the grandparents often need to be more proactive in offering support because the parents might not need them to do it. The child saver role is where the grandparents take on the full-time care of the children because the parents are unable to. Heflofson and Hagestad (2012) argue that the child saver role is most commonly used in Africa due to the HIV/Aids pandemic and the USA because of poverty and drug misuse by parents, but rarely in European countries. However, as this review has identified, there are many grandparents in the UK fulfilling this child saver grandparenting role as kinship carers.

This thesis focuses on grandparents who have taken on Heflofson and Hagestad's (2012) 'child saving' role. This section has identified the unique issues that affect grandparents which then influence their experiences as special guardians and kinship carers. When grandparents are full time carers for their grandchildren, their role fundamentally changes, which can be difficult for the grandparents to come to terms with (Backhouse and Graham 2012, Hingley-Jones *et al.* 2020). Being a grandparent kinship carer is stressful and complex (Hunt 2018). Becoming a full-time kinship carer for grandchildren can mean the health and wellbeing benefits associated with grandparenting are reversed. For example, Hughes *et al*. (2007) found that when grandparents care full time for the grandchildren in stressful situations with minimal support, the role can have a negative impact on their health and wellbeing. Therefore, it is important to understand how special guardianship, a new formal type of kinship care, affects grandparents.

4.4 Conclusion

This chapter has provided an overview of theories relevant to SGOs, including permanence, child development and grandparenting. It is striking that although these theories are relevant for special guardianship and kinship families, there is limited theoretical understanding of parenting as a grandparent kinship carer or grandparent special guardian in the UK.

Research on the profiles of special guardians and the children they care for, were also examined. The research data is limited and largely quantitative. Although some qualitative data is available, it is not sufficient to give a deep understanding of the impact that the profiles of special guardians and their children have of their experience of SGOs.

Chapter 5: The reception and use of SGOs

5.1 Introduction

As discussed in the introduction, SGOs were developed as a way of providing permanence to children who are unable to live with their parents. Research indicates that SGOs are generally achieving this goal. However, views on their use vary (Wade *et al.* 2014, Bowyer *et al.* 2015a, Harwin *et al.* 2015, Harwin and Simmonds 2019b, Harwin *et al*. 2019a, Masson *et al.* 2019). This chapter examines the implementation of SGOs and their impact.

5.2 Placement outcomes

5.2.1 Stability of SGOs

As with any placement choice for children unable to live with their parents, understanding the stability rates of SGO placements is important when considering whether they are achieving their purpose (Selwyn *et al.* 2015). Placement stability is especially important for children in special guardianship families because, as Wade *et al*. (2014) found, children who experienced SGO placement disruption were likely to experience instability in the future.

The lack of SGO research includes a lack of longitudinal data on disruption rates, although three studies have commented on short term stability. Over the first five years of the order, Wade *et al.* (2014) found disruption rates of 2.3%, Selwyn *et al.* (2015) of 5.7% and Harwin *et al.* (2019a) of 5%. There were differences in how these disruptions were measured, Wade *et al*. (2014) and Selwyn *et al*. (2015) used children going into local authority care from their SGO family as the measure, whereas Harwin *et al*. (2019) used new s.31 care proceedings issued by local authorities, which would not always result in the children going into local authority care. These findings also do not include data on breakdowns that did not involve children's services or the courts. In general kinship care, Hunt *et al*. (2008) found that once children are living with kin, if the initial placement breaks down they often move to another family member without local authority involvement. This is probably similar for special guardianship families. Equally, if a special guardian dies, a testamentary guardian can be appointed without the local authority's knowledge. Overall, these disruption statistics indicate that SGOs are a generally stable option for children (Selwyn *et al* 2015, Harwin and Simmonds 2019a, Harwin *et al.* 2019a), although there is a lack of long term follow up data.

Despite low disruption rates, placements can be problematic. Cafcass (2015:4) identified that one fifth of placements, 'appeared unlikely to meet the child's needs in the long term'. Studies that examined disruption rates also considered factors that affect the likelihood of breakdown. Three studies identified the age of the child when the SGO was granted as a factor (Selwyn *et al*. 2014, Wade *et al*. 2014, Harwin *et al*. 2019). However, the age range used by each study is inconsistent. All these studies identified that placements were less likely to breakdown when the children were under four at the time of placement. Placements were more likely to breakdown when children were placed between seven to ten in Wade *et al.* (2014), four to eleven in Selwyn *et al.* (2014) and five to nine in Harwin *et al.* (2019). Overall, placements were more likely to breakdown if the child was placed in middle childhood than when placed as babies, young children or teenagers. Selwyn *et al*. (2014) found little statistical relevance in the age of the child at time of breakdown; instead, most breakdowns happened within the first two years from the start of the placement. Conversely, in adoption, most disruptions were found to occur during the children's teenage years and more than five years after the order was granted (Selwyn and Masson 2014, Selwyn *et al*. 2015). This is an indication of the significant differences between the two orders.

One reason why placements are more likely to disrupt when the child is placed in middle childhood is that they have usually lived with their parents for longer and experienced longer periods of maltreatment (Wade *et al.* 2014), which is more likely to result in challenging behaviours (Howe 2005). Foster care and adoption research similarly found that children placed at an older age can be more challenging to care for and more likely to experience placement breakdowns (Brandon *et al*. 2014, Selwyn *et al*. 2014, Wilkinson and Bowyer 2017). However, the research into the impact of age on disruption rates is still limited. It is also unclear why children placed with special guardians as teenagers have lower disruption rates than middle childhood.

The number of times a child had moved before being placed with special guardians increased the likelihood of disruption, especially if placements were with stranger foster carers (Wade *et al.* 2014, Selwyn *et al*. 2015, Harwin *et al*. 2019b). Selwyn *et al*. (2014) found only 38% of children's first placement was with their special guardians, close to the 35% found in Wade *et al.* (2014). In Harwin *et al*.'s (2019a) study, 27% of children moved in with their eventual special guardians prior to the start of care proceedings, 42% moved in during care proceedings and 31% moved in after care proceedings, although it is not indicated whether the children were moving from their parents' care or foster care. An explanation for why the number of moves prior to the SGO affects the stability of the SGO family has yet to be proposed. Similar research with children in foster care found that the longer a child waited before moving into a stable home and the more placement moves they experienced, the more emotional and behavioural difficulties they developed (Biehal *et al.* 2010, Wilkinson and Bowyer 2017). Repeated separation and loss could have a role or perhaps children with emotional and behavioural difficulties are more likely to experience placement disruption because they can be more challenging to parent.

Other factors that potentially affect placement stability are when assessments have identified concerns about the placement (Wade *et al*. 2014); when the child does not have a previous relationship with the special guardian (Wade *et al*. 2014, Harwin *et al*. 2019a); when children display challenging behaviours (Wade *et al.* 2014, Harwin *et al*. 2019b); when carers have to manage difficult contact between the child and their parents (Wade *et al*. 2014, Harwin *et al*. 2019a, Harwin *et al.* 2019b, Thompson 2019b); when the family experiences housing and financial difficulties (Harwin *et al*. 2019a); and when the relationship between the special guardian and the child is difficult (Wade *et al*. 2014). More research is needed to examine the links between these issues and placement stability.

Several factors have been identified that increase the likelihood of placement stability. These are, when children who are placed with their potential special guardians as a first placement away from their parents (Wade *et al.* 2014, Selwyn *et al*. 2015, Harwin *et al.* 2019b); when the carer has a previous relationship to the children (Wade *et al*. 2014, Bowyer *et al*. 2015b); when the carers are committed to the children and have a good understanding their needs (Bowyer *et al*. 2015b); when the carers feel prepared to undertake the role of special guardian (Wade *et al.* 2014); and when they have good support networks (Wade *et al*. 2014, Bowyer *et al*. 2015b).

One reason why placement stability should be considered carefully is that there is a lack of research into the impact of placements ending in SGOs. Placement instability does not necessarily mean the placement has been harmful (Wade *et al*. 2014); even when SGO placements do end, the children are likely to have benefited from the time spent living with the family. Conversely, some SGO placements persist even though they are detrimental to the children and when it might be better for them to be in a different placement (Ibid). However, much more research is needed into these issues given the very limited data.

5.2.2 Outcomes for children

The outcomes in terms of development and wellbeing for children subject to SGOs seem to be generally positive (Wade *et al*. 2014, Harwin *et al*. 2019a, Harwin *et al*. 2019b). However, monitoring the outcomes for children who cannot live with their parents is complex (Masson *et al.* 2019) because children's early life experiences can affect developmental outcomes, regardless of the quality of subsequent parenting (Dickens *et al*. 2018). Two studies that examine child outcomes for SGOs are Wade *et al*. (2014) and Harwin *et al*. (2019a). Harwin *et al*.'s (2019a) study also compared children's outcomes depending on whether the SGO was a standalone order or whether there was a supervision order attached.

Wade *et al*. (2014) mainly examined special guardians' views on their children's outcomes, through analysing their responses to a survey which focused on the children's 'health, education, emotional ties, friendships, skills and confidence and behaviour' (Wade *et al*. 2014:161). Although some children continued to have difficulties in most of these areas, 90% of special guardians believed that things had gone either 'very well or quite well' since being subject to an SGO, with only 10% responding that things had gone either 'not very well' or 'not at all well'.

Wade *et al.* (2014) also identified several factors that concerned outcomes for children. Overall, the children generally felt accepted into the families and the carers were committed to caring for them. However, when children displayed emotional and behavioural difficulties, special guardians were usually less positive about the placement. Older children and boys were also more likely to have poorer outcomes, but it was unclear why. Poorer carer mental health led to some special guardians having a less positive view of the children's experience.

The outcomes for children in Harwin *et al*.'s (2019a) study were largely positive. At the follow up three-year period, in nearly all cases, there was a significant reduction in harm attributable to parenting. For example, when s.31 proceedings were issued, nearly 80% of children were experiencing neglect and three years after the SGO, this figure was just over 5%. The authors also found reductions in physical health issues and instances of developmental delay in the children. However, in the follow up period there were increases in emotional and behavioural difficulties and more children had been assessed as having special educational needs. Dickens *et al*. (2019) argue that once children are removed from their parents' care due to maltreatment, they can appear to develop more difficulties but often it is because they are being seen more regularly by professionals such as teachers and therapists, or because problems related to the trauma they experienced in their parents' care, emerge once they are with their new families. Furthermore, emotional and behaviour difficulties related to traumatic experiences often increase with age (Howe 2005).

Although the outcomes in Harwin *et al*.'s (2019a) study were generally good, several children faced disadvantages, especially when the SGO had a supervision order attached. For example, 25% of children were exposed to family conflict that was exacerbated by the SGO process (this rose to 44% when there was a supervision order attached). This conflict was generally related to the children's contact with their parents. Nineteen percent of children experienced material deprivation (rising to 35% when there was a supervision order attached).

Some evidence from a DfE (2019a) study indicates that children subject to SGOs have better educational attainment than children in local authority care by key stage 2, and that this improves by the time they reach key stage 4. However, more research is needed in this area.

Although outcomes for children subject to SGOs are found to be generally positive, Wade *et al*. (2014:108) caution against seeing an SGO as a panacea to the children's difficulties:

> Whilst the stability and security provided through Special Guardianship may establish the basis for a family life with all the advantages that security, stability and commitment bring, this may not of itself address the longer- term impact of their poor start in life.

5.3 The use of SGOs

5.3.1 Identification of potential special guardians

The first step of the SGO process involves identifying potential special guardians. They can be known to the child and have a pre-existing relationship to them or be a family member or other connected person who does not know them (Wade *et al*. 2014, Harwin *et al*. 2019a). Harwin *et al*. (2019a) found that 81% of children had a previous relationship with their special guardians, leaving 19% who do not. Bowyer *et al.* (2015c:20) argued that there were usually 'valid reasons as to why there was not existing social relationship' between the children and the special guardians. They use an example of a child whose paternal family were only identified as potential special guardians once the father's paternity was confirmed by a DNA test during care proceedings.

Most potential special guardians were already caring for the children as foster carers, friends and family foster carers or kinship carers (Wade *et al*. 2014, Harwin *et al*. 2019a, Masson *et al*. 2019). Wade *et al*. (2014) found that 77% of special guardians had cared for the children for over six months before the SGO was granted, which indicates that they moved into their care before care proceedings. The other 23% had moved in with their special guardians during the six months before the order was granted, which could have been during care proceedings or once the order was granted. Masson *et al*.'s (2019) found that a third of children moved in with their special guardians after the final hearing, which is at least 10% higher than in Wade *et al*. (2014) although the time frames used make direct comparisons impossible. This difference is possibly due to how the use of SGOs has changed in the last decade, which will be discussed later in this chapter.

Most social workers believe potential special guardians should be identified at the earliest opportunity, prior to care proceedings where possible (Harwin *et al*. 2019a, Harwin and Simmonds, 2019b). Bowyer *et al.* (2015a and b) identified the introduction of the Public Law Outline as resulting in local authorities being more proactive in identifying family members as potential special guardians. Masson *et al*. (2019) identified that most local authorities encourage their social workers to identify potential special guardians early in child protection or court processes.

Identifying potential special guardians is complex and there are several barriers to doing so (Masson *et al*. 2019, Bowyer *et al*. 2015c). There are often significant differences in how local authorities identify potential special guardians and many have no identifiable strategy in place (Bowyer *et al*. 2015b). Cafcass (2015) found that when care proceedings began, there was often confusion about what the local authorities' plans for the children were. This resulted in uncertainty about whether alternative carers were needed. Often this was due to poor planning and sometimes there had been no attempt to identify potential alternative carers prior to the children's case being placed before the courts. The other barrier is reticence on the part of the family in proposing family or friends to the local authority or the court (Bowyer *et al*. 2015c). The reasons for this are unclear but the authors suggested that parents only proposed alternative carers once the idea of their children being permanently removed from their care became a realistic prospect. Late nomination of potential special guardians caused significant delays in the court processes (Bowyer *et al*. 2015c, Harwin *et al*. 2019a).

One approach to identifying potential special guardians is through family group conferences (Bowyer *et al*. 2015b, Masson *et al.* 2019), though evaluation into their success in SGO situations is limited. Harwin *et al*. (2019a) found that FGCs were only used in 37% of public care proceedings. Several challenges have been identified in relation to FGCs, primarily, lack of consistency in their use, with some local authorities using them regularly whereas others, rarely if at all (Bowyer *et al*. 2015c, Masson *et al*. 2019). Masson *et al*. (2019) found that FGCs were often used to encourage families to support the parents to care for their children themselves, rather than identifying alternative carers. Another barrier was the reticence of parents to invite people to the meetings because they did not want to contemplate other people raising their children (Bowyer *et al*. 2015b).

5.3.2 Motivation of potential special guardians

Most special guardians understand that taking on the role is a life changing event (Harwin 2019a) but do so regardless. Wade *et al.* (2014), the only study to comment on motivation, found that special guardians were generally motivated by a desire to keep children out of the care system, to keep children within the family or with people they knew, to gain PR for the children, and to minimise the need for the local authority to be involved in the children's lives. For example, one special guardian in Wade *et al*.'s study (2014:127) stated:

> What I wanted was Hannah to have a normal life, or as normal as possible. You know, not having social workers turn up, being able to call someone mum and dad, being part of a family.

SGOs were also felt to offer children a greater sense of permanence than other kinship care options (Wade *et al*. 2014, Harwin *et al*. 2019b).

5.4 The impact of the legal processes

5.4.1 The use of SGOs by the family court

Data on the use of SGOs by the family court is limited; SGOs are used inconsistently across the country and there are variations in the number of SGOs granted by each of the 40 Designated Family Judge areas (Harwin *et al*. 2019a). Seventy one percent of respondents to the DfE's (2015a:9) call for evidence into SGOs, believed that the legislation, policy and regulation of SGOs needed to be improved, with the majority of these wanting 'consistency of practice across the country'.

Concerns have been expressed that Local Family Justice Boards were being used to discuss concerns around the legal SGO processes (Bowyer *et al*. (2015b). Subsequent research (Harwin *et al*. 2019a:) identified regional variations in how Local Family Justice Boards were being used and that they were not being used to their full potential because they were overly focused on 'statistics on time-keeping and monitoring of adherence to the 26-week timeframe', rather than 'improving decision-making' (2019a:116).

5.4.2 The impact of different legal routes to obtaining an SGO

The thesis introduction identified two main routes to obtaining SGOs, private or public law care proceedings. The route taken has a significant impact on subsequent legal and social work processes (Harwin and Simmonds 2019b). MoJ (2020) figures consistently identify that circa a quarter of SGOs are granted in private law proceedings while three quarters of them are an outcome of s.31 care proceedings.

When granted in s.31 proceedings, Harwin *et al.* (2019a) found an overwhelming 99% of SGOs were made on the court's own motion; none of the criteria of a private application, as described in the introduction, needed to be met. SGOs can be granted to people with no pre-existing relationship to the child and SGO assessments can be completed within reduced timescales because local authorities do not need to be given 12 weeks' notice (Harwin and Simmonds 2019a).

Most private applications are made with support from local authorities, commonly where the threshold would have been met for s.31 proceedings (Masson *et al.* 2019); however, few local authorities paid the legal fees of potential special guardians (Bowyer *et al.* 2015b). Masson *et al*. (2019) contend that private proceedings are being used to avoid costly s.31 care proceedings. However, families in both sets of proceedings are likely to need the same ongoing support because the experiences of the children are similar (Masson *et al*. 2019).

Even when local authorities financially support special guardians, there are inconsistencies. Bowyer *et al*. (2015c) found that while most local authorities paid for an initial session for the potential special guardians to get legal advice when there were child protection concerns, most would not fund all legal fees. There is no independent analysis of costs involved in becoming a special guardian through private proceedings; however, a survey by Family Rights Group found the average cost for kinship carers to gain either an SGO or CAO was £5446, with a many paying over double that amount (Ashley and Braun 2019).

With SGOs granted through s.31 care proceedings, potential special guardians are not automatically entitled to receive party status. This means that they are not entitled to sit in court when the order is granted nor to see the evidence of the case, unless given permission by the court. Professionals in Harwin and Simmonds' (2019b) study identified several factors that affected whether the potential special guardians gained party status. Some had been negatively assessed by the local authority who then argued that they did not need party status. Some had been positively assessed but were encouraged not to ask for party status for reasons that were unclear. There were also different practices in different courts: some were more amenable to giving potential special guardians party status than others.

Potential special guardians saw exclusion from proceedings as unfair or even as a failure in the justice system (Harwin *et al*. 2019b). Many professionals agreed, believing that potential special guardians should be legally entitled to party status and receive legal advice and ideally, legal aid funded legal representation (Harwin and Simmonds 2019b, Harwin *et al*. 2019a).

5.4.3 The use of supervision orders and orders for contact alongside SGOs

In early research into SGOs (Hall 2008), concern was raised about the use of other Children Act 1989 orders alongside SGOs and this concern has continued (Harwin *et al*. 2019a). The main orders being granted are supervision orders and orders for contact (Hall 2008, Wade *et al*. 2014, Harwin *et al.* 2019a, Masson *et al.* 2019).

The number of SGOs being granted with supervision orders attached grew exponentially after SGOs were introduced, causing concern among professionals and academics (Bowyer *et al*. 2015c, Harwin *et al*. 2015). In 2013/14, the number of SGOs granted with a supervision order attached peaked at 35% (Harwin *et al*. 2019a) with significantly more supervision orders being granted at the end of care proceedings than were being applied for, although this was not consistent across the country. Where supervision orders were granted alongside the SGO, 70% of cases occurred in courts in the North of England and only 30% in the South of England. This increase is concerning because, as discussed previously, the use of supervision orders alongside SGOs is associated with an increased risk of placement disruption.

There is a limited but growing body of research investigating why supervision orders are being granted alongside SGOs. Harwin *et al.* (2019a) found that the most common reason was to support the carers in managing contact between the children and their parents. They were also used where there were concerns regarding the quality of placements (DfE 2015a, Masson *et al*. 2019) or where local authorities were worried that the special guardians might withdraw from monitoring and support (Wade *et al.* 2014). Supervision orders were used in around half of cases where there was no pre-existing relationship between the child and carers (Bowyer *et al*. 2015c) and were more prevalent in cases where the child had not lived with the carer before (Harwin 2015, Harwin *et al.* 2019a, Masson *et al*. 2019). They were also more likely to be used in cases where there were concerns with the quality of the SGO assessment (Harwin 2015, Harwin *et al*. 2019a, Masson *et al*. 2019). Harwin (2015) and Harwin *et al*. (2019a) argue that supervision orders do little to support children's wellbeing or positively support special guardianship families.

Orders for contact, including child arrangements orders, are concerned with the contact between children and their parents and other family members, and appear to be increasing. Wade *et al.* (2014) identified that contact orders were made in relation to mothers in one in five cases and to fathers in one in eight cases. Masson *et al.* (2019) found that this number had increased, and contact orders were being made in over a third of all SGOs. There is no research into why and limited research into the impact on SGOs Masson *et al*. (2019:155) argue that contact orders can be rigid and restrictive for special guardians because they 'limit the carers' control over contact'. This is in stark contrast to contact in adoption where in judgement Re B (A Child) (Post-Adoption Contact)

[2019] EWCA Civ 29, Sir Andrew McFarlane stated that contact orders will only be made in exceptional cases. Issues around contact orders are discussed in chapter 6.

5.4.4 Potential special guardians' experiences of the court processes

The introduction explained that to become special guardians, children's cases have to be placed before the family court in either public or private law care proceedings. In private law cases the potential special guardians are the applicants and are fully involved throughout. In public law proceedings, the potential special guardians have no legal right to be involved in the legal processes. Special guardians' experiences varied but they commonly felt at a disadvantage (Wade *et al.* 2014, Harwin *et al*. 2019a). Harwin *et al.* (2019a) found that special guardians often had limited knowledge about the court processes and were rarely given sufficient information about them by professionals. Furthermore, they were not always confident that social workers had the knowledge about the processes to be able to support them competently.

In social work practice, power imbalances between service users and social workers are particularly acute during child protection and court processes (Ferguson 2005). Power imbalances increase the risk of misuse of power, which can lead to oppressive social work practices (Ferguson 2005, Thompson 2006). These power imbalances can be addressed through implementing anti-oppressive practices which involve social workers using their power fairly and empathetically and working in partnership with service users as much as possible (Turnell and Edwards 1999, Ferguson 2005, Thompson 2006, Turnell and Essex 2006). Anti-oppressive practices develop best where there is strong leadership and supervision in social work teams, and when there are positive structures underpinning practice (Turnell and Edwards 1999, Ferguson 2005, Thompson 2006).

The lack of information and support, combined with the formality of the child protection and legal processes and the power imbalances between professionals and special guardians, meant that special guardians commonly felt intimidated and overwhelmed during the legal processes (Wade *et al.* 2010, Wade *et al*. 2014). Furthermore, experiences of the legal processes affected how special guardians engaged with their local authorities, post-order: special guardians who had a negative experience during the legal processes appeared less willing to engage in support once the order had been granted (Harwin *et al*. (2019a).

5.4.5 The assessment process

The assessment process for special guardians is explained in the thesis introduction. Although the Special Guardianship Regulations 2005, and the DfE (2017) statutory guidance explain what should be included in an SGO assessment, studies have raised concerns about the quality of completed reports (Wade *et al*. 2014, Bowyer *et al.* 2015c, Cafcass 2015, DfE 2015a, Harwin *et al*. 2019a, Harwin *et al*. 2019b, Masson *et al*. 2019). This is concerning because the assessment of special guardians is a key factor in determining success in family placements for children (Wade *et al*. 2014, Alper 2016, Family Rights Group 2017, Harwin *et al*. 2019a).

Several studies have identified potential barriers and challenges for social workers completing robust assessments, as well as factors which aid their completion (Wade *et al*. 2010, Wade *et al*. 2014, Bowyer *et al.* 2015 b and c, DfE 2015a, Harwin and Simmonds 2019b, Harwin *et al.* 2019a). One common finding is that social workers often do not have sufficient time to complete a rigorous assessment. Social workers could feel pressured to complete assessments in an unrealistic timescale even before the introduction of the PLO (Wade *et al*. (2010, 2014). This pressure appears to have escalated with the introduction of the 26-week rule (DfE 2015a, Harwin *et al.* 2019a, Masson *et al*. 2019). Professionals in Harwin and Simmonds's (2019b) study stated that they had less time to assess potential special guardians because they were often not identified until the care proceedings were underway. These timescale pressures had an impact on the rigour and quality of their assessments (Harwin and Simmonds 2019b), with most wanting care proceedings to be extended to allow assessments to be completed more rigorously (Harwin et al 2019a). Responses to such requests varied: some courts regularly granted extensions whereas others rarely did so, according to practitioners in Masson *et al.'*s (2019) study. Time pressures on SGO assessments can result in potential special guardians feeling the assessments are rushed (Hingley-Jones *et al.* 2020).

One way to address the issue appears to be better preparation. If the PLO process is utilised, then assessments can begin before the children's cases are heard in court, allowing more time for their completion (Dickens *et al*. 2018, Masson *et al.* 2019). Furthermore, early identification of special guardians allows time for a thorough assessment to be completed (Wade *et al.* 2014, Harwin *et al.* 2019a).

Professionals in Harwin and Simmonds (2019b) and Bowyer *et al.* (2015b) studies also suggested that there was a lack clarity about what threshold needed to be met for special guardians to successfully pass an assessment. One local authority assistant director in Bowyer *et al.*'s (2015b:22) study, argued:

> We are still struggling with what is the baseline for people who we are undertaking an (SGO) assessment of. In terms of thinking about prospective adopters and foster carers there is a very clear baseline about what is good enough parenting.

According to some practitioners in Harwin *et al.'s* (2019a) study, SGO assessments lacked the rigour of the assessments of foster carers and adopters. However, professionals differed in their views on whether special guardians should be assessed to the same threshold as stranger carers or whether the threshold should be lower because of their relationships to the children (Wade *et al.* 2014, Bowyer *et al*. 2015b, Harwin and Simmonds 2019b, Harwin *et al*. 2019a). However, not all potential special guardians are known to the children, and social workers in Bowyer *et al*'s (2015b) study found it challenging to assess connected people with no previous relationship with the children.

Practitioners also faced challenges when assessing potential special guardians who had a relationship with the child's parents (Cafcass 2015) because for families, care proceedings were a challenging time and often the parents' families and friends wanted to support them (Masson *et al.* 2019). However, this added complexity to the proceedings because the assessment focuses on the potential special guardians' capacity to prioritise the children and protect them from their parents. Bowyer et al (2015b:33) identified that some 'carers' (had) dual loyalty towards both the child and the child's parent'. Assessing these complex issues required practitioners to have sufficient skills and experience, as well as the time to complete a thorough investigation (Wade *et al*. 2014, Bowyer 2015b).

Illustrating the complexity of assessing special guardians, Bowyer *et al.*'s (2015c) study found that two thirds of assessments that supported making an SGO also raised significant concerns about the special guardians' abilities to care for the children, including difficult relationships between special guardians and the parents; the special guardians' own vulnerabilities and parenting histories; the special guardians' capacity to meet the needs of the children; the special guardians' ability to accept concerns about the parents; or issues around housing and overcrowding. Bowyer *et al*. (2015c) found that these issues did not necessary lead to a failed assessment when analysed together with any protective factors and the authors did not comment on whether increased concerns led to increased support being identified in the SGO support plan. There is no research into the influence these concerns at the assessment stage, have on placement quality or stability. However, in kinship care, Hunt *et al*. (2008) found that many of the issues raised in the assessments were not borne out in reality.

One reason for confusion about the threshold is probably the lack of consistency in the assessment frameworks used by local authorities. Two studies identified inconsistencies in the completion of assessments with Bowyer *et al.* (2015c:29) finding that 'the format of assessments varied between the (local authorities)' and Cafcass (2015:4) reporting that 'The case files in this sample contained a range of different assessment types, authored by a range of professionals'.

Professionals in studies by Harwin and Simmonds (2019b) and Bowyer *et al*. (2015c) stated that the courts often disregard a negative assessment of potential special guardians, either granting the SGO regardless or directing an independent social work assessment. When a local authority's negative assessment was overruled, local authorities appeared reticent to challenge the decision because it would be too difficult and time consuming (Harwin and Simmonds 2019b).

Assessing potential special guardians from different parts of the country or from overseas adds further complexity (Bowyer *et al.* 2015c) as it means that social workers have to cope with the additional time commitments of travel (Bowyer *et al.* 2015b). Making SGOs for special guardians in different countries involves complex legal challenges due to SGOs not being recognised in most other countries (Wright 2019).

Assessing sibling groups also can be challenging. Practitioners have to assess the different needs of the children and determine whether the sibling group could be cared for by one special guardian family or whether they would need more than one carer or even different permanence plans altogether (Bowyer *et al*. 2015c). This could involve one child being placed with a special guardian and one child placed for adoption (Wade *et al.* 2014, Bowyer *et al*. 2015c). If siblings are separated, practitioners are required to consider what contact they would have with each other and there appears to be a lack of consistency in what is expected of special guardians in this regard (Wade *et al*. 2014, Bowyer *et al*. 2015b, Cafcass 2015). Beckett (2018) does make recommendations on how to support children in permanent placements away from their siblings, but this mainly concerns children who have been adopted.

These challenges when completing social work assessments have led to concerns about quality (Wade *et al*. 2010, Wade *et al*. 2014, Bowyer *et al*. 2015b and c, Cafcass 2015). Cafcass (2015) analysed 51 case files and identified that the quality of assessment varied on a case-by-case basis, although the researchers suggested that when the level of risk identified in the case files was considered some assessments were overly optimistic about the capacity of the carers to fulfil the special guardianship role.

Several studies have made recommendations on how to improve the quality of assessments: practitioners should have more time to complete assessments (Wade *et al*. 2014, Bowyer *et al*. 2015c, Harwin and Simmonds 2019b, Harwin *et al*. 2019a); assessments should be more child focused to allow a more realistic analysis of the special guardians' capacity to meet each child's needs (Harwin and Simmonds 2019b, Harwin *et al*. 2019a); and practitioners should have flexibility to allow them to focus on the specifics of each case (DfE 2015a). The DfE (2015a) also recommended that one way of raising the standard of SGO assessments was for local authorities to create specialist SGO teams where social workers received tailored training to develop expertise in assessing and supporting SGO families.

The assessment process also has an impact on special guardians (Hingley-Jones *et al.* 2020) many of whom experience it as intrusive (Wade *et al.* 2014, Harwin *et al.* 2019a). One grandmother in Wade *et al*.'s (2014:142) study commented:

> It felt as though…I was being interviewed by the Gestapo…I know they've got to do these things…and it's good they do…it just feels as though…they're ready to hang and quarter you.

Despite this, most special guardians interviewed understood the necessity of conducting an assessment (Wade *et al*., 2014). Special guardians in both Wade *et al.*'s (2014) and Hingley-Jones *et al.'*s (2020) studies identified the importance of the social workers' role in the process. Carers' anxieties 'could be alleviated if the social worker formed a good rapport with the carer' (Wade *et al*. 2014:149). A grandparent special guardian in Hingley-Jones *et al.*'s (2020) study stated:

> … so many people said what a horrible experience (the assessment process) was, but it wasn't, I thought (the social worker) was great. I remember she came in, took her shoes off, put her feet up on the sofa, we drank coffee, we had croissants'.

If social workers struggled to build relationships with the special guardians, the process could become more difficult, often because the special guardians then found it harder to trust the social workers (Wade *et al.* 2014, Hingley-Jones *et al.* 2020).

Many potential special guardians felt misrepresented in assessments (Wade *et al.* 2014, Harwin *et al.* 2019a). Often, they were concerned that the assessments focused on the negatives of their situations rather than the strengths and that there was no legal mechanism available which allowed them to raise their concerns (Harwin *et al*. 2019a). Special guardians in both Wade *et al*. (2014) and Harwin *et al.* (2019a) believed that the assessment was only focused on their suitability rather than on preparing them for the role. As Wade *et al*. (2014:143) suggest:

> The assessment is not just about testing the suitability of carers, it is also required to help carers prepare for the role of becoming a special guardian.

5.5 The impact of SGOs on special guardians and the children

5.5.1 Taking on the role of special guardian

When a person becomes a special guardian, it usually has a significant impact on their lives (Wade *et al*. 2010, Wade *et al*. 2014, Harwin *et al*. 2019a, Harwin *et al.* 2019b). Wade *et al*. (2014) found that most special guardians understood their commitment to care for the children as lasting till they were at least 18, with most seeing it as a lifelong commitment. Being a special guardian came at 'considerable personal cost' to the carers (Wade *et al.* 2014:174): 71.5% of 115 special guardians had less leisure time; 61% of 115 experienced more financial pressure; and 42% of 114 special guardians had reduced employment opportunities since taking on the role. Although these special guardians accepted that their life plans would have to be delayed or abandoned, this could be a source of distress for them (Ibid). For many, the rushed nature of the events leading up to the order being granted, meant that special guardians did not have time to consider 'the ways in which the placement might affect (them)' (Cafcass 2015:6).

The transition to becoming a special guardian varied from person to person, largely depending on their interactions with the children's social care. The lack of preparation and training for the role (Wade *et al*. 2014, Bowyer *et al*. 2015b) in contrast to foster carers and adopters (Schofield 2009, Bowyer *et al*. 2015b) has already been highlighted. Bowyer *et al*. (2015c) found that some special guardians attended training provided for these other carer groups. There is no research into how effective this is for special guardians. Some local authorities in Bowyer *et al.*'s (2015) study did not offer preparatory groups to potential special guardians because they believed it would be too difficult to cater for their specific needs. Some special guardians were so frustrated by the lack of preparatory or parenting courses that they sourced them for themselves (Harwin *et al.* 2019a). Furthermore, there was rarely a transition plan or settling in period for the special guardians or children (Wade *et al*. 2014), as would be expected in foster care and adoption (Simmonds 2011). One reason for this appeared to be that the children often moved with their special guardians in an emergency due to safeguarding concerns, or as soon as care proceedings came to an end (Wade *et al*. 2014, Bowyer *et al.* 2015b, Harwin *et al.* 2019a). It is unclear why there was not better planning by local authorities.

As identified in the introduction, special guardians are not legally entitled to any statutory leave when the children move into their care. Wade *et al.* (2014) found that this meant many had to either continue working whilst the children transitioned and settled into their care or reduce their working hours or give up work to accommodate the children. The lack of a settling in period can be especially challenging when there is no previous relationship between the child and the carer (DfE 2015). Most professionals working with special guardians believe that they should receive preparation and support before the SGO is granted (Harwin and Simmonds 2019b). There is no evidence of the impact of these rushed transitions on the children.

5.5.2 The financial impact of becoming a special guardian

Most carers considered the financial implications of becoming a special guardian. Hall (2008) and Wade *et al*. (2014) argued that many foster carers were reticent to apply for an SGO because of financial insecurity. In Hall's (2008) study, 38% of special guardians were motivated to take an SGO because there was financial support, even though it was usually time limited. However, they usually did not want this noted in 'court records' for fear of being perceived 'mercenary' (Hall 2008:347).

Special guardians consistently report that taking on the role results in financial difficulties (Hall 2008, Wade *et al*. 2010, Wade *et al.* 2014, Harwin *et al*. 2019a, McGrath and Wrafter 2021). Wade *et al*. (2014) found that one fifth of special guardians were seriously financially impacted by the role and 56% had sought financial assistance from their local authorities at some point. These difficulties related to the extra costs of raising another child, especially when they have additional needs due to disabilities or difficult early life experiences, and the loss of employment and ability to gain employment due to the role (Wade *et al*. 2014). Financial pressures can also affect children. Harwin *et al*. (2019a:97) found that '20% of the children were exposed to the financial difficulties of their special guardians', which added to the disadvantage they experienced.

SGO assessments should be the main way to identify the financial support needs of special guardians, and the way that their financial needs will be met should be detailed in the SGO support plan (Wade *et al*. 2014, Bowyer *et al*. (2015c).). Harwin *et al*. (2019a) argued that special guardians wanted detailed support plans with a clear framework about the financial support that they would receive. Financial support identified in the SGO support plans is often means tested and regularly reviewed (Wade *et al*. 2014). Professionals in Bowyer *et al*. (2015b) saw means testing as a barrier that prevented some special guardians from applying for and/or receiving financial support.

Wade *et al*. (2014:59) identified that when financial support was offered, it was usually well received; however, they found that:

> the financial pressures on local authorities meant that some were now considering reviewing and restructuring their financial support packages to reduce the strain it placed upon resources

It appears that since this study, the provision of financial support has indeed diminished. Masson *et al.* (2019: 248) were strongly critical of the existing structures around financial support, arguing that they were ‘not fit for purpose’. The Local Government Ombudsman (2018:1) published a report highlighting concerns about support offered to special guardians and stated that many of the complaints they upheld were, ‘about the long-term financial support councils provide, and how they have incorrectly calculated, changed and cut allowances.’

5.5.3 Parenting special guardianship children

Parenting as a special guardian can be challenging because of the additional vulnerabilities of the carers and additional needs of the children, as described in section 4.1. Research into parenting as a special guardian is limited. As previously identified, special guardians are more likely to be older than mainstream parents. Several studies have found that older special guardians are increasingly likely to struggle with parenting a young child due to health issues and frailties associated with older age (Wade *et al*. 2010, Wade *et al*. 2014, Harwin *et al*. 2019a). Many special guardians had parented before and were experienced parents; some were parenting their own young children whilst being special guardians (Wade *et al*. 2014). There are benefits associated with being an older carer, as suggested by one carer (Wade *et al*. 2014:107):

> I’m bringing them up the same, probably with more knowledge, I’m older, I know …possibly a bit more of what I’m doing

However, many older special guardians had not parented young children for a long time and could feel out of touch with modern parenting techniques (Wade *et al*. 2014).

Most special guardians believed that parenting special guardian children, especially those who had suffered trauma, was more complex than raising their own children (Wade *et al*. 2014, Harwin *et al*. 2019a). Often special guardians felt tired and overwhelmed with the relentless nature of the parenting task (Wade *et al.* 2014). One special guardian in Harwin *et al*.’s (2019a:127) study stated:

> You do what you’ve done your whole life with your other children and you think, oh, it’s gonna work with him; it doesn’t. It doesn’t work. You’ve gotta find a whole new way of dealing with him; you’ve gotta have more patience – more understanding.

Given the complexity of parenting traumatised children, many special guardians do not feel confident that they can meet the children's needs without support (Wade *et al.* 2014, Harwin *et al*. 2019a). Wade *et al*. (2014) investigated the reasons that special guardians sought support from their local authorities and found that 35% wanted therapeutic support for the children and 25% wanted support with their children's behaviour. When the correct support was available, special guardians could find it invaluable (Harwin *et al*. 2019a). However, often support was not available or was not felt to be right for the needs of the family (Wade *et al.* 2014, Harwin *et al.* 2019a).

In April 2016, children subject to SGOs who had also been previously in the care of a local authority, were able to access the adoption support fund, subsequently renamed the adoption and special guardianship support fund, a fund that finances therapeutic support for adopted children. However, there is limited evidence on how special guardians are using the fund (Masson *et al*. 2019). The latest data from the DfE (2021b) indicates that about 11% of applications to the adoption support fund regarded children subject to SGOs, which is a very small proportion.

5.5.4 Relationship with the children's parents

The complexities of the relationship between special guardians and parents, especially when they are related, can place additional pressure on the parenting role (Wade *et al*. 2014). Most special guardians are related to the children as grandparents or aunts or uncles (Wade *et al.* 2014, Cafcass 2015 Harwin *et al.* 2019a). In many situations, this can lead to issues such as conflicted loyalties. Masson *et al*. (2019) identified that mothers who were going through care proceedings often had support from their mothers, many of whom went on to become special guardians. Such care proceedings can put pressure on family relationships, especially where children are being removed from parents and placed with kin (Ibid).

The post-order relationship between special guardians and parents can also be challenging, often infused with feelings of tension and ambivalence (Wade *et al.* 2014),. Harwin *et al*. (2019a) found that these relationships were more difficult if there had been animosity between the parents and special guardians before or during care proceedings. The post-order relationship was particularly difficult where parents did not accept that the SGO was necessary. This happened in over half of cases in Wade *et al*.'s (2014) study.

According to the research, where parents did not agree with the outcomes of care proceedings, many were motivated to return the case to court, to either change the contact arrangements (Bowyer *et al.* 2015b) or attempt to rescind the SGO (Wade *et al.* 2014). When this happened, it was often distressing for everyone involved, including the children. There is limited research into this area and none on the support offered or needed to help special guardians with the change in relationships with the parents.

5.5.5 Contact between the children and their parents

Managing contact with parents is consistently found to be complex and most stakeholders in the SGO process believe that special guardians need support with it (Wade *et al*. 2014, Cafcass 2015 Harwin and Simmonds 2019b). However, there is still a lack of evidence and knowledge about contact in special guardianship families when compared to other forms of permanence like adoption and foster care (Harwin *et al.* 2019b, Thompson 2019a&b, Iyer *et al.* 2020).

Generally, special guardians are committed to promoting contact between the children and their parents (Wade *et al*. 2014). Research demonstrates that special guardians often find managing contact complex and many felt the onus to make it successful was on them (Wade *et al.* 2014, Harwin et al 2019a, Thompson 2019b). However, they were often unaware of the impact contact would have until after care proceedings, due to their focus being primarily on gaining care of the children (Thompson 2019b). It is likely that contact will be more challenging if planning is rushed through in order to end a court case rather than being based on the needs of the family.

Frequency of contact can be variable. Wade *et al.* (2014) suggest that if contact happens too frequently, the child could struggle to integrate with the special guardianship family. However, there is some evidence that contact could start regularly but slowly decline in frequency (Thompson 2019b). Thompson (2019b) found that the main cause for this was because of the parent withdrawing from it, or because the parents' behaviour became too dangerous to the child or the special guardian. Wade *et al*. (2014) identified that in some families, contact diminished and then stopped over time, as the parents moved on with their lives.

The impact contact has on children, special guardians and parents, appears varied and situation specific. Cafcass (2015) argued that contact was generally positive for the children but could be difficult for special guardians. Iyer *et al.* (2020:37) completed a literature review on contact for children placed in foster care, adoption and special guardianship placements and found there was a 'complex and dynamic relationship' between contact and children's wellbeing. Wade *et al*. (2014) identified that the quality of contact varied, with just over half being rated as positive for the children. In Thompson's (2019a) study, professionals reported contact as positive 73% of the time with mothers and 63% with fathers.

Several factors have been identified that affect the quality of contact. Iyer *et al.* (2020) suggested that contact should be child focused, taking into account their needs and views; that decision regarding contact should be based on the specific details of each families' situation; that the risks around contact should be understood and considered during planning; that contact should be supported where necessary; and that contact should be family centred, with people being seen as experts in their own family situations.

There was a correlation in Wade *et al*.'s (2014) study between children displaying challenging behaviour and contact being difficult to manage. However, it is unclear whether the negative contact affected the children's behaviour or *vice versa*. Unreliable contact appeared difficult for the children and could lead to feelings of loss (Wade *et al*. 2014, Thompson 2019b). Special guardians usually reported that they were expected to supervise contact, even when the parents posed a risk to them or to the children (Hall 2008, Wade *et al.* 2014, Bowyer *et al*. 2015c, Harwin *et al*. 2019a, Masson *et al*. 2019). Despite these challenges, contact is often found to be unsupported by local authorities (Wade *et al*. 2014, Bowyer *et al.* 2015c, Harwin *et al.* 2019a) (to be discussed later in this section).

Thompson (2019b) found that some special guardians felt that contact was not given sufficient consideration by professionals. However, this is not borne out by the research. Contact was analysed and commented on in the majority of SGO assessments (Cafcass 2015). Thompson (2019a) identified contact as important to social workers' decision-making. Practitioners have been found to express concerns over how special guardians would cope with contact (Wade *et al*. 2014, Thompson 2019b). Social workers also foresaw future difficulties with contact in half of cases (Wade *et al.* 2014). This indicates that professionals do consider contact and that it is the lack of support that results in special guardians feeling that contact is neglected by professionals.

In Thompson's (2019a) study, 102 social workers were asked, via a survey, about the factors they considered when making decisions about contact. The most common recommended frequency of contact was 12 times a year, although there were wide variations to this and some practitioners recommended extra contact on special occasions such as birthdays and Christmas. The average duration of contact was two and a half hours, although some contact sessions were significantly longer; contact usually took place either in the community or in the special guardians' homes; contact by social media was rarely recommended. These findings indicate that although there is some consistency in how practitioners view contact, there are significant variations too.

Other factors social workers took into consideration when making recommendations for contact (Thompson 2019a) included the child's age and stage of development; the reason children were removed from their parents' care and any ongoing risk; the impact contact would have on the stability of the placement; the reliability of the parents and the quality of contact during care proceedings; the child's wishes; the child's need to live a full life of their own; the views of the guardians and the views of parents. Thompson (2019a) found that practitioners considered several factors relating to the special guardians when considering contact. Their focus was on the special guardians' ability to manage the contact, as well as what risk the parents could pose to them. However, neither Thompson (2019a) nor Thompson (2019b) considered what practitioners believed contact would achieve for the children of their families. With regards to the local authorities' approach to contact, Iyer *et al*. (2020) argued that often local authorities were not worried about the most important issues and instead, were often overly concerned with the practicalities of contact such as frequency and duration, when they should be asking how to ensure contact is a positive experience for all involved. Special guardians themselves in Thompson's (2019b) qualitative study, were concerned with the needs of the children when considering contact and believed that regular, consistent contact gave the children certainty which helped ensure that the contact experience was positive.

In Thompson's (2019a:262) study, the relationship between special guardians and parents was only superficially considered by practitioners when considering contact, prompting the author to argue that these relationships 'should have a higher priority, as in special guardianship parent and carer are often close family members' and the complexity of the relationship affects contact. This lack of consideration is concerning because of its tangible impact on how special guardians manage contact (Wade *et al*. 2014). Studies found that when the parent-special guardian relationship was positive, contact could be more flexible and informal and eventually became a positive and natural part of family life; when the relationship was strained, contact could become more challenging (Wade *et al.* 2014, *Lyer et al.* 2020).

The complexity of contact means that special guardians can often feel overwhelmed and unprepared and many do not know where to get support (Wade *et al*. 2014, Harwin *et al*. 2019a, Thompson 2019b). Harwin *et al*. (2019a) identified that support from the local authority could help the special guardians to feel better able to cope, although there is little evidence that this support happens. Generally, special guardians did not trust that children's services would support them to manage contact if they were struggling (Wade *et al*. 2014, Harwin *et al*. 2019a) and evidence indicates that this mistrust is well-founded. Bowyer (2015c) found that only a third of SGO support plans mentioned contact and in most of these, support was only offered on a time limited basis.

Thompson (2019b) identified that over a third of social workers organised contact through voluntary agreements rather than in support plans. This appears to be causing concern among professionals in the court process and Harwin *et al*. (2019a) identified that supervision orders were often attached to the SGOs to ensure that support, including with contact, had to be provided by local authorities to special guardians. Where supervision orders were used to support contact, the special guardians usually reported an improvement in support; however, they often worried about what would happen once the supervision order ended, as many believed that support would be withdrawn (Harwin *et al*. 2019a). When support is withdrawn, special guardians can feel abandoned (Thompson 2019b). Most studies mentioning contact identified that most special guardians were eventually left to manage contact by themselves (Wade *et al*. 2014, Bowyer *et al.* 2015c, Harwin *et al.* 2019a, Masson *et al.* 2019, Thompson 2019a&b).

Hingley-Jones *et al.* (2020) propose three ways that contact and relationship with parents are managed in grandparent special guardianship families: in containing-flexible contact/relationship management, carers have high levels of reflection and empathy and the ability to manage complex relationships with little support; in containing-controlling contact/relationship management, carers had lower levels of reflection and empathy, possibly due to the complexity to their situations, leading to carers being firmer and more directive in how they manage contact; in non-containing-defeated contact/relationship management, the situation has become overly complicated or challenging and the grandparents struggle to manage contact.

5.5.6 Wider family contact

Contact between the children and family members other than parents is rarely written about. Wade *et al*. (2014) suggest that in special guardianship families, contact with members of the extended family is relatively high, similar to contact in other families. Thompson (2019a) identified that family members from the other side of the children's families would often attend the parents' contact with them. Wade *et al*. (2014) found that when siblings were not placed together, there was a risk that contact could diminish which caused the children distress. There is no specific research into the contact special guardian children have with siblings who have been adopted or are in foster care.

5.5.7 The importance of family history and life-story for children in kinship care

This review has identified the importance of children's knowledge of their personal and family histories for their development. Yet most literature into life-story work is based on adoptive families (see for example, Rose and Philpot 2005, Rees 2009, and Hammond *et al.* 2020). The relevance of this research is limited due to significant differences, not least that special guardians are usually related to the children and often have a good understanding of their family histories (Wade *et al.* 2014).

Special guardians in Wade *et al*. (2014) believed that it was important to provide their children with an overview of their life-story and most attempted to do so. This is consistent with Owusu-Bempah's (2007) assertion in socio-genealogical connectedness theory that children need to be supported to develop a narrative about their parents. However, special guardians were also worried about how to share these life-stories information with them (Wade *et al.* 2014; Harwin *et al* 2019a) and there were often gaps in their knowledge, especially for the side of the family they were not related to. Carers in Wade *et al*'s (2014) study reported that it could sometimes be difficult to present children with narratives about why they were unable to live with the parents and chose to present life-stories to the children in a variety of ways, for example, some fabricated positive stories to explain why the parent no longer saw a child, so as to protect the child.

Though research is limited, professionals in a range of studies (Wade *et al.* 2014, Bowyer *et al*. 2015b, Cafcass 2015, DfE2015) identify life-story work as important for children in special guardianship, just as in foster care and adoption (Hammond *et al*. 2020).

5.5.8 Children's views of special guardianship

Few studies focus on children's experiences of being in special guardianship families. Wade *et al*. (2010) spoke to three children and Wade *et al.* (2014:168) spoke to ten children aged over nine about their experiences and feelings. The most important factor for the children was to feel settled and part of a permanent family. One 13-year-old girl commented:

> 'It just feels like a normal family really…We do normal things. It's nothing different from a normal family really…My life is perfect how it is now.'

This sense of permanence could be disrupted when contact with their parents was difficult, especially if the parents actively tried to undermine the SGO placement.

5.6 Support for special guardians

This review demonstrates that specials guardians have a number of specific and unique support needs related to the distinctiveness of their situations when compared to parents and other carers. The next section will explore the research into the provision of support to special guardians.

5.6.1 SGO support plans

Special guardians' support needs are usually identified in SGO assessments and the SGO support plan details how these needs will be met (Wade *et al*. 2014, Bowyer *et al*. 2015c, Cafcass 2015, Harwin *et al*. 2019a). Examples of this have been discussed in this review when considering the financial needs and needs around contact.

Generally, SGO support plans are being provided to court, to be agreed at the final hearing (Wade *et al*. 2014, Bowyer *et al*. 2015a&b.), although some local authorities fail to share these plans with the special guardians (Local Government and Social Care Ombudsman 2018). The way that support plans identify how these support needs will be met often depends on the court process (Harwin *et al*. 2019a, Masson *et al*. 2019). Special guardians with SGOs granted through private care proceedings appear to receive less structured support than those with SGOs granted through s.31 care proceedings (Masson *et al.* 2019).

Support plans have been found to vary in quality: for example, they rarely consider the future risk that could be posed by the parents (Bowyer *et al*. 2015c), they often lack sufficient detail (Harwin *et al*. 2019b), and many do not focus on the child (Harwin and Simmonds 2019b). An issue that is rarely commented on in the research is whether support plans are reviewed, although Wade *et al.* (2014) identified that special guardians' needs were rarely reassessed post-order.

Several barriers have been identified that affect professionals' ability to develop high-quality support plans. Professionals in Harwin and Simmonds' (2019b) study suggested that tight court time scales meant that: support plans were often rushed; there could be difficulties creating agreed support plans when there were disagreements about whether the SGO should be granted; and plans were hard to develop when the assessment occurred before the special guardians took on care for the children. These professionals also argued that even when support plans were put in place, they were sometimes not honoured by the local authorities.

5.6.2 Barriers to engaging with support

Research into SGOs has constantly raised concerns about the availability, accessibility and relevance of support for special guardians and their children (Wade *et al.* 2014, Bowyer *et al.* 2015c, DfE

2015a, Local Government and Social Care Ombudsman 2018, Harwin *et al.* 2019a, Masson *et al.* 2019). 76% of respondents to the DfE (2015a) call for evidence thought that special guardians and parents should receive more advice and support. Even support at the most basic level, such as giving special guardians the necessary information about the order and processes to allow them to make informed decisions, was not consistently provided (Bowyer *et al.* 2015c). This meant that many special guardians had to cope with difficult situations without help (Wade *et al*. 2014, Masson *et al.* 2019).

Special guardians also experienced barriers that affected their ability or willingness to engage in support. Many special guardians in Wade *et al*. (2014) did not want to engage with social worker support or want any further involvement from children's services (Bowyer *et al*. 2015b). As discussed in section 5.4.5, willingness to engage post order was largely determined by the guardians' experiences of social workers during assessment and court processes. Special guardians in Wade *et al.* (2014) and Harwin *et al*. (2019a) commonly felt that practitioners did not do enough to ensure that they were able to cope with their new role and often felt let down, which did not encourage them to engage with any future support they were offered.

Even when special guardians do want to engage in support, there are potential barriers. For example, many special guardians do not know what support they were entitled to (Harwin *et al.* 2019b). Special guardians in Wade *et al*. (2014) spoke of a delay between requesting support and it being provided which could lead to their needs escalating to the point where interventions were no longer effective. Often the support the families were offered was time limited and many felt it was prematurely withdrawn, sometimes without their agreement (Wade *et al*. 2014, Bowyer *et al.* 2015c), leading to some families feeling abandoned (Harwin *et al.* 2019a). Wade *et al*. (2014) found that when cases were closed too soon, they often had to be reopened due to the continuing needs of the family or, more worryingly, concerns for the children's safety.

Specific challenges arise when supporting special guardians who live in a different local authority area from where the child originally lived with their parents. This is because the placing authority often lacks the knowledge of resources in the receiving authority and do not have any influence over local providers (Harwin and Simmonds 2019b, Masson *et al*. 2019). The availably of support varies greatly between different local authorities, depending on the investment received from local government, which means that carers with similar needs can be offered different levels of support depending on where they live (Wade *et al.* 2014, Bowyer *et al.* 2015b).

Family support can be positive (Wade *et al*. 2014, Masson *et al.* 2019) but such support can be compromised during care proceedings, when family dynamics can become complicated and strained (Masson *et al.* 2019). There is a dearth of research on the support special guardians get from other areas.

5.7 Locating this study

This literature review has examined the available literature on special guardianships as well as the relevant literature on the pertinent subjects of kinship care, permanence, socio-genealogical connectedness and grandparenting.

SGOs have evolved to fulfil an essential role in providing children who are unable to live with their parents a way of achieving permanence, often within their existing families. Along with other forms of kinship care, special guardianships can offer many children a connection to their family histories, including the histories of their parents, as well as a sense of belonging to their wider biological families. The limited research available identifies that SGOs can offer positive outcomes for children.

Most studies on SGOs and kinship care use a quantitative or mixed methods approach. There are few rigorous qualitative studies giving deep insights into the impact that SGOs have on children, special guardians, parents and society. The research that is available does identify that SGOs are complex for all stakeholders but rarely goes into detail about why this is.

Little is known about special guardians and how they experience the role. There are specific issues and challenging facing special guardians but more qualitative research is needed to understand what these challenges are, and the impact they have on special guardians.

Although there is more research available on grandparenting, including several theoretical perspectives, this is not the case for grandparent kinship carers. The ‘child saving’ role, where a grandparent cares for their grandchildren long term, is theoretically identified, however, little is known about how this role is experienced.

Hingley-Jones *et al.’s* (2020) small scale quantitative study has started to develop an understanding of the experiences of grandparent special guardians using thematic analysis. The current study builds on this knowledge base using a data analysis method designed to develop a deep understanding of the lived experiences of special guardians. This method is described in the following chapter.

Part 3 METHODOLOGY

Chapter 6 Methodology

6.1 Introduction

Methodology is the bridge between the theoretical considerations of the research project and the practicalities of designing and doing it (Hesse-Biber and Leavy 2016). A detailed description of the methodological considerations of a project increases rigour by allowing a thorough understanding of the researcher's reflections regarding the project's design and execution (Yardley 2000). This chapter examines the epistemological foundations of the chosen data analysis method and explains the practicalities and theoretical underpinnings of each stage.

6.2 Aim of this study

As demonstrated in the literature review, there is limited research into the experiences of special guardians and grandparent kinship carers. Donachy (2017) argues that understanding carers' experiences is fundamental to understanding the stresses and strains on families caring for other peoples' children. It is only by understanding these experiences that the correct support and interventions can be identified (Donachy 2017). Therefore, I have chosen to examine the experiences of special guardians, more specifically, grandparent special guardians, for two reasons. First, grandparents are the largest cohort of special guardians. Second, the nuances of their personal situations, as well as their relationships with the parents, often mean they need specialist support (Wade *et al*. 2014, Harwin *et al*. 2019a).

The overarching aim of this study is to develop an understanding of the lived experience of being a grandparent special guardian to:

- Increase understanding of becoming a special guardian.
- Increase the understanding of parenting a grandchild as a special guardian.
- Amplify the voices of grandparent special guardians.
- Make recommendations for policy and practice about engaging with and supporting grandparent special guardians.

To achieve these aims, the main question the study sought to address is:

- *How do grandparents experience and make sense of permanently caring for their grandchild via an SGO?*

The study also sought to address the following secondary questions:

- *How do grandparents experience and make sense of:*
    - *the process of becoming carers for their grandchildren?*
    - *the impact caring for the children has had on their relationships with the children's parents and wider family, including issues around contact and support?*
    - *parenting the children?*
    - *the support offered by the local authority and other organisations?*
    - *the impact caring for children has on their health and wellbeing?*
- *How does being a grandparent special guardian with a partner affect:*
    - *the special guardians' caring experiences at each stage of the process?*
    - *the way that parenting decisions are made?*
    - *the grandparents' relationships with their partners?*

6.3 Ontological and epistemological considerations

Once the aims of a research study are identified, consideration must then be given to the method that will be employed to analyse the data (Smith *et al*. 2009). However, before choosing a data analysis method, the researcher must consider the ontological and epistemological framework underpinning the research question (Grix 2002, Rolfe 2006).

Grix (2002) argues that social science researchers should understand the meaning of key research terminology so that they can identify what has influenced their methodological decisions. Researchers can be confused by the terms 'ontology' and 'epistemology' which prevents them from understanding how the main components of their research interact and stops them from competently identifying and defending their theoretical position (Grix 2002). Understanding my own ontological and epistemological position in relation to the research question allowed me to identify the correct data analysis method for my project.

Ontology is concerned with the overall nature of social reality. It is often described as having two opposing views, objectivism and constructivism, which are at two ends of a spectrum (Bryman 2012). Objectivism contends that an objective reality exists regardless of social actors, meaning that there are rules outside the control of people. Constructivism contends that reality is continuously being constructed by the activities of social actors, meaning that reality is never stable but constantly changing through the influence of people.

Epistemology is concerned with what can be known about the world and what is knowledge (Bryman 2012). Epistemology also has opposing positions, known as positivism and interpretivism (Bryman 2012). Positivism is the view there is a discoverable reality and knowledge should only be accepted as true if it is tangible to the senses. The positivist view is that data collection must happen in an objective way, free from bias, to allow the discovery of universal truths. Interpretivism is the view that social science is fundamentally different from natural science; humans are individuals with their own experiences and this makes it impossible to accurately catalogue them. Interpretivism suggests that human behaviour is best understood through the empathetic understanding of the researcher and data collection happens in a relationship between people, rather than being value free. A third position, critical realism, shares some positivist assumptions such as identifying with a natural order and structures which shape reality, but uses interpretivism to suggest that people can interpret these structures and influence them. Bryman (2012) and Eatough (2012) argue that social or psychological researchers rarely position themselves at either end of these extremes but rather, will adopt a position in between.

The epistemological position of the researcher influences all aspects of a project (Densin 2007). It was therefore essential for me to understand where I positioned myself in these debates because this would influence how I wanted to conduct my research. I was interested in how the grandparents constructed their realities in relation to their interactions with others, and how they then interpreted their experiences. At the same time, I was aware that the role of special guardians is real and measurable which means that there is scope to research the numbers of SGOs granted. However, I am more interested in how special guardians socially construct their realities through the interactions they have with the people they encounter, such as the children or the social workers. These interactions are particular to each grandparent and each person's experience will be different.

These reflections led me to conclude that I am a constructionist and an interpretivist, naturally inclined to use a methodology that aligns with these epistemological positions. Eatough (2012:323) argues that qualitative research seeks to understand 'people's subjective experience' and sense making of the world, which 'can lead to a focus on how they construct their world'. This aligned with my epistemological position and was also consistent with the research question. Therefore, I chose a qualitative methodology for this study.

6.4 Rationale for using IPA

Choosing a research method is a key consideration when undertaking a research project. Jootun *et al*. (2009:42) argue: ‘No single research method is inherently superior to any other; rather the appropriateness of the method must be appraised in relation to the research question’.

This study focuses on understanding the experiences of grandparent special guardians. The focus on participants’ experiences means a qualitative research method should be used because it prioritises peoples’ ‘subjective experience’ of the world and how they make sense of it (Eatough 2012:323). My research questions focused on grandparent special guardians’ experiences of caring for their grandchild. Eatough (2012) argues that the different aims in qualitative research led to the use of different approaches to data analysis. Below is a version of a table created by Smith *et al*. (2009), which shows how research questions influence the analysis method. I have adapted the table to demonstrate how I identified IPA as the most suitable data analysis method:

Table 2: how research questions influence analysis method

Research Question	**Key Features**	**Suitable approach**
What are the main experiential features for grandparents becoming special guardians for their grandchildren?	Focus on the common structures of being a special guardian as an experience	Phenomenology
How do grandparent make sense of becoming special guardians for their grandchildren?	Focus on personal meaning and sense making in a particular context, for special guardians who are caring for their children	Interpretative Phenomenological Analysis
How do grandparents construct their experience of becoming special guardians through what they say?	Focus on the interaction over and above content and caution against inferring anything about special guardianships.	Discursive analysis
What factors impact on grandparents becoming	Willingness to develop a theoretical explanatory level	Grounded theory

special guardians for their grandchildren?	account, (factors, impacts, influences etc.)	
How do grandparents construct an account of becoming special guardians for their grandchildren?	Focus on how the narrative relates to the special guardian's sense making	Narrative analysis.
What factors influence grandparents when they care for their grandchildren?	Focus on the themes evident in the data	Thematic analysis

Adapted from Smith *et al.* (2009:45)

One method that is used when the focus is on participants' lived experiences is Interpretive Phenomenological Analysis (IPA) (Smith 1996, Smith *et al.* 2009). After reflecting on the features of different qualitative methodological approaches, I decided that IPA best matched the research question I was attempting to answer because it is interested in understanding how a person experiences a phenomenon.

6.5 Interpretative Phenomenological Analysis

IPA is a rigorous approach to qualitative data analysis concerned with understanding how people make sense of significant life events and experiences (Larkin *et al.* 2006; Smith *et al.* 2009; Wagstaff *et al.* 2014). Larkin *et al*. (2011:321) describe IPA as offering:

> 'An established, systematic, and phenomenologically focused approach, which is committed to understanding the first-person perspective from the third-person position, so far as is possible, through intersubjective inquiry and analysis'.

Introduced as a data analysis method (Smith 1996), the method's rigour, accessibility and flexibility has quickly led to it becoming arguably the most widely known phenomenological data analysis method (Larkin *et al.* 2006, Langdridge 2007, Smith 2011).

In this project, IPA has been a methodology rather than simply a data analysis method (Silverman 2006) because it provided the concepts that underpin all the key research areas such as the literature review, sampling, data collection, data analysis and presentation of the findings (Smith *et al*. 2009). There are three epistemological philosophical areas which inform IPA: phenomenology, hermeneutics and ideography (Smith *et al.* 2009). This section will explain each of these three principals and identify the impact each had on the stages of the research project.

6.5.1 Phenomenology

Phenomenology has been described as the ‘philosophical approach to the study of experience’ (Smith *et al*. 2009:11). IPA comes from the position that people are active participants in their lives rather than passive observers, and that their experiences are specific to them (Brocki and Wearden 2006). Phenomenological philosophy draws on the philosophical ideas of Husserl, Heidegger, Merleau-Ponty and Sartre. Husserl identified the importance of understanding the nature of experience at a descriptive level by reducing experiences down to their core components (Smith *et al*. 2009). Heidegger, Merleau-Ponty and Sartre developed this, and introduced an interpretative view of phenomenology. They each demonstrated how people’s understanding of their experiences were influence by factors such as their previous life experiences, the influence of other people and societal norms.

One key aspect of Husserl’s phenomenological approach is the concept of bracketing (Husserl 1970, cited in Smith *et al*. 2009). Bracketing is the process where a researcher makes a conscious effort to set aside their own views and perceptions of an experience in an attempt to prevent contamination of the participants’ experiences. However, it is now argued that this view of bracketing in qualitative research is unachievable because it is impossible for a researcher to separate themselves from their presuppositions when collecting and analysing qualitative data (Tufford and Newman 2010). Larkin *et al.* (2011:323) suggest that the term bracketing in IPA is often misunderstood and should be understood as ‘open-mindedness’ and ‘a means of exposing and engaging with one’s presuppositions’. Tufford and Newman (2010:93) suggest that when researchers acknowledge and reflect upon the impact they have on their project, it allows ‘a deeper level of researcher engagement and integration throughout all aspects of the qualitative research endeavour’. Smith *et al.* (2009) argue that this way of understanding bracketing is connected to reflexivity (see section 6.10).

In this study, the phenomenological aspect of IPA means that grandparents’ experiences are understood in the context of how they have been and are influenced by everything and everyone around them. IPA does not see grandparent special guardians as passive observers of the phenomenon, but as active participants in their experiences. It also does not see the researcher as an observer bracketed off from the grandparents’ experiences, but as a participant in the meaning making process who must be aware of the influence they will have on that process.

6.5.2 Hermeneutics

The second epistemological underpinning of IPA is hermeneutics, the theory of interpretation. Heidegger’s concept of Dasein, essentially the human experience of being or existing, was pivotal in phenomenology's move from the descriptive to the interpretative because existence is always perspectival and conceptualised in relation to something else (Smith *et al*. 2009). Smith (2011) argues that people do not live in isolation but in a world constituted of social, historical, and personal influences. These influences affect how people interpret their experiences (Smith *et al*. 2009) and IPA is concerned with these interpretations (Smith 2011).

IPA is not only concerned with how people interpret their experiences; it also employs the use of the double hermeneutic (Smith *et al.* 2009) which acknowledges that it is the researcher who is interpreting the participants' interpretations of their experience (Smith *et al*. 2009). Chamberlain (2011:50) argues that the researcher's interpretation is 'essential' if a researcher wants their analysis to develop beyond the descriptive and thematic. In this way, IPA is essentially attempting to fulfil two roles (Smith *et al*. 2009). First, is to view the world through the eyes of the participant in an attempt to understand why they experience the phenomenon the way they do. Second, is to move away from the participant's perspective to attempt to question their narrative and make sense of it in a wider context.

One important aspect of interpretative theory is the use of the hermeneutic cycle. This is where knowledge is iteratively produced by moving through a cycle (Smith *et al*. 2009). In IPA, the hermeneutic cycle involves viewing the phenomenon as a whole, made up of different parts. To be able to understand the whole of a person's experience, each part needs to be understood individually. However, the parts can only be understood when taken in the context of the whole experience. For example, an important word is better understood in the context of a sentence or a key phrase might only be relevant in the context of the whole interview.

Smith *et al*. (2009) argue that the hermeneutic cycle is important in IPA research because it moves the researcher away from considering the analysis process as linear and encourages them to move backwards and forwards through their data and the analysis process. By constantly going through a cycle of interpreting how the parts of the experience affect the whole and visa-versa, a deeper level of interpretation should be reached. However, Smith (2011) warns that when writing up an IPA project, it is important to ensure that the interactions between the parts and the whole of an experience are explicitly identified to ensure the analytical process is transparent.

6.5.3 Ideography

The third epistemological approach underpinning IPA is ideography - the study of the particular (Smith *et al*. 2009). In IPA, ideography requires the researcher to focus on each participant's experience individually before looking for themes across cases (Smith *et al*. 2009). Larkin *et al.*

(2006) have also argued that the phenomenological focus on a particular experience or event is also ideographic in that IPA is interested in how individuals from a particular group of people experience a particular phenomenon. This in-depth focus on each individual's specific experience of a phenomenon leads IPA to use smaller sample sizes (Smith *et al*. 2009). It also results in participants being purposefully sampled to ensure that they have experienced the phenomenon under investigation.

The main criticism of ideography and the resulting small sample sizes is that the focus on the particular means that findings are not generalisable (Malim *et al*. 1992). However, the counter argument is that large sample sizes, which are better suited to generalisation, lack the depth of analysis and 'subtle inflections of meaning' that can be present in ideographic research (Smith and Osbourne 2003:262). Besides, according to Smith *et al.* (2009), it is not entirely correct to suggest that IPA studies cannot be generalised. The authors suggest that IPA does not shun generalisations but cautiously develops them by locating them in an individual's particular experiences. Analysis in IPA happens for each case separately, with the findings of each initially bracketed as far as possible from the next before the themes across cases are identified. These overarching themes add to the existing body of research, which helps develop a deeper, more generalised understanding, of the issue.

6.6 Ethical considerations

Before describing the specifics of the research process, it is important to explain the role of ethics in the development of the project. The nature of social work research means ethics must be properly considered to prevent or minimise issues such as harm and exploitation (Dominelli and Holloway 2008). Ethics is an integral part of IPA research and an ethical approach is essential to ensure the project is rigorous and robust (Smith *et al.* 2009). When thinking about the ethical issues involved in this project, I consulted the Code of Human Research Ethics (The British Psychological Society 2104) as well as the Code of Ethics for Social Work: Statement of Principles (The British Association of Social Workers (BASW) 2014). Four key principals underpin the Code of Human Research Ethics: respect for the autonomy, privacy and dignity of individuals and communities; scientific integrity; social responsibility; and maximising benefit and minimising harm.

To gain approval from the UEA School of Social Work Research Ethics Committee, I explained how I would carry the research out in an ethical way, using the UEA's ethical approval form for research 2016-17 (appendix 2). I submitted this form to the UEA School of Social Work Research Ethics Committee, along with the research risk assessment (appendix 3) and forms created for the participants (appendix 4 - 7). I received ethical approval in August 2017 (appendix 8).

The researcher's focus on ethics should not end when they gain ethical approval. Smith *et al*. (2009:53) explain that ethics is a dynamic process that should be monitored throughout the project. To ensure this, I have constantly reflected on ethics. I kept a research journal and discussed any concerns I had with my supervisor. As discussed later in this chapter, the interviews were emotional and had an emotional impact on me, which increased my sense of responsibility to the participants. I believed I had an ethical responsibility to make the participants' involvement in the project feel worthwhile. One way I did this was by disseminating my findings widely to professionals, policy makers and kinship carers during the final two years of the project. This is discussed in detail later in section 6.12.

Ethics runs through every point of the project and as such, is addressed throughout the methodology chapter. However, I will focus on three key areas here: informed consent, risk to participants and confidentiality.

When people participate in social research, it is generally accepted that they should be able to give informed consent (Crow *et al.* 2006). Participants should have information about the project before taking part so that they can make an informed choice about whether to be involved. Informed consent requires information to be understandable and relevant. The language needs to be clear, accessible and free from jargon (Ibid.). Participants need to have the capacity to give informed consent, which means that they need to fully understand what it is they are consenting to (Ibid.). The participants in this study were given the participant information sheet (appendix 5). I was aware that some participants might not be able to read the information so prior to them signing the consent form, I read through the information with them. I also used my skills as a social worker to consider whether the participants had the capacity to consent to take part. None of the participants appeared to have impaired judgement and I concluded that they all had capacity to give consent.

When completing research with human participants, it is important to consider the impact it will have on them (Dominelli and Holloway 2008). This is especially true of participants who have previously experienced traumatic events (Roberson *et al*. 2020). However, when considering the emotional impact of research, harm can be difficult to quantify. For example, Roberson *et al.* (2020) found that although researching personal subjects with participants could be distressing, it also brought many benefits. Participants in their study often found the research process empowering, cathartic and beneficial. This study required participants to talk about emotionally difficult experiences. As a social worker, I am experienced in supporting people with difficult conversations, so I employed these skills during the interviews. I ensured that the participant was aware of the issues to be discussed prior to the interview, to enable them to prepare. I also gave them the option not to answer if they felt unable or uncomfortable to do so. I ensured that I did not leave the participant in a state of distress and fully debriefed with them after the interview, using the debrief form (appendix 7) to enable them to know where to go for further support if necessary.

Participants who engage with research should expect their data to be kept confidential (Smith *et al.* 2009). However, this is not an absolute right and in the context of research involving children, either directly or indirectly, there are limits to confidentiality, due to potential child protection concerns (Williamson and Goodenough 2005). Participants should be informed of the limits to the confidentiality of their information. In this study, confidentiality was explained in the participant information sheet (appendix 5). This ensured that participants were aware of the limits of confidentiality when consenting to engage in the process. Furthermore, I have a significant amount of experience and expertise in child protection due to my training and employment as a social worker. There were no instances in this study of concerns being raised about the welfare of a child.

6.7 Sampling and recruitment

Sampling in qualitative research is often misunderstood and confusion can develop about sample size and purposeful sampling (Mason 2010, Englander 2012). In IPA studies, the three epistemological foundations strongly influence the sample group and sample size (Smith and Osbourne 2003, Smith *et al.* 2009). To be able to study a phenomenon, it is essential for the participants to have experienced it (Englander 2012). This leads to purposeful sampling, where participants are chosen because they meet certain criteria rather than being chosen at random (Smith *et al*. 2009).

Initially, I was interested in all special guardians. However, this is a broad group which includes the children’s family, family friends and unrelated foster carers (Wade *et al.* 2014, Harwin and Simmonds 2019a). I decided that such a broad sample would prevent the depth of analysis I wished to achieve. Therefore, I decided to investigate a more homogenous group: grandparent special guardians. The rationale for this was threefold. First, they had experienced the phenomenon under investigation. Second, grandparents are the largest cohort of special guardians (Wade *et al*. 2014, Harwin *et al.* 2019a). Third, previous research, for example Wade *et al*. (2014), has highlighted the unique complexity of being grandparent special guardians due to the relationships between the grandparents, the parents and the children and the lack of research into this group of special guardians.

Sample size was also an important consideration. The confusion over sample size in qualitative research stems from the positivist idea that samples need to be ‘statistically representative of the population' (Englander 2012:18). However, a statistically representative sample in most qualitative research would be so large, it would prevent the depth of analysis required to be rigorous (Yardley 2000). There is no consensus on sample size in qualitative research because the size must match the requirements of the method and the project (Smith *et al*. 2009). Some researchers draw on the concept of saturation, where the researcher is confident that 'most or all of the perceptions (of the population under investigation) are uncovered' (Mason 2010:2). This concept is used in grounded theory where saturation is used to substantiate the theory being developed from the data (Barbour 2007). However, Kvale (1994) argues that rather than trying to achieve saturation, in most qualitative research, the sample size should be sufficient to find out what you need to know. IPA's focus on the ideographic means that the researcher is concerned about the specific experience of each participant, rather than gathering enough evidence to substantiate a theory (Smith *et al*. 2009). Therefore, the argument about sample size in qualitative phenomenological research is redundant and focusing on number demonstrates a misunderstanding of how to ensure validity in IPA studies (Smith *et al*. 2009, Englander 2012).

IPA studies generally use a small number of participants to allow for deep analysis of the data (Smith *et al*. 2009, Smith 2011). Smith *et al*. (2009) caution that the use of specific numbers is arbitrary and does not reflect the quality or rigour of research. In fact, Smith (2011) suggested that it is harder to demonstrate the necessary rigour and required depth of analysis in larger studies. Initially I wanted to have between 12- 16 participants, however, as will be explained shortly, the recruitment process affected the number of participants in my study.

Recruitment in IPA studies can be challenging because the researcher is attempting to gain access to a specific group people who have experienced a specific phenomenon. The most efficient way of accessing participants is usually through gatekeeping organisations, personal contacts or snowballing between participants (Smith *et al*. 2009). I realised it would be difficult to find grandparent special guardians without the support from agencies who have contact with them. Initially, I considered approaching local authorities to request their support to access participants. However, as discussed previously, local authorities can have difficult relationships with kinship carers and there are often power imbalances. I was concerned that this might mean that participants would feel obliged to take part in my study. Therefore, I contacted charities and third sector organisations specialising in kinship care instead, because I believed that the relationship would be a more trusting one.

Initially, I gained four participants through small support groups and snowballing. Then a national kinship care charity advertised on their website and within four hours, I had received 21 contacts from special guardians wanting to participate. This overwhelming response could be indicative of special guardians' desire to have their experiences heard. It was my view that ethically I had to give those who had responded the opportunity to take part. A number of people dropped out in the early stages and eventually, 27 participants took part. There were nine single carers and nine couples.

My sample size was large for an IPA study. However, Smith *et al*. (2009) suggest larger sample sizes can still result in rigorous findings, although consideration must be given to how the analysis is carried out. Smith *et al*. (2009) propose that themes in large studies often relate more to the group than to individuals. However, cases should still be examined individually before themes across the cases are identified. The process of analysis is discussed later in this chapter.

Table 3 gives an overview of the participants; all names have been anonymised. Although a homogenous group, there were also differences: nine were maternal grandparents and nine were paternal; eight were single carers and there were ten couples. The age range was 45 – 70 with an average age of 58. All but one of the grandparents were white British. It is consistently found to be challenging to engage non-white kinship carers in research (Wade *et al*. 2014, Hunt 2020) and only one non-white person volunteered to participate in this study. The grandparents had been special guardians from between one and eleven years, with an average of five years. The grandparents lived all over England and came from diverse local authorities with some living in urban areas and others in more rural areas. Fourteen of the families cared for children whose SGOs were granted in public care proceedings and four where the SGOs were granted in private care proceedings.

Table 3: Table of participants

Name	**Single or couple**	**Age**	**Paternal or maternal grandparents**	**Ethnicity**	**Number of children and legal route of the order (public or private proceedings)**	**Length of time since SGO process began**	**Duration of interview (hours and minutes)**
Ann	Single	63	Paternal	White British	1 child: 11 years old (SGO granted in public care proceedings)	6 years	2:14

Brenda & Andy	Couple	Brenda- 57 Andy– 57	Maternal	White British	2 children: 7 year old & 5 year old (both SGOs granted in public care proceedings)	3 years	1:57
Clare	Single	48	Paternal	White British	2 children: 7 year old & 6 year old (SGO granted in public care proceedings)	3 years	2:01
Debbie	Single	62	Paternal	White British	1 child: 3 years old (SGO granted in public care proceedings)	3 years	2:29
Ella	Single	44	Paternal	White British	1 child: 2 years old (SGO granted in private care proceedings)	1 year	2:12
Faye and Bob	Couple, however, Bob did not attend interview	Faye- 64 Bob 63	Paternal	White British	2 children: 1 biological grandchild 15 years old & 1 maternal half sibling 13 years old (both SGOs granted in	12 years	2:06

					public care proceedings)		
Gina and Chris	Couple	Gina–60 Chris-61	Paternal	White British	1 child: 15 years old (SGO granted in private care proceedings)	5 years	2:11
Helen and David	Couple	Helen-63 David-65	Maternal	White British	3 Children: 14 years old, 12 years old & 8 years old (all 3 SGOs granted in public care proceedings)	11 years	2:08
Imogen	Single	54	Maternal	White British	1 child: 3 years old (SGO granted in public care proceedings)	2 years	1:50
Jody and Edward	Couple	Jody-56 Edward-56	Paternal	White British	1 child: 8 years old (SGO granted in public care proceedings)	2 years	2:26
Karen and Frank	Couple	Karen–70 Frank-56	Maternal	White British	3 children: 12 years old 10 years old &	10 years	1:38

					9 years old (all SGOs granted in public care proceedings)		
Linda	Single	63	Paternal	White British	1 child: 16 years old (SGO granted in pubic care proceedings)	8 years	1:46
May and George	Couple	May-52 George-54	Maternal	White British	1 child: 5 years old (SGO granted in private care proceedings)	4 years	1:46
Nina	Single	59	Maternal	White British	2 children: 8 years old & 6 years old (both SGOs granted in private care proceedings)	6 years	1:39
Olive	Single	58	Maternal	White British	5 children: 16 years old 14 years old 11 years old 9 years old & 1 kinship child– now 18 years old moved out with own	7 years	1:54

					family (all 5 SGOs granted in public care proceedings)		
Pam and Henry	Couple	Henry– 55 Pam- 45	Maternal	White British	2 children: 6 year old subject to residence order 4 year old subject to SGO (granted in public care proceedings)	5 years	2:29
Rita and Ian	Couple	Rita – 62 Ian – 62	Maternal	White British	2 children: 8 years old 5 years old (Both SGOs granted in public care proceedings)	6 years	2:28
Steff and Brin	Couple	Steff - 53 Brin – 54	Paternal	Steff - White British Brin – Black British	1 child: 5 years old, (SGO granted in public care proceedings). The SGO was rescinded, child returned to mother's care.	4 years	2:08

6.8 Data collection

Although interviews are the most common way of gathering data in qualitative research, data can also be collected using focus groups or observations (Wimpenny and Glass 2000, Silverman 2006, Englander 2012). I was mindful of two factors when considering which collection method to use. First, the data collection method should be guided by the research question (Rubin and Rubin 2012). Interviews were an acceptable data collection method for my research question (see section 6.8.1.). Second was my professional experience and expertise. As a social worker, I am experienced in using interviews to gather information. I have also trained in various specialist interviewing techniques such as achieving best evidence interviews (MoJ 2011) and attachment style interviews (Bifulco and Thomas 2013). I believed my skills and experience could be utilised to gather good quality data using interviews.

6.8.1 Data collection using interviews

Smith *et al*. (2009:56) argue that in IPA, the data collection method used should '… invite participants to offer and rich, detailed, first-person account of their experiences'. The authors propose various ways of gathering data, such as interviews, focus groups, and analysis of participants' diaries. My research question was concerned with the participants' personal experiences, often over several years. Interviews encourage participants to consider their thoughts, sentiments and narratives about the phenomenon being discussed (Smith *et al*. 2009). Therefore, I believed that interviews would elicit the best accounts.

Different interview techniques are used in qualitative research. In IPA, semi-structured and unstructured interviews are most common (Smith *et al*. 2009). Semi-structured interviews require a limited number of questions to be prepared before the interview, with the purpose of keeping the focus of the interview on topic. Prompts can also be used to encourage the participant to give as much detail as possible (Rubin and Rubin 2012). Unstructured interviews are more of a conversation between the participant and interviewer, with the researcher developing themes for discussion that are relevant to the context of the interview.

I chose semi-structured interviews to allow the participants the freedom to talk about their experiences whilst keeping the interviews focused (see appendix 9 for the interview schedule). I planned to use this as a guide to help me maintain focus rather than using it as a rigid set of questions to work through systematically (Smith *et al*. 2009). As the interviews progressed, I found that I was not following the interview schedule. Generally, I asked the first question and the grandparents told their stories with just minor prompts from me. Their narratives usually remained focused on their personal experiences as special guardians, which did not always follow the structure I planned for but followed a logical chronological order. Englander (2012) argues that one challenge in gathering data in phenomenological research is that each person experiences the phenomenon differently. Allowing the grandparents to talk about being grandparent special guardians in the way that was right for them, allowed me to gather data in a way that best represented their experiences.

6.8.2 Role of the researcher in interviews.

It is important to consider the way data is created in qualitative interviews. Although the interviews are focused on the narratives of the participants, the researcher has a role in what data is produced, due to the questions they ask and the relationships they build with the participants (Larkin 2006, Englander 2012, Rubin and Rubin 2012). Smith *et al*. (2009:57) suggest that qualitative interviews are ‘a conversation with a purpose’, although a research interview does not facilitate an equal sharing of information like a conversation. Rather, the researcher will support the participant to do the majority of the talking whilst actively listening and considering which questions to ask next, in order to keep the interview focused (Smith *et al.* 2009).

In phenomenological interviews, the researcher needs to split their interest between the participant and the phenomenon under investigation (Englander 2012). In this study, I was interested in each participant’s individual narrative of being a grandparent special guardian, and I conducted the interviews accordingly. However, the double hermeneutic in IPA research means that the interviews were also concerned with gathering data on how the participants interpreted the phenomenon (Larkin 2006, Smith *et al*. 2009). I found that participants tended to be descriptive in their narratives. Therefore, when I did use prompts, they were generally to encourage the participants to explain how they felt about and made sense of, their experiences.

I was aware of my role in the co-creation of the interview data. While I did not talk much in the interviews, I influenced the participants’ narratives through body language and subtle cues (Rubin and Rubin 2012). I was also aware that my identity as a social worker affected the interviews; for example, the grandparents seemed comfortable using professional jargon they had learnt, without explaining it to me (for further discussion, see section 6.10).

6.8.3 Interviewing couples

Although most special guardians are women caring alone, a significant proportion parent as part of a couple (Wade *et al*. 2014). When designing the project, I was interested in learning about the experiences of both single special guardians and those in a relationship. This meant I had to consider how best to gather data from people fulfilling the role as a couple.

Valentine (1999) writes about her experiences of interviewing family members both individually and together and argues that although families create a shared reality, there is generally one person nominated as the family spokesperson who participates in research. Valentine (1999) suggests that researchers should consider interviewing couples together because this allows more than one person to tell the family story, allowing the researcher to see how the couple create their shared reality. Heaphy and Einarsdottir (2012) argue that several narratives can be created in joint interviews, as each participant tells their own personal story whilst also co-creating a joint narrative with their partner. Valentine (1999:68) argues that when participants are interviewed together:

> negotiation and mediation takes place between couples in the production of a single collaborative account for the interviewer, which can provide material or insights into the dynamics of the household that would be difficult to identify in a one-to one interview.

However, there are many ethical and practical considerations. Interviewing couples is likely to result in different data than if the participants were interviewed separately (Valentine 1999, Heaphy and Einarsdottir 2012). When couples are interviewed together, the power dynamics within their relationship can influence what information they are willing to share (Heaphy and Einarsdottir 2012). For example, a participant might adapt their story to avoid angering or upsetting their partner. These issues require the researcher to be reflexive about the impact the participants have on each other (Valentine 1999, Heaphy and Einarsdottir 2012, Rubin and Rubin 2012).

There are many examples of IPA studies involving couples being interviewed together (see for example, Touroni and Coyle (2002), Rabbitte *et al*. (2013) and Vella *et al.* (2015)). It can be argued that the hermeneutic and ideographic underpinnings of IPA are consistent with joint interviews. In this study, I was interested in understanding how the couples made sense of their situations. Joint interviews were a way for me to observe how the couples co-created a joint understanding of their specific circumstances. I therefore made the decision that when participants were in a couple, they would be invited to be interviewed together. All but one couple agreed to this. No explanation was offered but during the interview, it became clear that woman was the main carer and I sensed that her partner was possibly unwell.

Before interviewing the couples, I attempted to address any potential challenges that might arise. I suggested to the couples that there might be times when they disagreed and reassured them that this was acceptable, as it allowed me to understand the dynamics of their decision-making processes. When I asked questions, I directed them at both participants to encourage them both to take part in the discussion (Touroni and Coyle 2002). I was prepared to direct questions to the participants individually if one person started to dominate the discussion but this was unnecessary as all the couples took an active role during the interviews.

6.8.4 Conducting the interviews

All participants were offered the opportunity to be interviewed in their homes or another place of their choosing (King and Horrocks 2010). All but three interviews took place in the grandparents' homes. Of the remaining three, one took place in the grandparent's place of work and two took place in community centres at their request (for details of the ethical processes I implemented, see section 6.6).

Conducting interviews can be challenging even for the most experienced interviewer. Smith *et al.* (2009) suggest building a rapport with the participant as well as other techniques intended to allow the participant to share as much relevant information as possible. My experience as an interviewer meant that establishing rapport felt natural. However, as discussed in section 6.10, I soon became aware of the differences between a social work interview and the research interview.

The interviews were all longer than I expected, lasting between one and a half and two and a half hours. All interviews were recorded on two Dictaphones and downloaded onto a password-protected laptop immediately. The interviews were then deleted to protect the participants' data. Once the interviews were completed, I debriefed with the participants (Kvale and Brinkman 2009) and talked through the debrief form (appendix 7) to ensure that knew where to get support if required. As an expression of gratitude for giving up their time to take part in the study, I gave each participant a £15 gift voucher (only one was given to couples) which is in keeping with other research projects, for example, Wade *et al*. (2014) and Harwin *et al*. (2019a).

6.9 Data analysis

The next stage in the IPA process is the data analysis. Smith *et al.* (2009:79) describe the process as being 'characterized by a common set of processes… and principles… which are applied flexibly'. This is because the analytical focus of IPA is on how participants make sense of their experiences, which requires the researcher to implement some basic principles in a way that works for their project, rather than following a rigid step-by step guide. The analysis process, described as an inductive and iterative cycle (Smith, 2007), comprises six steps (Smith *et al*. 2009):

1. reading and re-reading,

2. initial noting,

3. developing emergent themes,
4. searching for connections across emergent themes,
5. moving to the next case,
6. looking for patterns across cases

Each of these steps will be explained in greater detail below.

6.9.1 Data analysis software

I was initially undecided about whether to use data analysis software such as NVivo. After undertaking NVivo training, I decided that its rigidity would prevent me from analysing the data in the way that I wanted. I analysed the first transcript using pen and paper but felt overwhelmed trying to organise the data in this way so decided to use Microsoft (MS) Word to both analyse the transcripts and order the themes. Each line of the transcript was analysed and recorded using the 'comment' function in MS Word. These comments were then analysed for themes arising in individual interviews and recorded in a table in MS Word. Key quotes were copied and pasted alongside their related themes. This identified the evidence that underpinned these themes. Tables were also created in MS Word to bring together themes across cases (see appendix 10 for an example in the early stages of analysis).

6.9.2 Transcription, reading and rereading

Although 'reading and re-reading' is identified as the first stage, I have added transcription to this because, as Roulston (2016) argues, the transcription process affects the data analysis. I found that the act of transcribing brought me closer to the data. Listening to the interviews whilst transcribing allowed me to reflect on them and note my own emotional responses in my reflective journal. Listening to the audio encouraged me to think about the tone of the interview and the point that the participant was attempting to convey.

When considering the practicalities of transcription, Smith *et al*. (2009:74) suggest that IPA is concerned with analysing the 'content of the participant's account', meaning that although the transcription needs to be verbatim, it does not need to be a detailed record of the non-verbal occurrences. However, I chose to record much of the non-verbal communication in brackets in the text, especially when related to how the person experienced their memories. For example, I noted when participants laughed or cried, and I also recorded when they paused with an approximation of how long for. I did this because I believed that these non-verbal instances allowed an insight into the emotional content of their experiences.

Once I had transcribed the data, I read each transcript through at least twice before beginning the next stage. Smith *et al.* (2009) argue that re-reading transcripts encourages the researcher to enter the participants' world. I found that immersing myself in this way allowed me to develop a deeper understanding of the narrative. Furthermore, listening to and reading the transcripts allowed me to identify early patterns and contradictions across the participants' narratives (Smith *et al*. 2009).

6.9.3 Initial noting

This stage was the most detailed and time consuming of the whole analysis process. Each interview was analysed line-by-line, with the notations recorded in the comments section of the MS Word document. Smith *et al*. (2009) suggest there are three levels of analysis at this point, descriptive, linguistic and conceptual. Throughout this section, I will illustrate the analytical process I went through using a short example of an analysed transcript (Figure 2).

Figure 2 – Example of analysed transcript

Initial Notations

Went willingly?

David was responsible for pregnancy

Disputed relationship status

Unsure of her family circumstances

Repeat of word properly regarding relationship although emphasised by really.

David responsible for pregnancy

Why obvious?

David 'tried' with her

David in control of relationship statue

Unsure what David said

Mother's behaviour nightmarish

Ann feels this is factual knowledge

David wanted to be in his son's life.

David being a responsible parent offering financial support

David in control of relationship status

The reality appears factual to Ann

Happy with grandparent role

Interview with Ann.

Paul: Ok so first of, can you tell me why you wanted to care for your grandchild?

Ann: Ok, I will try to keep it fairly brief, erm James is now ten coming up ten and a half, he went into care when he was 7 months, he's my son's son, yeah that's right, erm the girl that he got pregnant, they weren't really properly together. I believe her family background is quite poor, erm, I know it is, erm, I just don't know the different details and stuff, erm, and she was quite clingy to my son, who didn't really want to know properly.

Paul: Yeah?

Ann: Erm but he got her pregnant, so obviously not blameless. Erm and tried to make a go of it with her but that didn't work, when he said that no he doesn't want to know, erm whatever he said, erm she then became a bit of a nightmare with my son with the fact she would wait at the tube station for him to come out of work. He still wanted to be in his son's life and he was more than willing to support financially. For him that wasn't an issue. He just didn't want her.

Paul: Yeah?

Ann: erm that sounds harsh putting it that way, but that was the reality. Erm and I was quite happy to be the grandmother in this baby's life. Erm in fact when he was born which was only down the

Interpretation

Ann appears to have a clear distinction of what she sees as fact and what she is unsure about. The facts seem to be: mother waiting at tube station for David was a 'fact'. David not wanting a relationship with the mother was a 'reality'. David being at the baby's birth was a 'fact'. Ann held James earlier that she held David was 'fact'. The parents were 'actually' trying to be together. However, Ann appears less sure of other details. Ann 'believes' the mother's background is poor and she 'doesn't know the details'. David didn't want to know the mother 'whatever he said' to her. David 'told' Ann the mother's family home was dirty.

This differentiating between fact and educated guessing seems important to Ann. Maybe it could be due to needing certainty about James' life story. It also appears a way of figuring out David's journey.

Initial Notations

Ann factually knew grandson at birth

Factually knew when she held child

Ann met grandson sooner than she met her son.

Ann is emphasising how important her role was in James' early life.

Son's reporting of mum's home

Ann agreed to support family.

Both parents trying at relationship.

Ann was with James for first three /four weeks.

Full time work when mother needed help

Mother struggles

Ann fulfilling parenting role early on

Ann supporting mother

Mother doesn't seem to be coping

Ann shows empathy, its hard with a crying baby at night.

road in (a local) hospital. My son was there at the birth, I was called and I went up and he was a couple of hours old, in fact I held him at an earlier stage than I held my own son, because of different circumstances for me at that time. Erm and my son wasn't happy with the girl's home life. He said that home was dirty and so he didn't want her going back home there. So, I agreed he could bring her back. They were actually trying to be together at that point. That he could bring her back here and she actually stayed here with James for the first three or four weeks of his life. Erm and I was working full time then. Even then it was evident that it wasn't easy for her, er at night she, I got up to the baby or got up to them both nearly every night because she just didn't seem to be coping I suppose of dealing with a baby crying in the middle of the night, which is hard.

Interpretation

In these early sections Ann appears to be demonstrating her relationship with James

To begin with Ann was 'quite happy to be a grandmother'

However, she also seems to be indicating it was more than a grandparent role – she held James 'at an earlier stage than my own son'. James stayed with her for the 'first three or four weeks of his life'. Ann 'got up to the baby'. Ann could be demonstrating that she has played a parenting role for James since his birth, she wants to show that she has always been more than a grandparent. Is this the beginning of the claiming process, James moves from being a grandchild to being more like a son? Ann might also be keen to show the balance between supporting her own son whilst protecting James.

Descriptive analysis involves commenting on the specifics of the person's narrative (Smith *et al.* 2009). It identifies the parts of the narrative that formed the participants experience of being a grandparent special guardian. This process gives structure to the analysis. Throughout the analysed transcript in Figure 2, the way Ann described meeting James and her early relationship with him gave clues to how she perceived the development of their relationship.

The linguistic analysis is concerned with the use of language as well as other forms of communication such as pauses, laughter etc. (Smith *et al*. 2009). This is evident when Ann uses the phrase 'in fact' (line 34) as she describes holding James. This emphasised Ann's desire to prove the importance of her relationship with James from a very early age and the use of the word 'fact' is Ann's attempt to make this a definite statement.

The conceptual analysis is interpretative rather than descriptive and requires the researcher to engage in the data at a conceptual level (Smith *et al.* 2009). This is the point where the researcher moves from making assertions about the participant, to focusing more on the participant's deeper understanding of their experiences. Returning to my interview with Ann, the evidence in this section of the transcript indicates how significant it was for Ann to demonstrate the important role she had in James's early life. This theme developed over the course of the interview, leading me to conclude that Ann wanted to prove that she was the right person to be his carer by presenting evidence such as her early relationship with him, because she possibly believed that her role in his life was precarious.

6.9.4 Emergent themes

At this point in the process, the researcher moves from working directly with the transcript to initial coding (Smith *et al*. 2009), developing the emergent themes by reducing the detail whist staying close to the complexity of the statements.

Identifying emergent themes can be challenging and should follow the hermeneutic cycle. The researcher must identify themes at specific points in the text whilst being aware of what is happening in the whole interview. In Ann's example, I had identified her desire to prove that she was the right person to be her grandson's special guardian. This theme was developed in the context of Ann feeling that her chances of being her grandson's special guardian were threatened because she was the paternal grandparent and her son was assessed as being a risk. I managed to develop a deeper understanding of Ann's situation when I considered these themes both by themselves and in the context of the whole interview.

Once emergent themes are identified, the researcher looks for connections across each transcript. Commonly, emergent themes will be in chronological order, following the order of the participant's narrative. Themes across the narrative will often traverse the transcript and are not usually initially obvious (Smith *et al.* 2009). Several processes can encourage the researcher to examine their data in different ways to allow connections across themes to become more apparent (Ibid.), such as looking for similarities or conflicts between emergent themes or looking at how frequently they occur. At this point, some emergent themes will develop into superordinate themes that become relevant to the overall study, whereas others are discarded because they are not applicable to the larger analysis.

6.9.5 Moving on to the next case and identifying patterns across cases

Once a case has been analysed and the themes identified, the researcher moves on to the next case and repeats the steps described above. Smith *et al*. (2009) suggest that the researcher should attempt to approach each new case with an open mind and 'bracket off' any ideas developed from previous ones. When moving on to a new case, strategies such as keeping a reflective journal helped me to view the case on its own merits as did discussions about bracketing with my supervisor. However, this was complicated, especially as I came to the final cases and my ideas were developing.

Once all the interviews were completed and each case was analysed ideographically to identify emergent themes, the next step was to identify superordinate themes that occurred across cases (Smith *et al.* 2019). To achieve this, I used tables to group the emergent themes and identify patterns. These tables which were created in Microsoft Word and an example can be found in appendix 10.

Grouping the emergent themes together developed subordinate themes which were formed from patterns related to the specific issues the grandparents had experienced. For example, in appendix 10, the emergent themes from each case regarding 'the complexity of needing support' were grouped together. This subordinate theme evolved over time to inform three separate subordinate themes which can be found in sections 10.2.2 barriers to engaging with children's services support, 10.3.2 barriers to engaging with wider professional support, and 10.4.2 barriers to engaging with friends and family support. These three subordinate themes combined with other related subordinate themes to create the overarching and superordinate themes regarding support which make up chapter 10. This analytical process was followed for each overarching, superordinate, and subordinate theme.

6.10 Reflexivity

The notion of reflexivity in qualitative research, embraces the idea that the researcher influences their findings (Shaw 2010). Positivism strives to limit reflexivity by reducing the impact of the researcher's biases and increase objectivity, whereas constructivism encourages reflexivity as an 'essential element in the co-construction of knowledge' (Probst 2017:38). This project is underpinned by the constructivist paradigm: I considered the role my values, experiences and beliefs have in the co-creation of knowledge that occurs during all parts of the research process.

Reflexivity adds rigour to a research project. Jootun *et al*. (2009) suggest that researchers need to understand that they are part of the social world that they are examining. According to Finlay and Gough (2003:ix), this can be achieved by the 'thoughtful, self-aware analysis of intersubjective dynamics between the researcher and the researched'. Finlay and Gough (2003) propose that reflexivity can stop researchers from considering subjectivity as an obstacle to be overcome and think of it as an opportunity to demonstrate the rigour of the research process. Jootun *et al*. (2009) argue that this rigour comes from the researcher's ability to identify and understand their subjectivity in relation to their research, which then allows them to consider their role in the co-construction of knowledge.

To increase reflexivity in qualitative projects, researchers can keep a diary or use supervision to identify and reflect on their biases (Jootum *et al*. 2009). I kept a research diary, a personal account of the development of the research question, ethical considerations, my reflections and experiences during data collection and data analysis and I have continued to use it whilst writing up. I also had supervisions every two weeks where I regularly discussed reflexivity with my supervisor. Both methods supported me to reflect critically on the influence I had on the project.

The reflexive process includes reflecting on one's motivations for undertaking the project (Maso 2003) and on how personal experiences are influencing one's subjectivity (Finley and Gough 2003). I decided to undertake this specific research subject because of professional and personal experiences. My own childhood was difficult, and my grandmother played an important role in my upbringing. This motivated me to first become a social worker and then become a researcher. It also influenced my choice of topic. I was aware of this from the start and constantly reflected on the bias that this could create.

My work added to my personal motivations to research this topic. Before undertaking this PhD., I spent six years working for a local authority as a social worker and then a team manager in a child protection team. During this time, I worked with numerous families where children could not be cared for by their parents. I found it was often more challenging to argue that they should be cared for by family and friends rather than in foster care or adoption because of the lack of research into kinship care and SGOs when compared to other forms of permanence. I felt this dearth of research evidence had a significant impact on the decision-making of social workers and of the family court.

In an IPA project, reflexivity must be carried out in a purposeful and controlled way and researchers should attempt to bracket their own preconceptions as much as possible (Smith *et al.* 2009). I have attempted to bracket off my personal and professional experiences, to try to limit my influence on the data. However, I constantly found myself reflecting on how difficult bracketing is. For example, in early interviews I found I often reverted to asking some questions as if I were still a social worker with a focus on state intervention, rather than as researcher trying to understand the grandparents' own account of their experiences. This became especially clear during the following exchange:

> Paul: How have you found managing his life-story with Callum?
>
> Gina: Well that's a very sort of social work question isn't it. I would say we're not; we are living a real life.

I reflected on Gina's comment and realised that I did use social work jargon during interviews. This alone could affect the course of the interview. I was also open with the participants about being a social worker which I realised would also affect the creation of data. For example, participants' desire to be open in how they spoke about social workers might be limited by the worry that they might offend me. This reflexive process made me consider how I interviewed participants, and in subsequent interviews, I tried to use language that I believed to be more neutral, to encourage participants to focus on what they felt was important in the most open way possible.

I was also aware of the need to consider the emotional impact of the interviews on my data analysis, given that the way researchers collect and analyse data can be affected by their interactions with participants (Gambold 2017). Probst (2017) describes the relationship as circular, arguing that when a researcher is reflexive during all stages of the research process, it allows a better understanding of the impact the researcher has on the participant and vice versa.

The interviews I conducted were highly emotional. Most participants cried as they recounted their experiences; many were frustrated because they felt unfairly treated by society and the state. I am aware that it is in my nature to want to support people in distress and I can become frustrated by injustice. After the interviews, I felt a strong sense of responsibility to the participants. I believed that they had invested a lot into the process, believing I would give voice to their experiences, and that my research could help improve the situation of special guardians. However, IPA is an interpretative method and my role was not to just give voice to the participants' experiences but also to interpret them (Smith *et al*. 2009). There were times when my analysis and conclusions differed from how the participant viewed their circumstances, which left me feeling conflicted. Again, my research diary and supervision helped me to consider how the sense of responsibility I felt to the participants was influencing interpretation. I believe that these processes have helped increase the rigour of the research.

6.11 Ensuring validity and quality in IPA research

Ensuring validity and quality in qualitative research is a widely debated topic (Barusch *et al*. 2011). The ontological and epistemological differences between quantitative and qualitative research mean that traditional quantitative criteria for judging the quality of research are not transferable to qualitative research (Rolfe 2006, Barusch *et al*. 2011). Yardley (2000:218) argues that the outcomes of quantitative and qualitative research differ so much that the way of assessing 'quality control' should be specific to the method used.

IPA is a qualitative methodology that seeks to develop an understanding of the lived experiences of a specific phenomenon of a small theoretically sampled group of people (Smith *et al.* 2009). IPA does not seek to identify generalizable results by researchers claiming to have been objective. Instead, IPA analysis is the 'interpretation of one researcher, (or research team)' (Pringle *et al*. 2011:23). Therefore, the quality of an IPA study cannot be assessed using quantitative criteria of objectivity and replicability (Smith *et al*. 2009) but using criteria tailored for qualitative studies.

However, there are concerns about rigour and validity in qualitative research. For example, it has been argued that the proposed criteria for assessing quality in qualitative research can be 'simplistic and prescriptive' (Smith *et al*. 2009:179). Smith *et al*. (2009:179) advocate the criteria for assessing rigour in qualitative studies proposed by Yardley (2000) because it is 'sophisticated and pluralistic'. Yardley (2000, 2008) proposed a set of four criteria: sensitivity to context, commitment and rigour, transparency and coherence, and impact and importance. I will examine each of these criteria in turn and explain how this study met them.

Sensitivity to context: Yardley (2000) argues that researchers must understand the context of their research. Research projects are affected by many different factors, such as the theoretical understanding developed by previous studies, or the experiences and backgrounds of the participants. These factors influence the collection and analysis of data.

Several factors affected this study: for example, this study took place in the context of significant political and legal developments in the way children can achieve permanence (Harwin *et al*. 2019a). I chose this area of research due to my personal and professional motivations and the participants were driven to talk to me because they wanted their experiences to be heard. I have attempted to demonstrate my understanding of the contextual aspects of this study throughout the thesis. For example, I explained my understanding of the political, social and professional context of SGOs in the introduction and literature review. I have discussed the potential impact of my personal subjectivity and bias on my findings in this chapter. I consider the motivations of the participants both in this chapter and in my analysis of the data.

Commitment and rigour and **transparency and coherence:** Yardley (2000:221) groups these two criteria together because they 'correspond to the usual expectations for thoroughness in data collection, analysis and reporting in any kind of research'. Commitment relates to the researcher's commitment to be knowledgeable about the method and is usually evidenced by the competence with which the method is implemented (Yardley 2000, Smith *et al.* 2009). My understanding and execution of IPA is discussed throughout this thesis and there is a clear and detailed rationale to all the stages of the research.

Rigour refers to the 'completeness of data collection and analysis' (Yardley 2000:221). This means that the sample must be relevant to the research questions, with participants experienced in the phenomenon under investigation, and the interview and data analysis completed in a skilled way (Smith *et al*. 2009). Commitment and rigour are evidenced through transparency and coherence. Transparency in research refers to how well each stage of the process is explained, to allow the reader to assess for themselves that the research demonstrates commitment and rigour. Coherence relates to how the author presents their research to ensure readers can understand it (Yardley 2000, Smith *et al.* 2009).

Smith *et al.* (2009) suggest that rigour in IPA research can be encouraged by allowing another researcher to audit it. The auditing researcher should be able to follow the steps that the author took and assess the completeness of the project. Each stage of this project has been audited by my supervisors who have regularly seen evidence of how I progressed through the stages of the research. The concept of audit does not have to be a separate process. Instead, Koch (2006) proposes a 'decision trail' where the researcher evidences the rigour of their research by identifying the steps they took in a way that allows the reader to follow and understand. The decision trail is transparent because it helps the reader to quality assure all parts of the process. This thesis includes a decision trail which is identified throughout this chapter. All decisions relating to the projects are explained and the rigour of the analysis is evidenced in examples provided in the appendices.

Impact and importance: Yardley (2000) argues that the real test of quality in a piece of research is whether it is useful to others. IPA research should add to the existing knowledge of a phenomenon. This thesis makes clear, evidence-based recommendations for practice as well as legal and policy development. I will demonstrate how I have disseminated the findings of this research in the following section 6.12.

Overall, this thesis meets the quality assurance criteria as laid out by Yardley (2000) and supported by Smith *et al.* (2009). It evidences this in a transparent and coherent way by using elements of auditing and a decision trail to ensure that the reader is able to understand and follow each step of the process.

6.12 Dissemination and impact

The main reason I undertook this project was to make an impact. This motivation grew as I gathered the data and developed a sense of responsibility towards the participants. Once I had analysed my findings, I started to disseminate them so as to make an impact. By January 2019, I had completed the analysis and had some initial findings which I have used to influence both policy and practice.

With regards to policy, I created a research briefing for the Nuffield rapid review into SGOs (Harwin and Simmonds 2019a) which was referenced in their final report. At a similar time, I contacted Grandparents Plus, a charity that supports kinship carers, and shared my findings with them. With their support, I liaised with key agencies and presented my findings at several meetings and conferences, including CoramBAAF SGO special interest group and the Parliamentary Task Force on Kinship Care. I also shared my research briefing with Professor Hunt for her literature review on kinship care for the Parliamentary Task Force on Kinship care (Hunt 2020).

I was keen for my research to influence social work practice and presented my findings to eight local authority kinship care teams. I presented several times to Grandparents Plus's professionals' network and to a group of independent reviewing officers and conference chairs, for local authority consortiums. I presented my findings at several academic conferences and events, including the European Conference on Social Work Research 2018 and 2019, and a seminar for the Centre for Research on Children and Families. This engagement led to me winning the University of East Anglia's Postgraduate Engagement Award 2019.

During this time, I maintained links with Grandparents Plus and was offered a job in spring 2019 as a social work advisor. In August 2020, I was offered a permanent post as the policy and practice advisor. In this role, I have engaged in further research (see for example McGrath and Peake 2020, McGrath and Wrafter 2021) as well as using the research in this thesis to continue to influence policy and practice. I have also worked with Professor Elaine Farmer to develop the Kinship Care Researcher Network which brings together people with a research interest in kinship care and includes many of the authors referred to in this thesis.

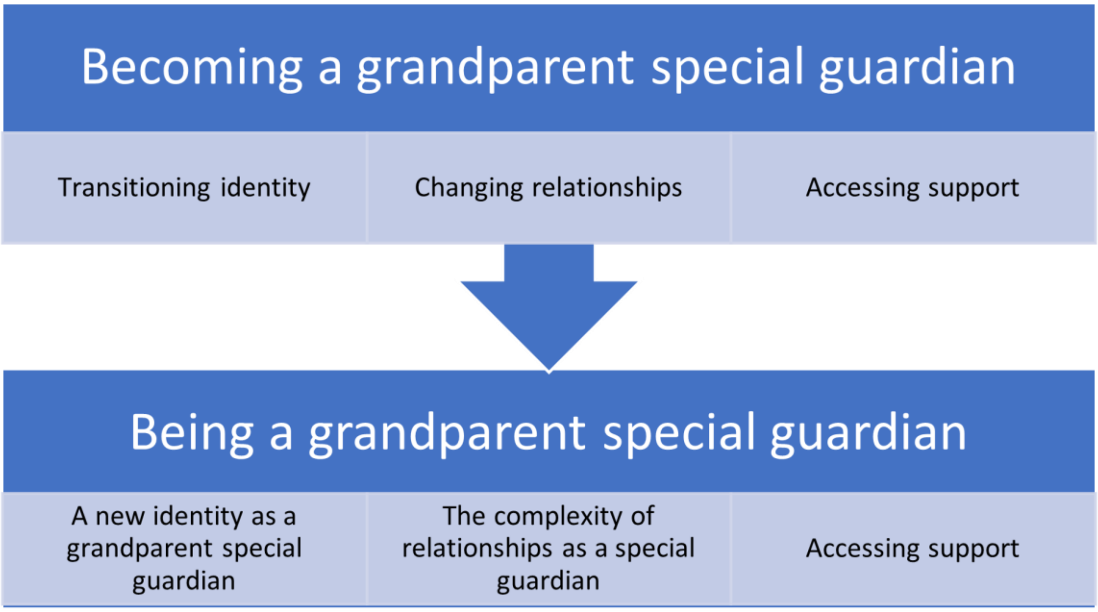
I feel fortunate to have had the opportunity to disseminate my findings so widely. In doing so, I have gained a lot of experience and been involved in several positive and challenging discussions which have continued to develop my thinking about SGOs and kinship care more widely. The feedback from practitioners and special guardians has continued to develop my thinking. I have been able to use this feedback to understand the pressures social workers experience which added context to my findings. However, I was also mindful to remain faithful to the data and the experiences of the participants.

Part 4: THE FINDINGS

Chapter 7: Introduction

Analysis of the grandparents' interviews identified the special guardian experience as made up of two stages, each containing three overarching themes (see Figure 3). The first stage consists of their experiences of *becoming* grandparent special guardians. The second stage is about their experiences of *being* grandparent special guardians.

Figure 3: stages of the grandparent special guardian experience



The findings are structured following these two stages, with a chapter being dedicated to each stage. A third chapter focuses on the overarching theme of support which is a key aspect of both stages. Each chapter begins with a model of each overarching theme (Figures 4, 5 & 6) and the superordinate themes that make it up. It is important to note that it was impossible to segregate people's experiences neatly into isolated themes. All the themes in the findings chapters are connected and influence one another. These connections are explored in more depth in this chapter and the discussion chapter.

The impact of the grandparents' circumstances on the findings

Although the grandparents were a homogeneous group, several differences between them were highlighted in the methodology chapter at section 6.7. These differences could influence their experiences of becoming and being grandparent special guardians and in turn the findings:

Maternal or paternal grandparents

The side of the family the grandparents were on did not appear to have a significant impact on the findings because the experiences of maternal and paternal grandparents were similar. On reflection this is possibly to be expected because all the grandparents had successfully become special guardians. It is conceivable that the main difference between maternal and paternal grandparents would be that paternal grandparents would be less likely to become special guardians because father's are significantly less likely to be involved in child protection and care proceedings processes (Philip *et al.* 2019 & 2020) and would then be less likely to propose family members to become special guardians. The fathers of the children in this study were all involved in some way in the child protection and care proceedings processes and so were their parents.

Length of time as special guardians

The length of time the grandparents had been special guardians ranged from one to 11 years. The grandparents who had most recently been granted an SGO focused heavily on their experiences of becoming grandparent special guardians in the interviews. Their relative inexperience of being special guardians appeared to mean they were less confident in how they spoke about their experiences in the role. Conversely, grandparents who had been special guardians for several years focused less on the child protection and court processes and more on their experiences of being a special guardian. Each of these positions fed into the findings and helped build an understanding of the ways grandparents' experiences changed over time.

Public or private care proceedings

The majority of grandparents were granted their SGOs through public law care proceedings, only four received theirs through private proceedings. Because the number of private proceedings was so low, caution is needed in drawing conclusions but the available information does suggest that there were subtle differences in their experiences during the court processes, for example the grandparents were party to proceedings when making a private application for an SGO. However, their experiences outside of the legal process were generally similar to those of grandparents whose SGOs were granted in public proceedings. The reason for this was because the children all the grandparents received an SGO for had experienced abuse and neglect in the care of their parents and children's social care were involved in their families. It appeared that the only reason some were supported to apply for the SGO privately was because of the culture in the local authority.

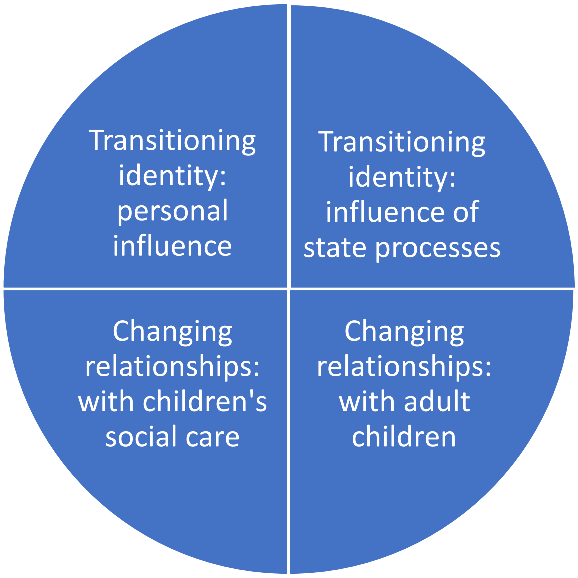
Analysis of the differences in the grandparents’ experiences during the legal processes indicated that they were similar enough to form part of the same themes. Where the differences were of interest this is referred to in the text.

Chapter 8: Becoming a grandparent special guardian – a lack of influence and power

8.1 Introduction

Although the grandparents' circumstances, were all different, it was possible to identify key themes across this transitional stage. Becoming a grandparent special guardian was framed as a period of extreme change in all aspects of the grandparents' lives. This change was most significant in terms of the transition in identity from being a grandparent to being a grandparent special guardian and the change in relationships with other key stakeholders, such as the children's parents and professionals (see Figure 4). Each of these themes are interlinked and generally occur simultaneously during the grandparents' transition from grandparent to grandparent special guardian

Figure 4: the superordinate themes of becoming a grandparent special guardian



8.2 Transitioning identity

The transition from being a grandparent to becoming a grandparent special guardian was often unexpected, and the grandparents rarely noticed it in the urgent and confusing process of taking on the care of the children. This was a time of powerlessness for the grandparents who felt they had little control over their situations. Within this transition, superordinate themes included the influence of the grandparents' personal circumstances on their transitioning identity and the influence of their experiences of the state processes necessary to become special guardians. The different ways in which grandparents experienced this transition affected how they felt about becoming a special guardian.

8.3 Transitioning Identity: the influence of the grandparents' personal circumstances

All the participants in this study became special guardians because their grandchildren could not live with their parents due to abuse and/or neglect whilst in their parents' care. Most of the children they cared for had additional needs and behavioural difficulties due to these experiences. Furthermore, the grandparents had themselves often had difficult life experiences before taking on the care of their grandchildren, especially their experiences of parenting their grandchildren's parents. This affected the grandparents' experience of the transition to being a grandparent special guardian. This superordinate theme is made up of three subordinate themes: their motivation to become special guardians, their histories as parents and the loss of their previous identities.

8.3.1 Motivation to become a special guardian – Keeping the Family Together

When the grandparents first realised their adult children might not be able to look after their grandchildren, most spoke of feeling a sense of shock and disbelief. Their first thought was usually, 'what would happen to their grandchildren'? They were commonly told by social workers that if their grandchildren could not be cared for within the family, they would either be adopted or placed in stranger foster care:

> Ella: The social worker said…, 'the other options would be, (your grandson) goes into care or will be adopted', and that didn't come into the equation, 'nope, (he will) come here.

There was a sense of fear among the grandparents that if their grandchildren were fostered or adopted, they might never see them again. Knowing that this was a realistic option, they lived under a cloud of trepidation until the SGO was granted which often drove their determination to become special guardians:

> Nina: Tilly was me granddaughter… I didn't want my granddaughter going into that system… if I didn't care for these two children then they were going to go for adoption… then I would never have any contact with them.

Two salient reasons why the grandparents did not want to consider their grandchildren being cared for outside the family were, firstly, they loved their grandchildren and could not contemplate the loss they would feel if they could not maintain a relationship with them:

> Karen: I was so attached to (the grandchildren), that it would have broken my heart to see them go… at the time they was so loving and… I wouldn't have watched them go into care.

Secondly, there was family loyalty. Most grandparents felt that being the older generation in the family meant that it was their responsibility to try to keep their families together. The word 'blood' was used a lot in these discussions, indicating a shared biological connection that was almost inviolable. Ella demonstrated this when talking about her unborn grandchild:

> Ella: I've gone (to my son), 'if you can't keep the child, I will keep it' it… is blood related, it will come here … That was really important thing for me, to keep family together.

This sense of duty was not only at a personal and familial level but also at a societal one. Some grandparents appeared to be influenced by the social construct of family and resulting societal expectations. The grandparents appeared to feel a societal pressure to intervene because of the familial link. For example, Linda questioned the values of people who would not care for their grandchildren:

> Linda: I weren't even close with Carly really. So, I just did it because you can't not do it for your grandkids (cries) and how many people can turn round and say they'd wave their kids into care… who would do that?

Some grandparents were already caring for their grandchildren before children's services were involved. In these situations, the grandparents felt it was 'natural' for the children to remain with them because there was already a bond, and their home was their grandchildren's home:

> Brenda: (Our grandchildren) lived with us most of their lives, it's just that natural progression.

The grandparent participants rarely felt they had a choice yet the decision-making process was usually complex. Most understood that becoming a special guardian would dramatically change their lives and affect any other responsibilities they had. Before taking on the care of their grandchildren, it was common for the grandparents to be in employment and to have other caring commitments toward elderly relatives or their own young children. Some grandparents knew they would find caring hard because they had vulnerabilities such as chronic health conditions or age-related disabilities that they did not have when they raised their own children. Steff's quote illustrates the panic that could occur when considering these issues:

> Steff: I was traumatised by this situation, coz I'm like, 'oh my god, I'm never in a million years thought I'd have to take on my grandchild… what do I do?, I can't leave him in care… but I don't want to leave my job'. I've also got all this hanging over me of my son dying and also, my dad had just been diagnosed with dementia, so I'd got my mum to look after as well.

Social workers played a significant role in the grandparents' decision-making process. Most grandparents felt it was a decision they had to make quickly. Some had to make it immediately because their grandchildren needed to be cared for in an emergency. Others felt pressure from the local authority who wanted to begin the assessment process or place the grandchildren in their care. This could leave the grandparents feeling overwhelmed:

> Steff: I was trying to go to work every day… and the social worker was ringing me as I was like, walking into work… and she's on the phone and she's saying, 'so what are your views now Steff? What are you thinking about taking Edward on…?' And I mean I broke down in tears on the street.

A minority of grandparents believed social workers either did not understand the impact of trauma on their grandchildren or deliberately tried to minimise how it would affect their development, in order to encourage them to care for the children. Pam believed her grandchild's social worker used this lack of understanding on their part to make them believe that the role would not be challenging:

> Pam: The social worker had said, (my grandson) was moved very early, he'll have no issues… and we were very naïve, we didn't know anything about attachment disorder.

Pam explained the decision-making process she went through with her husband Henry. After taking advice from the social worker and thinking things through logically, they concluded that the role would not be overly challenging. Once they took on the role, they realised their mistake:

> Pam: I said, 'we already had James and Dawn (birth children), they're only young, so having another child won't make much difference. We didn't realise what difference it would make, because it's not as straight forward as having your own child… (we) didn't realise the implications of everything at the time.

Regardless of all the different influences on their decision, grandparents loved their grandchildren and were prepared to make sacrifices to care for them. However, they wanted information and guidance to ensure they were fully informed.

8.3.2 History as a Parent: what could have been different?

Becoming a special guardian led to reflecting on previous parenting experiences. Part of the transition process included the need to make sense of their previous identity as a parent and the influence this could have on their new parenting identity.

When grandparents spoke of the reasons for becoming special guardians, most wanted to portray their parenting in a positive way, especially how they parented their grandchildren's parent. Several did this by presenting an idealised view of their relationship with their children in early childhood:

> Brenda: I think 13 was the turning point, prior to that we were brilliant… (Our daughter) was the model child… we didn't have a problem.

This idealised recollection appeared to allow the grandparents to argue that there were factors beyond their control that caused their adult children's behaviour to become challenging. Some attempted to present both themselves and their adult children as victims of circumstance. For example, Gina argued that her son had medical issues that explained his behaviours:

> Gina: I mean (my son) had problems from when he was a child. He had ADHD (attention deficit hyperactivity disorder).

Whereas Debbie had adopted her son Joe and identified that he had suffered significant early childhood trauma:

> Debbie: I didn't get him until he was almost six years old and by then the damage's done, he displays lots of signs of attachment disorder, mild learning difficulties, in trouble with the police during his teens.

Other grandparents attempted to identify external factors to explain their adult children's behaviours. For example, several suggested their children had been 'led astray' by their friendship groups. A minority of grandparents accepted no responsibility and totally blamed their child. For example, Andrew felt that it was in their daughter's nature to be difficult. He believed she had a bad attitude and had actively resisted her parents' offers of support:

> Andrew: From a teenager she was difficult, so she wouldn't really respond to us, accept boundaries and that sort of thing, so, she ran away a couple of times … she kept herself to herself to a large extent, didn't really interact with us.

As the interview progressed, their stance on their daughter softened. A possible reason for constructing a blame narrative was the social stigma around blame and child abuse. Stigma is discussed in more detail in chapter 9.

In blaming external factors for their adult children's behaviour, grandparents appeared frustrated, presenting themselves as powerless to have done anything to prevent the situation from deteriorating:

> Faye: At the end of the day, our son was a rogue, and, you have to sometimes say, 'get on with it, we're your parents, we don't like your lifestyle so you're not being around us', you know you can't change their decision … it's going to happen coz they know better.

Regardless of the explanations given for their children's circumstances, most grandparents had to manage quite extreme behaviours during their adult children's childhoods such as child-on-parent violence, substance misuse, and criminal and anti-social behaviour, which had affected all aspects of their lives. Debbie explained how her son's behaviours made her feel scared for her safety and affected her relationships with her neighbours, which left her isolated:

> Debbie: (Joe) was violent to me in his early teens which we got through because I was bigger and stronger than he was... he was very anti-social… the neighbours… had got legal advice and they were going to take me to court, not him, for anti-social behaviour.

Commonly the grandparents felt left to manage these behaviours on their own (a sentiment often mirrored in their experiences as special guardians, discussed in the next chapter). The coping strategies grandparents usually developed were borne out of desperation and could affect how they viewed themselves as parents. Debbie's son's behaviour deteriorated to the point where she felt she had no other option than to ask him to leave the family home. This led to feelings of failure and guilt and questioning whether she was responsible for her son not being able to raise his own child:

> Debbie: I tend to think back to his teenage years and think what could I have done differently then, to prevent all of this from happening in the first place? If only he could've stayed here living with me, instead of me throwing him out, which basically I did.

The decisions the grandparents made as parents also had long lasting consequences on their relationships with their adult children. Brenda and Allen believed their daughter continued to resent them into adulthood but felt powerless to change her views:

> Brenda: The turning point was literally (our daughter's) 13th birthday and it just sort of went downhill. Unfortunately, she remembers all the bad times, you know, sort of all the things that happened… I suppose because she was difficult, we reacted maybe badly to that.

There was a sense of frustration and anger among grandparents who felt their parenting role had not got easier once their children became adults. For many, their adult children continued to have a negative impact on their lives. For example, Helen and David felt their daughter Kate's vulnerabilities ultimately led her to 'destroy' their lives and they found it hard to empathise with her:

> Helen: We've always had problems with Kate, from a baby. I mean she was hard, they diagnosed her as hyper-active and it now transpires it was ADHD.
>
> David: We never thought she would destroy our lives, because basically that's what she did.

These experiences had a significant effect. Grandparents worried about their adult children. Reflections on decisions they had made as parents often led to them question their competence as parents and could impact on the transition to being special guardians.

8.3.3 The loss of previous identities

Becoming grandparent special guardians involved the 'loss' of previous identities. This occurred because usually their new role took over and monopolised all other aspects of their identities:

> Ella: (Crying) yourself gets lost, nobody seems to see you anymore, I'm Wendy's Nan, I'm raising Wendy… but nobody sees me as me anymore.

Grandparents' other children tended to be older teenagers or adults; few had young children. This meant that they had started to build lives independent of parenting responsibilities. They had careers, friends and hobbies. The future was something they looked forward to:

> Andy: We were semi-retired... the kids are grown up and left. Now we're able to reap the benefits of that sort of status.

The opportunity to focus on their own lives appeared especially relevant for female grandparents who as parents had stayed at home to care for their biological children. The opportunity to work and be independent was seen as important:

> Helen: We had a good income between us… I worked hard to get to where I was, after leaving school at 15, no qualifications. But I had to give that up to look after the children.

Becoming special guardians undermined this sense of independence. They found their lives 'totally changed' from being independent adults to full time parents. This transition was often a shock, especially when the role was unexpected:

> Nina: I had one-bedroom bungalow and I was working full time and I loved it, and my life changed overnight. Totally changed overnight.

Employment was a significant issue during the transition period: It was often difficult to care for grandchildren and hold down a job once the process of becoming special guardians began; it was time consuming and complicated. For example, they had to attend assessment appointments, children's social care and education meetings, and court hearings, putting a strain on their ability to work:

> Jody: I gave up work… We were trying to be sensible… with the demands of… what seemed like a constant stream of meetings with children's services, social workers, you name it, and then suddenly we're into legal proceedings and a whole load of other processes to deal with.

Several grandparents believed that they were expected to give up their jobs. They reported being told that to be able to become special guardians, they had to focus solely on their grandchildren '24/7'. Many interpreted this as pressure to stop working:

> Pam: We'd gone through all them assessments… we were working… the social worker… made it clear, he didn't say to me, 'you can't work', but he made it clear that it's favourable for adoption, where he would get 24/7 care, he needs this care.

Grandparents felt that professionals did not appreciate the impact giving up work had on their financial security. They not only lost their incomes but also the ability to pay into a pension. Several grandparents were older and the duration of the SGO took them beyond retirement age; as a result, many believed they would live in poverty for the rest of their lives:

> Pam: We don't have pensions, we've got nothing, we don't own anything. I said, 'once these kids are older, we won't then be able to save for our old age'.

One consequence of stopping work was the need to claim welfare benefits. Several grandparents were ashamed about claiming benefits, at odds with the pride they associated with working. An additional challenge was that the system in place to claim benefits appeared to not be set up for special guardians or kinship carers. They could feel treated with suspicion by professionals from the Department for Work and Pensions which compounded their sense of shame and made the transition more difficult:

> Pam: I've always worked… I've had to degrade myself to going and claiming benefits… I had the woman in the benefit office (say), 'don't you think you, and you're using this as an excuse not to work…' I said, '… how dare you', I was mortified.

Sometimes the financial pressure was such that they had no choice but to work. Taking on the care of their grandchildren was often described as 'expensive' and the financial support from children's services (if they received any) was invariably described as insufficient to cover additional costs. Grandparents often felt 'torn' between working and caring for their grandchildren. Furthermore, the logistics of working and organising childcare was challenging, especially when the children were young. These difficulties were compounded because they had no rights to time off when becoming special guardians. Many found they had to either work part-time or rely on family and friends for childcare.

Becoming a special guardian also affected grandparents' ability to engage in activities they had begun to enjoy. Ella described how this resulted in a 'grieving process':

> Ella: I went through a huge grieving process… I was about to get my motorbike licence. Finally, my children have grown up, I'm going to go and get my motor bike, it's the one dream I've always had. And… it has to go, I'll be 60 before I can do this now.

It was also difficult to maintain friendships: some continued but many faded away. Usually this was because their friends were of a similar age to them with grown up children and were enjoying their independence. The grandparent special guardians were often too busy or tired to contemplate meeting their friends:

> George: Since we've had Molly, it's changed completely, we don't socialise, we don't go out nowhere.

George and May described how this led to feeling socially isolated and 'lonely':

> May: We just lost everybody didn't we… we were so lonely.
>
> George: It were horrible…
>
> May: Yeah, friends didn't come no more.

This sense of loneliness left many grandparents feeling helpless, unable to see a way of making new friends (see chapter 9). Becoming a special guardian also affected grandparents' ability to engage in new romantic or intimate relationships. Several potential partners did not want to begin a relationship with someone caring for children at this point in their lives. This left most single carers believing they were destined to be lonely:

> Imogen: It is quite hard actually, when I think about what I would have been doing if I hadn't had (my granddaughter)… what my life would've been… I didn't intend to be staying in every weekend… once my divorce came through… I imagined that I'd have weekends away… maybe meet someone new.

The role the grandparents fulfilled in their families also changed considerably once they took on the care of the children. They generally had less free time and emotional capacity for other family members.

When grandparents had their own young children, the decision to become a special guardian had immediate emotional and practical consequences. Their biological children would often have to share their bedrooms, toys, parents with their nieces and nephews. Grandparents reported that this transition could be difficult for their children to come to terms with. The grandparents also found it hard to support their biological children because they were focusing on settling in their grandchildren. These difficulties were intensified when the grandchildren had suffered trauma and displayed challenging behaviours. Managing this behaviour monopolised their time, leaving them less available to engage with their own children:

> Clare: Obviously, I can't give (my daughter) attention because (my grandson) is quite dangerous, he needs to be watched, so she's lost out… because… Stephen's needed so much attention.

There were also financial and material consequences for the grandparents' other children. Often, they had to survive on less money, which led to some families moving into poverty. This could have a tangible effect on their biological children:

> Pam: (My) other children… are not allowed expenditure, just the SGO child, and I'm like, 'that is wrong, how can you do that when my children have had to cut back and cut back?' I mean James was awful and he was getting bullied and he said, 'why are we poor now?'

The combination of these issues left many grandparents feeling 'guilty' about the impact of their decision on their own children and several questioned whether they had 'done the right thing'.

The relationship grandparents had with other grandchildren who did not live with them was also impacted. They spoke of wanting to have a 'normal' grandparent/grandchild relationship with them but this could prove difficult. The special guardian grandchildren could be jealous when time was spent with other grandchildren. There was often no longer space for the other grandchildren to be able stay overnight. Also, grandparents had less energy and less time to spend with their other grandchildren. Several grandparents felt they no longer had the close relationship they wanted with their other grandchildren. May encapsulates the complexity of being a grandparent as well as a special guardian to Molly:

> May: We've got another two grandchildren from our oldest daughter… I used to have all three, but it got harder… because Molly… (and) the youngest granddaughter they just clashed, so they'd be arguing, and the other one'd jump in and fight with her sister because Molly were only little… (my) granddaughter's got global development, she's got problems herself, she's like 8 with behaviour of 5 so it was stressing me out. So, I ended up having one every fortnight, but because my sole commitment were to Molly they were feeling left out... Sometimes they don't even come and stay now.

Overall, the loss of their previous lifestyles and identities sometimes led to feelings of despair and resentment which lead to several having negative feelings towards their adult children:

> David: Your life is finished when you take these children on. When you're in your 20s, fair enough, you can go to work and work it like a normal family. But when you're in your 50s… your life is finished, forget about your life… it's all about your kids… You can't do the things that you wanted to do… and that is a big resentment for me. I really resent my daughter for that. She destroyed our life.

The change in lifestyle also had its benefits. The joy of being grandparent special guardians and the pride, love and sense of purpose they gained from caring is discussed in the next chapter. One benefit was that it motivated some grandparents to be healthier, so that they could be there for their grandchildren. Nina described how becoming a special guardian probably 'saved her life':

> Nina: I totally changed everything in my life. When Ben was a year old, I packed in smoking to try to prolong my life… me next step was I had a gastric bypass done in March and I've just lost six and a half stone, so that I can take them on days out coz I was walking with a walking stick because I have asthma and COPD, so I couldn't walk very far when I was fat… now we can go to the park and do things, and it's all for the kids.

The grandparents' personal experiences shaped their transition to being a grandparent special guardian and their special guardian identity. However, the transition experience was also influenced by their previous experience of parenting and in terms of loss of their previous identities.

8.4 The influence of state processes

To become a special guardian, grandparents often had to engage in state processes such as child protection and family court processes. At first, they often felt disadvantaged because they had few rights and little knowledge about what to expect. This superordinate theme explores how going through these processes influenced the grandparents' transitioning identities by considering the following subordinate themes: lack of legal rights as grandparents; lack of information about their new role and their grandchildren's circumstances; adversarial and procedural child protection and legal processes, and the SGO assessment.

8.4.1 Protecting grandchildren: a grandparent's lack of rights

The grandparents were usually part of their grandchildren's lives before children's services became involved. Often, they had supported the parents during pregnancy and after their grandchildren were born. Most grandparents were aware of concerns about their grandchildren to varying degrees. As will be discussed in section 9.5.3, managing their concerns with the parents was often complex. This section examines how the grandparents attempted to engage children's services during the very early stages of the process.

Protecting their grandchildren was the main priority for the grandparents in this study but they were often unaware about what they could do to protect them, or whether they were allowed to do anything. When grandparents intervened to protect their grandchildren, they usually felt the need to justify their actions because they believed that they did not have any legal rights. For example, in describing intervening to protect her grandson, Ann seemed to need to explain that she was not in any way usurping the parents' rights:

> Ann: There was an almighty argument between my son and (James' mother) and I was holding James and (his mother) was demanding I give the baby back to her and I was saying '… you calm down… and I will give him to you'. It wasn't that I was refusing to, it was that she was so het up that to me she really needed to calm down before I put her in charge of the baby.

Grandparents sometimes adopted a more covert approach to protecting their grandchildren, by supporting the parents:

> Steff: We're having (Edward) over the New Year period erm, so that (Karen) could go out if she wanted to… I thought, 'I'd rather have him here where he's safe and she could do what she likes.'

Most grandparents reached a point where they felt the situation had become too dangerous to deal with on their own:

> Jody: (My daughter) rang on the Friday to say… they would not be coming here, and that Rose had been hurt by the boyfriend... I came off the phone and I said to Edward, 'right that's it, we have now reached the point where we have to do something.'

Getting professional help was a significant decision for the grandparents. Several explained how alerting the authorities about their concerns felt like a 'betrayal' of their adult children. The grandparents saw this as an irreversible decision that could permanently affect their relationships with the parents. Some grandparents saw themselves as the only source of protection for their grandchildren. They worried that if the parents discovered that they had contacted children's services, they would be ostracised from their grandchildren's lives, and this would prevent them from protecting their grandchildren in the future. This added to the complexity of what was already experienced as an impossible decision:

> Steff: It was awful… I was just powerless as to know what to do… if you phone social services, then (Karen) is going to find out… we phoned once before, they said, 'well we're going to have to tell her, that you've phoned' and I was like, 'oh my god then she's not gonna let me see (grandson),' so he's in more danger, because now we can't see him.

Professionals often responded inadequately to grandparents' concerns and rarely informed them about what action, if any, children's services would take. This was difficult and left grandparents feeling powerless. Some grandparents believed children's services were just ignoring their concerns while others believed that children's services had got involved but were not sharing information. Pam articulates her uncertainty:

> Pam: I see mum with somebody she was in prison with, in a bad area and I knew there was something wrong. (Children's services) still didn't listen. I phoned them up, they weren't really telling me anything.

In the absence of information, grandparents often imagined the worst, leaving them feeling 'desperate':

> Helen: We were feeling desperate… I just didn't know what to do… no one would get back to you and you'd think, 'am I doing the right thing, and are they going to take the children and put them into care'.

Feeling excluded added to their sense of powerlessness. Perversely, this could lead not only to them feeling frustrated with the system but also guilt that they were not doing more to protect their grandchildren:

> Chris: I think if we'd known how bad things had really got, we would've probably done more.
>
> Gina: Well I don't know what more we could do… that was the frustration.

Ultimately, the lack of legal rights meant that many grandparents struggled to find a legitimatized role for themselves in terms of safeguarding their grandchildren. Indeed, they were shocked to realise that serious decisions about the safety and future of a grandchild could be made without their participation. As Gina explained:

> Gina: We've always said, 'I'd never let a grandchild of mine go into foster care'… But we failed to understand that actually there was nothing we could do, in the world, to stop that happening.

8.4.2 A lack of information

During the transition period, grandparents lacked information in two areas. First, they were not given sufficient information about SGOs, and second, they were not given access to formal information regarding their grandchildren's parents.

At the start of the process, grandparents had not heard of kinship care or special guardianship. This left them at a significant disadvantage. They wanted to keep their grandchildren safe and within their families but they were often unaware of how to go about formalising this relationship:

> Debbie: I could bring this child up. I didn't know anything about special guardianship orders… I just said well you know 'I'll bring that child up'. I had no clue about anything.

The grandparents wanted accurate information about their rights and the different options available to them, so that they could be sure they were making the right decision for them and their grandchildren. Most believed that as local authorities were involved in protecting their children, they had the responsibility to give them the advice and information they needed. However, this was rarely forthcoming:

> Pam: A lot of the time, (social workers) don't explain things at all, and unless you're clued up… everything's very vague and vacant.

Unaware about their rights in this regard, they often left entirely reliant on what social workers told them. This, combined with the desire to care for their grandchildren, left them believing that they had to agree to any recommendations made by children's services without question. They worried that if they challenged the local authority's decisions, they might be seen as 'troublemakers' which could affect their chances of caring for their grandchildren. Some described this as Kafkaesque: being in the control of the local authority without knowing what was expected of them:

> Helen: It's that not knowing, where to go, what to do, who to ask, what support you're entitled to.
>
> David: And (children's services) are making you walk on eggshells as well, coz you're so scared that they might just come and take (the grandchildren).

The lack of information was particularly challenging for grandparents who disagreed with the local authority about the best way to keep their grandchildren safe. In these situations, grandparents often believed that the local authority would use their lack of knowledge against them by withholding any information that would allow the grandparents to challenge their decisions. For example, David stated that children's services withheld information from him and his wife to prevent them challenging plans for their grandchildren to go into foster care. They only felt able to challenge this once they got their own independent support:

> David: (Children's services) wouldn't give us no information … them kids are going to go in care, that was their attitude from day one … It was only because we kept biding time and fighting … luckily enough we got a barrister in the end and he stopped the whole court case and he said, 'no, make us a party of proceedings.'

Most grandparents believed that they should be given independent information about their rights at the beginning of the process; this was seen as essential in terms of increasing their chances of engaging on an equal footing:

> Helen: It was like treading treacle, you know, trying to find out what was expected of us, you know, what we were allowed (to do)?... I've said all along, that if somebody had said at the very beginning, this is what happens when a special guardian… or a kinship carer takes over… 'A, B, C, D, right, first of all you have to get the legal advice'.

Grandparents generally felt on the outside of the child protection and court processes and excluded from knowing about their grandchildren's situations. Often, several different processes were running in parallel, such as child protection investigations and planning, pre-proceedings and public law care proceedings. They were often led to believe that issues such as data protection and the parents' right to privacy meant no information could be shared with them. Once the grandparents found out about these processes, they generally wanted to support the parents and the children. The grandparents found it hard to understand how these processes with potentially serious consequences for them, their children and grandchildren, could happen without their input:

> Ella: Courts were involved but I wasn't involved in that… there was child protection, there was all sorts of court things going on, with both parents and baby. But I don't know too much.

Most grandparents could not understand why they were not told when their grandchildren needed protecting:

> Nina: Sue didn't tell me that the social workers were involved… I was… absolutely gobsmacked. I couldn't believe it, why didn't I get to know?

When information was not forthcoming from professionals, grandparents had to rely on the parents for updates. Most grandparents in this situation believed that the parents 'misled' them or 'lied to them', leaving them not knowing what to believe.

Even when the grandparents cared for their grandchildren during the child protection and court processes, they still believed they were not kept updated about the parents' situations or the status of the court cases. This left many feeling vulnerable because they were not fully aware of the risk the parents might pose to them or to their grandchildren:

> Rita: We were letting Shannon have contact with Kelly here (family home) … Shannon was telling us that the drug tests are clear…, we're believing her. Nobody is actually sharing confidential information with us and I think that was very poor… We did need to know because we were making decisions about Kelly.

Many grandparents believed that they should have been made aware of all potential risks from within the family, not just with the parents. Some grandparents discovered late in the process about people in the wider family who posed a risk to their grandchildren. This was especially relevant to people on the opposite side of the family who the grandparents usually knew nothing about:

> Clare: I found out once I got my grandson's, (maternal grandfather) is a convicted paedophile… that was just dropped on us in the social service meeting at one time.

Without information from professionals, grandparents often relied on information from other sources such as family, friends, the local community and social media. However, it was often hard to discern information that was trustworthy from unreliable information or 'gossip'. Information from these sources often appeared sensationalised and exaggerated. However, when this was the only information that they were receiving, it was harder to ignore and this could cause anxiety:

> Jody: (There is) a lot of misinformation… we have a formal children's services narrative, but there was also all sorts of other stuff going on around that, around relationships and… the social media narrative that we were aware of.
>
> Edward: The gossip that goes on, off stage and if we'd not distanced ourselves from all of that… we'd have… tied ourselves in knots, twice over.

Not having all the information about potential risks to their grandchildren meant that grandparents felt disadvantaged during the assessment process; it was difficult to demonstrate how they would protect their grandchildren when they were unaware of the risks. In this discussion, Frank and Karen felt disadvantaged during the assessment because they were not made party to the care proceedings so were unaware of the exact nature of concerns until after the assessment:

> Paul: So, do you think you should have been party to proceedings?
>
> Frank: Yes.
>
> Karen: Yes …
>
> Paul: For what reasons …?
>
> Karen: Well, the fact that we didn't know what was going on till we actually got all the paperwork, and we read it all,
>
> Frank: And… by that time it's too bloody late.

Similarly, it was difficult for the grandparents to share their plans for meeting their grandchildren's needs when they were unaware of what the needs were. Brin argued that they, 'should have been more informed' about the risks his grandchild's mother posed so he could have asked for the right support regarding contact arrangements. The grandparents felt they often had to make significant decisions about theirs and their grandchildren's lives 'without knowing all the facts'.

The lack of access to information about the risk the parents might pose was also an issue for the grandparents who had become special guardians. The parents' situations were rarely stable and continued to change post-order. The risk they posed increased or decreased depending on their circumstances. The grandparents generally felt there was no mechanism for them to be kept updated about these changes. This was especially significant for grandparents who were responsible for managing contact between their grandchild and the parents. When the grandparents were not kept up to date about any changes, their lack of awareness usually meant they found it harder to protect their grandchildren:

> Jody: The current situation is that we don't have very much information about Tracey at all. We just don't know. We think there is another boyfriend… to what extent she's engaged with anything? We don't know.

8.4.3 An adversarial system

Going through the court and child protection processes to obtain SGOs and become special guardians were often described as challenging experiences. These challenging experiences affected the way the grandparents' special guardian identities developed. Grandparents' level of involvement varied on a case-by-case basis, but they were usually 'astonished' and 'shocked' about how confusing the court process was:

> Jody: We'd… reached a point where a point where life had become very surreal. We've got this, quite frankly, mad legal process going on.

The most bewildering aspect for grandparents was how adversarial everything felt. The processes seemed to encourage rivalry between the different stakeholders such as social worker, parents, children's guardians and grandparents, who could have differing views on what the outcomes for the children should be. The parents wanted the children returned to their care; the grandparents either wanted the children to be with the parents or with them via an SGO; and social workers commonly wanted to children to either be with grandparents, in foster care via a care order, or placed for adoption. Several grandparents argued that these differences of opinion could lead to the final judgement of the court as feeling like there had to be 'winners' and 'losers', which made the process feel confrontational and antagonistic. The concept of winning felt unsavoury to the grandparents because they felt that just by being in the process, the whole family had 'lost' to some degree:

> Faye: (The court case) was a no win. Well we did win, if that's the right phrase, it probably isn't. You feel like you can't win.

Being involved in an adversarial system often led to the grandparents using language with military connotations, highlighting the grandparents' sense of being involved in a conflict. Edward used the word 'enemy' to describe the local authority, although this made him feel uncomfortable and he justified his reasoning for this:

> Edward: The social workers are not our friends; they might not be our enemies… they've got an agenda that they're running to…what are they looking for? How does that fit in with us? … It's not exactly paranoia, it's just an awareness.

Ella used the word 'fight' to emphasise how serious she was about protecting her grandchild:

> Ella: Amber needed someone in her life to put her first, to be able to stand in her corner and fight for her… I felt neither of her parents would ever do that.

However, the grandparents usually felt this was not a fair 'fight'. There was a significant power imbalance and often the grandparents had few legal rights. When children's services and the grandparents had different views on the outcomes they wanted for the children, it was common for the grandparents to feel threatened or intimidated by the way children's services acted. They were left feeling uncertain about how to respond, although most continued to fight for the children:

> Faye: (Children's services) decided to find fault with us and threatened us, and they threatened to remove both children unless we agreed to let the older one go... we fought them for custody of both girls.

Most of the grandparents had not experienced any type of court process prior to becoming a special guardian and found the idea of being involved in care proceedings worrying and the process itself, intimidating. Because of the seriousness of the potential outcomes for both the grandparents and the children, the court processes were described as 'nerve-wracking'. Not having sufficient information about the processes meant that most did not know what was expected of them. They feared potentially saying or doing something that could jeopardise their chances of caring for their grandchildren:

> Debbie: That initial hearing in the court was absolutely nerve-wracking because you never know what these barristers are going to fire at you, or what they're looking for.

When the grandparents were given information, advice and support they appeared to better understand the situation. Independent legal advice was seen as essential by those who received it. They often found it helped them to better understand the different procedures and to feel that they were treated fairly:

> George: (Children's services) told us, '…you need to find a solicitor, we will pay up to a £1000 for the cost'. When we got to solicitor… she were really, really good with us.

The point when legal advice would have been most beneficial was generally believed to be when they were first being considered as potential carers for the children before the assessment process. However, there was no consistency about when legal advice was received; moreover, it could be expensive, and most were not entitled to legal aid. Most grandparents had limited incomes so relied on children's services to pay their solicitor's fees. This left them at a disadvantage because when the grandparents and children's services positions were in conflict, they usually found that children's services would refuse to fund their legal advice. They believed that this was because it would not be in children's services interests for them to be advised on their rights. In these situations, the grandparents had to fund their own legal advice or represent themselves in court. This was stressful, time consuming and could lead to them being pushed further into poverty:

> Clare: I had four thousand pounds in my bank account and I gave it all to a solicitor who… wrote the statement for me to say what I wanted… I then ran out of money, so I then had to go in and represent myself.

Eventually, navigating this adversarial system took its toll on them. The pressure of constantly having to fight in the system felt relentless. Many found coping with it was the most difficult part of the whole special guardian experience:

> Olive: I felt like there was more pressure from social services than there was from the kids and the daughter… it was totally atrocious.

8.4.4 The challenges of a system that felt procedural

The procedural and relentless nature of the child protection and court processes added to the challenges that grandparents experienced when becoming special guardians. They recognised the need for state processes designed to keep children safe. When the processes worked, the grandparents usually believed that parents were given the support and opportunity to make the changes necessary to safely care for their children:

> Linda: (Children's services) tried to put mother on courses to make her… see she's taken the wrong choices… I would never say they didn't try to… get her back on track, but it was too late.

However, few grandparents reported that the processes worked for their situations. Instead, they were overwhelmingly experienced as lacking the flexibility and nuance to either support the parents or keep their grandchildren safe. For example, several spoke of how the child protection process was overly focused on the risk the parents posed to the children rather than what support would be necessary to reduce this risk:

> George: Basically, (children's services) didn't give Shannon the help and support that she needed… they just cast her aside and said, 'right get on with it' knowing that she had mental health issues

The processes were felt to be overly generic rather than nuanced enough to focus on the specific needs of individual families. For example, when grandparents looked after their grandchildren before the SGO was granted, their local authorities commonly put strict rules in place regarding the contact the grandparent could have with the parent as a way of protecting the children. This blanket approach was described as 'stupid' and 'unrealistic' because it did not take into consideration the grandparents' love and concern for their adult children, nor the emotional impact this had on them:

> Frank: We were given an ultimatum… by social services that if (mother) was staying here the children would be taken… (into care)
>
> Karen: …You took her to the homeless place, didn't you? And that was the hardest thing he had to do, he came home and he, he was in bits.

The perceived procedural nature of the processes left most grandparents feeling that once the processes began, they had to be followed through, regardless of whether this was in the interests of the children, parents or grandparents. For example, several grandparents believed it was obvious that their adult child would never be able to safely raise their children and the need to follow prescribed child protection procedures was 'cruel' because it gave the parents 'false hope':

> Ella: I wish to God they would end the torture with these awful parents and just give (granddaughter) to me and let me get on with it.

Procedures were then experienced as relentless, with social workers focusing more on hitting targets such as reviewing plans and seeing children within timescales. There was a lack of empathy in the whole process, which could leave the grandparents feeling dehumanised. In these circumstances it was common for the grandparents to describe the social workers involved as 'cruel' and 'heartless'. For example, Pam and Henry requested financial support from their local authority because of the financial impact of caring for the children, one of whom was dying from a terminal illness. When children's services realised that their youngest grandchild visited a hospice, they argued that this gave Pam the opportunity to go to work. Pam felt that this demonstrated how the local authority's focus on hitting a target to save money meant they lost sight of the family's situation:

> Pam: (Children's services) were saying… 'Get yourself a job when she's in the hospice' I said, 'it's not a nursery!'

One reason some of the procedures around SGOs did not feel fit for purpose was because they were a relatively new order. This meant the grandparents often found themselves going through processes that had been developed for adoptive parents and foster carers rather than specifically for special guardians. For example, when grandparents were offered the opportunity to attend preparation and training sessions to become special guardians, they usually found that these sessions were designed for foster carers and adopters. This meant that certain parts of the sessions were not relevant for them or were not presented in a way they found accessible. Karen and Frank attended a course designed for foster carers and found it too complicated to understand fully:

> Frank: The local council… have done a couple of attachment disorder courses…
>
> Karen: Yeah, we went to both of them coz we couldn't quite understand first time we went, we went to second one and there was still bits that are a bit hazy to me…

Grandparents could feel judged against criteria initially created for foster carers or adopters which they perceived as unrealistic. An example of this was the fostering panel. Some grandparents' circumstances meant that they had to be approved as foster carers by a fostering panel before the SGO was granted. Those who attended fostering panels generally found them challenging because they felt that the assessment criteria had been developed for stranger foster carers. The criteria did not consider issues specific to friends and family foster carers, such as how the benefits of their family links to the children could outweigh some of the potential risks of their situations. This process could feel damning and 'intimidating':

> May: We were going to go for a fostering… and we had to go in front of a panel and it's very intimidating… you got like all these people that are professional… and we're just sat there…
>
> George: I know I got health problems, I know I'm overweight, I don't need somebody telling me I'm overweight… basically there were some people bigger than me and they're asking me what I'm doing to lose weight… it were intimidating them asking me questions and then having answer.

When the grandparents challenged the local authority about the appropriateness of some of the processes, they often received responses that left them feeling oppressed. May and George ended up walking out before the panel concluded and refused to return. They could not then be approved as foster carers and the local authority could not legally leave Molly in their care as a looked after child. May and George felt that they were then ‘pressured’ into applying for a residence order because it was the process the local authority had to follow, rather than what was right for them as a family:

> George: We didn’t go back (to fostering panel) because we both felt intimidated and basically belittled and we decided it’s not for us, so basically social worker came and… we were pressured into going for…
>
> May: It were a residence order.

The system’s perceived lack of flexibility discouraged many grandparents from challenging decisions that they did not agree with because there appeared to be no scope for negotiation. Furthermore, several did not question the procedures because they feared being seen as ‘difficult’ and ‘unfit’ to become special guardians:

> George: If they turned round and said something, as far as I were concerned it must be right. They’re social workers.
>
> May: And like if they said anything, we daren’t go against it in case they thought we were unfit to have Molly.

The procedural nature of the statutory processes was highlighted by how quickly they ended once the SGO was granted. Upon the order being made, most grandparents found the restrictions but also the support were immediately removed and the responsibility for the safety of their grandchildren was transferred to them. This cliff edge approach left grandparents feeling that once they had gained PR for the children, the local authorities believed their responsibilities to the families had ended. This left most families feeling ‘abandoned’:

> Nina: The day I got the special guardianship order we walked out of the court room and the social worker said, ‘right Nina, you’ve got it covered, you don’t need us’, and they went.

The contrast between the intensity of the intervention pre-order and the feeling of abandonment post-order, left many grandparents feeling exploited. For example, during Pam’s SGO assessment the local authority raised concerns about how becoming a special guardian would affect her biological children. However, once the SGO was granted, the local authority appeared unconcerned about her or her children, leading her to question whether they ever cared or were just following a process:

> Pam: (Children's services) said, '…your (birth) children aren't our concern, not interested'. I said, 'they were your concern when I was taking Shane on… because I've took (Shane) now, we're literally on the breadline' (children's services said,) 'not our problem'.

Overall, the sense of being part of a system which focused more on procedures rather than on people left grandparents feeling betrayed and insignificant. This could affect how they saw themselves as special guardians. The disparity between how they felt treated and their belief that they were undertaking an important and life changing role for their grandchildren, could lead to conflicting emotions and was ultimately demoralising:

> Helen: It's as if we're so insignificant, you know, yet we're the pivot for these children for the rest of their lives, you know, and it's demoralising. It is demoralising.

8.4.5 Intrusive but necessary assessments

To become a special guardian, the grandparents had to have an SGO assessment. For most, this was the first time they had been assessed by a social worker. Most grandparents accepted that assessments were necessary to ensure that children were safely cared for:

> Karen: Having gone through (the assessment), we now know why they do it… we see so many (special guardians), who say, 'oh it's so intrusive' and you say, 'well, I'm sorry, they're safeguarding the children, it has to be intrusive'

However, a minority believed that being related to the grandchildren meant an SGO assessment was either unnecessary or should be brief. These grandparents perceived the assessment as state interference in private family life:

> David: (The grandchildren) are our blood… that should count for more... If they're outside people coming in looking after the kids, then I can understand (the assessment)... Not when… they're our family.

The extent to which grandparents perceived the need for an assessment affected their motivation to engage with it: those less accepting of the need were more reticent. However, whether they approved of the process or not, they had to go through it and being assessed was commonly found challenging. The felt under scrutiny, which they experienced as being 'exposed' and losing any semblance of 'privacy':

> Linda: I've never been so assessed… they knew everything, know where me moles are, everything has gone, everybody knows everything.

Grandparents generally understood that there their lives would need to be scrutinised by professionals and the courts. However, they were often surprised to discover that the assessment process also included other people, like family and friends, who were interviewed or required to provide references. This increased the sense of exposure and several reported feeling ‘embarrassed’:

> Rita: I felt a bit embarrassed in some ways, having to say to people, ‘would you mind if the social worker comes, they’re going to want to ask you questions.’

Some grandparents were also concerned about the security of their personal information. Information included in the assessments became part of the court bundle which several grandparents discovered the parents could access. This was problematic. For example, the assessment usually reported on the grandparents’ financial situations and grandparents often had valid reasons for wanting to keep their financial information private from the parents, many of whom were in financially desperate situations due to their lifestyles:

> Faye: What we didn’t like was the fact that the parents would get copies of our financial status… You know what drug addicts are like. That should have been confidential information and it wasn’t.

Going through the assessment process was often described as ‘emotional’ or ‘draining’ because of the focus on the grandparents’ life histories. Most of the grandparents had had difficult lives. Their experiences included being harmed as children, being in local authority care, experiencing domestic abuse, and parenting challenging children. The grandparents spoke of how traumatic it could be talking through these issues during the assessment. For example, May and George both described the assessment as ‘traumatic’ and May said that the process left her ‘in tears all the time’. However, they felt they had to go through the process in order to be granted care of their grandchildren:

> George: (The assessment sessions) happened three times… and things you don’t want to remember, things you block out… you’ve got to sit down and talk to somebody who you don’t know, and you got to do it because basically if you don’t do it, there’s a chance that you’re not going to get your granddaughter.

With hindsight, several grandparents felt that they should have received therapeutic support to help with the emotional issues raised in the assessment. They also believed that the assessment could have been more empathetic and sensitive. Most felt that their emotional distress was not recognised by the social workers and none spoke of being offered any emotional or psychological support. The grandparents commonly felt that the assessment process focused solely on whether they were ‘viable’ to care for their grandchildren without support, rather than focusing on what support they might need in order to care for their grandchildren:

> Paul: (Were) the social workers… aware of your emotional state or your fragility?
>
> Nina: I don’t think they… were bothered to be honest, because they never put any support in place... All they were interested in was getting rid of these two kids.

When done well, there was some evidence that the SGO assessment could be beneficial to the special guardians. Jody and Edward perceived the assessment process as a way of identifying their support needs and developing their parenting skills. They believed that being positively challenged in an environment that felt safe, encouraged them to reflect on their ability to permanently care for their grandchildren and what support they might need:

> Jody: (The assessment) gave us a… structured opportunity to explore what (being a special guardian) actually meant in a way that we probably hadn’t until then…. we might have a delightful seven-year-old, you know, what happens at 12, 13, 14, how do we manage the relationships, how robust and resilient are we?

The transition to becoming a grandparent special guardian was influenced by the grandparents’ experiences of children’s social care, and the child protection and legal processes. The grandparents’ special guardian identities developed at a time when they had few rights and commonly felt powerless. They had to experience procedural and often adversarial processes where they often developed a narrative based on having to ‘fight for’ and ‘win’ the care of their grandchildren. These experiences affected how the grandparents viewed themselves and the special guardian role.

8.5 Changing relationships

This overarching theme is concerned with how the grandparents experienced relationships during the transition from being a grandparent to being a grandparent special guardian. Two key relationships identified as being affected the most were the relationships with their adult children and with the state. This theme is interlinked with the previous superordinate theme of the impact of the grandparents’ personal circumstances on their transitioning identity because in the case of their adult child, the way their relationship developed usually had an impact on how they viewed their special guardian identity. In relation to the state, this was affected by the way the grandparents experienced the court and child protection processes.

8.6 Changing relationships: With the grandparents' adult children

The relationships the grandparents had with their adult children were often complex. Becoming a special guardian added to this complexity and usually changed the relationship completely. This superordinate theme is made up of two subordinate themes: accepting the risk posed by the adult children and the emotional impact of the grandparents' changing relationship with their adult children.

8.6.1 Accepting the risk posed by the adult children

When they were becoming special guardians the grandparents had to understand and accept that their adult children could pose a risk to their grandchildren which affected their relationships with their adult children. Parents' lifestyles were largely unknown to the grandparents. Most grandparents knew their adult children struggled to parent, and some were involved in the child protection process. However, most grandparents were unaware of the extent of the harm their grandchildren experienced and some stated that they were totally oblivious to the issues.

Usually, the parents were the only people with PR for their children and could prevent people from having access to them. Several grandparents felt that the parents used this power to prevent them from knowing about the reality of their grandchildren's situations:

> Rita: So, we were involved, sort of on the periphery trying to offer support, but she (mother) was pushing us away a little bit, not wanting us to get to close, we now know why.

Some grandparents believed that their adult children deliberately tried to conceal the abuse and neglect their grandchildren experienced. There was also often a deep-rooted desire in the grandparents to be optimistic about their adult children. Rita demonstrated how her need be on her adult child's 'side' meant that she was easily misled:

> Rita: (My daughter) was telling me she was being harassed by her husband… I'm very much on her side… that evening I think the scales fell from my eyes and I actually saw the state of the house, these part feral children… she'd lost the ability to care for them.

When the grandparents reflected on how they had supported the parents, many concluded that they should have done more to understand their grandchildren's experiences. For example, Rita felt guilty for not intervening sooner:

> Rita: I felt mortified that I'd ignored it (abuse). But I think I'd been, I'd been giving (my daughter) the benefit of the doubt so many times because I wanted to believe in her.

Discovering the reality of their grandchildren's situations usually provoked an intense emotional response in the grandparents which could be overwhelming. They used words like 'shock' and 'disgust' to express how they felt. They often felt conflicted because of worrying not only about their grandchildren but also their adult children who usually had their own vulnerabilities:

> David: I went round to (my daughter's) flat and there was a mattress on the floor, a bottle of brandy… some eejit there with a chainsaw, all smacked out their head. I walked in, I felt physically sick and just walked out. I honestly believed at that point she was too far gone to help.

This sense of emotional overwhelm combined with shock led some grandparents to react in extreme ways that they later regretted:

> Helen: (My daughter) said something, and I just flew for her. Literally flew for her, didn't I? And it was… trying to get it through to her what she was doing, not only to herself but to the kids.

Once the grandparents understood the extent of their adult children's problems with parenting, most went through a process of acceptance. Some found this relatively straightforward, usually because they had been managing their adult child's challenging behaviour for years. For example, Olive described trying to help her daughter for years before realising that her daughter's focus would always be her drug addiction:

> Olive: It's all about her, that, heroin addicts are all the same, it's all about them, me, me, me… it's like, they're all about themselves'

Even when identifying the risk was straightforward, it was still an emotionally challenging process to go through. Several grandparents felt they had abandoned their adult children when they were at their most vulnerable:

> Pam: I've told her she's not coming to my house unless she's clean. She'd stole my son's mobile phone and I was like, 'I'm not having it, it's not fair, she's coming here, just to see what she can get, not to see him'

For most grandparents, this process of acceptance took time and was emotionally distressing. A further complication was that often the parents' vulnerabilities fluctuated. They could have periods where they engaged with support and appeared to be making progress, and then times when they disengaged and their situations deteriorated. Linda's situation encapsulated this complexity. Her son

Simon and his partner misused drugs and alcohol. At first, she watched them attempt to engage with support with a sense of pride:

> Linda: (Simon) had a drug problem… (he was) always trying to come away from it and everything. But they worked at it and he always supported (his partner).

However, when Linda realised that they would be unlikely to overcome their vulnerabilities, she became emotionally conflicted. She was angry at Simon but did not want to direct this anger at him because she was worried about his situation. It seemed easier to direct her anger at his partner Judy, who she felt less loyal to:

> Linda: I can't get angry. I get angry with me son when I found out that, and I just keep in control now… as far as Judy is concerned… she's an addictive personality, I think they both are really, but she's made them choices now, she isn't going to get out of it.

Eventually, Linda accepted that her son would always pose a risk to her granddaughter Carly. This appeared to give her a sense of closure which meant she could concentrate on caring for Carly. However, her life seemed tinged with a sense of sadness which she tried not to 'feel':

> Linda: So, I just feel… I don't feel anything (about my son), I don't feel pity or, I just feel sorry that it's come to that, but I am giving Carly a good start in life.

There was an overriding sense of disbelief when grandparents finally accepted this element of risk. They often could not understand their adult children's life choices:

> Imogen:(The parents) just couldn't cope with life … they were just children that were just lost and doing everything in their power to make, to get their child taken away, but not deliberately… it was just like they had self-destruct.

The finality of accepting this risk often led to feelings of despair and grief, as when Nina reminisced that even though her daughter was her 'favourite', she had to emotionally withdraw from her:

> Nina: I was a mother but, I sort of stepped back because I didn't want her to hurt me… I knew she would die eventually, so I sort of drew meself back a little bit… growing up she was always me little favourite, but once the drugs took her, I stepped back.

In the study, only Ann did not believe her son David posed a risk to his son James. Ann felt conflicted about how she would engage with the local authority plans to protect James from David. Ann was told that in order to protect James from David, she would have to ask David to leave the family home. This left her feeling torn between following local authority rules so she would be seen as being protective and wanting to support David against the perceived oppression from the system. Ann felt she had no other option but to present a 'charade' to the local authority and say that David had left when he had not:

> Ann: (David) felt… they were taking his son away from him but not only his son now, they were taking his mother away from him… I felt that I was being pushed into a corner where I had to make a choice, and the only way I could see him dealing with this was by going through this charade.

Throughout the interview with Ann, she did not appear to doubt the rightness of her decision: in her own mind there seemed no conflict between her duty as a mother and grandmother to protect both her son and her grandson.

8.6.2 The emotional impact of the changing relationship with the adult children

Accepting that their adult children posed a risk to their grandchildren usually had an acute emotional impact on grandparents, as demonstrated above. This acceptance was usually the beginning of a new phase in their relationships with their adult children. However, the ways in which grandparents managed the emotional impact affected the transition to this new phase.

This new phase began with the acceptance that they would need to care for their grandchildren permanently:

> Rita: I felt sad for (the parents)… but at the same time… there's no way the children could have gone back to them.

However, grandparents were often left with feelings of 'anger' and 'disgust' about the parents' behaviour. Many were 'resentful' about the impact the parents' actions had on their lives, often borne out of frustration with their adult children's life choices and lack of responsibility:

> Ella: (I am) angry at both parents… if you're going to have children you need to be able to… look after these children

Those who were angry with their adult children often struggled to address how they felt. Their feelings of anger were often so strong, they could endure for years:

> Ella: I'm still angry with them… I'm not angry with them for the life that I've lost, I'm angry with them for not being parents to Wendy, I'm angry for Wendy and that still isn't going… two and a half years later I'm still furious.

This anger could have a lasting impact on the relationships between the grandparents and their adult children. For example, Clare's anger and frustrations at her son was so raw that she felt unable to forgive him for his behaviour. However, this conflicted with her love for him which appeared to result in ambivalence regarding the future of their relationship:

> Clare: So, then we're stuck again, because we know he's done wrong and I've got no forgiveness for what his done... he shouldn't have done that. But he's still my son.

Once the parents had their children removed from their care, they often continued to make 'self-destructive' decisions. The grandparents spoke of how 'upsetting' it was to witness this behaviour and these feelings were usually combined with a sense of frustration that their adult children had not learnt from their mistakes. They were often left with little hope for their adult children's futures. Many grandparents also feared that their adult children's risky behaviour might result in them having to care for more grandchildren in the future.

In a minority of cases, adult children managed to engage in support and positively moved on with their lives. This could leave the grandparents feeling conflicted because they were proud that their adult children had overcome their difficulties but were aggrieved to have sacrificed their previous lifestyles and plans to care for their grandchildren. In this study, when the parents did turn their lives around, they did not try to reunite with their children. Ann's situation highlights the complexity of this for the grandparents. After she was granted an SGO for her grandson James, her son David changed his lifestyle and eventually moved in with a new partner, his young child and stepson. However, David rarely saw James. Ann, initially justified this by focusing on her pride that David was now successfully employed:

> Ann: The reason that (David) might not see (James) more often is because of work, because the work that he is doing now is an hour from where he lives, and he gets quite a lot of overtime

However, over the course of the interview, Ann's frustration became more apparent. She expressed disappointment that David chose not to see James and was angry at the impact this had on her grandson:

> Ann: That makes me feel frustrated. I feel like, I've given you (David) the tools to do it… but you're not doing it, but that frustrates me, and I think James desperately needs time with just dad.

Over time, grandparents usually developed coping strategies to manage their conflicting emotions. The love they had remained, but this was balanced with more negative emotions such as ‘anger’ and ‘disappointment’. Nina powerfully articulated this:

> Nina: I love (my daughter) to bits and hate her at the same time, I hate her for going onto the drugs and doing what she did, and I hate her for putting me in this position, but I love her to bits because she was my baby, it’s that fine line between love and hate isn’t it?

8.7 Changing relationships: Children’s social care

A key relationship for the grandparents whilst they were becoming special guardians was the one they developed with children’s social care. However, this was an unequal relationship where the grandparents usually depended on the practice of individual social workers, or the culture within social work teams, to influence the role they were able to fulfil during the child protection and court process. This superordinate theme is made up of two subordinate themes: developing a role within to system and the importance of relationships with social workers.

8.7.1 Developing a role within the system

The complicated and challenging nature of the system was described in section 8.4: grandparents often felt excluded from the child protection and court processes but most found themselves fulfilling one or more of three roles in relation to the state: the quasi-professional, the mistrusted participant and the disregarded family member. The actions of their local authorities influenced which role or roles the grandparents fulfilled, during their transition to becoming special guardians.

The quasi-professional

During the child protection and court processes, grandparents were often given tasks to perform to help safeguard their grandchildren, such as managing contact and looking after the baby and mother during the social work assessment. The grandparents’ love for their grandchildren, along with their desire to see their adult children successfully parent, meant they often felt obliged to help. Also, the grandparents were worried that not following the instructions from social workers might negatively affect their special guardianship assessment. However, these tasks were often complex and challenging, and often had a significant impact on the grandparents.

Many grandparents first started being allocated tasks by the state in the child protection process. Grandparents were often given tasks that required sacrifices in their own lives to support their adult children’s families. For example, Linda was expected to attend all the child protection meetings for her granddaughter:

> Linda: (The social worker) said, ‘would you be willing to be involved in trying to protect Carly…’ and I says ‘yes I would’… I think I had nearly a year running up and down (between local authorities), having child protection meetings.

The grandparents generally wanted to help to protect their grandchildren and support the parents. Some found that by fulfilling these tasks, they felt more included in the processes. This could help them build relationships with professionals which made them feel more confident that they would be allowed to care for their grandchildren if necessary:

> Rita: We were trying to be supportive (of our daughter) from a distance… the social worker was keeping us involved… she came out to see us quite a few times… got to know us.

However, many grandparents felt that they were being asked to fulfil tasks that went beyond what they could safely do. With hindsight, several believed that they had undertaken complex parenting support tasks which would otherwise have been done by professionals. For example, Clare supported her son’s partner Sarah, but worried about managing Sarah’s mental health difficulties with little support:

> Clare: So, the (child in need) plan is… I’m going to rearrange all the bedrooms, Sarah can move in with me, she’s pregnant. I can then make sure she goes to the antenatal clinic, (and that) she’s eating because she’s… on the verge of anorexia.

This level of responsibility left the grandparents feeling vulnerable. Most felt solely responsible for the safety of the parents and the children because they were not being offered support. The grandparents did not want to challenge this because they wanted to be involved in the processes. This resulted in them feeling that they had to do what they were asked, without complaint. Clare’s situation became more challenging once her grandchild was born. Although her grandchildren were only being supported via a child in need plan under s.17 Children Act 1989, the local authority put severe restrictions on what she and Sarah could do, which inconvenienced her and her dependent children:

> Clare: (Children’s services) say (Sarah) can’t leave hospital without me, so I said ‘ok, could I send… my parents to pick her up from the hospital’, because obviously I’ve got three little children still at home… and they say, ‘no, you have to personally pick her up’.

The result of such expectations was that grandparents could feel exploited by children’s services, and helpless to do anything about it. The power was felt to be with the professionals and the grandparents felt unable to question their demands. Clare's experience illustrates how grandparents could feel oppressed in this quasi-professional role:

> Clare: It was sold to me, via the social worker… you don't ask for anything, you want the children, you don't ask for anything else. If you make it awkward, you don't get the children!

This sense of exploitation intensified when the grandparents became aware of other people in similar caring roles, such as foster carers or adopters, who were treated by the local authority in a way that they felt was more favourable. This could lead to them to feeling discriminated against as a result of being family members:

> George: If we were fostering, we'd be looked at in a different light completely and we do the same job… the only difference is we're grandparents. Now because (granddaughter) has come into family, it's an easy option for them… we'd do it for nothing, she's our granddaughter.

The mistrusted participant

One of the challenges for grandparents when building a relationship with the state was that they were often treated with suspicion. Commonly, they felt blamed by professionals for the behaviour of their adult children. They felt that professionals judged their values as people and their abilities as parents. Some grandparents believed that as a result, children's services considered them to be a potential risk to their grandchildren from the start of any intervention or assessment. For example, Pam was excluded from the child protection process until the start of the court case. She felt that the negative views the local authority had about her played out in the security procedures she was subjected to the first time she attended court:

> Pam: I've finished work early one day and went to this court … (children's services) got security up and everything, I said, 'I'm not, I'm not going to cause a fuss …' I think they judged me because my daughter was so violent.

Such assumptions had significant consequences. For example, some children were initially placed into unrelated foster care because children's services did not trust the grandparents enough to place the children with them:

> Andy: (Children's services) refused to give (grandchildren) to us initially so we had to wait a week, they went into… emergency foster carer… whilst social services went… to vet us.

This apparent mistrust left many grandparents with an underlying sense of unease which could undermine their confidence in their new parenting role which increased if grandparents felt subjected to constant monitoring by children's services. Several believed that a high level of scrutiny was used to ensure compliance with children's services' rules and restrictions, which left them feeling monitored rather than supported:

> Debbie: I got the manager visiting here at 5 o'clock on the Sunday of the May bank holiday weekend who claimed to be just passing… 'the only reason we're doing this is that we are looking for signs of Joe (your son) having been here'.

Several suggested that they were afraid of making a mistake and then being judged as failing. This could leave them constantly questioning their abilities and parenting strategies:

> Clare: You're being watched… so every time… you're getting the child to do what it's supposed to do… you're thinking 'am I going too much? Am I being too bossy? Am I being too lenient? ... The child wants to go off and play, shall I let the child go and play?

This suspicion influenced the grandparents' motivation and ability to form a trusting relationship with their local authorities. When they perceived children's services as overly suspicious, they questioned children's services' motives. Several grandparents described feeling that their local authority had an 'agenda' to see them fail so their grandchildren could then be adopted. This worry could result in the grandparents wanting to answer questions and behaviour in ways that pleased professionals, rather than in ways that accurately represented their situation:

> Debbie: It's very difficult because you never know how (children's services) are going to use things … I was always conscious of, what do they want me to say.

For some grandparents, however, high levels of scrutiny by children's services helped them feel safe and supported. For example, Jody and Edward had a supervision order attached to their SGO. Jody believed that this allowed children's services to 'monitor' their situation. For Edward, the additional scrutiny was outweighed by the supportive aspect of the supervision order:

> Edward: That's part of the benefit of the supervision order, is that sort of allowed that sort of stuff (professional support) to be maintained… the door is always open.

The disregarded family member

A minority of grandparents felt unable to fulfil any role in the child protection or court processes and felt entirely disregarded by the local authorities. Although most grandparents knew when children's services were involved with their grandchildren, a minority were unaware because neither the parents nor children's services had informed them. As a result, they felt excluded from their grandchildren's lives, initially by the parents and then by professionals. For example, Linda discovered her grandchild's situation by chance when she started to have concerns:

> Linda: (I) phoned (mother's authority) health visitors and I spoke to the… health visitor that dealt with (Carly)… she says, 'I'm glad you phoned', I says, 'why what's wrong? ...I'm phoning you because I think there's child protection issues...' And it came out then, that yeah, I'd nearly lost her, she'd been nearly taken into care twice.

Knowing that there were child protection concerns did not guarantee that the grandparents would have a role in the processes. Indeed, some felt actively excluded, which was frustrating for those who believed that they might have prevented the situation getting to crisis point, or at least prevented their grandchildren being placed into stranger care unnecessarily, if they had been alerted sooner:

> Steff: I said, 'why didn't you tell me (Edward was being removed from his mother's care) before' and (the social worker) said, 'because you're working, you've got a job', I said, 'well that doesn't matter, he's my grandson, you should of told me, can I do anything?' She said, '… it's gone past the time now… he's gone into the system'.

Because the grandparents had few legal rights before the SGO was granted, they could be excluded from the child protection or court processes even when they were being considered as a potential carer for their grandchildren. For example, unlike parents, potential special guardians are not legally entitled to party status in public care proceedings. This often resulted in them not being actively involved in the court case. Some were even awarded the SGO without ever attending court. The realisation that this was possible could be shocking:

> Frank: The fact that we weren't party to the proceedings really hurt me, because… they're talking about the rest of our lives… and we have no say in it'

The legal system appeared more unfair to grandparents when their bid to become special guardians was not supported by the local authorities. If the SGO assessment was negative, most grandparents were unaware of how they could challenge the outcome. They found this scary and frustrating, especially if they believed that the assessments were flawed. The perceived lack of ability to challenge the local authority left several grandparents believing that the courts had made decisions about their grandchildren based on incorrect information:

> George: The report (the social worker) wrote… some of it… might have been right, but a lot of it were crap… and when I can't answer back… she's wrote that report, it were going to court, so what's the judge going to think.

Being disregarded by the system in these ways exacerbated the grandparents' feelings of helplessness.

Although I have described these roles separately, they were commonly experienced in a fluid way. Grandparents experienced several or all three roles throughout the process. For example, they might be disregarded at first, then mistrusted during the assessment process, before being a quasi-professional when taking on the care of the children. This could be confusing and disorientating. In the example above, Clare described how she was treated as a quasi-professional. However, later on, when her grandchildren had been removed from their parents' care and she was attempting to have them placed in her care, she was first disregarded and then treated with suspicion. This left Clare questioning children's services' decision-making:

> Clare: I think (the social worker) had already decided I couldn't have them… and I don't know if that was to see if I would, I really wanted 'em and I'd push it, or if that was just that she'd made her mind up and… she could send them off for adoption and forget about it

8.7.2 The Importance of relationships with social workers

Social workers were the grandparents' human connection to the child protection and court systems. The relationships they developed with their social workers generally had a significant impact on how they experienced these processes. However, building these relationships could be difficult because of the high turnover of staff and it was not uncommon for the grandchildren to have several different social workers during one intervention. This was often frustrating for the grandparents because they had to get used to the idiosyncrasies of each worker and many argued that most practitioners would want to 'start again' and do things in their own specific way:

> Ella: (Social workers) wanted to do their own little thing, cos each social worker has their own way of working.

Having many different social workers meant that some grandparents felt able to compare their competence:

> Imogen: Maisie had three (social workers). The first one as not very good and not very helpful. The second and third ones were really good, and very, very young but very kind of wise, which was quite impressive.

Interestingly, the grandparents usually categorised the social workers' competence as either good or bad, it was rare for them to identify practice as middling. Social workers' traits and practice styles affected how their competence was viewed. Good communication skills were valued. If practitioners were able to communicate clearly and concisely, the grandparents appeared to be more confident in their abilities:

> Debbie: I think that social worker was quite good. She was Jenny's social worker… she was quite good at explaining what (being a special guardian) entailed.

Conversely, when practitioners appeared to struggle with their communication skills, the grandparents often lost confidence in them. When grandparents believed that social workers did not keep grandparents informed or gave them incorrect information, the grandparents questioned their competence. Grandparents did not just comment on verbal communication. Poorly presented written work also left many grandparents doubting the ability of the social workers:

> Andy: (The social worker's) written reports (had)… grammatical errors and spelling mistakes. she got the names wrong… she cut and paste things and left bits of other people's in her report… the first page of this report that I'm reading is poor, and… I can't trust or rely on anything else that's written.

Social workers' work ethic was primarily judged by grandparents in terms of how accessible they were perceived to be. If social workers were available when the grandparents needed them, or if they responded to them in a timely fashion, grandparents were more likely to perceive them as hard working and dedicated:

> Brenda: If there was anything… we needed to know, (the social worker) was on the end of the phone. She would answer and if she didn't know the answer, she would find out.

Conversely, when the grandparents felt the practitioners were not accessible and were not available, they were more inclined to feel worried and anxious and to feel they had to cope alone:

> Helen: I rang social worker immediately that I'd taken (the grandchildren), and nobody got back to me for at least, I think it was a week.

Some social workers were described as 'unmotivated' which the grandparents found hard. For them, becoming a special guardian was a life changing process and they became concerned when they perceived practitioners had a blasé attitude towards their situations:

> Brenda: We had finally met (the child's social worker) and… no disrespect, I expected someone a bit more dynamic because… she just sat there.

When social workers practiced in way that was perceived as professional, grandparents' confidence in them increased. Professionalism was associated with practitioners who used their knowledge and experience to manage situations in a firm but fair way:

> Ella: We got a new social worker… she's obviously met this type of parent before. This one's really experienced… and was no nonsense.

Grandparents wanted their social workers to be professional in their approach. Positive relationships were more likely to develop when social workers were perceived to be empathetic, supportive, realistic, and had a strengths focused approach to families. For example, Rita was impressed in how the social worker was able to build positive relationships with her and her daughter, while safely managing the situation:

> Rita: (The social worker) was really good, she was so supportive of us. She was supportive of Shannon as well because she wanted things to work out but at the same time… because she was a very experienced social worker, she could see the cracks… that needed attention.

However, the grandparents described situations where they felt that practitioners struggled to maintain their professionalism. One way this manifested was in the social worker's ability to remain impartial and not 'take sides'. Several grandparents recalled times when they felt the social worker's interactions with them were based on whether they were liked or not, rather than whether they could safely care for the children:

> Rita: This was a social worker that didn't like us right from the start. Had obviously heard all Shannon's version of us, of how we'd brought her up… she definitely did not like us. She was a very young inexperienced social worker… they'd become very close friends.

Grandparents also described occasions when social workers' professional lives were affected by their private ones. Some grandparents were able to give examples of when they believed that the difficulties practitioners were experiencing in their own lives affected the quality of their work and their professionalism. Grandparents in these situations became anxious that decisions and recommendations about their situations were being affected by the practitioners' personal circumstances:

> Henry: (The social worker) was actually going through a divorce with his wife… you can't blame him for that, but he wasn't obviously concentrating on his job fully, so a lot of the reports, when we looked at them afterwards, were not accurate.

The social workers' personal moral values were also felt to affect their practice at times. Some grandparents believed that they were discriminated against when their values differed from those of their children's social workers. The power imbalance which has been discussed previously, meant that some grandparents believed social workers could impose their personal values onto the families:

> Henry: (The student social worker) was a devout catholic…, so when Cathy was pregnant again with the next child, she went to him for advice… his advice to her about the baby was she should keep it… (or) go to the priest and ask him. And the priest said to her it was a mortal sin to have an abortion.

The grandparents relationship with children's social care influenced their transition to becoming a special guardian. Their level of involvement in the child protection and legal processes was often depended on children's social care. The relationship was also affected by their perception of their children's social worker. It appeared that the more positive the grandparent viewed the standard of social work practice, the more positive they were about the relationship they had with the social worker, and vice-versa.

8.8 Conclusion

Becoming a grandparent special guardian is a life-changing event. It is a period of transition that requires the grandparents to reflect on their histories, consider the impact on their current lives, and face an unknown future. This transition is made more complicated by the impact it has on their personal relationships, and by their need to develop new ones with professionals. Grandparents have to engage in processes in which they have very few legal rights and where they feel that they are at the mercy of the professionalism and good will of social workers to be treated fairly.

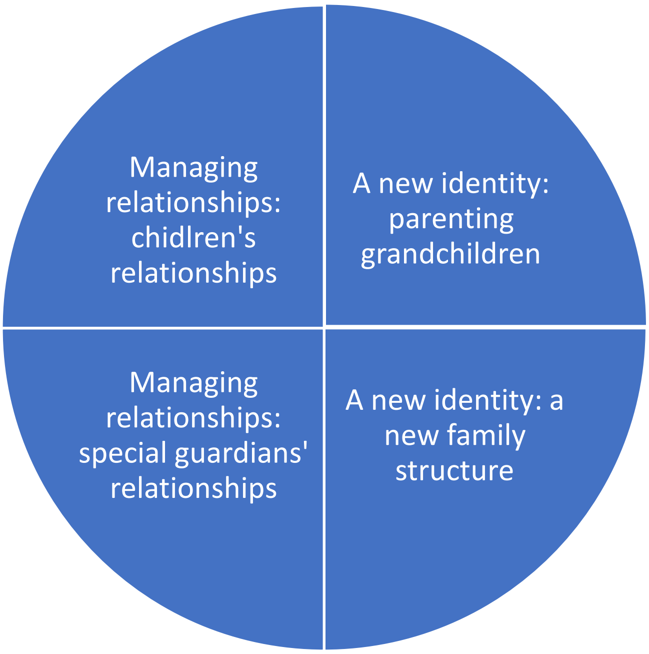
The transition does not end once the SGO is granted. Grandparent special guardians have to develop a new identity and forge new relationships and manage changes to previous relationships. The next chapter will present the findings on the grandparents' experiences of being a special guardian.

Chapter 9: Being a grandparent special guardian: a new family construct

9.1 Introduction

This chapter brings together the grandparents' experiences of being a special guardian. Once the SGO is granted, the grandparents face a continuation of the challenges they experienced whilst becoming a special guardian: they have to manage the new challenges associated with parenting their grandchildren, who have often experienced trauma, and to develop new personal and familial identities. The superordinate themes identified in this chapter are presented in Figure 5:

Figure 5: the superordinate themes of being a grandparent special guardian



These themes are also interlinked and often occur simultaneously during the grandparents' experiences of being special guardians.

9.2 A new identity as a grandparent special guardian

This superordinate theme encompassed how grandparents experience their grandparent special guardian identity. As explained previously, the transition to this new identity was generally experienced as challenging. The difficulties they experienced during the transition phase impacted how they felt once they became special guardians.

There appeared to be two main aspects to the grandparent special guardian identity. There were the practical aspects of parenting their grandchildren, including tasks such as behavioural management (parenting tasks related to managing the children’s relationships with others, such as contact with their parents, will be discussed in section 9.6). The second aspect related to the development of a new family identity and the presentation and maintenance of their grandparent special guardian identity. This involved constructing a narrative that supported the new family identity and how this narrative was then presented to others.

9.3 A new identity: parenting grandchildren

A key aspect of the grandparent special guardian identity was the parenting role. This aspect was shaped by both the grandparents’ experiences during the transition whilst becoming special guardians, and their experiences whilst fulfilling the role. This superordinate theme is made up of three subordinate themes: parenting children who had suffered trauma, parenting as a grandparent, and in emotional impact of parenting as a grandparent special guardian.

9.3.1 Parenting children who have suffered trauma

All the grandchildren in this study had experienced varying degrees of abuse and/or neglect in the care of their parents. The first parenting task the grandparents had was to try to understand the impact this maltreatment had on their grandchildren. However, this was hard because their adult children had usually been involved in this maltreatment which, as discussed in the previous chapter, led to feelings of anger, guilt and disgust:

> Clare: (I) went in the room with (the mother’s) solicitor and her solicitor got out colour photos of the younger (grandson), with all the bruises and I left the room, and I was sick… he’s got over 30 bruises to his head and face.

Once the grandparents came to terms with the initial shock, they worried about how their grandchildren’s experiences would have affected them and whether it would have a lasting impact on their development. They were concerned about how these experiences would affect how the children would need to be parented:

> Rita: I was concerned as to what possible damage the drug taking during pregnancy may have done to Riley.

The children often displayed a myriad of different challenging behaviours which the grandparents believed were attributable to their experiences of harm. Their behaviours were often challenging or upsetting and could make the parenting task feel overwhelming.

Most of the grandparents said that their grandchildren experienced nightmares. Managing these could be tiring and sometimes harrowing. Faye's granddaughter had nightmares in which she recalled the abuse she had experienced. Faye found this difficult because she not only saw how this affected her granddaughter, but she also had to listen to her recollecting traumatic events. Brenda described how her grandson woke up 'every night' due to nightmares. This was challenging because it often ended up disturbing the whole family. Commonly, the grandparents felt that professionals did not take nightmares seriously, and none were offered support with managing the impact of them on their grandchildren or families.

Younger grandchildren often needed constant reassurance and to be physically close to their grandparents. Several described their grandchildren as being 'clingy'. Nina explained that she felt unable to 'go to the toilet' or 'get dressed' without her granddaughter being there. Imogen had a similar experience, she could not 'go for a wee' or 'make a cup of tea' because her granddaughter was 'stuck' to her 'like glue'. The grandparents often found this draining:

> Nina: Oh it's terrible… sometimes…I'll have to turn round and shout at her… 'For god's sake Tilly, give me a little bit of breathing space'… I've had it for seven years so it's still part of my day-to-day life… but then sometimes it does get me down.

Some of the grandchildren displayed destructive and aggressive behaviours which could provoke difficult emotions in the grandparents. Dealing with this volatile behaviour was found to be 'draining' and 'scary'. The extreme nature of the behaviour could leave the grandparents feeling overwhelmed and at a loss to know how to respond:

> Clare: I had absolutely no idea…(of) the destruction that a two-year-old can do and the feeling he can arouse in you, I had absolutely no idea.

The emotional and physical impact of managing these extreme behaviours often took a toll on the grandparents. The impact could feel relentless, and the grandparents struggled to see how or when things would get easier. This left many feeling demotivated and wanting to 'give up':

> Helen: It's disheartening.

> David: What’s the point, what’s the point, you just give up… They wreck everything, Eve just… she flips… she’ll wreck everything.

The unpredictability of their grandchildren’s behaviour could also create social problems for the grandparents which could lead to them becoming increasingly isolated from friends and family who were often key sources of support. There were times when some grandparents did not want to socialise with friends and family because they were concerned that people would not understand the reasons for their children’s behaviour:

> Gina: One of our neighbours owns a house in the south of France and we took Callum. It was difficult because he was weeing in the bedroom and covering it up, and we are thinking ‘oh no this is our neighbour’s house’.

Seeing their grandchildren behave in this way left many grandparents feeling helpless. Although they were experienced parents, this behaviour was often beyond anything they had previously experienced and could leave them feeling ‘out of their depth’:

> Steff: My children never banged their head on the floor, constantly, try to hurt themselves, (my grandson would) go up… smack his head on the door.

Having to cope with these behaviours could be emotionally overwhelming for the grandparents. Several spoke of reacting in ways that they later regretted, which not only added to their feelings of helplessness but also left them feeling guilty and ashamed:

> Linda: I have at times turned round and slapped (my granddaughter’s) legs. I’ve walked away, come back, said, ‘I’m so, so sorry I’ve hit you, but can you not see what you’re doing, you’re pushing me and pushing me’.

It was not just the immediate impact of this behaviour that the grandparents were concerned about. They were also worried about how the abuse would affect their grandchildren’s futures. The grandparents wanted to help their grandchildren whilst they were young to minimise the potential impact on their future lives. Their previous parenting experiences led many to believe that the worst would happen again:

> Helen: We need to do something now, because I can see exactly where (my granddaughter) is gonna go, if she is not helped now and turned onto a different path, she is going to go the same way (my daughter) went.

Managing challenging behaviour was a key priority. Often the grandparents started by trying to understand what triggered the behaviour, feeling that if they knew what caused these extreme reactions, they would be able to prevent them from happening in the future. However, this could be difficult because, as Frank explained, some grandparents were in a state of perpetual fear that everything was a potential trigger:

> Frank: …To put it bluntly (caring for the children) is a fucking nightmare… it's like walking on eggshells because at any second you could say the fraction of the wrong thing, of the wrong influence in your voice, and bang, that's it… they're off.

Even grandparents who could identify what triggered their grandchildren's distress often felt helpless because the triggers were related to events beyond their control. For example, Imogen felt powerless to help her granddaughter because she could not prevent the things that triggered her distress from happening:

> Imogen: (My granddaughter) didn't like loud noises, if anyone shouted, she'd cover her ears… she don't like hand dryers, she don't like the bin lorry.

Finding a consistent way to manage challenging behaviours was often difficult. The grandparents often struggled to know what strategies to use because sometimes their actions worked and settled the grandchildren, while other times the same strategy would make the situation worse. They spoke of not knowing what to do for the best:

> Rita: It was so difficult to… control him at times, he seemed to have a lot of difficulty to actually control his own temper… if you tried to… give him a big cuddle, sometimes it would work, sometimes it just made it worse.

The inability to manage their grandchildren's behaviour affected how they parented them. They wanted to parent in a way that limited the likelihood of their grandchildren becoming distressed. Several grandparents believed that they could not discipline the children the way they did their own children because of the impact of the abuse the children had experienced:

> Imogen: If I… tell (my granddaughter) off about anything … she will start crying because I've used a sharp tone of voice with her.

When reflecting on how to manage their grandchildren's behaviour, most grandparents were not looking for a 'quick fix'. They wanted these behaviours to stop because the underlying issues had been dealt with. However, this often proved difficult because the strategies they were advised to put in place seemed to be about dealing with the behaviours rather than the underlying causes. The lack of support to find long-term solutions was frustrating:

> Clare: The doctors actually gave Stephen sleeping tablets and we took them for a month and it's lovely coz 7 o'clock at night he'd have his tablet and go to sleep and the house is quiet, and the temptation to carry them on for life was huge, and I thought… I can't be drugging up a child.

Support for the grandparents to understand and manage the impact of the abuse on their grandchildren was generally felt to be essential to help them parent effectively. Specialist support to help understand their grandchildren's behaviour appeared to increase their confidence and helped them put more successful parenting strategies in place. Some grandparents found that the increased confidence resulting from good support allowed them to develop more complex therapeutic parenting skills than they would have previously thought possible:

> Faye: The eldest (granddaughter) we had to rebuild her emotionally. So she'd moved in at two and three quarters but her behaviour was 18 months, so we treated her as an 18-month-old and rebuilt, rebuilt the whole.

However, as will be discussed in the next chapter, the provision of support was complicated.

9.3.2 Parenting as a grandparent

Parenting as a grandparent was often complex. The grandparents believed the role was a significant 'responsibility', especially when the parents were not in agreement with the arrangement. Although there was a sense of permanency attached to an SGO, most grandparents felt an increased sense of responsibility because they were looking after someone else's child. Sometimes this could be overwhelming and exhausting:

> Rita: (My grandson) was so poorly and I was just so terrified that something was going to happen to him… so, I slept down here, and he slept in the cot next to me… I just wanted to make sure, coz I felt this responsibility towards Shannon to look after her baby.

This sense of responsibility underpinned the development of the grandparent special guardian identity in terms of the parenting role. Parenting their adult children's children meant that most felt the need to consistently reflect on their parenting ability and the way that they were parenting their grandchildren, especially when the children had additional emotional, developmental, behaviour or physical needs.

The first parenting challenge most grandparents faced was the transition of the children to their care. The most positive transition was felt to be when the grandparents had adequate notice that they would be required to care for their grandchildren. This allowed them time to prepare their homes and lives for when the children moved in. The transition seemed to be easier for those grandparents who were already offering a lot of care to their grandchildren, such as overnight stays etc.

Several grandparents in this study began caring for their grandchildren as the result of an emergency. This meant that they had to make substantial changes they were not expecting, which usually resulted in a sense of powerlessness, as their lives changed in a way that they could not control. Any plans or responsibilities they previously had were quickly re-evaluated, as the needs of their grandchildren took precedence. For example, Rita and Ian found that they were unable to carry on with caring for Ian's unwell mother:

> Rita: Your mum… had to go into hospital that evening, so we went with her. My sister was holding the fort here and we're waiting up the hospital with your mum… I got a phone call from my sister…, 'there's two social workers and a baby here for you'.

Adapting to the new parenting role was difficult. The grandparents commonly found that they had to undertake parenting tasks they were not prepared for and had forgotten about. As Imogen explained, 'It's hard going back to (parenting) again after so many years.' However, the grandparents were all experienced parents and often found that this previous experience was a resource that helped them to settle into a routine:

> Rita: We just got on and did it… because we had to… we quickly worked out how to do it. You (Edward) were brilliant at getting up at night and doing the night feed.

Other grandparents whose children had grown up felt that their parenting skills were 'rusty' and many felt unprepared for the reality of parenting:

> Ella: Oh god I need more sleep… it's quite hard, but as I say, it's 12 months, I'm hoping it'll get better.

They appeared to respond to this by alternating between feeling pessimistic and questioning whether they had made the 'right decision' and trying to be optimistic and keeping themselves motivated by telling themselves their situations would 'improve' or 'get better' with time.

The break the grandparents had had from parenting often meant that they felt disconnected from current parenting trends. This was exacerbated because they had usually not been prepared for the role, unlike parents who would have attended ante-natal classes, or foster carers who would have attended preparation sessions. Several doubted the parenting skills they had learnt through parenting their own children and this affected their confidence:

> Faye: It was difficult… I mean I had my first child at 28. At 51 you've got to, acknowledge things change, just because you fed your child something at that age, doesn't mean it's right now.

Most grandparents referred to their age. The youngest participant was in their 40s when they took on the role. They commonly identified that parenting in older age was harder than when they parented the first time around and several suggested it was harder to adapt to the role than when they first became parents. One reason for this was lack of energy:

> Imogen: When I had mine (children) little… (I had) much more energy… getting up the park… was just as much fun for me as it was for them, but now, it's not something that I really want to do… if I just had her weekends then I'd have more energy to do it.

The physical impact of parenting in older age could be challenging not only in terms of energy. All the grandparents were concerned that their health might deteriorate whilst they were special guardians. Several experienced declining health whist caring for their grandchildren. Those who had chronic health conditions found them difficult to manage whilst parenting young children:

> Brenda: Sometimes when I'm not feeling great because I have ulcerative colitis… the fatigue gets to you eventually… there's just some days I think, 'do you know what, I just can't do it'.

The way the grandparents' age and vulnerabilities affected their parenting had an emotional impact. Several spoke of feeling 'guilty' about being tired or physically unable to do activities with their grandchildren. However, most developed ways to adapt their parenting to overcome the challenges they faced. Faye identified that although she could not fulfil the parenting role as she wanted, she still cared for her grandchildren in the best way she could:

> Faye: You can still parent, you just have to find other ways of doing it… So you adapt your parenting… I don't particularly want to jump up and down on a trampoline, I can take the kids and I can sit and watch them do it. They can still do the activities; some you just cannot join in with anymore.

Those grandparents who were in employment found it hard to balance working and parenting, especially when caring alone. All the meetings the grandparents had to attend about the children occurred during the working day. Some grandparents remarked that children's services had told them that they could not work and care for the children. Because of their grandchildren's experiences, several grandparents wanted to offer them consistent care rather putting them in childcare whilst they worked. For example, Brenda and Andy found it hard to trust other people to look after their grandchildren because of the abuse they had already suffered. It was also common for grandparents to feel that being older, they did not have the energy to both go to work and raise their grandchildren. As a result, many carers decided that they had to either give up work or significantly reduce their working hours which meant coping with a reduced income:

> Nina: I'll be 60 in March… I'm getting too old to get to work and look after two little ones… they are only 6 and 8, they're still only little… when I was younger, I could cope with it easier, but I'm older now, so it's harder, hold down a job, run and home, clean it, look after kids, run up school, I'd be worn out, I just wouldn't be able to cope with it.

The reduction in income usually affected how the grandparents parented their grandchildren and how they felt about the role. Lack of income meant that many could not provide their grandchildren with the same treats and activities they would have done as grandparents. Several spoke of their own financial disadvantage impacting on the opportunities they were able to offer their grandchildren which left them feeling guilty and questioning whether the children really were better off in their care:

> Nina: It meant we couldn't have treats and days out and things like that… you don't get holidays because you can't afford them.

Most grandparents also had other caring responsibilities. Several cared for frailer family members or offered childcare to their other grandchildren. These additional caring responsibilities took up their limited free time and added to the pressure they experienced:

> Ian: We are carers for my mum and dad… they're still with us, dad's 89, mum's 85, and we're up there every day… we have to look after them as well.

It was not only the practical and logistical issues of caring for other family members that was challenging; there was also an emotional impact. Linda found her caring responsibilities pushed her to breaking point:

> Linda: I used to come home and say… it's like having two fucking 12-year-olds… coz I'd have gob off Carly, then I'd go to me dad and… I'd get it off him, and I don't know how I didn't have a breakdown then.

Grandparents often worried about the future. Most felt the future offered little hope of respite from the pressures they were experiencing. None of the grandparents were prepared for or informed about what would happen once their grandchildren turned 18 and the SGO expired. It was common for them to worry about what would happen at this point because they believed that their grandchildren would still be vulnerable:

> Gina: We wonder what will happen when (our grandson turns) 18… because we won't have an SGO anymore… there's no preparation for that.
>
> Paul: What would you like to happen?
>
> Chris: Ideally, if he was able to he would be going to university... But, what we don't want to happen is for him to get to… 16, 17 and he decide that he doesn't want to live here anymore, 'I'm going to go back to my mums' and it all being very difficult and him just throwing everything.

Grandparents who had considered this issue all stated that they would not stop parenting their grandchildren when they became adults. At the same time, knowing that there was no real end point to the role added to their stress, because most envisaged that they would still be emotionally and financially responsible for their grandchildren when they became young adults. For example, most grandparents had given up work and lost financial security when they became special guardians, and many would be past retirement age once their grandchildren turned 18. Some felt that they would need to go back to work as soon as possible, even if they were past retirement age, to try to recuperate some of the financial security they had lost:

> Linda: I've got two more years then everything happens when I'm 65. Carly's 18, so the special guardianship stops. God knows how I'll be if I manage to, I'm hoping I win the lottery before then, and I would hope that I wouldn't have to go out and work full time at 65, but… I've told her, 'look when you're 18 it doesn't mean you have to leave this home, coz this is your home'

Gaining responsibility for their grandchildren in later life made some grandparents more aware of their own mortality. Several spoke of their awareness that being older meant being at a higher risk of becoming chronically ill or dying, compared to mainstream parents. As discussed previously, grandparents usually felt that they were the only thing preventing their grandchildren going into care. This led to a sense of desperation to do everything they could to stay alive for their grandchildren:

> Nina: I'm doing everything to put an extra couple of years on my life… if I put another year or two years on to me, that means I'm bringing this kids up that other year or two years more, and that is my aim, is just, making sure I stay okay, to get them up to a decent age.

The future could appear bleak for grandparent special guardians. The lack of an end point, or even some respite from the challenges of the role, left many feeling demoralised and helpless. However, although there were many challenges, all the grandparents spoke about the positive aspects of parenting as a grandparent special guardian and these benefits did positively affect how they viewed themselves.

Being a special guardian gave the grandparents a renewed sense of purpose in life. They spoke about having a 'reason' to keep going and there was a sense of working to achieve the best outcomes for their grandchildren. Imogen stated that regardless of how hard the situation became, her sense of purpose and the feedback from her granddaughter, reassured her that she had made the right decision:

> Imogen: You see everything… through her eyes… it's lovely, it is, it was the right decision and I know I've missed out on what I could've had but I'm getting a lot back, so, you know.

Caring for children had times of joy and excitement. The grandparents found that enjoying these times with their grandchildren could help them feel a renewed sense of excitement about life. For example, Ann highlighted how caring for her grandson made Christmas feel 'exciting' again:

> Ann: I've always liked Christmas, but when you have got kids around, it's that much more exciting… it's all those things that I love.

Some of the grandparents felt that their lives had become boring and dull since their adult children had grown up and caring for their grandchildren brought the joy back into their homes. This joy and excitement could also motivate the grandparents to become more active and social:

> Andy: The amount of laughter that you have in the house now, coz we're grumpy old farts, so the amount of laughter and joy you get from watching the boys, erm, and interacting with the boys. We're out most weekends.

The relationships the grandparents had with their special guardianship grandchildren appeared to be closer and more intimate than they had expected to have had with their grandchildren. The intensity of the love they felt towards their grandchildren, and the love they felt from their grandchildren, was often described as being different from traditional grandparent/grandchild relationships. Most spoke about experiencing intimate loving moments with their grandchildren that more commonly occurred between parents and their children:

> May: (One of) the benefits of having Molly, is seeing her little face on the morning when she says, ‘good morning nana’ and it’s like, ‘good morning’ and she’s always saying, ‘I love you’… it’s amazing.

For most grandparents, knowing that their actions had a positive impact on their grandchildren resulted in a sense of pride. Most believed that they had achieved far more than just protecting their grandchildren from harm. They felt they were offering their grandchildren the chance to make something more of their lives than they otherwise would have:

> Imogen: (My granddaughter) lights up every moment really when you’re with her, she’s a lovely little girl. Just seeing her… grow up like a lovely little person, everybody says she is a real delight… I’m very proud to be… her parent… when I think about what she would have been like if she’d stayed… it just doesn’t bear thinking about.

This sense of pride increased when the grandparents’ roles were acknowledged by others, especially professionals. This appeared to give them a sense of validation that they had done the right thing which helped them to feel confident in their role:

> Nina: I’m proud of what I’ve done, you know, I look at them and think, ‘do you know, I have brought them up’ and I get people saying, ‘oh god, aren’t they lovely, aren’t they nice’ and I’m thinking, ‘yeah, coz I’m doing a good job’, and I do praise myself.

However, even in the happiest of times, there was also a sadness associated with the grandparents’ increased closeness with their grandchildren. Although sharing these intimate moments appeared to make the grandparents feel wanted and loved, they were tinged with a perpetual sadness because of their family circumstances:

> Ann: At the end of the day when James goes to bed and I get a hug and he tells me that loves me, then that’s lovely… I know he should be doing that with his mum, but I get it.

9.3.3 The emotional impact of parenting as a grandparent special guardian

Parenting as a grandparent special guardian took a significant amount of emotional labour which affected how the grandparents viewed their new identity. Emotional labour is the emotional effort it takes to fulfil a role (Leeson 2014). It is commonly used to explain the emotional impact of work undertaken by caring professionals such as social workers and nurses (ibid), but it can also be related to carers. For grandparent special guardians their emotional labour was impacted by two key factors. Firstly, they faced emotionally difficult situations that all people face, especially as they get older. These include situations such as the death of parents, friends, or other family members; the loss of a partner; and coping with failing health. Secondly, there were the specific emotional challenges related to being a special guardian. These challenges have been described throughout this thesis. These two areas of emotional labour were interlinked and meant that grandparents often struggled to manage the more common emotional challenges:

> Nina: When Sue had Tilly, (it) was a really hard time for me because me dad died in the January and in February me marriage broke down and in the March me sister in Australia died and in the November, I got Tilly… I still haven't got over, any of that, (cries), sorry… coz it goes on the back burner, you put it in the back of the mind coz you got the kids.

The need to just cope and carry on whilst experiencing high levels of emotional distress resulted in periods of time when grandparents felt emotionally fragile. However, they were reticent to display their emotional fragility because of parenting grandchildren who had their own emotional difficulties. They felt that they could not succumb to their emotional distress because they 'had to be there' for their grandchildren:

> Linda: But for (my granddaughter's) piece of mind, I couldn't go having breakdowns… I just had to be there for her and support her.
>
> Paul: Did you then have the time to mourn the ending of that relationship.
>
> Linda:(Cries) …No I never did… you never do, because all the time you're putting on a face, and the only time I ever breakdown is when you start talking about it.

When the grandparents struggled to cope emotionally, they often had to develop strategies so that their grandchildren would not know when they felt emotionally overwhelmed. For example, several spoke of breaking down when their children were in bed and the only place Clare felt she could cry was whilst washing up:

> Clare: I'm gonna do the washing up now because I'm going to have a bit of a sob about this and I can cry over there. And your face is a bit red and blotchy coz you're washing up and the children can carry on ignoring you because you are washing up.

For some grandparents, mounting pressures associated with being a special guardian eventually affected their physical and mental health. Some had been diagnosed with depression or other psychological illnesses and were taking medication for the first time in their lives; others believed that new physical health issues were a direct result of the stress that came with the role. In these situations, grandparents often felt angry at the long-term consequences the role had on them:

> Frank: (Cries), we've taken on three (grand)children, and I've watched them literally suck the life out of my wife.
>
> Karen: It's okay (comforts Frank)
>
> Frank: (Shouts) NO, IT'S NOT OKAY, THAT'S THE WHOLE POINT.
>
> Karen: I know, I know, but, (cries), it's our life, that's all we have to put up with now.

Some grandparents found the pressure of the role too much to cope with and their mental health deteriorated to the point where they felt unsafe. For example, David became so overwhelmed with his situation, he came close to committing suicide. As with many grandparents when struggling emotionally, David attributed his situation to having become a special guardian:

> David: I got drunk one day, I'd had enough … I stripped off, down to the river … the scary thing was, I really wanted to do it. I just, it was only this copper… Fucking I'm crying, (cries and laughs). If it wasn't for that copper, I wouldn't be here today…. it really takes you to the edge. It really does.

Coping with the emotional impact of being a special guardian was exacerbated when or if the grandparents could not foresee a positive future for themselves. For most, the future had suddenly become something to worry about rather than to look forward to. The grandparents all described worrying about how they would cope as they and their grandchildren got older. Ella refers not only to the physical and mental health impact the role had on her, but also how she could not foresee things improving for many years to come:

> Ella: I'm left at home looking after a 2-year-old that goes to bed at 6 o'clock in the evening, so I'm sat, I overeat, my depression got worse… it's taken its toll, but I keep telling myself, it's only been 12 months. Which in the grand scheme of things is nothing. Coz I'm gonna be doing this for another 17 years or so.

The future could be difficult for grandparents to think about. When they spoke of being a parent the first time around, most reflected on their belief at the time that their lives would follow a traditional course in which they would develop independence as their children grew up and they could then look forward to retirement. As grandparent special guardians, they did not have the same certainty about their future. It was not something they had experience of or had seen others experience. For some, the additional vulnerabilities of parenting as a grandparent meant that the future was uncertain and could feel like something they had to survive until the children became independent:

> Nina: I can’t wait to see them growing up, I just want to stay alive long enough to see them do well, go to college.

Most grandparents believed that they would have benefited from therapeutic support to mitigate the emotional impact of the role. Instead, there were barriers to the grandparents accessing such support. None of the grandparents in this study were offered any therapeutic support by the local authorities at any point in the process. Those who believed that they would benefit from therapy believed they would have to source and, possibly pay for, it themselves. However, the relentless nature of the role meant that most did not have the time or emotional capacity to even consider seeking therapeutic support:

> Ella: The emotional side of… everything I went through was so horrendous, I just feel as if I need some help with that. But then I couldn’t take it right now (cries).

The emotional impact of being a special guardian could put pressure on the stability of the placement. The unrelenting nature of the role led to some grandparents questioning whether their decision to care for their grandchildren was the right one. However, when the grandparents found themselves doing this, they also felt guilty as it appeared to bring into question their dedication to their grandchildren and they could be left feeling ‘weak’ or in Linda’s case, ‘pathetic’:

> Linda: When I were really low… I can say once have I felt, I cried and thought, ‘what the fuck have I done’, but that’s once, and I shock meself, and, and thought, ‘don’t be so pathetic Linda’, and moved on, coz what can you do?’

In times of doubt, grandparents spoke of having taken on a lifelong commitment to their grandchildren, a responsibility they all took seriously. Most believed that being a grandparent special guardian required that they develop the ability to cope, regardless of how difficult their situations became:

> Nina: It’s a matter of you have to do it. Don’t get me wrong, it’s tears after tears after tears, but it’s a matter of you have to cope and the reason you do it is because of them kids, you do it for the kids.

The need to be stoic led many grandparents to develop a sense of optimism that was disproportionate to the challenges of their situations. They appeared to need to be optimistic just to get through the day. For example, Faye described some traumatic and challenging experiences she had endured whilst becoming and being a special guardian. Yet she presented herself as willing to go through the whole process again if needed:

> Faye: No regrets whatsoever, if I had my time to come over again, knowing exactly what I know now, I would still do it.

The parenting identities of grandparent special guardians are unique. They face parenting challenges which are rarely experienced by other parenting cohorts and these challenges appear to shape how the grandparents identify with the special guardianship role.

9.4 A new identity: a new family structure

This superordinate theme explores how the grandparents developed and presented a new family identity to their local communities and their friends. The subordinate themes that make up this superordinate theme are, developing a positive family narrative, and developing and presenting a new family identity.

9.4.1 The need to develop a positive family narrative

SGOs are still a relatively new court order and very few people in the general population know what they are or what the special guardian identity entailed. Most grandparents therefore found it hard to explain their family circumstances to people. Telling people about their situation was difficult and it was common to be concerned with how their situation would be perceived by others within their communities. Most worried that their circumstances would lead to their families being stigmatised. Most of them generally reached a point where they realised that they would need to develop a positive way to explain their family circumstances to others:

> Rita: There’s a stigma involved here isn’t there? you don’t want to admit that anyone in your family might have problems, but I think we just had to say, ‘hang on, we’re not going to be able to make these children invisible, people have known us living here on our own’.

This stigma appeared to stem from a sense that people who were involved with children’s services must have ‘problems’ and come from ‘troubled families’. The grandparents did not want to be associated with the stereotype that often included child abuse, drug misuse or domestic abuse. Brenda expressed the shock she felt because she had always believed people who needed children’s services support were not ‘decent’ like her:

> Brenda: I kept saying, this just doesn’t happen to us… people like us, because we… do everything in our power to live a decent life. We thought we’d brought our children up in a decent way… and yet my daughter seemed to have gone off the rails.

There was a fear among some grandparents that the involvement of children's services would be seen as a reflection on how they had parented their adult children. They commonly felt judged based on their adult children's behaviour. One way to counteract this was to develop a narrative to explain or justify this behaviour. For example, Brenda presented a back story for her daughter whereby the daughter wanted a 'nice family unit' and that she had 'made wrong... decisions' rather than focusing on the more chaotic nature of her behaviour. Brenda appeared to feel this was more socially acceptable way to present her family's situation:

> Brenda: Unfortunately… (my daughter) made those wrong decisions… there was a bit of a cover up, for (her partner), because obviously, for one reason or another, she, she was besotted with him and… their life was going to be together, they was going to be a nice family unit, and it just didn't… it was a disaster from start to finish really.

The uniqueness of being a grandparent special guardian meant people often wanted to know more about the grandparents' circumstances; the grandparents then felt that they had lost their right to have a private life. The grandparents spoke of being asked personal questions by strangers or people they had incidental relationships with. These personal questions could leave them feeling uncomfortable and exposed:

> Ella: I'm… happy to say… she's my grandchild and I'm raising her… I've got guardianship, and a lot of people go, 'oh, that's lovely, what a nice thing you're doing' and leave it at that. And there's some, 'well how does that work that? How did that happen, what about mum, does she see mum and dad,' It's those questions that I find a little bit, you know, 'back off love' but it's also very difficult to say, 'well it's a bit private, back up."

Once people in their local communities became aware of their situations, the grandparents became concerned that their lives would become the local 'gossip'. Some felt the only way to prevent this and gain control over their own stories was to be as open as they felt comfortable with:

> Ann: Right from the word go, I've said, 'I'm grandmother and I'm his guardian'… I just thought that by being open it stops gossip.

However, the grandparents often felt torn because they did not want people to know the details of their situations which were often complicated, personal, and harrowing.

Once their lives were being discussed in public, grandparents felt they had lost control of the narrative and rumours could circulate, as people made assumptions about their circumstances. Several grandparents believed that people questioned their motivations for becoming special guardians. For example, people might assume that they wanted to care for their grandchildren because they got paid to do so or because they wanted more children of their own but were unable to. As a result, some grandparents felt that they had to justify their decisions:

> Jody: We were in our mid-thirties when we met and we very deliberately decided not to pursue the route of children… one of the things that I find quite irritating… (when people say) ‘you two just planned to steal Rose because you couldn’t have children on your own’, ‘well no actually we chose not to’.

The main strategy that grandparents appeared to use to challenge potential stigma and gossip was to develop a narrative that emphasised their families’ strengths and presented a strong and positive family image. To do this, they usually tried to move the focus of the narrative from their historical problems to presenting themselves as a stable, committed family unit. The permanent nature of SGOs appeared to encourage this because it allowed them to demonstrate their commitment to their children:

> Ian: We were… committed from day one since Kelly came to us… and the same with Riley coming. We’ve been totally committed. I suppose it’s only just been when you’ve got the piece of paper that says, ‘you are now special guardians’ and that’s it.

Grandparents could then challenge any perceived attack on the unity of their family because of the investment each family member had in each other, as in any other family:

> Gina: We are going on a cruise at Christmas, and somebody said, ‘oh that’s nice, are you taking Callum with you?’, and I said, ‘well yeah of course we’re taking Callum with us’… and it was just that question… somebody might think that there was an alternative to taking Callum with us, and of course there isn’t an alternative as there wouldn’t be if it was your own child.

9.4.2 Developing and presenting a new family identity

A fundamental issue faced by all grandparents was what constituted being a special guardianship family. Before becoming special guardians, none of the grandparents knew other special guardianship families. This meant that they could not learn from other people’s experiences and there were no social templates for them to follow. The grandparents usually struggled to work out the boundaries and rules in their new family units:

> Jody: The stuff around Rose is going remarkably well, but… how do we function as a family now? And I don’t think we have an answer to that yet?

Family roles changed dramatically when grandparents became special guardians. Because SGOs are permanent, grandparents saw their role changes as permanent too. Yet prior to becoming special guardians, they had usually been part of a traditional family structure and they did not know how to change their roles. Most grandparents saw their role as a balance between being a grandparent and a parent:

> Jody: It is a paradox, holding both, 'I am a nan'… and yet I am having to fill a space that is mum shaped.

Developing this balanced identity was complex, complexities which differed for each family. For example, some grandparents spoke of being a parent figure to their grandchildren and some of the younger grandchildren called them 'mummy' and 'daddy'. Others did not want to identify as their grandchildren's parents, commonly because they believed it was a betrayal of their adult children to assume a parent identity and would remove them further from their children's lives:

> Nina: I'm still the nana… I'll never, ever be the mum… (children's services) wanted me to adopt them, and I said 'no', coz to me adopting them, that means I'd be the mum and I'm not the mum, I'm the nana, and I'll always be the nana, coz they'll always have a mum…

The grandchildren could also question their new family roles. Although most grandparents said they were usually referred to by traditional names such as 'nana' and 'granddad', several described how their grandchildren experimented with calling them 'mum' or 'dad'. The grandparents were often uncertain about how to respond to this because they did not know how this experimentation would affect their grandchildren's identity and development, and they did not want to respond in the 'wrong way'. This was an issue most grandparents wanted support with. Those who had received support identified how it helped to increase their confidence:

> Rita: (Our grandson) had started calling us mum and dad because he's started school in September and I think that… makes him more aware, of the other children having… mummies and daddies, and we've corrected him, I've said, 'oh you know I'm (nickname), I'm not mummy', I've said, 'but you can call me mummy if you want to…' because again the therapist has said, 'you don't want to say he can't if that's what he feels'.

The special guardian identity was more than just a parenting identity. The grandchildren had usually lost several key figures in their lives and the grandparents found that they had to undertake different roles at different times to try to prevent them from being disadvantaged. The special guardian identity needed to be fluid, adapting to the needs of the grandchildren. This understanding gave grandparents the confidence to offer their grandchildren whatever they needed at any one time, including the support a missing family member would otherwise have provided:

> Olive: When I have to be mum and when I have to be nana, when I have to be granddad, and when I have be dad, I can be. I can lay the law down and they know they've done wrong, but, life goes on and I'm their mate, so I want them to know if they've got a problem that they can come to me.

Uncertainty about family roles could make presenting the new family unit to the community more difficult. People would often either mistake the grandparents for the children's parents, or they would enquire about their relationships with the children. The grandparents usually felt obliged to explain the family structure to prevent or rectify mistakes:

> Imogen: A lot of people assume I'm her mum and then she calls me 'nanny'. Or... they'll actually talk to me as if I'm her mum and I say, 'well I'm her nan'… they just think I'm sort of an elderly parent.

The role of the parents in the new family structure was usually limited, although most grandparents wanted the parents to continue to have a role in their children's lives. However, they had to balance this with being the primary carers for the children and having ultimate responsibility for them. They commonly tried to put robust boundaries around the parents' involvement in the children's lives. However, this was difficult, especially early in the process and when the parents were also trying to figure out their own roles with their children:

> Helen: At the very beginning… we were all trying to find ourselves… where we all fitted in, and, I, we just turned round and said, 'look Kate, we are parenting that, we know you are their mum,'
>
> David: 'We tell them what to do, not you'
>
> Helen: I said, 'we have to tell them, we have to discipline them'.

The way that relationships between the parents and the children were managed is discussed in more detail in section 9.6. However, it is important to note here that the parents' roles within their families often changed over the duration of the children's childhoods as their own situations changed. This often meant that grandparents were required to make significant decisions about the role the parents had in their children's lives, usually without support. For example, Helen and David moved from strictly limiting the parenting role their daughter Kate had with her children at the beginning of the SGO, to a more relaxed and shared parenting role as the situation developed:

> Helen: If Kate has them at night, she takes them out for the day or they at her flat or whatever, then if they're naughty then she deals with it.

Some parents were unable to fulfil a parenting role for their children. This could be because their lives remained chaotic, they continued to pose a risk to the children, or they just did not engage with their children. In these circumstances, the grandparents still wanted to create a role for their adult children that acknowledged the challenges, whilst still allowing them to be viewed positively by others. For example, several grandparents compared the parent/child relationship to being akin to a sibling relationship. This allowed them to acknowledge the difficulties the parents had with parenting, but promoted the idea that they continued to have an intimate relationship with their child:

> Clare: I think their relationship is more like brothers rather than son and father.

Over time, a new family identity appeared to develop, involving new family traditions, dreams and aspirations. Several grandparents spoke of wanting their grandchildren to go to university or to get a job they enjoyed. Others spoke of smaller things like being able to look forward to a family holiday. It appeared as if developing family traditions and having shared dreams supported the development of a loving and committed family identity:

> Steff: We were a family weren't we?
>
> Brin: We had holidays and everything.
>
> Steff: We went, loads of holidays we took him on lots of caravan holidays down to (coast) to see my family… and he loves it, he bonded all with the family… he loves all his family.

It was complicated for the grandparents to develop and present a new family structure. Most people do not know what SGOs are and there are no social templates for a special guardian family to follow. The grandparents often found they had to develop their own narratives and family identities whilst trying to manage issues such as gossip, stigma, and challenging relationships, which could prove complex and stressful.

9.5 Managing relationships: special guardians' relationships

This superordinate theme considers how the grandparents experienced and managed their relationships as special guardians. Being a special guardian affected all their relationships and the subordinate themes that make up this superordinate theme are, relationships with local communities, special guardianship couples, and parenting the parent.

9.5.1 Relationship with local communities

Local communities, where grandparents and their families lived their lives, could be an important asset. The children usually went to local schools, the grandparents went to local shops and the families commonly engaged with local activities and events. These communities could offer them opportunities to socialise, make friends and find support:

> Ian: (The grandchildren) go to birthday parties or Riley goes to football on a Saturday morning with some of the friends from school. Kelly does a theatre club on a Saturday and then she does… gym on a Sunday, Riley does swimming. So, we're sort of integrated into the community…
>
> Rita: We've built up our own support networks locally.

However, despite these benefits, the grandparents commonly found it hard to engage with their communities. For example, the local parenting community was seen as an important group to be involved with, but Ian and Rita were the only grandparents interviewed who felt that they had been accepted by other parents:

> Ian: We're very integrated with the other mums…
>
> Rita: I think the families that we have met and made friends with, the younger families accept us for who we are.

All the other grandparents found that other parents were usually already part of stable friendship groups that were formed during pregnancy or when their children were very young. The grandparents often entered the parenting community later which left them feeling 'on the outside'. Additionally, grandparents could find it hard to make friends with other parents because they were older and from a different generation, which meant that they usually had less in common with the other parents. Although this was upsetting, they usually understood the other parents' point of view:

> Helen: Its's definitely the age… I'm thinking to myself, 'all the mums have gone out for a night… good luck to them… that's what they should be doing', but then on the other hand I think, 'we don't get nothing like that… coz we're too old, they don't want old fogies sitting in with them'

Grandparents did try to find ways to use their ages and experience to help them to integrate with other parents. For example, Ann volunteered at an after-school club, teaching the children how to sew. Rita and Ian helped some of the single parents with childcare. Linda found that the 'younger' parents ‘looked up’ to her because she gave them parenting advice about how to manage their children’s behaviours.

Some grandparents perceived being ostracised by the other parents because of their family circumstances. They felt that their different family structure meant people were unsure of how to engage with them. This was disheartening and left them feeling rejected:

> Nina: I’ve been going round that school there for the last five years. But you know, nobody talks to me … Tilly got invited to a party to a soft play, so I took her, and not one person spoke to me … I thought, ‘sod this’… it is hard that side of it like, coz I do feel sort of single you out, you’re the nana and you bring them kids up.

It was hard for the grandparents not to take this rejection personally. As Faye explained, she felt unliked due to the reaction she had received from people:

> Faye: Society does not like you because you’re different. Because if you’ve got the grandchildren, something went wrong.

When grandparents were unable to engage with their communities, they felt isolated and alone. It not only reduced social opportunities for them but also for their children. It also limited their access to support networks:

> Nina: I don’t know any of the parents at that school… whether it’s because I’m the nana, they just don’t bother, so I didn’t have anybody other than my sisters, brothers.

9.5.2 Special guardian couples

Half of the participants became special guardians as part of a couple. Although their experiences were similar to that of single special guardians, there were some notable differences due to their relationship.

The way the grandparents described their relationships with each other appeared important to them. They generally wanted to present their relationship as close and supportive. Early in the interviews, most couples did this by emphasizing that their decision to become special guardians was jointly agreed. The couples usually wanted to demonstrate that they shared each other’s values, and that they both had the same views on the importance of family relationships:

> Faye: There was never any question or hesitation, it was ‘okay, that’s fine, yeah, let’s (care for the children)’. There was some concern that I didn’t go home and speak to my husband,

> and I said ‘I don’t need to. I know him very well and he will say the same’, which he did immediately.

However, this projected image of the united couple often belied a lot of discussion and disagreement that happened in private. To be able to manage the complexities of their situations as couples, grandparents had to be able to work together, which took negotiation, discussion and effort from both partners. Although this was not easy, there were significant benefits when done successfully:

> Rita: We’re very lucky in that we’re very much as team and we are very close and even when things have got really difficult… we’ve worked together, we’ve sort of helped each other… I think that’s very important, we’re lucky in that we’ve got a very strong marriage. I think that could have been, a difficulty?
>
> Ian: Yes, yes’

Being a couple also allowed grandparents to share the practical parenting workload. There appeared to be two ways of dividing the tasks. The first was where one partner worked and provided financially to the family whilst the other partner cared for the children. The second was where grandparents split the parenting tasks between them. The latter tended to happen when the grandchildren’s behaviour was difficult to manage, or the grandparents had additional vulnerabilities such as ill health. What seemed important was that both partners felt comfortable with how they divided the tasks:

> David: (Helen) raised Eve, I raised Alice, that’s the only way we could do it…
>
> Helen: When we first got them ok, you’ve got a 3-month-old and an 18-month-old. Now the 18-month-old is in a cot in your room and the 3-month-old is next to you in a Moses basket … And Eve, she would have night terrors, and I used to have to get up and walk the floor with her for hours to get her to go back to sleep, so of course if I was dealing with Eve, the baby woke up, David would have to get up and deal with the baby, I couldn’t do two things.

Generally, grandparents appeared to benefit from the mutual support they gave each other. Some grandparents felt that they did not require as much external support because they had each other:

> Paul: Where do you get most of your support from?
>
> David: Ourselves
>
> Helen: Ourselves yeah… We support each other.

Being in a supportive relationship allowed the partners to motivate each other. When the grandparents shared the belief that they were doing the right thing, they were also more confident that they would be able to cope:

> Ian: We never, ever, I think, said we can't do this, this is too much
>
> Rita: No, we never doubted ourselves

Being part of a couple commonly provided grandparents with a sense of security that was absent from single carer families and they appeared to worry less about their futures as a result. Single carers were concerned about what would happen to the children if they became ill or died, whereas couple carers mostly appeared confident that their partner would cope with the special guardian role should anything happen to them. They did not seem to have the same desperate need to stay alive or not get ill as single carers. However, when one carer did get ill, it added to the pressure on the other carer, which could leave the ill person feeling guilty that they could not help more:

> Karen: (Frank) takes care of me, he… used to take all the children to school, and pick them up… I can wash and dress myself, I can't carry anything, or bend and stretch for too long, so he is here to take care of me.

Some grandparents believed that becoming a special guardian strengthened their relationships. Although the experience was usually stressful, working together towards a shared goal could bring them closer together:

> Paul: What impact has it had on your relationship?
>
> Rita: I think we're very definitely a team aren't we… stronger than ever I think
>
> Ian: I think so.

However, during the interviews it became apparent that there were challenges to being in a couple as special guardians. Grandparents did not always agree on the specifics of the parenting roles. As discussed previously, parenting as a special guardian was complicated and the roles people fulfilled had to fit with their family situations. Working out these roles as a couple added an additional layer of complexity. For example, George and May differed on how they viewed their special guardian roles. May felt that this was because she was the main carer and more like a 'mum' whereas George was the fun 'grandparent'. May appeared to find this frustrating:

> Paul: Do you see yourself as parents… or grandparents to (your granddaughter)?

> George: Grandparent… I see myself as grandparent… there's times when Molly has called me dad, and May mum, and we always correct her, 'no I'm nana', or, I'm granddad'…
>
> May: But I feel as though I'm her mum, because I'm her carer, I feel as though I'm her mum…
>
> Paul: Do you feel like you can be a grandparent to her?
>
> May: No.
>
> George: Whereas I do
>
> May: Because you're not with her 24/7 are ya?

The stress of becoming and being a special guardian could affect the grandparents' relationships. Several grandparents identified that being a special guardian put a strain on their relationships. When confidence in their relationship was lost so too was their confidence in their ability to cope. For example, Pam felt that her relationship with Henry was not secure enough to be able to care for a second grandchild because of the stress of caring for their first one:

> Pam: When (children's services) asked me about taking (second grandchild) … I said, 'we can't go through that again', I said, 'because I don't know if our relationship would withstand it'.

Sometimes the stress of being special guardians pushed the relationship to breaking point. For example, Henry and Pam's relationship temporarily ended because of the stress of their situation. Although the couple reunited, the separation had a lasting impact on them. In the following extract the couple reflect on how they tried to make sense of the breakup. Pam tried to place some of the blame on children's services whereas Henry's muted and defensive response indicated that he did not want to talk about leaving Pam with the grandchildren:

> Pam: I think the pressure what we've been through… financial pressure, as well as emotional pressure, and then (children's services) were putting, asking me to take (third grandchild) and they were putting pressure on me there. He, you ended up leaving didn't ya?
>
> Henry: Yeah
>
> Pam: He ended up leaving for a bit, he erm, he just said, 'I can't do it'…
>
> Henry: It was a very stressful time.

9.5.3 Parenting the parent

Once the SGOs had been granted, most of the grandparents' found that their relationships with their adult children changed beyond recognition. The way the grandparents managed the contact between the grandchildren and their parents will be discussed in the 'managing contact' subordinate theme; this subordinate theme will focus on how the grandparents attempted to parent their adult children whilst protecting their grandchildren outside of contact.

The responsibility that grandparents felt toward their adult children naturally continued once the SGO had been granted. They still loved their children and there appeared to be an instinctive desire to help them as much as possible. As discussed previously, the parents' lives usually continued to be chaotic, and this made trying to parent them difficult. However, many of the grandparents wanted to identify strengths in their adult children and talked about them positively:

> David: (My daughter Kate) always tried to keep the ties with the kids, always tried to do that… my Kate, she's not a silly girl, she knows what she's done, she evaluates what she's done… but she's always tried to keep that tie with her kids.

Being positive about their adult children often proved difficult. Their adult children often continued to make life choices that the grandparents did not agree with or that they believed were risky or dangerous:

> Debbie: (My son) maintained that relationship for four years which is a remarkable achievement for him ... I just wish it wasn't with (grandchild's mother).

One of the hardest aspects of becoming a special guardian for the grandparents was seeing their adult children permanently losing the care of their children. As discussed previously, the adversarial nature of the court process could adversely affect the grandparents' relationships with their adult children. Once the SGO was granted and the drama of the court case was over, the grandparents and parents were left to rebuild their relationship. This could be hard because of the strength of anger that often remained. However, the grandparents often empathised with their adult children. They often saw their adult children going through a grieving process for their children and they wanted to help them. However, most did not know how to do this safely. They generally felt that they had not been prepared for these kinds of complexities. For example, Brenda and Andrew could not bring themselves to address the permanent nature of the SGO with their daughter because it was distressing for her:

> Brenda: You had to sort of sooth her in some way, and this was on the end of a phone you know, and I said to, 'it won't, it won't be forever'… I mean, she was heartbroken.

None of the parents were offered any post order support and this could mean that they looked to the grandparents for support. Trying to help their adult children manage this grief could take a significant toll on the grandparents. For example, for Debbie, parenting her adult child to cope with the loss was more challenging than parenting her grandchild:

> Debbie: The thing that I found most difficult was not as special guardian to Jenny, but as mother to Joe… the parents are not supported in any way. They are assessed, and then that's it.

Although the grandparents wanted to try to parent their adult children, they all believed that parenting their grandchildren took precedence. Prioritising the needs of their grandchildren often left them without the emotional capacity, time or physical means to support their adult children. The need to focus on parenting their grandchildren appeared to help them to cope with the emotional impact of withdrawing from their adult children. However, their adult children often continued to want to rely on the grandparents for support and parenting. The grandparents often felt they had to keep justifying their decisions to their adult children:

> Ella: I can't be his mum… because, all my care… it's now for Wendy… he can't now come to me and say, 'mum I've got no money,' 'neither have I love… I've got a two-year-old and don't work.

There was a lack of preparation and support for the grandparents on managing their relationships with their adult children. The initial SGO assessment focused on the immediate situation and managing any risk the parents posed, rather than considering how the grandparents and parents would manage their relationships for the duration of the order and beyond. Debbie believed that social workers had not understood how becoming a special guardian would affect the relationship between her and her son:

> Debbie: One of the social workers actually said to me, 'you'll be, you are choosing between your son and your granddaughter'. Which isn't actually the case at all. I mean yes you prioritise one, but that doesn't mean you're abandoning the other.

Working out how to manage a relationship with their adult children whilst protecting their grandchildren without support, was tough and situation specific. Some grandparents wanted a close intimate relationship with their adult children, whereas others wanted the relationship to be more distant and controlled. Grandparents who were more resolute about the kind of relationship they wanted with their adult children, appeared more confident in putting boundaries in place. For example, Nina wanted a closer relationship with her daughter than children's services initially agreed to but felt that her proposal was right for them as a family:

> Nina: I said to (children's services), 'Sue's my daughter, and I won't stop my daughter coming through this door… so (children's services) never stopped that, all they said was, 'you don't leave the kids on their own with her'. I said, 'that's fine… if we're going to do something we'll do it as a family.

When the parents posed a risk to their children, the grandparents often had to make the difficult decision to reduce the amount of support they could offer them. This decision often left them feeling 'guilty' or like they had 'let them down'. This guilt was often borne out of how vulnerable the parents were. For example, Clare felt like she was abandoning her son when he was at his most helpless and she struggled to cope with the emotional impact of that:

> Clare: And my son who's now homeless, even though he's just come out of prison.

However, focusing on prioritising the welfare of their grandchildren appeared to help mitigate some of their feelings of guilt. For example, Imogen compared her relationship with her granddaughter's parents with the relationship she has with her other adult children in a way that accentuated her sense of loss and guilt:

> Imogen: It's very hard, yeah because I love her, and she's my daughter … the other (adult children) have all got keys, they just come and go. I'd love to give her a key, but I know I couldn't trust her.

However, she was able to cope with this loss by stating that she had prioritised protecting her granddaughter:

> Imogen: As much as I love my daughter, I've got to put the little one first, you know, because she's the little one.

In a few cases, adult children had become estranged from the grandparents once the order was granted. This led to a sense of uncertainty for the grandparents: they did not know how to react or feel, and they were often left with unresolved feelings of loss. In these situations, the grandparents felt that their lives were 'on hold'. The lack of closure left them worrying about the adult children they loved:

> Ian: I still love (my daughter), you know, despite everything else, I don't like her very much, but I do love her, which is, there is a difference. I don't know, it's whether we'll ever get the chance to sit down round a table and have a proper family chat, I have no idea.

9.6 Managing relationships: children's relationships

This superordinate theme examines the complexities of managing grandchildren's family relationships within special guardian families. The findings in this theme are split into two subordinate themes: supporting grandchildren to understand their family histories and managing contact.

9.6.1 Supporting grandchildren to understand their family histories

During the interviews, all the grandparents discussed the circumstances that led to the SGO being granted. Generally, they had a good understanding of both their grandchildren's and their adult children's histories and their own family histories over several generations. In the interviews, when the grandparents spoke of their grandchildren's past, several described it using the term 'life-story' because most of the grandparents had been given a life-story book for the children, which had been created by social workers. A life-story book is a social work construct from foster care and adoption practice, used to help children understand their birth family histories and the reasons they do not live with their birth parents. Whilst referring to the life-story book, many grandparents also questioned whether it was a sufficient way for them to help their grandchildren to understand their family histories. As Gina and Chris indicated, the term life-story does not feel appropriate in kinship care:

> Gina: I wouldn't sort of refer to something as (my grandson's) life-story
>
> Chris: No, we just sort of get on with day-to-day living.

Life-stories were spoken about as being a complex combination of historical and current relationships that were 'enmeshed' rather than being something the grandparents only became involved in when the SGO was granted. Jody and Edward indicated that it was more of a family story:

> Jody: We are part of Rose's story in a way, and she is part of ours.
>
> Edward: We've been enmeshed forever since she was born.

Children's life-story books were often perceived as failing to capture the complexity of the families' situations. However, this did not mean that they were not seen as useful for some children. For example, some grandparents had only received a sparse amount of information about their grandchildren's experiences whilst in their parents' care. Often the life-story books were created using children's services' recordings and gave a version of their grandchildren's histories that was previously unknown to the grandparents. This information was felt to be trustworthy because it had been validated as being 'true' by professionals who worked with the parents and the children. Many grandparents believed that they could therefore use the book to explain to the children why they were in their care:

> Linda: (My granddaughter) knows about her mum… and she knows she's made choices and as she's got older, she knows it's alcohol… she can read a family book coz (children's services) did a big family book.

Or support them to challenge any alternative narratives the parents might create:

> Imogen: I'm scared, I'm quite scared… come her teens, she'll just turn against me, thinking that I plotted against her being with her parents. But… as she grows up, we'll talk to her and if she's got questions, we'll answer. I've done a book, erm that they recommended you do.

However, the grandparents also identified several difficulties with using life-story books with their grandchildren. The grandparents in this study received very limited support in using them with the children. Because social workers often spoke of the therapeutic benefits of a life-story book, the grandparents commonly worried that if they used them incorrectly, they might emotionally harm the children. For example, Imogen wondered whether the book was emotionally 'painful' for her granddaughter:

> Imogen: Occasionally I'll say, 'shall we get your book and have a look' and… (my granddaughter) will either turn a couple of pages or actually I think she loses interest when she gets to the pages with mum and dad in, coz maybe it's too painful.

One reason life-story books were felt to be a limited was that they usually only gave a partial version of the children's story, because the local authorities were generally only aware of information that had been recorded on their systems. The grandparents found that the narrative therefore focused on the negatives of the family situations, which they believed did not always give an accurate representation of the parents' and children's pasts. They believed that the children deserved to have a more balanced and nuanced view of their backgrounds. The grandparents often suggested that being part of their grandchildren's family meant that they knew about more positive aspects of their grandchildren's parents and their family histories. They felt this could encourage a more a positive sense of family identity for the children. For example, Rita did not focus purely on her daughter's vulnerabilities when speaking to her grandchildren; she also spoke about the fun she had had parenting their mother:

> Rita: I include Shannon a lot as well, because I'm always telling the children, 'when mummy lived here we used to do this, or, that was mummy's favourite place'.

This did not mean that the grandparents wanted to give the children a sanitised version of their backgrounds. Concerns were also expressed that if they focused too much on the positives, or if there was too much missing information, then the children might begin to idolise their parents and question why they were not in their care. To prevent this, several grandparents felt they had to be realistic but balanced in what they told their grandchildren:

> Clare: The children need a relationship with mum, they need to know who she is because I don't want them to get to 14 and think oh she is this wonderful god like creature… they need a realistic view of what she's like.

The children's parents were usually the most important part of their grandchildren's life-stories and they often had information that no one else did. Some grandparents wanted to involve the parents in telling their grandchildren about their life-stories. They felt that doing so might encourage the parents to take some responsibility for their behaviour and explain parts of the story others were unaware of:

> Ella: When (my granddaughter) gets older… like teenage older… there may be questions she has that only her parents can answer in which case I will send her to her parents… and be telling her parents, 'you need to answer those questions, no matter how hurtful or hard they are, you need to answer them.'

However, this was felt to be risky because often the parents struggled to take responsibility for their actions; instead, they often blamed other people, including the special guardians, for the situation. The grandparents also expressed concerns that the parents might give the grandchildren a different version of their life-stories which would minimise the parents' responsibility or, more worryingly, blame the grandparents for the children not living with them. This was a concern for Gina whose granddaughter's parents blamed her for losing the children:

> Gina: After I done the initial safeguarding referral, (mother) stopped us seeing Callum… it's our fault all this happened, and that she's lost the children… that's what she said to Callum.

The grandparents wanted to be in control of how and when their grandchildren learnt about their histories. Most worried that other people might either accidently or purposefully tell their grandchildren more about their histories than the grandparents felt that they were ready for. This placed some grandparents under pressure to give their grandchildren a more explicit version of events than they were comfortable with, so as to control when and how this information was shared:

> Debbie: (Another) thing that really worries me is timing telling Jenny things so that she learns everything from me and doesn't pick it up from other people.

The practicalities of explaining children's histories to them was usually a worrying prospect for the grandparents. They wanted to support their grandchildren to have as positive a view as possible about of their backgrounds. However, this was often difficult because of how difficult the children's lives had been. Several grandparents said that their grandchildren usually first asked questions about their pasts when they noticed that their lives were different from the lives of their friends. It was often hard to answer these questions because it often involved having to explain complex emotional concepts to young children. For example, Brenda struggled to know how to respond to a simple yet powerful observation from her grandson:

> Brenda: Justin has often said…, 'mum doesn't love me the same' you know, and he's not silly, he knows… they can pick up these things.

Because of the limited help grandparents received to help their grandchildren to understand their life-stories, they did not know how to broach sensitive adult topics such as drug misuse, domestic abuse and child abuse. Most spoke of there being a 'right' and 'wrong' way to talk to the children about these issues. They worried that if they got it wrong, they would cause emotional and developmental harm to their grandchildren. However, in the absence of any support, they felt that they had no other option than to try their best. In practice, most reported presenting a more sanitised version of events to their grandchildren when they were young and a more detailed and explicit version once they were older:

> Rita: Kelly is very angry about mummy, she's had to learn a lot of things… we've talked about the drug side, I mean she's only 8 now, so we've had to do it in a very basic way… she doesn't know everything… I don't want her upset anymore.

One benefit of talking about their histories was that the grandparents could present their current situation positively and reinforce to their grandchildren that they were part of a family that loved and wanted them. For example, Faye told the story in such a way as to help her grandchild understand the past and make them feel wanted:

> Faye: 'We've always said that the parents were drug addicts. But we said they were… not well, and it, the story started with the man in the big chair, the judge said you've got to live

> with me. The man in the big chair gave you to me as a present. I'm lucky coz you're my gift of a granddaughter.

When talking to her granddaughter, Ella spoke of the love she had for her whilst affirming that she was 'safe' in her care, thereby emphasising the positives of her situation:

> Ella: (My granddaughter) doesn't understand a lot, but I tell her a lot, that her mummy and daddy love her a lot but… they couldn't make the right choices and they couldn't keep her safe. Nanny keeps her safe.

The children's life-stories often involved other family members too. Several children were not living with their siblings who were living with foster carers, other relatives or their parents. Some had siblings who had been adopted. The grandparents often had to manage the emotional distress their grandchildren went through when separated from their siblings:

> Pam: I've grandchildren now that have been adopted, it's been awful. It's been horrific for (my grandson).

The grandparents felt it was their responsibility to help their grandchildren understand why their siblings did not live with them; however, it was a challenging task. The two placement types they found most difficult to explain were when the siblings lived with their parents or had been adopted.

If their grandchildren's siblings lived with their parents, the grandparents were asked why they were not able to live with them as well. Several described how their grandchildren blamed themselves or the grandparents; because the reasons why siblings lived with the parents were usually complex and difficult to explain to a child, the grandparents found it hard to know how to respond.

When siblings were adopted, grandparents found this hard to manage for several reasons. They had to explain to their grandchildren why they were not also caring for their siblings. Usually, they had either made the difficult decision that they did not have the capacity to care for another child or they had been negatively assessed by the local authority. They found explaining this in a child friendly way challenging. When the grandparents had a grandchild adopted, they spoke of being 'emotionally devastated' and going through a 'grieving' process. When they spoke to their grandchildren about the adopted sibling, they had to do so whilst managing their own emotional distress. The grandchildren would often ask questions about their future relationships with their adopted siblings. The grandparents found these questions also hard to answer and they struggled to manage their grandchildren's expectations. For example, some of the children developed fantasies about meeting their adopted siblings and the grandparents believed that they needed to support them to regulate these hopes and to have realistic expectations:

> Ann: (My grandson) talks in terms of when he is older, he is going to go and visit (adopted siblings)… I say, 'well before you do that you will have to make sure that is what they want as well…' so as to not let him run away with the idea that he has got control over it… because if they don't want to know, then he is going to be terribly disappointed.

Helping their grandchildren to understand their family histories was complex and most grandparents wanted professional support to do it properly. However, the only support that most of them were offered was the opportunity to attend life-story book courses that were provided for adopters. These courses appeared to focus on completing a life-story book rather than managing the complexities of being special guardians who shared a family history with the children.

The lack of support could be a barrier for grandparents who did not feel that the book was right for their situation but at the same time, they often felt that if they did not engage in life-story book support, there would be nothing else available and they would have to cope alone:

> Faye: 'We've had no life-story support. We've done it ourselves by talking about it. I've not done anything in the book, because they didn't particularly want to sit down with a book. But… we've told (our granddaughters) what they wanted to know.

9.6.2 Managing contact

In this section the term 'contact' is used to refer solely to the contact between the grandchildren and either one or both of their parents, unless explicitly stated otherwise.

The children's relationship with their parents was generally felt to be the hardest to manage. As discussed previously in this chapter, grandparents often had their own complex relationships with their adult children post-order. They had to balance parenting their adult children with protecting their grandchildren from any potential risks and contact was a potential point where this could be an issue.

Contact generally started once the children could no longer live with their parents. This happened either during the child protection processes or the court processes, or at the end of legal proceedings. If the grandchildren moved into their care during the child protection process, the grandparents were commonly expected to facilitate or supervise contact. If children's services had assessed the parents as posing a risk to the children, they often put rules around contact that grandparents had to follow. Usually, the grandparents believed that the responsibility to keep the children safe during contact was put onto them:

> Clare: Because of my son's behaviour and everything else, social services said he had to have supervised (contact…), his visits were supervised by my mum.

If the children moved in with the grandparents during care proceedings, contact became more formal and was generally facilitated and supervised by local authority staff. In these circumstances, the grandparents' role was usually to transport their grandchildren to and from the contact sessions. During care proceedings, contact was often directed to be several times a week and the practicalities of managing this had a significant impact on the grandparents' daily routines, adding to their stress:

> Rita: Leading up to that court case, (contact) was three times a week for Shannon and once for Karl, so four times a week… I don't know how I survived.

Once the SGO was granted, any support the grandparents had received from the local authorities with regards to contact usually ended immediately and they were then expected to assume all responsibility for managing it. Also, once care proceedings ended, the frequency of contact usually reduced significantly, although the specific amount varied widely between families. Grandparents then experienced a sudden change from contact being highly frequent and highly supported to being less frequent and unsupported. The grandparents struggled to understand the reasoning for this sudden change. Usually, the parents' circumstances had not changed, and the grandparents felt that they had been abandoned to manage potentially dangerous situations alone:

> Clare: When the children were in foster care it was supervised contact… there was alarms… it's quite secure the centre, and then suddenly it's like 'you don't need that secure centre anymore, you can just do it' 'well why have you been putting me in a secure centre then?'

A minority of grandparents were offered a supported transition period during which the local authorities' facilitation of contact decreased in a planned way before being withdrawn altogether. During this transition period, the local authorities often gave the grandparents advice on ways to manage contact. This appeared to help the grandparents feel more confident once they were supervising it independently:

> Debbie: The social worker soon started introducing an idea that I should come along to the contact sessions and that… sooner or later I would have to supervise contact myself, and so I was going to the contact centre and supervising the sessions.

Eventually all the grandparents in this study had to facilitate contact without support. Regardless of their previous preparation and their willingness to fulfil the role, most were faced with several challenges when support was withdrawn. Contact was an event in which emotions often ran high. For several grandparents, just being part of the contact process was upsetting. For example, they were often faced with the emotional distress of the parents, which was hard to witness:

> Paul: Who supervises (contact?)
>
> Jody: I do… It's not my preferred thing in the world… it's not easy… at one level it's heart-breaking because Tracey (mother) is very caring and affectionate with Rose, Rose adores her mum, so for 4 hours, I am holding a space, in which there is something heart-breaking,'

Contact was also a situation in which many grandparents felt they and their grandchildren were most vulnerable. Most parents continued to engage in risky lifestyles and present with the behaviours that had resulted in their children being removed from their care. The grandparents felt that it was their responsibility to manage these risks and keep their grandchildren safe. For example, Steff felt so vulnerable during contact that she believed she needed 'protection' as well as her grandchild:

> Steff: (The mother) is so manipulative… the way she reacts to you and everything, it's not nice, it's not nice being in the same room as her for too long… she just starts to try to get her own way and… I needed protection, as well as Edward.

Contact meant having an ongoing relationship with the parents. For some this was something they wanted, especially if they had a positive relationship with them. However, when the grandparents either disliked or feared their grandchildren's parents, having to maintain a relationship with them felt unfair and difficult. When these relationships were challenging, grandparents were often surprised at how strong their negative feelings toward the parents were. Sometimes it was at odds with their personal values to such an extent that they felt guilty and ashamed:

> Ann: (My grandson) said to me 'why don't you speak to mummy (in contact)'… I really wanted to say 'because I can't stand the sight of her… because she has hurt my son and my grandson so badly, I can't forgive her'. I don't feel good about that. I find that quite hard to accept that that's how I feel (Cries) because I am not that sort of person.

Although these emotions were expressed towards both parents, they were more likely to be directed at the parent the grandparents were not related to.

When the parents were angry with the grandparents for becoming special guardians for the children, contact usually became even more difficult to manage. The enmity from the parents could make the contact sessions feel tense, awkward and unsafe so that grandparents often dreaded them for days or weeks in advance. Sometimes this animosity manifested as hostility which could affect the children as well as the special guardian:

> Rita: Shannon was very, very resentful that we'd got the residence order… contact visits were very difficult. She would be openly nasty to me in front of Kelly… who would understand that mummy was not being very nice.

Contact affected the grandchildren in various ways, depending on each family's circumstances. When contact was felt to be positive, the grandparents believed it was something that the children could look forward to and enjoy. When the parents' behaviour was challenging or inconsistent, the grandparents had the responsibility of managing their grandchildren's distress and disappointment:

> Karen: The eldest (grandchild), knew what time (his parents) were coming and he would be out by that gate waiting… he'd stand there for hours, waiting, and they come an hour late, two hours late sometimes.

Facilitating contact was experienced as a major responsibility. The grandparents generally wanted contact to be a positive experience for both their grandchildren and the parents. When their grandchildren became distressed over contact, the grandparents struggled to know how to improve the situation. They spoke of not knowing whether they were 'allowed to stop contact'. They did not know whether it would be worse for the children for contact that was not going well to continue or for contact to stop. These decisions were difficult for the grandparents to make alone:

> Gina: (My grandson) was distraught… crying, '…I don't wanna see mum'…. we were thinking, 'my god, if this is going to be like this we're going to have to stop contact, because it's cruel to put him through this'

What made contact in special guardianship families very different to contact in out of family placements was the relationship between the grandparent and the parent. The grandparents commonly wanted to continue to parent their adult children and often the adult children still wanted support from their parents. Contact offered an environment in which this parenting relationship could occur; however, this created a complex parenting triad. The grandparents parented their adult children whilst also parenting their grandchildren; their adult children were being parented by the grandparents while attempting to parent their own children; and the grandchildren were being parented by both their grandparents and their parents to varying degrees.

Most of the grandparents believed that their main parenting role toward their adult children in contact was to support their parenting. However, the parents often wanted the grandparents' support and advice about other aspects of their lives which could be chaotic. The grandparents had to develop strategies to manage these complicated parenting relationships and put boundaries in place that worked for their family circumstances. Some grandparents took a more laissez-faire approach and welcomed the opportunity to be able to support their adult children, whereas others felt the need for strict boundaries:

> Andy: It's supposed to be contact, that's why (my daughter is) coming round here. You are not coming to visit us, or just to come round for something to eat for tea. It's supposed to be contact with the boys.

Supporting the parents to parent in a contact session was often difficult. The contact triad could cause some role confusion for all involved. When the parents wanted to use contact to focus on parenting their children, the grandparents could feel confused about what role they should then take. Generally, they did not want to interfere in the contact. Some took on a supervisory role and monitored the safety of the children. Others found that it was an opportunity to be a grandparent again:

> Faye: I deliberately played granny when I was with mum. Because it was mum's visit. (The children) needed to spend time with her.

However, often the grandparents found they had to be a parent to their adult children. This generally happened when the parents found parenting too difficult to do successfully and the grandparents had to intervene:

> Ella: (My son) comes once a fortnight for dad role and he wants it supervised, he doesn't want to do it on his own, he doesn't feel confident… he just turns up, he's got no plan, he doesn't know what he's doing for the day, he's waiting for me to suggest things to do.

Sometimes contact was the only occasion that the grandparents saw their adult children, which gave them an opportunity to find out about their current circumstances. When parents were struggling with other aspects of their lives, the contact sessions were where the grandparents became aware of this. Contact sessions could then become a distressing experience for them:

> Nina: Whenever (my daughter) had contact with the kids, I had to supervise it… and then when you look at her deteriorating with drugs, it rips you apart, totally.

Contact rarely remained the same over the duration of the children's childhoods and usually the arrangements changed as the family circumstances changed. No one in this study had any specific court orders detailing contact arrangements, although in some cases there were recommendations about frequency of contact in the final court paperwork. Contact arrangements changed for a variety of reasons: it might increase or become unsupervised as the children got older and more independent, or it might decrease or stop all together if the parents' behaviour posed a risk to the children:

> Pam: I've told (my daughter) she's not coming to my house unless she's clean… she'd stole my son's mobile phone and I was like, 'I'm not having it… she's coming here just to see what she can get, not to see (my grandson).

Because there was a lack of legal direction on frequency of contact, the grandparents usually felt they had no option but to take responsibility and make any necessary changes to contact arrangements. However most did not believe they had the knowledge or experience to be taking on this responsibility. On reflection, several grandparents believed that they had made at least one wrong decision about contact at some point. For example, Brenda and Andy had increased the contact between their daughter and grandchild but with hindsight, Andy felt that these changes had been a mistake because their daughter was visiting their home regularly which affected their ability to do other things. This then put pressure on the family's situation and the special guardians' relationship:

> Andy: If anything, we gave her, you (Brenda) gave (our daughter) too much (contact) too quick and, and she has a lot of access now.

The parents' situations rarely remained constant. There were periods when they maintained positive changes in their live, but most often there were times when their circumstances deteriorated, and their lives became dangerous and chaotic:

> Olive: (My daughter) was off the drugs again, she sorted herself out… then she hit the drugs again, it's just been a living hell.

However, none of the grandparents were informed by professionals of any changes in the risk the parents posed to the children. This left the grandparents feeling that they had to make decisions about contact without having the necessary information and several were worried that they would unwittingly put their grandchildren in danger as a result.

The grandparents found that they had to consider the age and maturity of the children when making decisions about contact. When the children were older and more mature, grandparents often felt they had to consider any requests the children themselves made about changing contact. Children sometimes requested more or less contact or wanted it to be unsupervised, to take place in the parents' home or to include overnight stays. Having to make these decisions was challenging because if they got it wrong, there could be significant consequences for everyone, and they would be held accountable:

> George: Basically, we could actually leave her for the weekend or overnight (contact)… The only problem we've got then, if something did happen to Molly, that's down to us, we, we'd be in trouble for it, that's what we been told.

Grandparents found it easier to stop supervising contact when they trusted their grandchildren to be able to act responsibly and to be open and honest with them. For example, Ann was clear that although she had learnt to trust her grandson, she continued not to trust his mother:

> Paul: So it sounds to me that you trusted James rather than (his mother)...?
>
> Ann: Oh yes, I would trust him every time above her.

However, most grandparents did not want to put too much responsibility on the grandchildren, who they believed might feel conflicted because of divided loyalties they might have toward their parents and grandparents. For example, Clare's granddaughter told Clare that her father was smoking cannabis when she visited but was scared what would happen if Clare addressed it with him. Although Clare managed to challenge her son and mediate between him and her granddaughter, it was difficult and stressful.

Despite the difficulties, contact could also become a positive experience for them, the children and the parents. This generally happened when there was a more positive relationship between the parents and the grandparents, when the parents posed little or no risk of harm to the children, and when the grandparents felt supported in their role.

When contact was felt to be positive, some grandparents allowed it to become more informal and some allowed it to happen in the family home. This appeared to have some benefits, such as encouraging their adult children to feel part of the family or enabling there to be more flexibility in the arrangements. For example, Karen and Frank's situation improved to the point where they trusted their daughter's commitment to her children. They allowed her to stay at their home overnight at weekends and this evolved into a normal part of their family life, allowing their daughter to take on a parenting role:

> Frank: It's become a normal part of (our grandchildren's) weekly routine.
>
> Karen: (My daughter) comes over on a Friday, we'll have dinner and… she'll put the children to bed, the older ones don't need her to sit with them but the younger one… always wanted somebody to stay with him until he goes to sleep… she stays with him until he's asleep.

However, making these decisions took confidence. Several grandparents felt that being supported with contact would allow them to make positive changes for everyone involved and lessen the stress and tension they felt around contact.

9.7 Conclusion

Being a grandparent special guardian involves a change of identity and relationships which brings challenges as well as rewards. The children can have additional needs due to their early life experiences and the grandparents may be increasingly vulnerable due to their ages and medical and social circumstances. However, parenting grandchildren can bring joy and a sense of purpose to life.

Grandparent special guardians develop new identities for themselves as parenting grandparents, and for their families as special guardianship families. These are complex processes, involving restorative parenting, having to manage relationships with the parents, supporting the children with their life histories and family relationships, managing social stigma, and developing a positive family narrative. These are all issues that most grandparents wanted support with. The next chapter will examine the grandparents' experiences of post-order support in more detail.

Chapter 10: Experiences of support

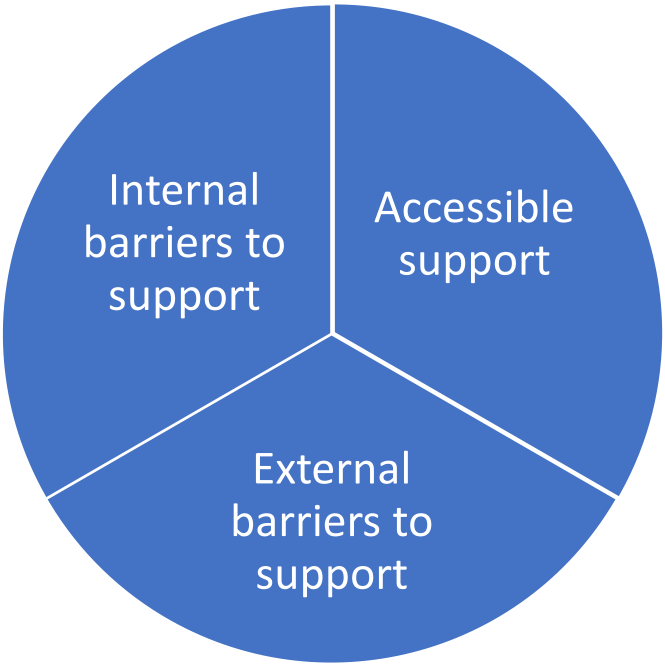
10.1 Introduction

The previous two chapters have identified how complex becoming and being a grandparent special guardian can be. The grandparents and their grandchildren often have additional vulnerabilities that were either pre-existing or are as a result of their situations. Therefore, as this thesis has already identified, there is a critical need for grandparents to receive support with going through the SGO process and fulfilling the role of special guardian.

This chapter is concerned with how grandparent special guardians experienced support. Support was a key topic discussed by the grandparents, and this thesis has identified the need for support at every point in their journey. The previous chapters demonstrated the complex psychological, relational, and structural issues that influence the grandparents' special guardianships experience. These experiences and the way they shaped their special guardian identity and their relationships, significantly affected their willingness and ability to engage in support. Figure 6 presents a model of the three superordinate themes related to the grandparents' experiences of support: accessible support, internal barriers to support, and external barriers to support

The structure of this chapter varies from that of the previous two. This chapter presents the findings of each superordinate theme in the context of the different types of support the grandparents experienced. The main sections are, children's services support, wider professional support, friends and family support, and third sector and peer support.

Figure 6: the superordinate themes of accessing support



10.2 Children's services support

10.2.1 Children's services support that worked

Support from children's services was generally perceived as precarious and confusing. Often grandparents were unaware of the support that they were entitled to. The main way they knew what support they should receive from their local authorities was when it was detailed in an SGO support plan. However, only four of the 18 families in this study received an SGO support plan and of those, only Jody and Edward felt that the support identified in the plan was sufficient to meet their family's needs and was 'regularly reviewed'. May and George had a support plan but had not looked at it since the end of care proceedings and did not know what it contained. After not receiving one for their first grandchild, Pam and Henry had to 'fight' for a support plan when they took on the care for their second grandchild. Imogen received a support plan but did not feel it led to her receiving more support:

> Paul …So when you left court was there a support plan?
>
> Imogen Yeah

> Paul And what was kind of in that…?
>
> Imogen Erm it was a bit vague really, I can’t even remember what was in it.
>
> Paul And have you received any support from children’s services
>
> Imogen Not really,

When the grandparents were offered support, they seemed more willing to engage with it if their prior relationship with children’s services had been a positive one. For example, because Jody and Edward had a positive experience of children’s services interventions, they wanted the support to continue post-order. They were pleased that there was a supervision order attached to the SGO that guaranteed their access to support and were not deterred by the additional monitoring this would involve:

> Jody: We came out of court with the SGO but also the local authority had a twelve-month supervision order. We were very keen about the supervision order… because we knew it would give us enhanced level of support and monitoring, actually … we’ve had way more of the support than the monitoring.

Grandparents identified two main areas of support that children’s services were best placed to provide. First there was financial support in the form of an ongoing allowance and second was specialised support that could not be provided elsewhere.

The need for a financial allowance as a key theme, arose in all interviews. The grandparents wanted an allowance from their local authorities, even if they did not want to engage in other forms of support. When grandparents did not receive an allowance, financial hardship affected every part of theirs and their grandchildren’s lives. Conversely, those who received an allowance rarely spoke of having financial difficulties and focused more on the needs of the children in the interviews.

However, even when grandparents received a financial allowance, it was perceived as precarious because in most cases it was means tested and regularly reviewed. As a result, grandparents found themselves in a paradoxical situation: they were thankful for the money they received but were always worried about the impending review process:

> Ella: They’ll give me some funding per week but its means tested every two years but it’s payable until she’s 18. Thank god... the stress of the financial part, after leaving my job and realising that I’m a full-time parent again.

A minority of grandparents were guaranteed an allowance until their grandchildren reached 18. This guarantee gave them increased confidence for the future. However, even with this guarantee, there was a mistrust that the support would not last, due to ‘policy changes’:

> Jody: We are in the fortunate position of being in a… responsibility-accepting local authority. So, we do get a non-means tested allowance equivalent to the fostering child one… and according to the SGO support plan we will get it until Rose is 18, or until local authority policy changes.

Some grandparents were encouraged to request that an agreement for financial support from their local authorities was written into the court paperwork and SGO support plan. This agreement tended to increase their confidence that they would receive support:

> Rita: Our social workers… were very, very keen to make sure that the court case included an agreement on finance… until the children are 18. I know that we are very lucky… without that… it would have been a lot more of a struggle for us.

In this study, very few grandparents received ongoing support from children’s services. Any support they received was time limited and most felt it was not sufficient to meet the needs of their families. For example, as discussed in the last chapter, no one received ongoing support for contact, which was a significant issue for many of them. The support they had the most access to was specialist advice about specific issues such as parenting children who had suffered trauma; managing contact between the children and parents; helping the children to understand their family histories. Several local authorities run courses on these issues for foster carers and adopters and invited special guardians too:

> Frank: (The course) helped (us) to understand their (grandchildren’s) reactions to things, so there’s certain battle, where before you’d end up going to war with them… now you step back and go okay that’s the attachment disorder, we’ll let that one go.

Those who attended these courses found aspects helpful but would have preferred content that was tailored to their needs as special guardians rather than the generic content on offer.

Grandparents generally understood that there were limitations on what support the local authorities could provide. However, they did expect children’s services to have knowledge about local support services for special guardians that they could access. When this was provided, grandparents did not have to spend so much time and effort trying to find them themselves:

> Linda: One (children's services worker) said, 'you need this booklet to help you, I'm going to send it out to you', and she sent me a booklet out … that tell you every contact to get help from. Until I got that … it was horrendous coz every time I spoke to someone, I had to tell them me situation which broke me down.

Unfortunately, because there were so few examples, I was unable to analyse the extent to which support from the children's local authorities was a positive experience for the grandparents.

10.2.2 Barriers to engaging with children's services support

Accessing children's services support could be difficult. The barriers could be split into two categories. First were barriers related to the grandparents' personal willingness to engage with support which was usually associated with their values, or their previous experiences with children's services. Second were barriers related to the structures and processes of children's services and social worker practices.

One barrier was the grandparents' preconceptions about how they would be perceived for needing children's services involvement. They usually believed that support from children's services was for those in most need. This led to them to comparing their situations to that of other special guardians and kinship carers. When they did this, they mainly focused on people who they believed were in a worse situation, which often made them view their own situations less sympathetically:

> Brenda: Somebody was telling me all about their horrific… life and they got 4 grandchildren who just turned up on their doorstep… you're thinking 'wow… my story's not that bad in comparison'.

Although financial support was needed, several grandparents worried about how it would be perceived by others. There was a fear that people would think that they had only taken on the care for their grandchildren for financial gain. In the following extract, Faye refers to the dilemma of needing financial help but not wanting to be seen as being 'paid' to be a special guardian:

> Faye: I don't want to be paid for looking after my grandchildren, that's wrong, (but) I don't want to have to beg for things they might need.

Financial allowances from children's services were generally means-tested. Some grandparents appeared to perceive this means test as a way of judging whether they deserved this support or not. This led to several grandparents who worked or received a pension assuming that they would not be eligible for financial support because of their income:

> Debbie: I immediately said that I wasn’t going to apply for (financial support) anyway because if anything is means-tested I’m not going to get it.

Several grandparents appeared almost afraid of approaching children’s services for support. The child protection process is one of the most draconian interventions by the state on a family (Ferguson 2011). The grandparents had commonly witnessed their adult children having their own children removed from their care because they could not parent them. This influenced some grandparents’ willingness to seek children’s services’ support because they worried that children’s services would view them as unable to cope, and the children would then be removed from *their* care:

> George: I wouldn’t want to phone (Children’s services) up, I think, it’s something we’d actually deal with ourself.
>
> May: I think it’s more the thought that… they think we can’t cope… and they might just say, ‘if you can’t cope that we’re taking her (granddaughter)’.

Previous experiences of children’s services interventions, especially during the SGO processes, appeared to create a template for how grandparents believed that they would be treated in the future. As discussed in section 8.4, the child protection and court processes could feel adversarial and procedural, and the assessment process could feel interrogative rather than supportive. When these interventions were found to be unhelpful, grandparents tended to conclude that future support would not be beneficial either:

> Nina: (Children’s services) didn’t help before I got the SGO, so I can’t see them doing anything more than they did then.

If the grandparents felt abandoned by children’s services, they were reticent to seek further support:

> Ella: (The court) broke for lunch and they told social services they could go at that point... social services… wished us all the best of luck and buggered off. That was the last time we saw them… never seen them since.

When children’s services’ pre-order interventions were perceived as incompetent, grandparents struggled to trust that children’s services would be able to support them once they were special guardians. For example, several questioned whether there would be any benefit to receiving support because they perceived that previous interventions had made their family situations worse:

> Pam: I said (to the social worker), ‘don’t ever expect me to work with yous… because it’s just ridiculous’. Oh, (the social worker) had so much respect for me… and then (she said), ‘I think you need to go and get therapy’ and I went, ‘I was perfectly fine before yous come along’

Having to fight for support during the child protection and court processes left many grandparents feeling exhausted. The thought of having to fight for support once the SGO had been granted could be too much for the grandparents to contemplate:

> Helen: At the end of it I was just too tired to fight anymore… I just said, ‘look, let’s get it over and done with’

When Helen and David reflected on their involvement with children’s services, they concluded that the support would probably not be worth the additional effort:

> David: What good do they really do? We might as well have took the kids and forget about social services … because for the help they give ya, they’re not really worth the input.

The scrutiny and monitoring grandparents had experienced during the child protection and court processes could also be a barrier to post-order engagement. Once the compulsory part of the intervention was over, they wanted to be able to have some privacy again and many believed that if they approached the local authority for support, their lives would be scrutinised again:

> Nina: I thought, ‘well, yous have done nothing for me anyway, you’re not poking your nose into my business, I’ve got the special guardianship order, just leave us alone now.

For some grandparents, their previous interactions with children’s services had been so detrimental, it had resulted in a total breakdown of trust. Many were unwilling to ask for support:

> Olive: I’ve had no trust with social services… even like the nice ones, I was always still dubious… coz a few of them have turned nice and they come out with their daggers.

Lack of trust in children’s services meant that grandparents struggled to recognise any helpful support that they had received. For example, Debbie contended on the one hand that she had not received of any support, whilst at the same time identifying support that she *had* found beneficial:

> Debbie: I can’t think that (children’s services) actually done anything for me, I mean yes, they provided me with information about the whole … SGO process, which I didn’t even know existed. So yes, apart from the bit about, well the money, but that will only be for a couple of years anyway.

There were also several structural and procedural barriers to accessing support. The first issue for many grandparents was that support was simply not available. During the assessment process, many grandparents thought that they had been promised post-order support by children's services. However, once the order was granted, children's services then claimed that there was no support available. This left some feeling 'manipulated' by social workers who they believed had only promised them ongoing support to encourage them to go for the order:

> Steff: After we first got Edward… (children's services) said, 'oh you can ring this number (for support)…', then you call and you haven't got any support, so you're… being told things are there that are not there, and it's really, really hard.

This could lead to the grandparents feeling naïve and even foolish:

> Ann: With hindsight… I think that in my naiveté I had believed… if ever I had a problem that I could just phone up (children's services) and get support, and the reality of that is it doesn't work that way.

Eventually, some grandparents felt that they had been exploited by a system that only cared about making financial savings and closing cases:

> Clare: I think SGOs are a government cost cutting exercise to avoid paying foster care and yeah, you are fobbed off very quickly.

The threshold for children's services support for special guardians was often felt to be unfairly high and that they would only be eligible when it was too late for it to be effective:

> Pam: The woman from the housing, she knew our social worker's manager… She contacted him and she come back to me and she said, 'they won't give you any extra support, (the social work manager) said, 'you have to be close to breaking down'

This lack of support left many grandparents feeling helpless:

> Linda: I didn't know who to turn to (for support) and I cried and cried, trying to phone different people to find out.

Often when children's services were unable to provide support, they appeared to be unable or unwilling to signpost grandparents on to alternative support. Grandparents often assumed that this was because children's services were unaware of what support was available:

> Ella: (Children's Services) are so guarded as to what (support) is available… I don't think they know themselves… they didn't know, about any support groups. I had to look for that. I was absolutely at wits end.

This assumption was often confirmed when they identified support for themselves. On occasion, they were the ones to inform the local authority of what support was available.

> Clare: I went online and found this support group I now go to, and I told Jenny's social worker and she said, 'oh I'd like to know the details about that because there's nothing like that in this area'.

Several grandparents suggested that support was insufficient because SGOs were a relatively new order and local authorities did not know how to support them. They perceived that other cohorts of carers such as foster carers and adopters, received more and better support and as a result, often felt abandoned and less worthy of support:

> Linda: I realised that, we are, left behind, we sit in middle of adoption and foster care, but that's all we do, sit.

Grandparents who lived in a different local authority to where their grandchildren originally came from, found that the involvement of two local authorities could be a barrier to receiving support. Commonly, the child's original local authority took responsibility for providing support to the grandparents and children for the first three years of the order. However, this support was provided in the authority where the grandparents lived. The grandparents then felt that perhaps they were not receiving sufficient support because of the travel implications for the social workers and because social workers were usually unaware of what support was available in different local authorities:

> Linda: One of the things I don't think was helpful... I was out of area, (the child's local authority social workers) were not going to be interested in coming all way to (city) to help me.

Several grandparents felt abandoned and unvalued as a result. For example, Clare believed that neither her nor her grandchild's local authorities were 'interested' in her and for her, this translated into the belief that she was not deserving of support:

> Clare: My authority weren't interested in helping me because for the first three years I was (under the children's authority). So, my authority won't do anything for me and (the children's authority) haven't got anything for me.

These barriers to support led grandparents to see children's services as reneging on their duty to support them. Several grandparents decided to challenge the decision to not support them and some in this study were successful. For example, Pam and Henry felt that their local authority had been 'very reluctant' to offer support to their severely disabled granddaughter, so they hired a solicitor to challenge this decision:

> Pam: (As) soon as we went to a solicitor, we got a phone call (from the social worker) to say, 'right I'm coming to your house, you're going to meet your new disability team social worker.

Pam later explained that although they eventually received the support they were entitled to, the effort they had to make 'took its toll' on them.

10.3 Wider professional support

10.3.1 Wider professional support that worked

Most grandparents had regular contact with professionals from universal services who had a statutory responsibility toward their grandchildren. These professionals were usually from education and health but could also include professionals from other public services such as housing.

When the grandparent special guardians were struggling with aspects of the role, they would often talk to a trusted professional, like a teacher or health visitor, before going to children's services. When there was a trusting relationship with a professional, grandparents appeared more willing to talk through any plans or decision they were making. For example, Pam spoke to the health visitor about changing her grandson's contact:

> Pam: (I) said to the health visitor, 'I'm not sending him (to contact) unsupervised no more'… I said, 'I believe it's not in his best interests, I don't know if I'm going to end up getting into trouble for going against a court order'. She said, 'I agree with ya, I will back you up'.

The health visiting service was involved with all the families with young children, and most grandparents seemed confident in approaching their children's health visitors for advice and support. Health visitors were commonly involved during the child protection processes and therefore, often had a good understanding of the children's circumstances.

The grandparents appeared to appreciate the support and reassurance that health visitors could offer them. It was common for the grandparents to feel out of practice with parenting so they appreciated it when health visitors updated them on new parenting techniques and advice: it helped them to relearn parenting skills that they had forgotten and offered them reassurance:

> Faye: It was difficult… I mean I had my first child at 28. At 51 you've got to acknowledge things change… you've got to follow the advice. The health visitor is there to help you.

Once the children were school age, the professional contact for the grandparents moved to professionals in school. When support from the schools was experienced as positive, grandparents felt that this made a significant difference. Nina's experience of a negative relationship with the head of her grandchild's school followed by a positive experience with the new head teacher, illustrates this point well:

> Nina: I've been fighting that school for two years… they were sending (grandson) home in pre-school, 'can you come and get him… he's trashing classroom'… we used to always have these meetings… but (the headmistress) never, ever, turned up to one.

Eventually the headteacher retired and a new one took over. Nina felt that the new headteacher was more supportive. She was amazed at the difference the support from one key person could make:

> Nina: It's brilliant, I just feel as if a weight's been took off me shoulders… since the (new) head teacher come on board, everything is just fitting into place now, so it's like, 'yes, people are listening to me, and yes I'm going to get that help and support'.

The schools needed to be knowledgeable in issues that are important to the grandparents, such as the impact of trauma on children and the challenges children might encounter in becoming part of a special guardian family. They also needed to be flexible in how they supported the children to manage any difficulties that arose. When grandparents felt that the school understood their situation and supported their children, a trusting relationship was more likely to develop:

> Jody: (My granddaughter) did the transition to junior school last year, schools have been fantastic … they're very … attachment aware, they're trauma aware.

Aside from schools and health, professionals from other agencies could also provide valuable support to the grandparents. Engaging with early help and other preventative services provided by the local authority helped grandparents to feel less isolated:

> Karen: I'm an older person and I'm starting with young children again… (the social worker) put me in touch with… Homestart… They had, meetings up at the village hall… (the) Homestart staff looked after the children whilst us so called mothers sat and had a coffee and a chat.

An additional benefit of this kind of support was that it could increase engagement with children's services by addressing the power imbalance between the grandparents and children's services. If the professional believed that the grandparents needed or were entitled to support, this validation seemed to motivate the grandparents to request it. For example, Pam spoke about the advice she had received from the court guardian:

> Pam and Henry: 'I showed the court guardian… the pushchair… and I said, 'I need something triple for all three kids, 11 months between them'... (the) court guardian was like, 'oh my god, phone social services up straight away'.

10.3.2 Barriers to engaging with wider professional support

One of the first things most grandparents noticed when becoming special guardians was the reduction in support available to parents and carers compared to what had been available when they were originally parents. For example, several grandparents described the support they had received from the health visitor when raising their biological children and compared it to the lack of support they now received with their special guardianship children:

> May: We didn't really see much of health visitor, it's not like when my kids were younger, you used to see em all the time, but now you don't really see em unless you need em.

As a result, many grandparents felt that they were being expected to cope by themselves and that the onus was on them to seek support rather than it being universally available:

> Nina: I think I must have seen (the health visitor) about five times, and even then, she never come out. She used to say, 'well you are doing everything right, you don't need us'.

Some grandparents described having to fight to get the support they believed that they were entitled to; this took time and effort, at a time when they were already under a lot of pressure. For example, Gina and Chris had to 'push' for support but at least they felt fortunate in that they had the capacity to do so:

> Gina: It's this thing of having to push for everything, and I can see that many people would find that very, very, very challenging. We've found it challenging and we're both people that… have the ability to be able to do it

Grandparents' confidence in these agencies was undermined when support was not forthcoming, leading to them becoming dismissive of professionals and questioning their competence:

> Debbie: (The) psychiatric nurse … he was useless as well, he said ‘what support would you like?’ and I said ‘…I don’t know what is going to help this situation, what have you got on offer?’ to which he said ‘we have nothing to offer’.

Given that accessing support could feel like a struggle, the attitude and approach of the professionals could exacerbate the difficulties. For example, many grandparents reported that professionals used jargon which they struggled to understand. They were then reluctant to ask for advice because they did not want to appear incompetent:

> Nina: I just can’t take everything in when they’re discussing it, coz my daughter is a mental health nurse, she understands a lot of their jargon … so she comes with me and we have a little book and she jots things down in the book for me, so I’ve got that to refer back to when I come home.

Certain government agencies were particularly difficult to engage with in the grandparents’ experience. Often these were agencies with limited resources and high eligibility thresholds. The two main agencies that grandparents spoke about were the job centre and housing department. Most grandparents lacked experience in accessing these government departments and several believed that there was a stigma attached to asking for support, such as needing to claim welfare benefits:

> Ella: I’ve not been on benefits for years, and the, the guilt and the shame I felt.

The physical environments of these agencies were usually intimidating and, in some cases, felt dangerous. For the grandparents, the physical setting itself exacerbated the shame they felt in having to seek support:

> Linda: You have to go job centre, which is a drama in itself when you’re walking behind wacky-baccy and alcohol, you’re think, ‘chuffing hell’, bloody bouncers on door, never seen owt like it.

Most services by government departments were felt to be aimed at parents and other cohorts of carers such as foster carers and adopters and not set up for special guardians. Many agencies were unaware of SGOs and the rights that special guardians had so grandparents found themselves having to explain their situation to each new person they encountered to ‘prove’ that they were entitled to support. As discussed previously, the grandparents often found it distressing to talk about their experiences, which made this process especially difficult:

> Linda: Everything was still raw, and you’re having to tell a story … every time you went (to the job centre)… you have to relay what your situation were, coz it is unusual.

Because systems and processes were not developed to incorporate special guardians, the support offered to them felt precarious and was easily disrupted. For example, after Pam and Henry became special guardians, Pam's daughter kept fraudulently claiming benefits in their grandchildren's names. Each time this happened, Pam and Henry's benefit payments would be sanctioned and they would be investigated for fraud, which put them under significant strain:

> Pam: Mum was still claiming the benefits … I then got investigated by tax credits and they stopped the tax credits for my children ... investigated me for fraud and I said, 'I've got children to feed, what am I supposed to do?'.

When seeking support from different government agencies, the grandparents often received conflicting information about what support they were entitled to as special guardians. For example, several grandparents were advised by children's services to give up work to care for the children. However, they discovered that job centre staff still expected them to be looking for work, which left them in constant fear that their benefits might be withdrawn, because they were unable to do so:

> Ella: And the stress they put on me... coz I have to keep going in to these stupid back to work interviews, and I'm like 'I am qualified. If I could, I would walk straight back into my job tomorrow', but, argh, they don't get it, they don't understand it.

10.4 Friends and family support

10.4.1 Friends and family support that worked

Support from family and friends was felt to be vital in enabling some grandparents to fulfil their roles as special guardians:

> Linda: I've got a twin sister another sister, a brother, I've got loads of friends, I had a good support network round me and I could say, that's how I survive, coz I got good friends and family.

Support from family and friends was usually perceived as more 'reliable' than other types of support. The grandparents liked the idea of not needing to form new relationships to access it, especially when they did not have the capacity or inclination to engage with strangers or professionals:

> Paul: What support has been the most useful for you?
>
> Rita: I think, I think possibly friends and family rather than social …

> Ian: … I'm thinking exactly the same … I've always felt a little bit uncomfortable with some of these groups and I think that's just me, my makeup, my personality … I think we get more support from friends, family.

Support from family and friends was felt to be different to other support because accessing it was not restricted by criteria and it was usually constantly available. There was a trust that friends and family would 'just be there' when needed:

> Helen: Our youngest, our youngest daughter, the one who lives on the corner, she's got three kids and she, she's been our biggest support … she's the one we trust the most,

Moreover, accepting support from family and friends usually did not carry the same stigma as support from professionals because it was incorporated into their normal family lives. Previously routine family activities, such as sleepovers with family, or days out with friends, could become essential for the grandparents. For example, for Clare, seemingly regular activities like her children staying with their father and her grandchildren staying with her parents, allowed her to 'cope':

> Clare: My children go, they see their dad at the weekend … and my parents now take both boys one night a week and that's my one night where I can cope.

Friends and family often offered practical support to the grandparents. The amount of support offered varied between families and was usually related to the needs of the family and the resources friends and family had. For example, Debbie's parents were wealthy and offered Debbie financial help which allowed her to give up work and focus on her granddaughter:

> Debbie: I'm in a financial position, my parents are basically (financially) supporting me at the moment… my parents are very supportive of me and are well off.

Family and friends often offered childcare, which was helpful because the grandparents often trusted them more than strangers such as professional childminders or nursery staff. Some grandparents found it hard to trust people with their grandchildren especially if grandchildren had already experienced abuse. For example, Brenda only allowed her son to babysit for her and she indicated in the interview that she would not leave her grandchildren with professionals:

> Brenda: But to be honest we don't use people, you know, to baby sit, my son's done it a couple of times

Friends and family also offered other kinds of practical support to alleviate some of the grandparents' other responsibilities, allowing them to focus on their roles as special guardians. For example, Imogen described how her family had stepped in and assumed some of her responsibilities toward her elderly mother, which reduced some of the pressure she was under:

> Imogen: (My mother) has got dementia, she's really not very well … I was seeing her every week … I see her every two to three weeks now, but knowing my sister's there, looking after mum, is such a weight off.

Support from family was also important in creating a new family identity. Grandparents worried that their grandchildren would suffer due to losing them as the grandparent figure. However, many families adapted to this by other family members changing the roles they fulfilled with the grandchildren. For example, Linda described how her father took on the grandparent role to her granddaughter Carly:

> Linda: My dad always supported us, and he always spoilt (Carly) and treated like a proper granddad, you know what I mean, which she's never had.

Sometimes grandparents felt that they had to engage with whatever support they could get, so they reluctantly accepted support from people they didn't particularly want a relationship with. For example, Clare was supported by her ex-husband, the children's grandfather, in a way she found helpful but challenging:

> Clare: I've got my ex-husband is now pretty much at my house, every single day because I need this extra support with all the children… but it meant that he was here a lot more than I would have liked out of necessity'.

Some grandparents built supportive relationships with the families of their grandchildren's other parent. For example, Linda developed a relationship with her granddaughter's maternal grandmother, which was especially beneficial because the maternal grandmother had cared for Linda's granddaughter's siblings, and Linda felt that she was the only person who could 'understand' her situation:

> Linda: Yeah, I download on her, coz no matter what family or friends say, nobody understands what it's like to look after (cries), they don't.

10.4.2 Barriers to engaging with support from friends and family

Accessing support from family and friends could be complicated and many grandparents experienced various challenges when trying to do so. The main challenge was that grandparents did not want to burden other people they cared about.

The grandparents were aware that supporting people took its toll. They often had a sense of responsibility towards their family and friends and did not want their decision to become a special guardian to be a burden for others, especially their other adult children. For example, Nina did not expect her other adult children to help her because they had ‘their own lives’:

> Nina: (My children) don’t do a great deal with the kids because they’ve got their own lives.

Although the grandparents usually understood why family and friends might not be able to support them, it could leave them feeling abandoned and that their needs were not seen as important:

> Imogen: People aren’t really forthcoming about meeting up. I think they want to, but I think everyone gets involved in their own lives.

Many had the impression that friends and family were more motivated to offer support and advice during the more dramatic points of the special guardian experience, such as the child protection and court processes. During these times, people often promised to support the grandparents support in the future. However, sometimes these promises were not kept, either because people’s responsibilities changed, for example they had their own children, or because they underestimated how much time and effort supporting the grandparents would entail:

> Nina: They (family) don’t do a great deal with the kids because they’ve got their own lives… it upsets me, because they talked me into (caring), ‘right mum, we’ll help, we’ll come round and help out’ and… I’m still waiting.

Support from family and friends also decreased when the people offering support became ill or incapacitated. Debbie’s parents helped when her granddaughter was younger but as she became more mobile, they found they could no longer cope:

> Debbie: (My parents) have been supportive … I could, when she was a baby, go round there and perhaps leave her with them … I couldn’t do that once she was mobile because they can’t keep up with her.

As described previously, the lives of their friends also moved on. Often their friends were other grandparents with few caring responsibilities, which gave them a freedom that as special guardians, grandparents had to give up, gaining new responsibilities that left them with no free time to socialise. This made it difficult to maintain some of the friendships that might have been a source of support:

> Karen: We still have the same friends but we’re not invited anymore,

> Frank: (Some friends) have accepted our changes because they've stuck by us. Anybody else that we've known, have gone by the wayside,'

There were examples of grandparents whose family circumstances were so chaotic that they did not feel able to trust anyone else to care for the children. For these grandparents, worrying about the safety and welfare of other family members added to their stress and meant they would not rely on these family members to help support them with the children.

10.5 Third sector and peer support

There are several national and local charities and organisations which offer independent support to kinship carers including special guardians. Several of these third sector organisations also facilitate peer support groups where kinship carers can share experiences and support other kinship carers. This section will consider the support for grandparent special guardians from third sector organisations and other kinship carers.

10.5.1 Support from people who understand

Peer support was not universally available and several grandparents were unable to access it. However, those grandparents who were able to engage with peer support found it to be beneficial. For reference, support from the third sector was usually targeted at all kinship carers rather than specifically at grandparents or special guardians, but as previously discussed, there was sufficient overlap for this support to be relevant to the grandparent special guardians.

The main reason why becoming a special guardian felt isolating was because the grandparents often felt like they were alone in going through the process. However, when they were introduced to other kinship carers, they then realised that looking after the children of kin was more common than they had thought:

> Frank: We got involved with kinship situation because… when we first started this, we thought we were the only ones in the country. Oh, were we wrong?

One of the main support services offered by third sector organisations was the facilitation of peer support groups. Support groups organised by third sector organisations or other kinship carers were usually held at a time and place that worked for the grandparents. For example, when the children were at school. Compared with statutory services, third sector support groups were perceived as easy to access. For example, the only access criterium was being a kinship carer; they could access the groups whenever they needed support; and if they stopped going, they knew they could go back whenever they wanted to:

> Rita: (The support group) fitted in with what we were doing... so we made the effort to go along… I think we stopped going because it stopped being convenient for us.

Peer support groups fulfilled several roles for the grandparents. There was a sense of community in being with people who had been through similar experiences and who understood the challenges they faced. Knowing that other people were also struggling with similar challenges put their own situations into context. It helped them to realise that being a kinship carer was hard for most people and that they were not struggling because they were incompetent. The groups also offered a place where experts could visit and help them to understand how to manage these challenges. Being with peers helped the grandparents to feel more confident to engage in the sessions, in sharp contrast to how they experienced preparation sessions aimed at adopters:

> Ann: I'd want to be somewhere … there are people coming in in a professional capacity, to give you information and advice, … but also, you are there with other people in the same position.

The grandparents believed that their grandchildren benefited from attending peer support groups for similar reasons. It allowed them to see other children who were being cared for by family and friends, which the grandparents felt positively affected how their grandchildren viewed themselves:

> Nina: We went to one of these meetings… there was loads of kids and I said to Tilly (granddaughter), 'do you know all these children here, they all live with nanas and granddads', and it totally changed Tilly … she looked at all them kids and thought, 'I'm not the only one' and it totally helped these two and changed their minds on living with nana and granddad.

Online support groups were also felt to be helpful. They offered a sense of anonymity which allowed grandparents to express how they were truly feeling, something they were unwilling to do with professionals for fear of being seen as failing. Grandparents were able to discover that the intense emotions they felt as special guardians were not unusual and more experienced kinship carers could offer reassurance that things would improve:

> Clare: When I found the SGO support online and went 'oh, this is horrible' and then everybody else is going 'yeah it's horrible as well' and there was people further on who were going, 'well it's getting better' … that give you a little light.

Becoming part of a peer support group helped grandparents to feel less alone: they were on a shared journey with other kinship carers. This sense of connection was important for them. Faye used the analogy of other kinship carers being people who had walked in the same shoes as her:

> Paul: And with the peer support groups, how do you find that?
>
> Faye: Great, coz they understand, they've, they've walked in my shoes …. How could you understand that if you haven't done it?

Being part of a shared journey helped the grandparents when they felt unable to cope. Knowing other people had been on the same path and overcome the challenges could motivate them to persevere. Ella spoke of having 'lost direction' on her journey and she realised that many of her peers were simply doing their best to stay on the "sinking ship'. The support she derived from this shared experience was 'amazing'.

> Ella: I posted (online) yesterday about how I didn't feel very confident… and I'd lost direction… other people were feeling exactly the same thing… and we all stay on a ship that's sinking, so we just, we're all in it together… I've got friends and family, and I can talk to them, but they don't understand… not like other kin carers… that support is amazing.

Although there were no barriers as such, grandparents were frustrated with the lack of peer support groups local to them. Often grandparents, recognising the value of peer support groups, set up support groups of their own:

> May: I set a support group up round that corner and I remember… I thought, 'oh my god if nobody comes I will just, cry' and they just started coming… we've got nine people including meself in group… everybody's in the same situation'

However, one of the benefits of peer support was also one of its challenges. Often, grandparents found out about support that they were entitled to through their peer support networks. However, because the information was exchanged informally, it sometimes lacked detail and the grandparents could find this confusing:

> Ella: I only found out about pupil premium (plus) … through the (grandparents plus) Facebook sites …, I don't quite understand it, but I'll get there, I'll work it out when I need too. I know she'll get the funding, or the school will anyway.

This theme does not have a specific section on barriers to engaging with support because participants in this study only identified one significant barrier, which was not knowing that this kind of support was available.

10.6 Conclusion

The need for support for grandparent special guardians is well evidenced throughout the findings in this thesis. However, the way grandparents engage with support is complex and shaped by their previous experiences of services, structural barriers and their relationships with social workers and their families and friends.

Grandparents usually take on the special guardianship role with little knowledge of the support available and with promises of support from services, family and friends. Most find that support from children's services either stops or is significantly reduced once the SGO is granted. Friends and family often provide essential support, but this is often limited due to people's own commitments. Support from professionals was inconsistent and often agencies did not understand SGOs yet support from universal services could be beneficial in preventing the challenges from becoming overwhelming. Peer support and support from organisations specialising in kinship care was often found to be most beneficial but these organisations have limited resources, and availability was therefore also limited.

Without support, grandparents had to cope alone which took its toll on their mental and physical health and affected their capacity to meet the needs of their children. The grandparents' experiences indicate that support needs to be tailored to special guardianship families, freely available and consistent. At the time of the data collection, this kind of support was not felt to be available.

Chapter 11: Conclusion to the findings

These findings have identified that the grandparent special guardian experience happened over two stages. The first stage was the transition process where the grandparents became grandparent special guardians. The second stage was concerned with the grandparents being grandparent special guardians. Both stages were influenced by three connected themes. First was the development of new identities as grandparent special guardians and as special guardianship families, second was the management of changing relationships for the grandparents and the grandchildren, and third was their experience of support and the potential barriers to accessing it. The two stages and related themes were not distinctly separate or linear and the way they were experienced varied greatly depending on the circumstances of each family. Each stage and theme was interlinked with the others; the way the grandparents experienced one aspect of the experience affected the whole of their experience. For example, grandparents who had a negative experience of children's social care during the transition stage often found it hard to engage with children's services' support once the SGO was granted.

Whilst becoming grandparent special guardians, the grandparents' identities went through rapid changes. These changes were influenced by their motivations to care for the children, their previous experiences as parents, their relationships with children's social care, and their relationships with their adult children. This transition was emotional and complicated and it was common for the grandparents to feel they did not have the information or support they needed to successfully navigate it. Furthermore, the way the grandparents experienced this transition appeared to affect how they viewed their identities as grandparent special guardians. The more positive the transition the more positively they viewed their new identities and vice versa.

Being grandparent special guardians was complex and the grandparents had to develop new personal identities and new family identities. The grandparent special guardian identity was affected by their relationships with their communities, their grandchildren's parents, and support providers. Furthermore, the grandparents were also responsible for managing their grandchildren's relationships and understanding of their family histories. This involved managing the children's contact with their parents and developing a positive family narrative. Although the grandparents experienced many challenges, being a grandparent special guardian could also be a joyful experience which often gave the grandparents a renewed sense of purpose in their lives.

The issue of support for grandparent special guardians was identified at each stage of their experience. Before they started the transition, the grandparents needed information about the role.

They also needed information about their grandchildren and the parents. They also needed support at each stage of the process and this support needed to be freely available. However, information was rarely provided and support was often inadequate.

Although support from children’s social care was important, the grandparents could also benefit from the support of other professionals who worked with them and their grandchildren, the support of their families and friends, the support of third sector organisations, and the support of other kinship carers. Unfortunately, the grandparents’ experiences of this support could be inconsistent and difficult, which could affect both their wellbeing and how they viewed their grandparent special guardian identities.

Part 5: Discussion

Chapter 12: Grandparent special guardians: the need for a new approach

12.1 Introduction

IPA studies commonly present findings separately from the literature which means that the discussion chapter is where there can be a 'dialogue between findings and the existing literature' (Smith *et al*. 2009:112). In IPA, research findings can surprise researchers, taking them down academic paths that they were not expecting. Qualitative studies such as IPA generally incorporate new literature in the discussion to enable the findings to be fully considered and allow the researcher to make recommendations as necessary (Smith *et al*. 2009). However, the authors caution that, as with the literature review, the discussion should not present an 'exhaustive' overview of the findings and related literature, but the researcher should only select those that are 'particularly resonant' (Smith *et al*. 2009:113).

The original aim of this study was to gain a better understanding of grandparent special guardians' experiences of becoming and being a special guardian. As demonstrated in the literature review chapters, previous research into SGOs has often involved multiple perspectives, providing a general overview of the impact that SGOs has on all stakeholders. However, there is a gap with regards to a deeper analysis of the special guardian experience. This study sought to address that by answering the following research questions:

1. How do grandparents experience and make sense of permanently caring for their grandchild via an SGO?

2. How do grandparents experience and make sense of:
    - the process of becoming carers for the children?
    - the impact that caring for the children has had on their relationships with the children's parents and wider family, including issues around contact and support?
    - parenting the children?
    - the support offered by the local authority and other organisations?
    - the impact that caring for children has on their health and wellbeing?

3. How does relationship status affect special guardians' caring experiences?

In order to answer these questions:

- A narrative literature review was completed on previous research carried out in this area, and gaps in the research were identified.
- 18 semi-structured interviews were conducted with 27 grandparent special guardians in order to gain an understanding of their lived experiences.
- Data from these interviews were analysed using IPA methodology.

IPA's epistemological focus on the idiographic nature of the phenomenon and how it was interpreted by the participants, followed by the interpretation and thematic grouping by the researcher, has generated a deeper understanding of the lived experiences of special guardians. The depth of analysis that IPA enables has allowed a deep insight into the nuances of the special guardian role from the perspective of the special guardians themselves, building on the findings of previous studies such as those by Wade *et al*. (2014), Harwin *et al.* (2019a) and Hingley-Jones *et al*. (2020).

12.2 Strengths and limitations of the study

There are several strengths and limitations to this study.

The main strength is the level of depth and detail of the analysis into the entirety of the grandparents' lived experience of becoming and being grandparent special guardians. This was achieved through using a relatively small sample size and focusing on one phenomenon. Although the sample size could be considered small, it was large for an IPA study (Smith *et al*. 2009). A smaller sample size would have allowed for an even greater depth of analysis and some IPA studies present findings in the form of a case study to demonstrate the experience from an individual's perspective (Eatough and Smith 2006). The sample size of this study was large enough to allow themes to be identified across the participants' experiences whilst not too large to negatively affect the depth of analysis.

A further strength was the level of interpretation. IPA employs the double hermeneutic which is concerned not only with the participant's interpretation of the phenomenon, but also the researcher's interpretation of the participant's interpretation. This is an essential element in understanding other people's experiences (Willig 2001). In this study, this interpretation was carried out by me as the researcher, under supervision from my supervisory team. The findings represent my interpretation of the participants' interpretations of their experiences and my interpretations were regularly challenged by my lead supervisor. Single researcher interpretation can also be a limitation (Pringle *et al.* 2011). This thesis presents my interpretation of the data which is filter through and influenced by my own experiences and knowledge and through my discussions in supervision. Another researcher using the same data is likely to interpretate the data differently and may have generated different insights (Smith *et al.* 2009).

Using a qualitative data analysis method that focused on one phenomenon and required purposeful sampling meant that I made decisions about the boundaries of the project during the design phase (Smith *et al.* 2009). Although I was interested in the entirety of the special guardians' experiences, I believed that this would produce a lot of data that would be overwhelming so I could not represent all types of special guardians. Therefore, I decided to try and limited to breadth of the data by focusing on one group of special guardians. By focusing on grandparents over other groups, I was able to focus more on the specifics of their experiences and gain an in-depth understanding of some of the specific themes that emerge for grandparent special guardians. Conversely, this also means that caution needs to be exercised when generalising these findings to other groups of special guardians. For example, the relationship a grandparent would have with the parents would be different from the one a sibling special guardian would have with them.

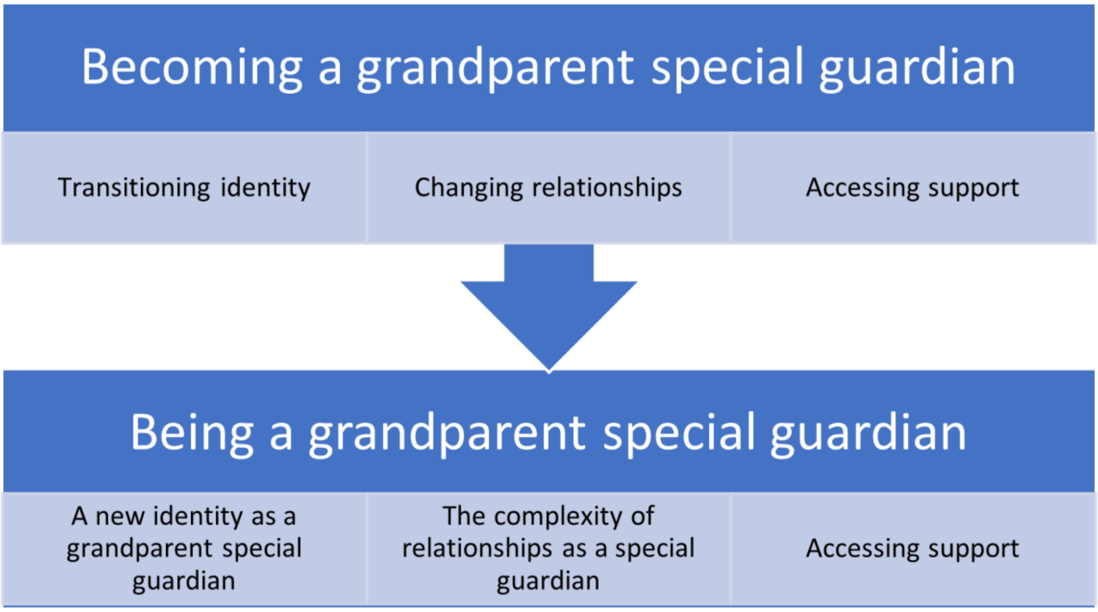
The recommendations of this study were developed from an analysis of the experiences of grandparent special guardians. This study did not seek the views of other stakeholders such as the children, parents or professionals. Therefore, the recommendations of this study are strongly influenced by what would improve the experiences and circumstances for special guardians. These recommendations would likely have been different if they were influenced by the perspectives of other stakeholders.

A further limitation is the lack of diversity within the sample. The dearth of research evidence on kinship care from ethnically diverse communities continues to be an issue that this study was unable to address. Broad et al (2001) identified that there were specific challenges for non-white British kinship carers and it is likely this will be the same for special guardians. This limitation will be considered in section 12.9.3.

12.3 Overview of the model developed from the findings

The experience of grandparent special guardians consists of two distinct stages: *becoming* a grandparent special guardian and *being* a grandparent special guardian. The model presented in Figure 3 was developed around these two stages.

Figure 3: stages of the special guardian experience



To become a grandparent special guardian, the grandparents went through a complex and often unexpected transition process which involved losing their grandparent identity and becoming grandparent special guardians. Once the SGO was granted the grandparents then had to fulfil the special guardianship role which was also complicated and often challenging.

The model in Figure 3 also identifies three themes that influenced each of the two stages of the grandparent special guardians experience. The first were concerned with the personal and environment factors that influenced the development of the grandparents' special guardian identities both before and after the SGO was granted. The second focused on key relationships and the way these changed when the grandparents became special guardians. The third were concerned with how the grandparents experienced support during and after the transition.

The model and findings presented in this thesis give a new way of understanding the grandparent special guardian identity. This chapter brings together the themes identified in the findings chapters and considers the insights generated by this study in relation to the available literature. It then makes recommendations for policy, practice, and future research.

12.4 Discussion of the empirical findings

This section will discuss the findings of this thesis in relation to the wider literature and identify the implications for practice and policy, and recommendations for future research.

12.5 Becoming a grandparent special guardian: the development of the grandparent special guardian identity

This thesis has identified several factors that affected transition of the grandparents' identities to *becoming* grandparent special guardian. These included the grandparents' motivation to care for the children, their previous parenting histories, their experiences of the child protection and court processes, their relationships with their adult children and professionals, and their experiences of support.

12.5.1 Developing a special guardian identity

The transition from grandparent to grandparent special guardian is a complex one. To better understand it, it is helpful to consider how identity develops in adults. Although identity develops over the life course, most models of identity development focus on adolescence (Kroger 2015). Yet changes in life circumstances at any age generally instigate changes in identity (Kroger 2015; Marcia 2002). The context in which change occurs is also significant. As Kroger (2015:77) states, 'trajectories of identity development appear associated with contextual factors.'. This study has demonstrated that becoming a special guardian represents a significant change in life circumstances, one that results in having to develop a new identity as grandparent special guardians.

Identity development in later life is complex and strongly influenced by previous identities (Marcio 2002). The specific ways in which previous identities interact with new life circumstances is illustrated by participant narratives in this study. Marcio (2002) argues that identity does not change in a linear way in adulthood but cyclically: there are periods when they may revert to previous identities. Marcio (2002) contends that as new identities develop, they will incorporate key traits of previous identities. As will be discussed in section 12.6, grandparents can view their previous parenting identities as flawed and this can make it challenging when constructing a new parenting identity, as they may not have a solid identity foundation (Marcia 2002).

Another reason why changes in identity in midlife might be difficult is because as people age, they have fewer role models (Erikson *et al.* 1986). Identity development in midlife is not only influenced by life experiences but by the expectations of others and the memories of people who influenced their lives (ibid). This thesis has identified some of the challenges grandparents face when developing a special guardian identity. They and their families had to manage personal and environmental pressures, adjust to new or changing relationships and engage with different types of support. Added to this, none of the grandparents were able to identify other special guardians or kinship carers they could learn from, and most did not receive any information that would help them to understand the role.

A further complicating issue was that becoming a special guardian was not entirely an active choice and for many it meant the loss of previous lifestyles, careers and hopes and dreams for the future. Some lost relationships and found it difficult to form new ones. Several lost contact with their friends, and their relationships with their families suffered, including with their other grandchildren. Participants were particularly aware of how the new role changed their relationship with their special guardianship grandchildren. Although there were enjoyable aspects to their new lives, many carried feelings of grief, anger and resentment.

For these grandparents, grief did not follow the traditional stage-based understanding of grief (Murry 2001). Rather, as Backhouse and Graham (2013) found with grandparent kinship carers, the grief was ongoing. Grandparents often felt that their grief was not acknowledged by family, friends, or professionals. Doka's (2002) concept of disenfranchised grief, grief that is outside of accepted norms and cannot be 'openly acknowledged, publicly mourned, or socially supported' (Doka 2002:4) is particularly apt. In addition, grandparents in this study felt that if they acknowledged the grief and loss, for example in terms of losing their freedom or lifestyle, they might be assessed as not being committed to the children. They also did not want their special guardianship grandchildren to feel that they were the cause of this loss, so they presented a positive front. Backhouse and Graham (2013) argue that social workers need to be sensitive to these issues and be ready and able to support grandparents to seek help with grief if necessary.

This thesis has identified other challenges the grandparents faced. The transition to special guardian often took an emotional toll, with grandparents often left emotionally exhausted from the emotional upheavals involved in the transition. When reflecting on their previous parenting histories and their relationships with their adult children, they often felt guilt, shame and loss. Their experiences of child protection and court processes and their relationship with children's social care were filled with fear, helplessness and frustration. Many came through the assessment process feeling emotionally bruised and fragile. Kroger (2015) suggests that being flexible helps people to accept a change in their identities as well as being able to reflect on the process. In the case of the participants, the transition seemed to have reduced their capacity to be flexible and reflective.

Kroger (2015) suggests that to gain a sense of wholeness in one's new identity, one has to be able to resolve difficulties arising from previous identities and the challenges of the transition process itself. As has been argued, grandparents are likely to need additional support when making the transition to being special guardians, support to be flexible and reflective about the changes and support to resolve difficulties from their previous identities. Yet none of the grandparents received any therapeutic support; most were left to cope with this major transition on their own.

12.5.2 Motivation to be a grandparent special guardian: family and generativity

The motivation to care for their grandchildren formed the main foundation of the grandparents' special guardian identity. They expressed their love for their grandchildren as intrinsic to their 'family'; leaving the care of their grandchildren to others was not an option. Grandparent special guardians in Hingley-Jones *et al.* (2020:3) often referred to their 'blood' link with their grandchildren. A similar motivation can be seen in studies of other kinship carers. For example, in O'Leary and Butler's study (2015:359), carers felt that they had to take on the role because 'they could not endure the alternatives'.

This motivation can be seen as particular to kinship carers, including special guardians. Other carers offering permanence to children, namely foster carers and adopters, take on these roles either for personal reasons, such as being unable to have their biological children of their own (Selwyn *et al.* 2014, Neil *et al.* 2018) or altruistic reasons, such as wanting to help vulnerable children (Sebba 2012).

A further reason why the grandparents in this study wanted to care for their grandchildren was in some sense to make up for perceived mistakes made as parents. The participants all had a difficult time raising their own children and these parenting histories played an important part in the development of their parenting identities. Often, grandparents had lost confidence in their parenting because of the struggles they endured when raising their own children and then witnessing the difficult and chaotic lifestyles of their adult children. Grandparents often questioned whether their own parenting was to blame. These reflections could lead to feeling of guilt and shame about their children's situations. The grandparents were also worried that history might repeat itself when caring for their grandchildren. Similarly, grandparents in O'Leary and Butler's study (2015:363) could blame their failings as parents for their children's behaviour, which could lead to feelings of ‘depression, anger and guilt’. These intense emotional responses had a significant impact on the grandparents’ mental health and added to their stress (O’Leary and Butler 2015).

To understand how such emotional responses might contribute to the motivation to become special guardians, the theory of generativity is useful. Erikson (1963 and 1997) developed the concept of generativity as part of his theory of identity development over the life course. Generativity can be summarised as the desire for people in middle age to contribute to the next generation in a productive way as a legacy of their lives.

Several grandparents in this study alluded to this desire and blamed themselves for the behaviour of their grandchildren’s parent. Feeling critical about the influence one’s parenting has had on the next generation can lead to a crisis in generativity (Homan *et al*. 2020), which in turn can affect an individual’s confidence, mental and physical health, and overall wellbeing. Next generation generativity can be seen in this study in that special guardians felt they were given a ‘second chance’ at positively influencing a second generation. In this sense, grandparent carers also benefit from being able to influence their grandchildren and improve their lives. Offering their grandchildren a positive start in life can mitigate a crisis in generativity (Taylor *et al*. 2018).

The desire to make amends for previous parenting mistakes combined with the opportunity to do so by caring for a family member, appeared to be a powerful driver behind the desire to become special guardians and lay the foundations for their identities as special guardian. More than simply caring for the children as grandparents, they wanted to repair the damage done to their previous parenting identities and be better parents. However, this also meant that they placed unrealistic expectations on themselves which were often compounded by professionals, as the next session discusses

It is important for social workers to consider the motivations of potential grandparent special guardians and the impact these might have on them. The motivations of love, the desire to care for their grandchildren because they are family, the need to make amends for previous parenting mistakes and wanting to improve the outcomes for a future generation underpin the commitment of grandparent special guardians. At the same time, these powerful drivers mean that grandparents can be desperate to take on the role which leaves them vulnerable to the power imbalances inherent in the child protection and court processes (Ferguson 2011).

12.5.3 A vulnerable transition: the role of power

Power was a key factor in the relationship the grandparents had with their grandchildren's social workers and in their experiences of child protection and court processes. Power therefore played a central part in shaping their special guardian identities.

Invariably, child protection issues are what led participants to becoming special guardians. Once the grandparents had decided to care for their grandchildren, they commonly felt compelled by their local authorities to do so via an SGO. Several were told by social workers that if they did not become special guardians then their grandchildren would be placed for adoption. This concurs with research into kinship care where carers commonly felt under pressure from children's services to seek a court order as a way of moving children out of the care system or preventing them from entering it (Farmer and Moyers 2008, Hunt and Waterhouse 2012). Without a court order granting them PR, grandparents generally have very few rights over their grandchildren. Awareness of the lack of legal rights over the children, combined with the desire to care for them, meant that most participants agreed to embark upon the SGO without question.

Social work is a powerful profession: practitioners can make decisions that have a lifechanging impact on families (Thompson 2006, Ferguson 2011). Grandparent kinship carers in Gladstone *et al.*'s (2013) research experienced social workers as powerful and this could be both positive and negative, working for the benefit of the families but also to their detriment. In this study, several grandparents felt that they were manipulated, through their desire to care for their grandchildren, into applying for an SGO without having all the information; with hindsight, several questioned whether the SGO had been the right way for them to care for the children. In a study with kinship carers (Tarrent *et al*. 2017), participants often felt forced into doing what children's services told them to do due to the fear of losing the children. This study concurs with previous findings, contributing further understanding of how power imbalances can impact special guardians.

This power imbalance shaped the development of the grandparents' special guardianship identity. It affected how participants viewed themselves as special guardians, how they fulfilled their special guardian role and shaped their working relationship with the local authority. The power imbalance was particularly acute in the child protection and court processes. Grandparents had no control over how they felt perceived by children's services and the role they took on. In some cases they felt they were treated like a quasi-professional but they could also feel like a suspect, having to prove their trustworthiness. In other instances, they felt entirely disregarded and had limited interactions with the local authority.

As a quasi-professional, the role of the grandparents was similar to that of adopters or foster carers whereby the local authority perceived them as a resource, providing a service. For example, Clare cared for her granddaughter and her mother when they were discharged from hospital, much like a mother and baby foster carer. However, adopters and foster carers are assessed and prepared prior to the court process and during the application for adoption orders, and they are offered high levels of support by the local authorities (Sebba 2012, and Selwyn *et al*. 2014). By contrast, as discussed in the empirical chapters, few grandparents in this study received any preparation and the support they received was felt to be insufficient.

Grandparents could feel treated with the same suspicion that surrounds parents in the context of child protection and court processes (Smeeton and Boxall 2011, Parton 2014, Smithson and Gibson 2017, Philip *et al*. 2019) and had similar responses. Grandparents felt mistrusted when information was withheld from them, when the assessment process focused solely on identifying risk, or they felt criticised. Like parents who felt criticised during interactions with children's services (Smithson and Gibson 2017), grandparents could feel belittled and helpless. Similarly, constant criticism (Smeeton and Boxall 2011) could lead to grandparents feeling pre-judged and unfairly treated. In extreme cases, parents withdrew from the process due to the emotional strain (Smeeton and Boxall 2011, Smithson and Gibson 2017). While none of the grandparents in this study withdrew, the experience of feeling mistrusted left them feeling mistrustful of the professionals in return.

Being a disregarded family member is an experience that seems to be unique to special guardians. The lack of a legal requirement for special guardians to be party to s.31 care proceedings means that an SGO can be granted without grandparents attending the court hearing. This lack of input felt fundamentally unfair. A parallel can be drawn with the 'missing fathers' in care proceedings (Philip et al. 2020:3), the significant number of men who are not involved in care proceedings for their children due to the 'gendered organisation of care and parenting' (Ibid). For many special guardians in this study, the exclusive focus on parents in care proceedings left them feeling like an 'after-thought'. They were the 'missing family members' in what appeared to be parent-centric state processes that are currently in place to protect children.

From the perspective of the grandparents' role, they appear to be the only stakeholder group with no legal rights. Yet despite parental rights being protected by the Children Act 1989 and related guidance and regulations, studies of parents' experiences of these processes found that they too felt they had no voice or legal rights (Smeeton and Boxall 2011, Smithson and Gibson 2017). In the context of child protection, for example, whatever rights they might have in principle, parents felt unable to exercise them (Smeeton and Boxall 2011). Featherstone *et al.* (2013:11) have argued that due to the authoritarian nature of child protection practices, professionals are seen as ‘disembodied experts’ who tell families what to do. Social workers can be seen as powerful because of parents’ ‘lack of influence combined with the fear their children may be removed’, resulting in families feeling ‘silenced’ (Smithson and Gibson 2017:569).

One way to empower family members who want to safeguard their kin would be for them to have more legal rights during child protection processes. For example, all family members with a realistic chance of being granted an SGO should receive the legal right to be involved in the legal processes to some extent. Moreover, the practices around and in proceedings need to develop in a way that fairly engages all potential carers for the children. Until this happens it is likely that many potential special guardians will continue to feel oppressed or exploited whilst they try to help keep their kin safe.

All grandparents in this study had experienced an SGO assessment, an experience that largely determined how their relationship with the children’s social care developed. Several structural issues with the SGO assessment process are identified in the literature, including a lack of consistency in the assessment framework used and assessments being rushed due to short timescales, leading to insufficient information and inadequate analysis (Wade *et al*. 2014, Bowyer *et al.* 2015c, Harwin *et al*. 2019a). Building on those studies, this research has identified how the assessment process was experienced by the grandparents: consistent with the findings from previous research on special guardians (Wade *et al.* 2014, Harwin *et al.* 2019a), assessments were experienced as intrusive, difficult and stressful. As in Harwin *et al.* (2019a), this study found that a poor experience during the assessment process, especially with regards to support, could result in less engagement with children’s services post order. This study has explored the different factors that contributed to this poor experience and the impact this had both on their special guardian identity and their relationship with the children’s social care.

Assessment is a cornerstone of social work practice. The literature generally advocates that: where possible, social work assessments should be thorough, collaborative, therapeutic and anti-oppressive (Turnell and Essex 2006, Platt 2008, Milner *et al.* 2015, Dyke 2019, O’Connor *et al.* 2019); assessments should focus on what support families need to safely care for children rather than purely focusing on what risk is present in families’ situations (Turnell and Essex 2006, Milner *et al.* 2015, Dyke 2019); and that the practitioner should focus on building a positive working relationship with the family (Platt 2008). Only one family in this study indicated that the process came close to this description.

Grandparents generally accepted the need for an assessment but felt that the process focused on risk rather than support, happened to them rather than with them and felt rushed. As a result, the process was felt to be oppressive, which made it difficult for the grandparents to open up and talk through difficult issues, a necessary requirement for high quality assessments (Dyke 2019, O'Connor *et al*. 2019). These difficulties were compounded when the grandparents did not have a good relationship with the social worker.

Research on assessments have identified that time scale, workload pressures, inexperience of practitioners, poor social work practices and professional bias are factors that contribute to oppressive practices (Taylor and White 2006, Platt 2008, Miler *et al.* 2015, Dyke 2019); moreover, assessments are more likely to be coercive when instigated as a result of serious concerns (Platt 2008). Most SGO assessments arise due to significant safeguarding concerns (Wade *et al*. 2014) so, based on this analysis, they are more likely to be experienced as oppressive.

The recommendations of social work assessments can have life changing implications for the person being assessed (Miler *et al.* 2015). This can lead to people wanting to present an idealised version of themselves to try to positively influence the assessment. For example, one in five adopters in Selwyn *et al*. 's study (2014:122) either 'downplayed difficulties or had not been very honest because they did not want to jeopardise their chances of being approved'. Grandparents often felt that the social workers had pre-judged them based on the behaviours of their adult children, which was perceived as evidence that the grandparents had already 'failed' as parents.

Unique to the SGO process is that grandparents are assessed in relation to their adult child. Several grandparents faced a paradox at this point because they wanted to parent their adult children who were going through the distress of care proceedings however they were told that to do so would mean they were placing their grandchildren at risk and they would 'fail' the assessment. This was frustrating because grandparents commonly felt that they were the experts in terms of their knowledge and understanding of family circumstances. They therefore felt that their views about the risks should be considered during the assessment. The idea of a less risk adverse and more collaborative and supportive assessment process is not new in social work (see Turnell and Edwards 1999, Turnell and Essex 2006, and Munro 2011); however, there is no evidence that the idea is being implemented in SGO assessments.

The assessment marks a key transition from the grandparents' previous lives to their new role as special guardians. It is also a time when the foundations of their relationships with children's social care develop. Grandparents who had negative experiences of the assessment process struggled to build a trusting relationship with their local authorities. The one set of grandparents in this study who had a positive experience felt better prepared for the role and were more confident in their local authority's ability to support them.

The assessment process had a significant emotional impact in that grandparents had to discuss difficult aspects of their lives and their personal histories. Although few studies have examined this emotional impact, it is acknowledged that assessments, especially ones involving child safeguarding issues, are distressing (Milner *et al.* 2015, O'Connor 2019) and that the practitioner undertaking the assessment should minimise this distress by ensuring that participants are supported. Grandparent special guardians in this study did not receive any therapeutic support to help them manage the emotional impact of any unresolved issues from their pasts that emerged as a result of the assessment. Instead, they were left with managing raw and difficult emotions, often whilst attempting to care for their grandchildren.

Grandparent special guardians often spoke of feeling exposed during children's services interventions, especially the assessment process. There were two dimensions to this. Firstly, during the assessment process itself, grandparents were having to talk about every aspect of their lives with social workers who were strangers to them. Other carers have described similar feelings; for example, adoptive parents in Selwyn *et al.'s* study (2014:122) found the assessment process intrusive, although 37% 'enjoyed the experience'. No one in this research described the assessment process as enjoyable and only one couple spoke positively about it. This highlights another difference between the special guardian experience and that of adopters and foster carers.

Secondly, grandparents felt exposed because SGO assessments, which contain very personal information as well as financial circumstances, become part of court documentation and are seen by all parties in the care proceedings, including the parents. The family court process is unique therefore, when it comes to special guardians. In foster care and adoption, the personal details of the carers are kept secure from the parents. Special guardians do not have this right. Post assessment, many participants in this study continued to feel that their right to privacy was precarious. In a sense, it became part of the special guardian identity.

There is a tension between on the one hand, the parents' right to be able to challenge potential special guardians in any court proceedings and on the other, the special guardians' right to privacy and safety. More consideration should be given to what information from the SGO assessment is appropriate and necessary to share with the other parties in care proceedings. While the parents will need to see evidence to enable them to challenge the order, this must be balanced with the privacy and safety of the potential special guardians.

12.5.4 The complexity of the changing relationship with the adult child

Another aspect of being a grandparent special guardian which distinguishes them from adopters and foster carers, is the relationship they have with their adult children whose children are the subjects of the SGO. The findings demonstrate the powerful impact that the history of this relationship had both in terms of the grandparents' experience of parenting that child and their fear that their grandchildren were not safe in the care of their adult child. For example, Ann was fully committed to her son who she felt had been wronged by his partner and children's social care, whereas Brenda and Andrew blamed their daughter for her situation and felt that their current situation was connected to her behaviour from when she was a young child. Some participants attempted to understand why their adult child could not parent their grandchildren. These reflections had a significant impact on their transitioning identity and their relationships with their adult children.

Particularly challenging was that as parents who loved their children, their responses to their adult children's behaviours were emotionally charged. Similar responses have been identified among grandparent kinship carers (Aldgate and MacIntosh 2006, Dunne and Kettler 2008, Farmer and Moyers 2008, Hunt 2018). For example, Dunne and Kettler (2008:340) described grandparents' emotional responses to discovering that their adult children had harmed the grandchildren as 'raw and unresolved'. In their study, a significant minority of grandparents experienced mental health and psychological issues within the clinical range as a result.

This study has shown that the grandparents generally prioritised protecting their grandchildren over caring for their adult children, although most attempted to remain supportive to them. This is to be expected. Saunders and Selwyn (2008) identified that grandparent kinship carers commonly remained sensitive to the parents' needs. Grandparent kinship carers may continue to support their adult children (Selwyn *et al*. 2013) while at the same time sometimes resenting them because of the emotional and practical impact they had on their lives (Gladstone *et al*. 2009).

This study has also highlighted the influence that the grandparents' relationships with their adult children had on their special guardian identity. As discussed in the literature review, a central aspect of the grandparenting identity is the satisfaction of watching one's children grow up to be successful parents (Dench and Ogg 2003). Grandparent special guardians are unable to do this which leads to a sense of loss. It is important for social workers to understand that while grandparents love their children and do not want to abandon them, they also feel the need to prioritise the safety of their grandchildren. Grandparents are also likely to carry raw and unresolved emotions about their adult children's behaviour and the role that their own parenting may have had on their adult children's lives. Social workers need to support each grandparent's relationship with the parents accordingly, based on the needs of each individual family, allowing the grandparents to develop pride and confidence in their new parenting role.

12.6 Being a special guardian: living a new identity

Once the SGO had been granted, grandparents experienced a distinct change in their role. Most of the participants in this study had been caring for the children through the transition. However, once the order was granted and legal rights were conferred, grandparents felt totally responsible for them. This was the point at which grandparents started *being* special guardians and living their new identity.

Identity does not change at a set point but evolves over time, constantly changing in response to changes in people's life circumstances (Kroger 2015). In the transition to becoming grandparent special guardians, other life experiences create a foundation upon which the special guardian identity will continue to develop. Kroger (2015) argues that when people take on a new identity, they seek self-certainty and identity wholeness. To achieve this, they must possess the readiness to change, the ability to reflect on their evolving identity, the ability to manage rather than deny identity conflict, and the capacity for identity assimilation and accommodation. Section 12.5 demonstrated that the grandparents often had difficulties with their previous parenting identities, and their experiences during the transition were often complex and challenging. This can undermine their capacity to consider or reflect upon their changing identity and increase the risk of feeling dissatisfied with or conflicted about, their developing identity (Marcia 2002, Kroger 2015).

The issue of identity conflict in kinship care has been discussed previously. In a study of grandparent kinship carers in Australia, Backhouse and Graham (2012:311) found that the experiences of grandparent kinship carers were made up of several paradoxes such as. "'pain/pleasure', 'myth/reality', 'visible/ invisible', 'deserving/undeserving', 'voiced/silenced' and 'included/excluded'. The authors argue that these paradoxes arise from the role identity conflict between being a grandparent and a grandparent kinship carer in the context of their families and society. The grandparents in this study also often presented their experiences in terms of paradoxes. For example, caring for their grandchildren could bring a sense of satisfaction because they felt they were having a positive impact on the children and they felt loved and valued by them. However, this was often tainted with a sense of sadness that the reason they were caring for their grandchildren was because the parents were unable to do so. There was also a tension between the unresolved emotional impact of their adult children’s lifestyles and the resulting negative impact this had on their sense of generativity on the one hand, with the positive impact that they were having on their grandchildren and the positive sense of their generativity that this created on the other. Some grandparents felt proud of their parenting as a grandparent but also regretful about the way that they had parented their adult child. Nonetheless, several grandparents were able to resolve such paradoxes by focusing on the positive aspects of the roll. They then seemed better able to embrace their new identity and derive comfort and consolation from it.

Perhaps it is the uniqueness of these paradoxes that has led to social workers to fail in supporting grandparent special guardians. In the absence of clear local or national guidance, grandparents relied on the particular skills and experience of individual practitioners. Grandparents in this study perceived social workers as struggling to know how to engage with them. As discussed in 12.5.3., there was inconsistency in how the grandparents were positioned by social workers during the child protection and court processes. Sometimes, grandparents felt treated with the same respect afforded to foster carers and adopters while at other times, they were treated with the same suspicion they felt was afforded to parents going through the child protection process. The findings from this study clearly demonstrate the need for the development of a larger evidence base to inform social work practice with special guardians and the need for there to be specialist teams working specifically with special guardianship families in the same way that there are for adoptive and foster care families.

12.6.1 Grandparent special guardians: a non-traditional parenting role

The grandparent special guardian parenting role fits into Gidden’s (2006) notion of the de-traditionalization of the family, moving away from the mother/father/biological children paradigm. It could be viewed as surprising that the special guardians in this study felt part of a de-traditionalised family, given that kinship care is relatively common (Wijedasa (2017) and has a long tradition across cultures (Tapsfield 2001). However, kinship care tends to be invisible in the UK, especially the relatively new legal concept of special guardianships. Certainly, the grandparents in this study found that they had to develop a new identity without role models or reference points to guide them.

Other factors made the grandparents’ role feel different to that of other parents. Parenting was often very challenging, firstly because the grandparents were generally older than mainstream parents, several had chronic health conditions or disabilities and therefore felt physically vulnerable. Most were not in full time employment and the majority spoke of having financial difficulties and housing issues. These are issues commonly discussed in the kinship care and SGO literature (Wade *et al.* 2014, Wijedasa 2017, Hunt 2018, Harwin *et al*. 2019a). Second, most special guardianship children, like children in foster care, had suffered significant harm when in the care of their parents which affected their development and behaviour and meant that they were generally harder to parent (Schofield and Beek 2006). However, their family relationships were more akin to children in kinship care in that like kinship carers, they had close relationships with their parents and the children usually had contact with their wider biological families (Farmer and Moyers 2008, Winoker *et al*. 2014, Wellard *et al*. 2017, Hunt 2020). For the grandparents in this study, these issues and differences meant they found it difficult to cope. They often felt excluded from the community of parents and the resulting isolation sometimes led to a deterioration in their physical and mental health.

There is limited research in the UK on the parenting needs of children in kinship care (Hunt 2020), and no specific studies on children who are subject to SGOs (Harwin and Simmonds 2019a). However, research on children in adoptive families and foster families with similar histories of maltreatment suggest that they need reparative, therapeutic parenting (Schofield and Beek 2006, Meakings *et al*. 2018). To ensure that adopters and foster carers can achieve this standard of care, they are required to undertake specialist training and preparation, and most have access to ongoing training and support (Farmer *et al.* 2005, Rushton and Monck 2009). By contrast, most grandparents in this study did not attend any training or preparation and those that did, attended training developed for adopters or foster carers. Although attending these courses helped the grandparents to develop their parenting skills, many reported that sections of the courses were not relevant as they did not consider the uniqueness of their role and family relationships. Furthermore, while adoptive parents often found preparation courses helpful in terms of developing parenting skills and confidence, they did not provide specific tools for those caring for traumatised children (Selwyn *et al*. 2009). Another benefit to attending preparation course was that it allowed adopters to develop new support networks with other adoptive parents (Selwyn *et al.* 2009). Given that special guardians are at greater risk of being socially isolated as demonstrated in this study and previous studies (Wade *et al.* 2014, Bowyer *et al.* 2015c, Harwin *et al.* 2019a), the opportunity to develop new support networks that such courses provide, would be invaluable.   There is a need for bespoke workshops designed to meet the specific needs of special guardianship families. Such workshops should be available both during the assessment process and after the SGO has been granted to support grandparents with the parenting role and help them to form peer support networks.

Parenting children who had experienced trauma was often experienced as ‘overwhelming’ and ‘stressful’ by participants in this study. This is unsurprising. Other studies have shown that parenting children in special guardianship families and kinship care is challenging (Wade *et al.* 2014, Harwin *et* *al.* 2019a, Masson *et al.* 2019, Hunt 2020). At such times, the confidence of grandparents in their ability to fulfil the parenting role, could be eroded. Similar problems arise in adoption: in Selwyn *et al.* (2014), adopters who cared for children displayed challenging behaviour could doubt their parenting skills, which could reduce their satisfaction with the role and increase stress levels. In some instances, the stress of caring for traumatised children can be so high that it threatens placement stability. This is true for special guardians and kinship carers (Wade *et al*. 2014, Selwyn *et al*. 2014, Hunt 2020), for foster carers (Farmer et al 2005, Taylor and McQuillan 2014) and adoptive parents (Dance and Rushton 2006, Selwyn *et al.* 2014). However, there is some evidence indicating that kinship carers face additional stress compared with adopters and foster carers due to the kinship dimension and the resulting complexity of relationships within the family, particularly with the parents. For example, Harnett *et al.* (2014:417) argued that kinship carers 'experienced considerably more personal distress in the caring role compared with foster carers' due to their shared histories with the parents and the children.

The grandparent special guardian parenting identity is a unique one. Like foster carers and adopters, special guardians provide permanence to children who cannot live with their parents and they often parent children with similar experiences and vulnerabilities. However, as discussed in section 12.5, the journey to becoming a special guardian is significantly different. The grandparents did not feel like parents, but neither were they foster carers or adopters.

12.7 Managing a new family identity

Before moving on to discuss the way the grandparents managed their new family identities, two key terms need to be examined: life-story and contact. Although used extensively by professionals and as a result, also by special guardians, they have different connotations when used by the grandparents in this study. When the grandparents spoke of life-stories or contact, it was in relation to family histories, ongoing family relationships, and family time with parents. The connotations are more personal than when a professional language refers to life-story or contact. Morris *et al.* (2017:59) argue that professional language affects the way practitioners view families; there is a danger that rather than family being viewed as an 'active, dynamic entity… identities become shaped by… risk assessments' (Morris *et al.* 2017:59). Professionals need therefore to be aware of the language they use. In the context of special guardianship families, the terms they use should be more personal and family orientated.

Being a grandparent special guardian also involved a significant change in the grandparents' family identities. Their families commonly transitioned from being traditional family units, albeit with vulnerabilities, where the parents raised the children and grandparents fulfilled a grandparenting role, to being special guardianship families where the grandparents raised the children. SGOs were only implemented in 2005 so this is a relatively new family construct. This study has demonstrated how in the absence of information and guidance, as well as role models, grandparent special guardians struggled to know how to be a special guardian family.

This study identified several differences between grandparent special guardianship families and other family groups. Because the grandparents were older, generational differences set them apart from mainstream parent groups. This left many feeling like outsiders in their local parenting communities. The PR they had for the children was unique in that, unlike foster carers and adopters, they shared it with the parents but could also exclude them when necessary. Also, unlike most adopters and mainstream foster carers, they shared a biological family and family history with the children.

Hingley-Jones *et al.* (2020) used Mason's (2008) anthropological model of affinities to understand how grandparent special guardians understood their changing family identity. Mason (2008) proposes four affinities (fixed, negotiated, ethereal, and sensory) as ways of thinking about relatedness in families. Fixed affinity considers the biology of family and although biological relatedness can be fixed, it can also evolve over time, for example when grandparents become special guardians. Negotiated affinity considers the collaboration needed to be a family; these negotiations are usually based on moral, material and reputational concerns. Ethereal affinity considers the feelings and connections between people which may not be logical but occur in family units. Sensory affinity considers the characteristics of family experiences which create memories and include smells, sounds, cherished possessions, photographs etc.

Although there was evidence of all these affinities being relevant in special guardianship families, this study has highlighted the importance of the negotiated affinity in how grandparent special guardians attempt to develop a new family identity. A special guardian family is not a traditional family unit and its key members are usually the special guardians, the children and the children's parents. The grandparents in this study commonly engaged in complex negotiations with their grandchildren and the parents about how to be a family and many struggled to reach a resolution that satisfied all the family members.

This study has highlighted that the grandparents were usually responsible for managing how their grandchildren understood and adapted to their new family configuration. Grandparents were generally aware that it was important for their grandchildren's identity to develop in the context both of their history and in belonging to a non-traditional type of family. In this regard, the two major concerns for the grandparents in helping their grandchildren's understanding were family time between the children and their parents (contact) and the children's understanding of their family histories (life-stories). These findings concur with research which has consistently found that the identity development of all children who do not live with their birth parents needs additional consideration in terms of how family time with parents is managed and how the children are introduced to their life-stories (Schofield *et al*. 2000, Rose and Philpot 2005, Schofield and Beek 2006, Rees 2009, Schofield and Stevenson 2009, Sydney 2014, Neil *et al.* 2015, Iyer *et al.* 2020, Neil and Beek 2020). Grandparents in this study generally felt under prepared and inadequately supported both in terms of managing family time with parents and helping their grandchildren to understand their histories, which is not unusual for special guardians (Wade *et al*. 2014, Harwin *et al*. 2019a, Masson *et al.* 2019, Thompson 2019a&b).

It was generally in the context of family time between the children and their parents that the parent/children/grandparent family member paradigm usually played out. These sessions were often complex because of the parents and grandparents' historical and ongoing relationships, the grandparents' new role as special guardians, and the impact that these factors had on their relationships with the parents. During the family time session, grandparents often found that they had to be a parent to their adult children as well as a special guardian to their grandchildren. This was a finely balanced role where their main responsibility was to keep their grandchildren safe. However, their adult children often needed support too as their lives were often chaotic. Managing these complexities could feel impossible. One reason for this appeared to be that family time was often considered in isolation by all stakeholders. The literature on contact in special guardianship families has tended to focus on the logistics of contact and managing risk, emphasizing the procedural complexity and highlighting how overwhelming they can be for special guardians (Wade *et al*. 2014, Harwin *et al*. 2019a, Masson *et al.* 2019, Thompson 2019a&b). However, this study has evidenced that family time is also a complex mix of past and ongoing family relationships, happening in the context of complicated family histories, often with the addition of risk toward the children and grandparents from the parents. Therefore, in thinking about and planning family time, family histories and the development of a new family identity must be considered.

This study has also identified that life-stories in special guardianships families are distinct when compared to foster care or adoption and need to be treated as such. Life-stories are important to the identity development of children who do not live with their parents (Briheim-Crookall *et al.* 2020, Hammond *et al.* 2020, Iyer *et al.* 2020) but managing the children's understandings of their family histories can be complex. On the one hand, grandparents spoke of the benefits of being part of the children's histories. For example, most had photos of the parents that they could display and discuss with their grandchildren and they commonly told the children stories about their parents' childhoods. As discussed in the literature review, this is especially important for children not living with their parents because it allows them to develop a sense of socio genealogical connectedness (Aldgate 2006, Owusu-Bempah 2007) and help with the child's sense of who they are (Neil and Beek 2020). On the other hand, grandparents were rarely offered adequate support to manage this delicate endeavour. They often did not know how to address the more challenging aspects of the children's histories at the appropriate level for the child, especially given their role in it.

In adoption, communicative openness is considered important (Brodzinsky 2005, 2006). Adopters who can discuss the impact of being an adoptive family at a personal and familial level are better able to support the adjustment of their children and their families (ibid). Grandparent special guardians usually had no choice but to be open in the communication with the children because the children were often aware of their circumstances. All the children in this study with surviving parents had a relationship with them, which was managed both at the practical and emotional level by the grandparents. This meant the grandparents had to come to terms with their new role, whilst supporting their grandchildren to understand their family histories as well as their new family circumstances. They often also had to support their adult children to come to terms with their new role in their children's lives. There was some evidence that when the grandparents were able to be communicatively open with their adult children as well as with their grandchildren, relationships could improve, and family time with parents could become more positive. However, more research is needed on this important aspect of special guardianship families.

McAdams (2011) considers how people use narratives to help them understand their identities in adulthood, arguing that people use life-stories to develop a sense of meaning when faced with adversities in their lives and use these stories to explain to themselves and others how they came to be who they are. McAdams (2011) argues that these life-stories are an integral part of identity development. This study has highlighted that because the grandchildren's family histories are usually enmeshed with those of their grandparents and their parents, family history or life-story support needs to incorporate the whole family. Given the complexity of family situations and the levels of risk involved, most families will need specialist support with this.

A complicating factor in the development of the special guardian identity and the special guardianship family identity is that the special guardianship family is a relatively new social and legal construct (Giddens 2006, Wade *et al.* 2010 and 2014). Grandparent special guardians in this study were therefore unsure about the social expectations of this way of being a family which meant they had to create a new family identity within a society that does not understand their circumstances.

Once the grandparents took on the care of their grandchildren, their family unit changed dramatically; they had to consider how to develop a story to present to others that would incorporate their grandchildren into a new family configuration but within an existing family narrative. The grandparents commonly found that when the local community learnt that they were caring for their grandchildren, they became the focus of gossip and scrutiny. Many grandparents perceived this as fuelled by the stigma suffered by families identified as ‘problem families’. Although the grandparents accepted that they did not fit in to the mainstream notion of parents, most were shocked at the extent to which they experienced stigma. Goffman’s (1963) work on stigma and spoiled identity highlights how people who do not fit into society’s view of ‘normality’ struggle to achieve full social acceptance: it affects their own view of themselves and can lead to a ‘spoiled’ identity. Goffman (1963) argued that stigma affects groups of people as well as individuals. The experiences of the grandparents in this study show that their vulnerability is stigmatised in this way. Little is known, however, about how stigma affects special guardianship families.

In general kinship care, both the children and their kinship carers can feel stigmatised by their circumstances (Aldgate and McIntosh 2006, Farmer *et al.* 2013, Selwyn *et al*. 2013, Gautier and Wellard 2014, Hunt 2018). As in this study’s findings, Gautier and Wellard (2014) found that grandparent kinship carers could feel stigmatised because they believed that society blamed them for failing to raise their own children to be able to parent safely (Gautier and Wellard 2014). The feeling of being stigmatised can be exacerbated by the behaviour of family and friends. Most grandparents made their decision to become special guardians after their friends and family had offered to support them with the children. However, once the SGO was granted, most felt rejected by their friends and forgotten by their families. Family and friend support is essential for special guardians and kinship carers (Gautier and Wellard 2014, Wade *et al.* 2014, Wellard *et al*. 2017, Ashley and Braun 2019) yet research has shown that becoming a kinship carer can undermine these important relationships (Selwyn *et al*. 2013). This study identified several factors that influenced the way becoming a grandparent special guardian affected relationships with friends and family. The main issue was that once the SGO was granted, their friends and family tended to return to their own lives, assuming that the emergency was over. It was common for the grandparents’ other adult children to get married and have children of their own. The grandparents also often lost contact with friends who they no longer had anything in common with. When friends and family support fell away, grandparents could feel isolated and abandoned, which added to their feelings of being outside of mainstream society.

Stigma also affected the grandparents' relationships with statutory services. Several felt judged and stigmatised by professionals which meant they were then less inclined to seek professional support; doing so, they believed, would simply fuel the negative stereotype that they were not competent carers. Kinship carers haver previously reported that they felt judged by professionals and they feared being seen as unable to cope if they sought support. Ultimately, they feared that the children would then be removed from their care (Aldgate and McIntosh 2006, Selwyn *et al.* 2013).

Goffman (1963) proposed that people who feel stigmatised constantly attempt to change their social identities in a way that addresses the reasons for their 'spoiled' identity and allows them to be seen as more socially accepted. Children in kinship care have been seen to do this. Farmer *et al.* (2013) found that children were selective in how they shared their stories to prevent being bullied because of the stigma of being in kinship care. For example, children felt that it would be more socially acceptable if the reason their parents could not look after them was because they had died rather than because of abuse or neglect.

The grandparents in this study also developed strategies to avoid being stigmatised. They were often selective about the information they shared regarding their circumstances. They created narratives that they believed were more socially acceptable in an effort to give their new family unit the best chance of being accepted. Some overtly engaged with their local communities, fulfilling helpful roles associated with being older carers by mentoring younger parents or running after school clubs for children. Others felt totally rejected and isolated. Goffman (1963) suggested that hiding from stigma can lead to people being further isolated and increase the likelihood of mental health issues such as depression and anxiety. Attempting to engage in society, on the other hand, can lead to new opportunities and a greater sense of social acceptance, although it can be challenging to do so. The current lack of understanding about special guardianship families within wider communities is likely to add to this stigma. National and local strategies are needed to positively increase awareness of SGOs and special guardianship families. This could have a twofold benefit. First, raising awareness of the positive role that special guardians have in the lives of vulnerable children could reduce stigma, and second, greater awareness could increase the number of potential special guardians wanting to care for children who might otherwise be in foster care.

12.8 Social work with grandparent special guardians and their families

Becoming and being a grandparent special guardian is complex and takes a significant amount of emotional labour (Leeson 2010). Therefore, there is a need for additional long-term support, as is widely recommended in SGO literature (Wade *et al.* 2014, Bowyer *et al.* 2015c, Harwin *et al.* 2019a), and accepted by the government (DfE 2015a) and family courts (Harwin and Simmonds 2019a, Masson *et al.* 2019). Research into foster care and adoption has indicated links between providing support for carers and parents and the children's care and wellbeing. When carers receive positive support, they are able to provide better care for the children, and if support is inadequate, they are more likely to struggle with the parenting role (McSherry *et al.* 2016, Neil *et al.* 2018). Yet despite this need, support for special guardians continues to be inadequate (Wade *et al.* 2014, Bowyer *et al*. 2015c, Harwin *et al*. 2019a Masson *et al.* 2019). This study has given an insight into the importance of the relationships between the grandparents and the professionals, friends, family and peers who support them. It has also demonstrated how inadequate support can affect the special guardians' identity development, their physical and mental health, all of which have the potential to affect children's well-being.

12.8.1 Statutory support

Local authorities have a responsibility to ensure they have support services for special guardians available in their areas (DfE 2017). However, once care proceedings ended, most grandparents in this study felt that support was withdrawn, and they had to cope alone. They commonly did not know where to go for advice. This is not surprising, the issues around the availability of support for special guardians are well documented (Wade *et al.* 2014, Bowyer *et al*. 2015c, Local Government and Social Care Ombudsman 2018, Harwin *et al*. 2019a, Masson *et al*. 2019).

This study identified that when support was either suddenly withdrawn or not available, special guardians were left feeling betrayed, exploited, and abandoned. Several believed that the only reason they were promised support was to 'trick' them into taking on the care of the children. The subsequent sense of disillusionment could have a significant impact on the grandparent special guardian identity. First, it created a sense of mistrust towards children's services which meant several grandparents later refused to seek support when they needed it. Second, many grandparents felt they were not considered worthy of the time and effort of social workers, which increased the sense of stigma and added to the sense of their special guardian identity being a spoiled one.

However, there were several factors identified which would assist the development of positive support services for special guardians.

This thesis has clearly argued that SGOs are a unique form of permanence for children unable to live with their parents which requires specialist knowledge and skills in the professionals working with them. Services offered by local authorities to adoptive families are often described as needing to be ‘adoption competent’ (Hart and Luckock 2004, Rushton 2009). This means they should consider the specific needs of adoptive families. An equivalent standard is needed in special guardianship support to ensure that the support offered to special guardian families meets the criteria of being ‘special guardianship competent’.

Support plans are a key part of the support offered to kinship carers and should give special guardians a clear understanding of what support they need and how to access it (Wade *et al.* 2014, Bowyer *et al.* 2015c, Harwin and Simmonds 2019b). However, most grandparents had not seen their support plan and were unaware that they should have received one. Those who had received a support plan generally felt that the contents were not based on a realistic or holistic understanding of their families’ needs. This is in keeping with the findings from previous research (Wade *et al.* 2014, Bowyer *et al*. 2015c, Harwin *et al.* 2019a, Masson *et al*. 2019). One difficulty was that the support plans were usually finalised at the last court hearing where the grandparents struggled to focus on anything other than the judgement. Also, as Thompson (2019b) identified, the content of support plans could become a bargaining tool at the final hearing rather than being based on the needs of the families.

To safeguard against these issues, support plans should be developed in partnership with special guardians and their families. They need to focus on both the needs identified in the SGO assessment and the needs identified by the family. The content of support plans should be agreed between the local authority and the special guardians before the final hearing, and plans should be given to the carers separately from the court bundle.

An additional challenge with support plans is that the needs of the families did not remain static. The grandparents’ needs often increased as they grew older; the children’s behaviours changed as their complex needs affected their development; and the parents’ situations were fluid, some improved whilst others deteriorated or fluctuated. The support needs identified in the SGO assessment and support plan could quickly became outdated without reviews or updated assessments. The Local Government and Social Care Ombudsman (2018) identified that reviews into the SGO support rarely took place which meant that support often ended at an arbitrary cut off point rather than because it was assessed as no longer being necessary. To counteract this, support plans should be regularly reviewed to ensure that the support the families receive is meeting their needs. The reviews could take place at key points in childhood, for example, when the children enter adolescence and begin to question their identities, when they start at a new school, or if their parents have another child. Grandparents were experts in the needs of their families, especially the needs of their grandchildren. This expertise should shape the support plan review process.

Financial support was a significant issue for the grandparents. When families did not receive financial support, the grandparents had to prioritise meeting their children's basic needs such as feeding them and keeping them warm. However, those grandparents who received a financial allowance had the capacity to focus more on the wider needs of their children such as their need for therapeutic support. This can be explained using Maslow's (1943) psychological theory of the hierarchy of need. The hierarchy of need is a five tier model of human need presented as a hierarchy in the following order starting with lower order needs: physiological needs, safety needs, love needs, esteem needs, and self-actualisation. To advance through the hierarchy one has to satisfy the needs of the previous stage. When special guardians have to focus on meeting their own and their children's physiological needs because of the impact of living in poverty, they will struggle to focus on their high order needs.

Although there is some evidence that financial allowances for special guardians are becoming more prevalent, most special guardians continue to experience financial hardship due to the cost of caring for another person's children (McGrath and Wrafter 2021). In foster care there is a precedent where it is accepted that it costs money to raise another person's child and the minimum fostering allowance is the minimum amount necessary to enable foster cares to do so (DfE 2011b). The costs of raising children in special guardianship families are likely to be similar to the costs of raising children in foster care. It makes sense that children in special guardianship families need to be supported out of poverty. To achieve this, special guardians should receive a national minimum special guardianship allowance which is equivalent to the minimum fostering allowance.

This study has suggested that support should be available at least until special guardianship children reach 18, and beyond if the children are in full time education. It has also demonstrated that withdrawing support prematurely can have a significant negative impact on how the grandparents feel about the role and their capacity to meet their grandchildren's needs. This is consistent with the findings in literature into SGOs (Wade *et al.* 2014, Harwin *et al.* 2019a Masson *et al.* 2019) kinship care (Farmer and Moyers 2008, Hunt *et al*. 2008, Saunders and Selwyn 2008, Hunt and Waterhouse 2012), foster care (Sinclair 2005, Farmer and Moyers 2008, Schofield e*t al.* 2012) and adoption (Dance and Rushton 2006, Meakings *et al*. 2018). There have been recent changes in policy surrounding SGO support; for example, special guardianship children can now access the adoption support fund. However, this study concurs with the findings from studies by Harwin *et al*. (2019a) and Masson *et al*. (2019) as well as the report by the Government and Social Care Ombudsmen (2018), that support offered to special guardians continues to be insufficient and lags far behind that offered to adopters and foster carers. As a result, several grandparents in this study regretted caring for the children under and SGO, instead believing they would have been better supported by looking after the children as kinship foster carers.

Support needs to be freely available and easily accessible for special guardians. Access criteria such as the child needing to have previously been in local authority care to access the ASF, or means testing for financial support, were avoidable barriers to special guardians. Whether the carers met the access criteria or not did not appear to matter, the knowledge that there was access criteria led to many grandparents not seeking help. The expertise of special guardians about their needs and the needs of their children should be respected and support should be available for when they need and request it.

This thesis has clearly demonstrated that the needs of grandparents special guardianship families are distinct from those of parents, foster carers and adopters. They have needs in relation to their own vulnerabilities due to being older and their previous life experiences. They have needs in relation their family histories, family identities and ongoing family relationships, especially family time with parents. The same appears true for the children who have specific needs due to their experiences of trauma and being part of a special guardian family. There is a need for local authorities to have specialist teams dedicated to assessing and supporting special guardians. Practitioners in these teams should have specialist training on the specific needs of special guardians, the children and their families. One way of achieving this would be for there to be continuing professional development training for social workers which focuses on special guardianship families.

Although grandparents mainly focused on the support they received (or didn’t receive) from children’s social care, support from other professionals in the children’s lives could be life changing. For example, Nina was struggling to cope with the care of her grandson but when a new headteacher joined the school and offered support, she felt listened to, supported and more confident about the future. It is commonly found that professionals who work closely with vulnerable families are often well placed to notice their difficulties and to offer support (Chand and Thoburn 2005, Devaney and Smith 2010, Ferguson 2011, Munro 2011). However, the grandparents reported that often other professionals were unaware of the specific needs of special guardianship families or of their responsibilities to them. There should be a role for children’s social care in raising awareness of SGOs and the needs of SGO families among professionals working with children and families within their local authorities.

There was a sense among some carers in this study, especially those who had been kinship foster carers, that they received significantly less support than foster carers and adoptive parents. This is unsurprising and has been previously identified as an issue in kinship care (Farmer and Moyers 2008, Hunt and Waterhouse 2012, Selwyn *et al.* 2013) and special guardianships (Wade *et al*. 2014, Masson *et al*. 2019). The reason that foster carers and adopters have easier access to long term support than special guardians and kinship carers is due to the established legal requirements and systems in place to facilitate this (Dance and Rushton 2006, Farmer and Moyers 2008, Meakings *et al*. 2018). Harwin *et al.* (2019b) argue that there needs to be parity in policy, recognition and support between adoptive parents and special guardians. However, no evidence of parity was found in this study.

12.8.2 Informal support

Informal support was essential to grandparent special guardians. This supported came from three places: friends and family, other kinship carers, or third sector organisations. Each had a specific set of benefits and challenges.

Friends and family could offer significant support to the grandparents. However, often this support could be inconsistent or it tapered out as the grandparents' families' circumstances changed. The unpredictability of family support is recognised in the kinship care literature. For example, Selwyn *et al.* (2013) identified that although family members could be supportive, they were often unable to meet the expectations and needs of the kinship carers. Hunt *et al*. (2008) found that although kinship carers relied on family members for help with caring for the children, only 22 percent looked after the children overnight. There can be a role for children's social care in encouraging family support. For example, there is evidence that social care interventions such as family group conferences can encourage families to support each other (Sen and Webb 2019). When support plans are being developed for special guardians, the long-term support that families can offer should reflect that family members will get older and be able to offer more or less support dependent on their circumstances.

Peer support was consistently found to be beneficial to grandparents. It is important to note that participants were mainly recruited from a national charity that facilitates peer support, so these grandparents would be more likely to have experienced peer support. Peer support is known to benefit kinship carers because it encourages them to make links with their peers (Farmer and

Moyers 2008, Hunt *et al*. 2008, Aziz *et al.* 2012, Wade *et al*. 2010 and 2014, Ashley and Braun 2019, Grandparents Plus 2019, Harwin *et al.* 2019a, Masson *et al.* 2019, Starks and Whitley 2020). It has also been identified as beneficial to adopters (Neil *et al*. 2018) and foster carers (Luke and Sebba 2013). An independent review of Kinship Connected, an intervention that facilitates peer support among kinship carers, found it significantly reduced kinship carer stress and increased their satisfaction with the role (Stark and Whitley 2020).

Little is known about why special guardians find peer support so beneficial. For the grandparents in this study, peer support offered them the chance to talk to people who understood their situation. There was a sense of safety in the peer support network which allowed them to be open about their feelings and not worry about being judged as failing. There was also a sense of shared expertise: their peers had been through similar situations and learnt from them. They were then willing to share this learning. Peer support gives special guardians the opportunity to develop relationships with people who understand their experiences and to meet people they can emulate and learn from. This can lead to them developing a more positive sense of their grandparent special guardian identity. Talking to other special guardians about the role also created a shared sense of pride in the role which went some way towards mitigating the stigma they felt from mainstream society and helped to affirm a more positive narrative about their situations.

All local authorities should have peer support groups available for their special guardians and all professionals working with special guardians should be aware of what peer support services are available in their areas.

12.9 Knowledge contribution

This study is currently the largest study to solely examine the experiences of grandparent special guardians. The qualitative nature of the study has meant that it has been able to give detailed insight into their lived experiences. This study builds on the previous SGO research which was examined in the literature review chapters. Two studies have examined the perspectives of special guardians as part of larger studies (Wade *et al.* 2014, Harwin *et al.* 2019a) and one small study has specifically examined the experiences of grandparent special guardians (Hingley-Jones *et al.* 2020). The findings of this study generally concurred with the findings of these previous studies, however, the depth and scope of this study's data allowed the findings to give more context to those of previous studies and identify new areas of interest.

Examining the whole grandparent special guardian experience allowed this study to develop the model in figure 3, which explains the two stages of becoming and being grandparent special guardians. The previous studies have considered the becoming stage and discussed the experiences of special guardians during the child protection and court processes, including the assessment process, (Wade *et al.* 2014, Harwin *et al.* 2019a, Hingley-Jones *et al.* 2020). These studies all identified and described significant issues with these processes, especially around the lack of preparation for the role (Wade *et al.* 2014), the intimidating nature of the legal processes (Wade *et al.* 2014, Harwin *et al.* 2019a), and the intrusive nature of the assessment process (Wade *et al.* 2014, Harwin *et al.* 2019a, Hingley-Jones *et al.* 2020).

This study has added to this previous knowledge by identifying other factors that influenced the becoming stage. These included the influence of generativity on the motivation to become a grandparent special guardian, the loss that grandparents feel about many aspects of their previous identities, the complexity of the grandparents' relationships with their adult children, and the impact of an adversarial system which is defined by significant power imbalances. Furthermore, this research explains how the grandparents' experiences of becoming special guardians can affect their sense of wellbeing, their identities, their relationships, and their propensity to engage in support.

Wade *et al.* (2014), Harwin *et al. (*2019a) and Hingley-Jones *et al.* (2020) all describe some of the challenges that special guardians face whilst fulfilling the role, especially around managing the behaviours of children who have suffered trauma and the lack of adequate support. This study has described some of the ways these challenges can affect grandparent special guardians, and the strategies they use to cope in the face of these adversities. Wade et al (2014) identified that in special guardianship families, children can integrate well which can have a positive impact on their wellbeing. This study has expanded this and considers the development of a special guardianship family identity. This new way of considering family is examined in the context of the grandparents developing their personal special guardian identities, changing relationships, and the impact of stigma on all involved.

Both Wade *et al.* (2014) and Harwin *et al.* (2019a) highlight that contact can be difficult for special guardians to manage, especially when they are not offered support. Hingley-Jones *et al.* (2020) proposed a model for understanding the impact of the grandparent-parent relationship on contact/family time. This study has also found that contact can be challenging for all involved. However, when the grandparents in this study spoke about contact, they did so in a way that indicated that it was not an isolated issue but part of a larger concern about the impact of family history and ongoing family relationships. A key recommendation of this study is for social worker and policy makers to consider the special guardianship family identity which, includes the parents, this will be explained more in the following section.

All the literature on SGOs describe how special guardians do not receive adequate support in the role. This study supports and builds on this. The findings demonstrate the different areas where support can come from, such as from professionals working with the family and family and friends. It also explains the factors which might mean that special guardians struggle to engage in support.

The findings from this study both support and challenge the recommendations of the Public Law Working Group (2020) which can be found on page 17. It is recommended that there should be a more robust assessment process. However, this should happen in the context of improved social work practice, especially relationship-based and anti-oppressive practice. Assessments must also focus more on the support needs of special guardians and their families rather than just on risk. This study agrees there should be better preparation for special guardians and, as described previously, better planning and support for contact/family time. This study builds on the recommendations of the PLWG (2020) and argues not only for a review of the public funding for proposed special guardians, but all legal costs to be covered as well as more legal rights being afforded to them. This study also makes recommendations for policy and full recommendations can be found in the following section.

12.10 Implications of this research

This research has developed an understanding of the holistic experiences of grandparent special guardians which were multifaceted and complex. The methodology required that, under supervision, I used my skills, knowledge, and experience to interpret the grandparents' interpretations of their experiences of becoming and being special guardians. As discussed previously, I have brought a specific set of skills to the project. During this project, I continued to practice as a social work manager; I have lectured in social work and taught social work law; and in 2019, halfway through this project, I became the policy and practice advisor for Kinship, a kinship care charity. My analysis has been influenced by these skills and experiences. These skills and experiences have also helped me to consider the findings within the context of social work practice, social policy and in relation to the gaps in research.

In this section, I consolidate the recommendations for social work practice, social policy and future research identified in this thesis.

12.10.1 Implications for social work practice

Social work practice with grandparent special guardians is complex. The grandparents believed that social workers often did not understand the complexities of their situations and were too focused on achieving outcomes rather than building relationships However, social work practice is often influenced by the local authority procedures they work under. The following recommendations are split into two areas, the first is recommendations for local authorities and the second is recommendations for social workers.

Recommendation for local authorities:

- Continued professional development training on all aspects of SGOs should be provided to all social workers and more advanced training for practitioners working directly with special guardianship families.
- Social workers must be supported to reflect on their assumptions and biases when working with grandparent special guardians.
- Becoming a special guardian is a life changing decision. Grandparents should be allowed to have the time, and be given the information they need, to ensure that the decision they make is the correct one for them and their families.
- Special guardians should have access to workshops that focus on specific issues that they may experience as special guardians, such as managing family time or understanding the impact of trauma on children.
- Some families will need long term support for managing the complex relationship dynamics that can arise during family time with parents. This should be available when requested.
- Family history or life-story support should focus on the whole family and include the parents where safe to do so.
- There should be specific specialist teams in every local authority which carries out SGO assessments and facilitates support for special guardianship families.
- Not all support for special guardians has to be provided by children's social care. However, local authorities should assist special guardians to receive the support they require from other organisations and advocate on their behalf, as necessary.
- Local authorities should consider the role that third sector organisations can fulfil in supporting special guardians in their areas.
- Peer support is essential for special guardians and local authorities should provide services that support special guardians to come together.

Recommendations for social workers:

- Social workers ensure their work with special guardianship families involves relationship-based practice and anti-oppressive practice.

- Social workers need to consider the language they use when talking about special guardianships families, especially when considering family histories and family time with parents.

- Grandparents generally have knowledge and expertise in the histories of their families as well as their families' current circumstances. This knowledge should be sought out and respected during interventions.

- There needs to be greater understanding of, and empathy for, the grandparents' relationships with their adult children who are the parents of the special guardianship grandchildren. They should be more support available for grandparents who are finding it difficult to manage this relationship.

- The emotional impact of becoming and being a grandparent special guardian can significantly affect the grandparents' mental health and wellbeing. Social workers need to be aware that grandparents may not openly express their emotional distress for many complex reasons, which prevent them from receiving the support they need.

12.10.2 Implications for policy

- There should be a legal requirement for safe family members to be involved when there are child protection concerns for a child. They should be involved in child protection planning, which would allow assessments to begin sooner if necessary.

- There should be a legal requirement for local authorities to provide any potential special guardians with all the necessary information that they need to make an informed decision about whether to take on the role.

- Potential special guardians who have a realistic possibility of becoming a special guardian should have the legal right to have role in any care proceedings. When the courts are considering granting an SGO, the potential special guardians should be made party to the care proceedings.

- Any person with a realistic chance of being a special guardian for a child should receive legal aid to cover any legal costs.

- All special guardians should receive legal aid to cover the cost of any post order litigation in the family court concerning the child, including if the parents seek to revoke the SGO.
- SGO assessments must be significantly improved and this needs to be addressed in statutory guidance. Assessments should be evidence based and focus on the nuances of special guardianship families rather than being based on models that were developed for other permanence options such as foster care or adoption. Assessments must be completed in partnership with families and should focus on their support needs rather than solely on risk. Any family member who has experienced an SGO assessment should be offered therapeutic support to support them with any issues that were raised during the assessment. Assessments should be completed in the timeframe that is correct for each specific family and child. The safety and privacy of special guardians should be considered when assessments or court paperwork is shared with parents.
- Local authorities should have a statutory duty to make preparation course available (but not be mandatory) to all potential special guardians as part of the assessment process. These preparation courses must be developed to address the specific issues of special guardianship families, rather than following the same template as courses developed for foster carers or adoptive parents.
- Special guardians should have the right to be informed of any risk that the parents may pose to the children in their care, especially when new risks are identified.
- Special guardians should have the right to request that their support plans are reviewed as necessary.

Specific recommendations related to support:

- All special guardianship families should be entitled to the same levels of support, regardless of whether the SGO was granted through private or public care proceedings or whether the children had previously been in local authority care.
- Special guardians often have significant and changing support needs and many will need open access to support as and when necessary. Special guardians should be entitled to support when they identify they need it. Local authorities should commission independent support services as needed, especially for families unwilling to engage with local authorities for whatever reason.

- All special guardians should be entitled to an allowance equivalent to that paid to foster carers. There should be no means test and it should be payable until the children reach adulthood or leave full time education.
- Special guardianship children should be supported to remain with their special guardians once they reach adulthood in a similar way that care experienced young adults are via ‘staying put’ arrangements.

12.10.3 Recommendations for future research

This thesis has identified that there is a need for research into every aspect of SGOs and special guardianship families. There is a need for large scale quantitative studies, in-depth qualitative studies, and longitudinal studies. These studies need to focus on every aspect of the special guardianship process and focus on each stakeholder group.

Urgent research is needed on understanding SGOs from the perspective of the children, and on the experiences of Black, Asian and minority ethnic special guardianship families.

12.11 Conclusion

This thesis has furthered our understanding of what it is like to be a grandparent special guardian. It has identified that there are two stages of the grandparent special guardian experiences: *becoming* and *being* special guardians. Three superordinate themes influenced the grandparents’ experiences during each of these stages: the grandparents identity transition to being grandparent special guardians and the maintenance of the new identity, the grandparents management of new and changing relationships, and the grandparents ability to engage in support.

The findings of this thesis, along with my professional experiences whilst undertaking this Ph.D., have enabled me to make recommendations that would improve the experiences of grandparent special guardians, the children, and their families, increase the understanding of SGOs in social work practice, and assist the development of special guardianship competent social policy and support services.

12.12 Final reflection

> “I was much further out than you thought
>
> Not waving but drowning.” (Smith 1978:167)

The above quotation from Stevie Smith’s poem ‘Not Waving but Drowning’ came to me on my journey home after I completed my first interview. The poem considers the grief of one who has died because no one noticed the seriousness of their plight, instead their gestures for help are mistaken as a greeting.

Smith's poem demonstrates the importance of interpretation. On one level this interpretation can reflect the experiences of the participants of this project. They spoke of trying to 'put on a brave face' and of not wanting to be regarded as failing as special guardians. There is a risk that social workers could interpret the special guardians' reticence to ask for help as a sign they are coping; special guardians could be seen as 'waving' not 'drowning'.

When I practiced as a social worker with special guardians, I thought I had a good understanding of kinship care and special guardianships. Undertaking this project has shown me that I was wrong. The circumstances of most kinship families are complex and without understanding this complexity I now see how easy it is to mistake someone who is 'drowning' as someone who is 'waving'.

Smith's poem can also reflect the complexity of interpretating data in qualitative research. The hermeneutic cycle in IPA requires one to look beyond each sentence that was spoken and put it in the context of the interview and then in the context of all the interviews. The researcher has to look beyond the 'waving'.

My interpretation of the data has led to this completed document. It gives an insight into the lived experiences of 27 grandparent special guardians who were gracious enough to allow me access to their worlds and their stories. This has allowed me to give my perspective of the complexities, challenges, and joys of being a grandparent special guardian.

Appendices

Appendix 1 – Literature Review Search Strategy

Databases searched June 2017 and February 2021

UEA Library Search – EBSCO

Scopus

ASSIA

Google Scholar

Search strategy used

Include	Exclude
Written in English	Not written in English
Peer reviewed literature (articles and books) within the past 15 years	Literature older than 15 years (with certain exceptions)
UK literature about special guardianships	
UK literature kinship care	General international literature into kinship care.
UK literature into experiences of kinship foster carers	International literature into kinship foster carers.
International literature on experiences of kinship carer within the last 10 years	Individual papers on international kinship care (with certain exceptions)
UK policy special guardianships and kinship care	International policy kinship care
UK practice literature	International practice literature
Grey literature from the UK	International grey literature
Topics searched: Special guardianship orders Special guardianship Special guardians Special guardians' experiences Kinship care Kinship carers	

Kinship carers’ experiences Relative carers Friend carers Connected person Grandparents special guardians Grandparents kinship carers Grandparent carers Custodial grandparents Carers who offer children permanent out of home care. Grandparenting Permanence	

This table only shows the literature search strategy at two specific points and is not an exhaustive list of the literature searches carried out. During the data gathering and analysis stages as well as during the write up, searches were continuously carried out regarding discreet areas of interest.

Appendix 2 – ethical approval form

Ethical Approval Form for Research 2016-17

School of Social Work

Research Ethics Committee

All staff and students (including research staff) must obtain approval from an appropriate Ethics Committee before undertaking research involving human participants; this includes piloting. This form is for staff and students applying for ethics approval from the School of Social Work Research Ethics Committee. Information on the Committee and links to ethical guidelines are available on the School Ethics web pages (http://www.uea.ac.uk/socialwork/research/ethics) In completing this form, it is expected that applicants will refer to the UEA ethics policy and the ethical guidelines suggested on the school ethics pages (eg ESRC, BPS, JUC-SWEC) and will follow best practice as suggested by these guidelines.

1. Principal Investigator(s) ………Paul McGrath ……………………

Proposed start date …………01/01/17………………………………….

Proposed funding source (if applicable) N/A………………………..

REN project code (students exempt) …………………………………….

2. The Project

2.1 Title

Grandparents’ Experiences of Being a Special Guardian: An Interpretative Phenomenological Analysis

This is a qualitative research project which will focus on grandparents who have been awarded a Special Guardianship Order (SGO) by the Family Court to look after a child or children of their son or daughter, who has been unable to care for them themselves.

The main purpose of the research is to increase the understanding of the lived experience of being a grandparent who is a special guardian. It will consider how the grandparents understand and make sense of being a special guardian. The research will explore, the motivation to become special guardians and their experience of the assessment and court processes. It will examine what it is like to parent their grandchildren. It will then explore the impact that contact between the child and their parents has on the placement with their grandparents and the grandparent’s experiences of this. It is also considering the impact (if any) this contact has on the grandparents’ relationship with their wider family. It will also consider the grandparents experience of support from the local authority and other support agencies.

I will seek participants by attending Kinship and SGO support groups and by using work of mouth.

I will be collecting data using semi-structured interviews.

I intend to use Interpretive Phenomenological Analysis (IPA) to analyse the data that I collect.

It is envisaged that a better understanding of the special guardians' experiences will inform our understanding of how to support them care for their child.

3. Informed Consent and Briefing

3.1 Informed Consent and Briefing

Please explain your strategy in relation to gaining informed consent from participants. Points to consider include:

- Are there any ethical issues in relation to recruiting your sample for example unequal relationships between the gatekeepers and potential participants?
- What information (and in what form) will be given to participants about the study?
- How will consent be recorded?
- What are participants consenting to in terms of uses of the data (for example will you make it clear that the data may be used in publications or for further secondary analysis?)
- What rights will participants have to withdraw from the study during or after data collection?
- For participants under the age of 18, please detail if and how you will obtain consent from parents or guardians, and explain how the assent/consent of the child/young person will be obtained.
- Is consent required from any other persons for example gatekeepers such as teachers or social workers?
- If you do not plan to gain consent from participants, clear justification for this must be made.
- Will you be offering participants any reward/incentive?

(Append copies of information sheets and consent forms where appropriate).

The participants will be the special guardians of the grandchildren who are no longer able to be cared for by their parents and who have been made subject to Special Guardianship Orders by the family court.

I currently intent to interview between 16 and 24 participants over 16 interviews. The participants will need to be the grandparent and special guardian for the grandchild they care for and the family court's public or private proceedings would have had to have been completed. If the grandparent is single then they will needed to be interviewed as a single person. If they are in a co-habiting relationship they will need to be interviewed as a couple with their partner.

All participants will be over the age of 18 years old and must be able to consent to engage with the project.

I will create flyers (please see appendix 1) to share with potential participants to encourage them to engage with the project.

My current plan for recruitment is to approach agencies who work with and support special guardians and request they send out the flyers on my behalf. I will also request permission to attend support group meetings to discuss my research and leave the flyers to allow people to contact me if they wish to, whilst not feeling under pressure to do so.

I acknowledge the above process will limit the participation to a selective group of people who access support services. To address this issue I am also considering asking for my flyer to be left in Children's Centres and Community Centres informing people of my project and inviting them to contact me for a discussion regarding suitability to participate in the project.

Once a person has shown an interest I will send them a copy of the project information sheet (please see appendix 2). I intend to talk through this sheet with the participant verbally, either when I meet with them in person or via a Telephone discussion.

Before the interview I plan on again reviewing the project information sheet and the consent form with the participant (please see appendix 3). I will ask the participant to sign the consent form. I will also give the participant the option of having their consent verbally recorded if they prefer not to sign a document. The hard copy of the consent form will be kept in securely locked storage at the University of Easy Anglia. The verbal consent would be saved to the UEA One Drive which is password protected.

Throughout the process I will also be monitoring the participants. Were I to have any concerns regarding a participant's capacity to participate in the ongoing process, for example due to a mental health condition, I would stop the process and signpost the person to appropriate support services.

All documentation used will be jargon free and I will strive to make it as easily accessible as possible. If a person agrees to become a participant I will verbally go through all the documentation with them to ensure that people who have difficulty with reading or writing will have the same access to the information as the other participants.

I am aware that if documentation becomes too long, especially the consent form, then the participant can disengage with understanding exactly what they are consenting to. Essentially the risk is the participant could just sign the consent form for the sake of it. For this reason all forms will be focused and concise whilst still covering necessary information.

Due to the nature of using IPA and the importance of being able to fully understand that nuances of the language used I do not intend to interview people who would require the use of an interpreter. The reason for this is that losing the nuances of language could lead to a misrepresentation of the participants' interpretation of their experiences and corrupt the data collected. This could impact on the reliability of any conclusions.

It is acknowledged that some of the participants may be from vulnerable sections of society and have had some involvement with a local authority social worker. They would have been assessed by a social worker to facilitate their application to become special guardians. The recruitment process will strive to be clear that the decision to engage or not in the process, or the decision to withdraw data at a later date, will in no way affect any assessment or support they would receive from statutory services or NGO/charitable support groups.

I will also explain my duties and responsibilities in protecting vulnerable adults and children from serious or significant harm. If any information comes to light during the interview, if safe to do so, I would discuss this with the participant in the first instance and with my supervisor. If necessary I may need to refer the information on to appropriate safeguarding authorities. If any information comes to light that a child or adult is at immediate and high risk of suffering or continuing to suffer significant harm then I would call emergency services straight away. My practice experience as a social worker gives me the skills to be able to assess this risk.

I will be using a semi-structured interview to gather the data (the interview schedule is at appendix 4). The interview schedule will be sent to the participants prior to the interview taking place. The schedule could be either emailed to the participant or sent via post. I will make it clear to the participant that if there are any questions, or areas of questioning, that they do not want to engage in there will be no pressure on them to do so. If by not engaging in certain questions it means that the participant's data will not be able to be used in the coding and analysis then this will be explained clearly to the participant with an explanation that anything they do say will go towards increasing my understanding of the topic.

I will be offering all participants a £15 gift voucher as a thank you for their time.

It will be clear in the project information sheet that I stand to gain my PhD from the completion of the project.

3.2 Withholding of Information from Participants

Do you plan to withhold any information from participants about the nature or purpose of your study? NO

If YES, describe your reasons for this and your plans for debriefing participants at the end of the study.

3.3 Information for Participants on Completing the Study

Do you plan to give participants more information about your research and/or findings after they have taken part? YES

If YES, how will this information be given and what will it include? (give details or attach the information sheet)?

As described above, Participants will review a recruitment flyer (appendix 1); project information sheet (appendix 2); consent form (appendix 3) and an interview schedule (appendix 4), prior to the interview commencing.

I plan on giving participants a debrief sheet (please see appendix 5) at the end of the interview which will give details of support services local to the area where the participants live. These services will include NGO and charitable organisations as well as Local Authority support services. The Local Authority has a legal duty to continue to support special guardians throughout the child's minority. I will also attach specific details of national and local support groups for kinship carers.

If NO, why won't participants be given further information?

4. Confidentiality, Anonymity and Data Storage

4.1 Will you be gathering personal and/or sensitive data (under the terms of the Data Protection Act 199[1]8)? YES

If YES, please describe.

Information will be personal about the participants and their family situation.

4.2 How will you ensure the secure storage of data both on and off site?

The name and contact details of the participants will be known and kept securely along with their signed consent form. Hard copies of this information will be kept locked away at the UEA. Electronic versions will be securely saved on the UEA One Drive. This will allow follow

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[1] Since the data collection took place the Data Protection Act 1998 has been superseded by the Data Protection Act 2018 and this legislation has been followed since its introduction.

up contact if necessary and details of where to send the research findings. The interview data will be kept separately from this information to prevent the interview data and contact details being matched.

Voice recordings from the interviews will be transferred from the Dictaphone onto the UEA One Drive within 24 hours of the interview. The voice recordings will then be deleted from the Dictaphone. Each interview will be given a pseudonym to identify it. The voice recording from the One Drive will then be transcribed and anonymised. Once this has been completed the voice recording will be deleted from the hard drive, leaving only the transcribed and anonymised document identified by a pseudonym. There will be one computer file matching the pseudonym with the participants' contact details. This will be kept on a secure computer and accessible only to me and my supervisory team. All project data will be kept secure on the University computer system. No project information will be kept on a personal computer. No project data will be kept on a memory stick unless it has been totally anonymised and the memory stick is encrypted.

During the writing of the final research report and any publications using the data collected, care will be taken to ensure that no participant is identifiable, either directly or indirectly. To prevent this occurring I will take particular care when choosing which quotes to use in any reports. I will not allude to any participant's situation to such a degree whereas they would become identifiable by people who know them or their family situation.

I will inform the participants of what will happen should any concerns regarding the safety of children and adults arise. I will explain that I will talk to them in the first instance and raise the subject with you supervisor. I will explain that if necessary I will report the issue to the local safeguarding services. Finally, I will explain that if there is an immediate risk of serious harm to an adult or child I would have to contact the emergency services straight away. This will be done in the participant information sheet and my briefing of the participant prior to the interview beginning. The participant will have to consent to this.

All hard information relating to the project will be securely kept in locked cabinets.

4.3 What are your plans for archiving or destroying the data after completion of the research?

Identifying information should be removed from all data and, if necessary, replaced by ID numbers or pseudonyms. Data should be stored securely (e.g., in a locked filing cabinet, password protected files).

All information will be destroyed a year after the research thesis is complete.

5. Risk assessment: Protection of Participants

<u>What risks and/or inconveniences might participants experience and what steps will you take to minimize these?</u>

Be aware that interview questions or questionnaire items might raise issues that are sensitive for individual participants or may create anxiety. Explain what steps you will take to minimise this or to help participants, for example by providing information on relevant support groups or centres in your information sheet.

Where relevant, you should detail how you plan to deal with any situations where you may uncover evidence of a risk of serious harm to the participant or another person.

The participants will have to engage in an interview lasting up to 2 hours. During this interview it is possible that they will discuss things which are upsetting for them. There is a risk that talking about their situation could lead the participant to reflect on this situation and family relationship. They may need support to work through these issues.

Due to the sensitive nature of the interview topic it is possible that the participant may talk about traumatic or upsetting subjects which could be distressing for them. However, it is acceptable for people to become upset when talking about emotional subjects and this should not always been seen as a negative occurrence. The participants may also find the interview questions overly personal or intrusive. They may also feel a sense of failure if they are unable to answer questions or have to stop the interview for any reason.

The interviews will be arranged at a time, date and venue that is preferable for the participants. If the participant does not want to be interviewed in their family home I will work with them to identify an appropriate confidential venue.

I will send the participants an interview schedule to allow them to prepare for any difficult topics they may talk about and give them the opportunity to decline to answer specific questions or questions on a certain topic. I have experience in talking to people about upsetting subjects and will use this experience to identify if the interview needs to pause or end.

I will use my professional expertise as an experienced social worker to assess whether the participant is becoming overly distressed and offer the participant a break or if they want to stop. If the participant's distress continues to increase then I may have to end the interview and signpost the participant to appropriate support networks.

I will ensure that the interview questions are well thought out and sensitive to the experiences of the participants. I will pilot the interviews initially and discuss them will my supervisory team who both have experience of conducting research interviews regarding sensitive subjects.

I will offer participants a £15 gift voucher as a way of saying thank you for their time.

I will ensure that the debrief sheet has information of support services relevant for special guardians.

6. Risk assessment: Protection of Researcher

Does involvement in the research put you at risk of physical or psychological harm, distress or discomfort greater than that encountered in your everyday life? YES

If YES, describe the nature of the risk and the steps you will take to minimise it. If you are undertaking home interviews by yourself, please consider the potential risks of this and how you will address them.

Please see appendix 6 for a risk assessment for the project interviews.

I will be lone working and discussing sensitive topics with people whose backgrounds I will know little about. There is a risk that I could be exposed to physical or verbal abuse during this process. There is also a risk that the participants may discuss topics that I may find upsetting or traumatic.

To keep myself safe I will follow the UEA guidelines on lone working. Specifically, I will use the buddy system where I will inform another trustworthy adult where I will be during the interview, the time I will finish the interview and my contact details. I will then contact the person identified to be my buddy at the end of the interview to inform them of my safety. If I have not contacted them at the prearranged time they will attempt to contact me. If I am not contactable they will contact the Police to request they check on my welfare. If during the interview I am aware that the interview is going to run over time then I will request a break and contact my trusted adult the let them know of the new end time.

If at any time during my contact with a participant I feel concerned for my safety I will end the interview and excuse myself from the building.

It maybe that interviews will take place in areas where there are high crime rates. If this is the case I will ensure that I park my car in a well light area, facing the exit of the car park / road. I will make every effort to attend the area during the day rather than at night.

I am an experienced social work practitioner and manager and I have developed the capacity to be self-aware of the impact that people's situations can have on me professionally and emotionally. I will use supervision to discuss any difficulties I may have and if necessary I will use the student counselling service.

7. Other Permissions and Clearances

7.1 Is ethical clearance required from any other ethics committee?

NO

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

……………………………………………………………………………………

……………………………………………………………………………………

Has such ethical clearance been obtained yet? YES/NO

If YES, attach a copy of the ethical approval letter

7.2 Will your research involve working with (or with personal data about) children or vulnerable adults?

YES

If YES, have you obtained an enhanced disclosure certificate from the disclosure and barring service (DB)? NO

I have applied for this but I have been informed there may be a delay in processing of up to 18 weeks.

DECLARATION OF PRINCIPAL INVESTIGATOR

I am satisfied that all ethical issues raised have been identified and that satisfactory procedures are in place to meet the standards set out in the UEA ethics policy and to adhere to ethical best practice.

Signature Paul McGrath **Date** **24/07/2017**......................

DECLARATION OF THE SUPERVISOR (for research students only)

I have reviewed and discussed with the student their ethics application and am satisfied that all ethical issues raised have been identified and that satisfactory procedures are in place to meet the standards set out in the UEA ethics policy and to adhere to ethical best practice.

Signature .... **Date** ....

PLEASE SUBMIT ONE HARD COPY AND ONE ELECTRONIC COPY OF THIS COMPLETED AND SIGNED FORM WITH ACCOMPANYING DOCUMENTATION TO KAYE MACKAY kaye.mackay@uea.ac.uk

SECRETARY OF THE RESEARCH ETHICS COMMITTEE.

Appendix 3 – PhD. Risk Assessment

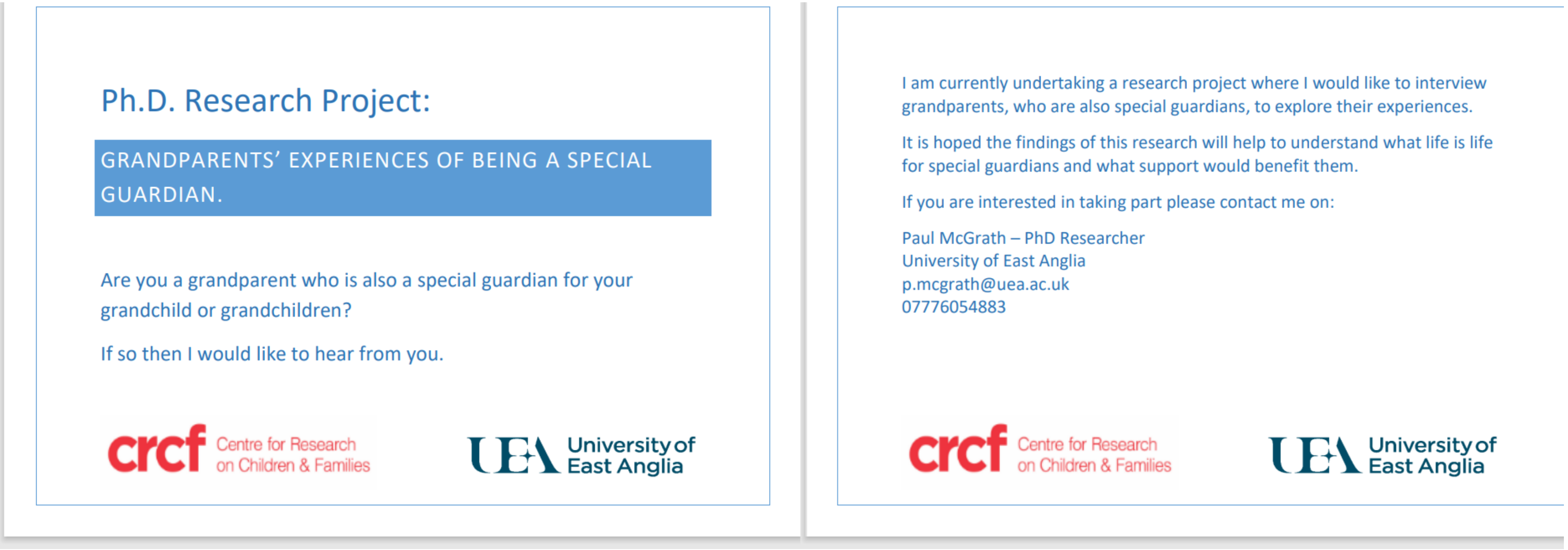
Potential Hazards	**Steps taken to minimise the risk**
General risks relating to carrying out fieldwork in the community for example the researcher might experience transport problems, weather hazards, crime, or any of the problems listed throughout this assessment.	• The researcher to make sure that at least one other person will know where they are going and who they are seeing. This person will have the details of where the researcher will be and have their mobile phone number. • The researcher will always carry a mobile phone so they can report back to their support person, and seek help if needed. • The researcher will use their private car and have membership of a breakdown service. • Where the researcher is carrying out an interview that could possibly pose a risk related to either the nature of the interviewee or the location of the interview, then extra precautions will be taken. In addition to the precautions noted above and below, these extra safeguards could include: ensuring that I interview the person in a safe place such as a neutral venue like a Children's Centre; ensure another person knows where the researcher is, what time they are expected to finish, and what action to take should the researcher not contact them by the agreed deadline (also ensuring the interviewee knows this is the case). In home interviews,

	researchers will be aware of exit routes, and will conduct the interview in communal areas. • The researcher will be familiar with the UEA guidelines about safety when conducting fieldwork.
Some interviewees may live in areas of high crime, and there may be risks to interviewers travelling to and from the interview venue, especially if evening interviews are required.	• The researcher will consider the nature of the area they are visiting in advance. If necessary, further information about the safety of the area can be gained from interviewees, and/or police. • The researcher will be using a car to transport to and from the interview. The car will be parked securely in a well-lit place if possible and close to main roads. If parking on a dead end street the car will be parked facing the street exit. • Where there are serious concerns about the area in which a person lives, the researcher will attempt to arrange the interview during the daytime and/or in a convenient venue in a safer area. If people live relatively locally we can also offer to interview them at UEA and to reimburse their travel expenses
Some interviewees may have history of mental illness, substance misuse, violent behaviour, and/or criminal activity.	• Given the nature of the role the special guardian is currently carrying out it is not envisaged that they would pose a risk of harm to the researcher. They would have been assessed by a social worker and this assessment would have

	been scrutinised by the Court. However the researcher will be constantly aware of the participants' mood and level of arousal and take steps such as calling a break in the interview or ending it if necessary, if the participant becomes overly angry or hostile. • The researcher will not be "cold calling" and will therefore have some information in advance about the people he is visiting. The researcher will also be making telephone contact with everybody prior to interviewing them and will use this information to assess risk.
Some interviewees may share information that could be upsetting for themselves or the Researcher.	• Interviewees will be fully informed in advance about the nature of the interview and the topics to be discussed. They will be reminded that they do not have to answer any questions they don't want to, or discuss any topics they are uncomfortable with. They will be reminded they can stop the interview at any point. • Interviewee's levels of comfort will be kept under constant review throughout the interview and if they appear to be getting unduly upset, they will be given the opportunity to stop, the topic to be changed, or to take a break. • The interviews will be conducted by a researcher who is very experienced in

	interviewing vulnerable people about sensitive topics. • Researchers will be clear with interviewees at the beginning of their involvement. It is important to emphasise that I cannot have any direct influence on their "case". • If a researcher does carry out an interview that is distressing to them, they will have the opportunity to discuss this and debrief with their supervisor.
Some interviewees may have dangerous pets.	• If on arrival at a house the researcher is concerned about their safety in relation to an animal they will ask for the animal to be shut away for the duration of the interview. If the interviewee is not willing to remove the animal, the interview may need to be cancelled.
When interviewing in the home people other than the participant may be present, and these people may appear dangerous and threatening.	• When arranging home interviews the researcher will talk through with people that it will be helpful if we can see them in a quiet environment where they don't have guests present (they are of course welcome to have a friend or family member to support them if they choose this) • If on arrival at house we feel threatened by people within the house we will terminate the interview.

Appendix 4 - Recruitment flyer



Ph.D. Research Project:

GRANDPARENTS’ EXPERIENCES OF BEING A SPECIAL GUARDIAN.

Are you a grandparent who is also a special guardian for your grandchild or grandchildren?

If so then I would like to hear from you.

crcf Centre for Research on Children & Families

UEA University of East Anglia

I am currently undertaking a research project where I would like to interview grandparents, who are also special guardians, to explore their experiences.

It is hoped the findings of this research will help to understand what life is life for special guardians and what support would benefit them.

If you are interested in taking part please contact me on:

Paul McGrath – PhD Researcher
University of East Anglia
p.mcgrath@uea.ac.uk
07776054883

crcf Centre for Research on Children & Families

UEA University of East Anglia

Appendix 5 – Participant information sheet

Centre for Research on Children & Families

University of East Anglia

Information Sheet for Participants

Title of the project-

Grandparents' Experiences of Being a Special Guardian

Researcher

Paul McGrath, PhD Researcher

Invitation

I would like to invite you to take part in a research project.

The whole process is voluntary. This leaflet will give you all the information you need to decide whether to take part or not. Please read all the information before you come to a decision and talk about it with other people if you wish.

If you are a single carer you will be interviewed by yourself. If you are in a relationship you will need to be interviewed as a couple with your partner.

What is the aim of the study?

The purpose of the study is to attempt to understand grandparents' experiences of being a special guardian. It will explore areas such as the process of becoming a special guardian, parenting the child, family relationships, and ongoing support.

It is really important that the views of special guardians, like you, are heard.

The aim is to understand special guardians' experiences and the support they might need.

Once the project is complete and the final report is accepted I will gain my PhD qualification.

Why have I been invited to take part?

You have been invited to take part because you are a grandparent and special guardians for your grandchild.

Do I have to take part?

No, this is totally voluntary. If at the end of reading this leaflet you choose not to take part, you can do so without having to give any explanation.

What does taking part involve?

If you decide that you do want to take part, you will be asked to sign a consent form. I will then talk to you about the interview process. You would need to agree to have one interview which should last two hours at most. Before the interview, I will send you an interview topic sheet about the things I would like to talk to you about. You can choose not to talk about certain things if you do not want to.

I will then arrange a time and place to interview you. Although the time and place will be when planned around what best suits you, the venue would need to be somewhere confidential such as your home or a private room in a community centre.

During the interview, I will follow the topic guide but the interview will be flexible because I want to know your experience and this will be different for every participant. I will need to record the interview on a Dictaphone. There will be a chance for breaks if you need them.

What are the risks of taking part?

You will have to give up the time it takes to complete the interview. It is possible that some of what we talk about could be upsetting and make you think about things about caring for your child that may not be positive, but it is up to you what you tell me and you do not have to talk about anything you would prefer to keep private.

What are the positives of taking part?

The purpose of the study is to get a better understanding of special guardians' experiences with a view to helping improve support services.

I will also gain valuable experience for my research degree.

As a way of saying thank you for taking part in the project I will be giving all participants a £15 gift voucher.

Will taking part be confidential?

Yes, everything you say will be kept in the strictest confidence and all your information will be protected by the Data Protection Act 1998. The only people who will have access to your information will be me and my two supervisors.

After the interview the voice recording will be securely saved on a password protected computer at the UEA. I will type up the recording and change your name and the names of everyone we talk about. Once the voice recording is typed up it will be deleted. This will leave a typed copy that is anonymised.

All information that is used in the analysis, the final report and any publications will be anonymised. This means that every effort will be made to make sure you cannot be identified. I plan to use direct quotes in the reports but I will not use ones that mean a person can be identified.

Sometimes confidentiality may have to be broken if someone is at risk of harm, I may have to talk to my supervisor if I am worried. If I am worried someone is at serious risk of being hurt I may have to call the emergency services or safeguarding services immediately. You will be told about what I will do if it is safe to do so.

Can I withdraw my information?

You can withdraw your information for up to two weeks after the interview. After this time your information would be being analysed and have become part of the overall project that will eventually be published. To withdraw all you have to do is contact me using the details at the end of the sheet and ask to withdraw. There will be no pressure for you to change your mind.

If you choose to either not take part in the study or withdraw your information, it will not impact on any support you are being offered by any agency.

How is the project being funded?

The project is being funded by the University of East Anglia.

What will happen to the results of the study?

I will produce a final report which will be assessed. I will summarise the project findings and send a copy to you.

I plan on publishing the findings in social work and other academic journals. I also plan on presenting the findings at social work and academic conferences.

Who should I contact regarding the study?

Please feel free to contact me with any questions you may have:

Paul McGrath
School of Social Work, University of East Anglia
Norwich, Norfolk
NR4 7TJ
07776054883
p.mcgrath@uea.ac.uk

Is there anyone else I can contact?

If you would like to talk to someone other than me about the project or if you have any concerns about how I have acted then please contact my supervisor

Professor Elsbeth Neil
School of Social Work, University of East Anglia
Norwich, Norfolk
NR4 7TJ
01603 593562
e.neil@uea.ac.uk

Thank you for reading this information sheet and considering taking part in my project.

Appendix 6 – Participant consent form

Consent Form

Title of the Research Project

Grandparents' Experiences of Being a Special Guardian

Name of the Researcher

Paul McGrath

PhD Researcher

Contact Details of the Researcher

Paul McGrath

School of Social Work

University of East Anglia

Norwich

Norfolk

NR4 7TJ

07776054883

p.mcgrath@uea.ac.uk

1. I agree that I have read and understood the information sheet about the above study and I have been able to ask questions.

   Yes / No (please circle as appropriate)

2. I understand that I am taking part in the study voluntarily and I can stop the interview at any time without giving a reason.

   Yes / No

3. I consent to the interview being audio recorded.

   Yes / No

4. I understand that the information I give will be treated confidentially under the Data Protection Act 1998

   Yes / No

5. I understand that every effort will be made to make sure my information will be anonymised. This is to try to ensure no one will be able to identify me in any final reports or publications

   Yes / No

6. I understand that if I say anything that leads the researcher to believe that a child or vulnerable adult is at risk of harm the researcher will discuss this with me and may have to discuss it with their supervisor. It

may be necessary to share this information with local safeguarding services.

Yes / No

7. I understand that I can withdraw my interview and any other information up to two weeks after the interview is complete.

Yes / No

8. I agree to take part in this study

Yes / No

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Name of research Participant	Date	Signature
-------------------------------------	---------------------	------------------
Name of researcher	Date	Signature

Appendix 7 – Participant debrief form

Debrief Form

Title of the Research Project

Grandparents' Experiences of Being a Special Guardian

Name of Researcher

Paul McGrath

Contact Details of the Researcher

Paul McGrath,

School of Social Work

University of East Anglia

Norwich

Norfolk

NR4 7TJ

07776054883

p.mcgrath@uea.ac.uk

Thank you for taking part in this study. It is important that special guardians are spoken to so that their experiences are better understood.

If you think of any questions after I have gone or would like to withdraw your data from the study, please contact me using the details above. If you would like to talk to my supervisor about anything to do with me or my research, then please contact:

Professor Elsbeth Neil, 01603 593562, e.neil@uea.ac.uk

Once the project is finished I will send you a report of the findings and recommendations. However, there will be updates on the progress of the project on the Centre for Research on Children and Families website:

www.uea.ac.uk/crcf

If you would like to find out about further support for people who care for the children of family members, please consider the services below:

National Support Networks:

Family Rights Group

Support and advice for people who have social workers involved in their lives or would like more support from Children's Services

0808 801 0366 (Monday to Friday 09:30 – 15:00)

Grandparents Plus

Support for grandparents looking after a relative's child

0300 123 7015 (Monday to Friday 10:00 – 15:00)

Support for grandparents who have lost contact with a child

0300 033 7015 (Monday to Friday 14:00 – 16:00

Family Lives

Advice and support on all aspects of family life

0808 800 2222

Local Support Networks

(These will be specific to the location of the participant)

There may be other support networks available that you would be able to access that I have not included here.

Thank you again for taking part.

Paul McGrath

PhD Researcher

Appendix 8 – Ethical approval letter

1 August 2017

Mr Paul McGrath
School of Social Work
UEA
Norwich Research Park
NORWICH
Norfolk NR4 7TJ

University of East Anglia

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Dear Paul

Special Guardians' Experiences of Caring for a Family Member's Child: An Interpretative Phenomenological Analysis

The Research Ethics Committee has considered your application for ethical approval for the above project. The reviewers were in agreement that all the ethics issues had been carefully considered and addressed. I am therefore happy to confirm that ethical approval has been granted and that you can now begin your study.

It is a requirement of your approval that you should report any adverse events that may have occurred, these being defined as "any unanticipated problem involving risk to subjects which ultimately results in harm to the subject or others".

If you plan to make any significant changes to the design of your study, you should also contact me.

With best wishes – I hope your research goes well.

Yours sincerely

Jonathan Dickens

Prof Jonathan Dickens
Deputy Chair of School of Social Work Research Ethics Committee

Appendix 9 – Interview schedule

Interview Schedule

(Main question followed by suggested prompts in bullet points for use if necessary)

Can you tell me why you decided to care for your grandchild?

- When did you first realise that you would have to care for your grandchild?
- How well did you know your grandchild?
- Tell me more about your relationship with them?

Can you describe to me your family relationships before the Court process?

- With your grandchild's parents?
- Between your wider family?

Tell me about the Court process?

- What was your experience of it?
- Talk me through the assessment process?

Can you tell me about whether family relationships have changed at all?

- What have been the positives?
- What have been the negatives?
- Do you receive any help with your relationships with your family?

Please tell me what it is like caring for your child?

- What are the challenges?
- What are the positives?
- How do you make decisions about your grandchild?
- What is the impact on your health and wellbeing?

Describe to me the contact your grandchild has with their parents?

- How do you experience this?
- How does it make you feel?
- What are the challenges?
- What do you think are the benefits?
- How is your grandchild after the contact?
- How do you make decisions regarding contact?

Tell me about the contact your grandchild has with any siblings?

- What is the impact on you?

- How do you manage this?
- What is the impact on your grandchild?
- How does this affect your relationship with the grandchild's siblings, parents and wider family?

Describe to me the contact that your grandchild has with the wider family?

- What is the impact on you?
- How do you manage this?
- What is the impact on your grandchild?
- How do your relationships with wider family members impact on your grandchild's contact with them?
- What about the father's/mother's side of the family?
- How do you make decisions about this contact?

Tell me about your experiences of social workers?

- How was the assessment process?
- What is your experience of support from Children's Services?
- What is your experience of support from other professionals?

Is there anything else that you want to tell me or you think it is important to know?

Appendix 10 – Example of a table used in cross case analysis

The complexity of needing support:

Concerned about the views of others. Felt naive that she believed she would be supported. When got to point where needed support, there was none. Blames austerity for lack of support. Other people were more in need of support. Professional support better than ordinary support.	Ann
Previous experience means they do not trust children's services. Prefer to rely on own contacts for support. Independent support verses statutory support. There were strengths and challenges with both. Need support because of heath and finances. Working causes issues accessing support. Family support is there but not used. Haven't needed support ever, why start now?	Brenda and Allan
Lack of support lead to feelings of isolation. Feeling a burden when receive support. Support was offered at the wrong times.	Clare
Debbie needs help but there is a lack of support. Pressure is too much to cope with alone. Support has to be split to allow her time to attend meetings and time to herself. Variable and frustrating experience of local authority support. Children's services ask what support she needs and she doesn't know how to answer because she doesn't know what is available. There are many barriers to engaging with support. Does not apply for financial support as she feels she will not be eligible.	Debbie

Bureaucracy is a barrier to support. Professionals do not seem to know what support Debbie is entitled to, especially school.	
There are several barriers to engaging with children's services' process and support. The dilemma of needing money but not wanting people to think that it is the only reason she wants to care. Believes professional are too busy to help. Ella is shy and does not like to ask for support. There is a lack of both formal and informal support. When Ella has to ask for money it causes stress, this means she gets to breaking point before asking for support. Feels isolated not confident anyone could offer her support. Ella feels she has a choice about whether to engage with support or not.	Ella
Concern about the judgement of others if seeks support. The state offers support but Faye is not confident she'll receive it. Having to fight for support. When asking for support can be seen as being challenging, Faye needs to feel that she can organise own support and not rely on children's services who she does not trust. Several barriers to engaging in support. Lots of problems receiving financial support. If Faye shares financial details in court paperwork it meant the parents would get them. Faye needed financial support to cope. Faye feels in a catch 22 situation, she needs to work to support the children but she cannot support children if working.	Faye
Have had a positive experience of support when Callum's school contacted them and asked if they needed help. Had several concerns about support:	Gina and Chris

Support was offered at wrong time. Gina and Chris were among first to get and SGO and are now worried about Callum’s transition to adulthood. Callum is well presented and this may mean he not getting right support because he does not show his vulnerabilities.	
Fighting to get the children support. Helen and David feel like they have to fight statutory service so their children receive the support they need and deserve. Children and families need support right away, they should not have to wait. Positive support would mean the family would feel more confident about the future for themselves and the children. There is a lack of support or the support they receive is poor. It can feel like they do not get support even when desperate for it. Helen and David did not want financial support money because they feared they would be seen as taking on the role for that reason.	Helen and David
When Imogen was offered support it was not the right time for her to engage in support for own issues. Imogen needed more time to allow her to engage in support.	Imogen
Good support is a relief for Jody and Edward. Financial support is great; however, they want people to know that money is not the reason why they cared for their grandchild.	Jody and Edward
Support started immediately which was essential. Karen and Frank believed they would only be successful as special guardians if they received children’s services support and this meant they would fight for it.	Karen and Frank
There is a lack of information about what support is available. This made it impossible to know what support they needed.	Linda

Linda was keen to use family for support over children's services. Linda did not appear to trust children's services but will use them in emergency or for specialist support. Linda wants to be seen as independent not reliant on others. Feels might have to fight for support in the future. Lots of mistrust about children's services throughout the interview that affected her willingness to seek support from them. Does not want to be seen as taking on the care of child for the money. Good support needs to be empathetic. When the child comes from a different local authority support does not seem to work. Professionals do not know enough about SGOs to be able to offer support.	
It is how children's services present the advice that makes one engage with it. The SGO means children's services leave without offering support and that left May and George feeling used. Wanting to remove children's services from their lives did not mean they wanted to stop the support. Feeling scared about losing Molly forever motivates them to care without support. May and George's previous experiences of children's services has resulted in them caring without their support. Loss of friends has added to a sense of isolation Becoming a special guardians means losing friends and the support they offer. The lack of support meant May and George were constantly on edge that Molly would develop the need for support. Mistrustful of children's services.	May and George.

Being overwhelmed with the children and going through the legal processes all without any support. Without support Nina feels that she copes but lives on the edge. Nina feels unable to grieve or get support for her own mental health. Nina is too busy caring to consider support for her mental health. Nina's difficult emotional situation impacts on her decision making. Trying to make sense of the abuse the children suffered is traumatic and you need support. Nina feels isolated because she is a grandparent carer and it is hard to make friends. Without friends it is hard to get support. Would seek local authority help if needed but not confident it would be there . Having to fight the system to get the children's needs met. However, having to fight for support is relentless and tiring.	Nina
Olive had a negative view of children's services which was compounded by her negative experiences, this makes engaging in support hard for her. Olive was a forceful person which might have made it hard for her to engage with support she did not totally agree with. Cannot always rely of family because they are interfering.	Olive
Poor interaction between agencies mean that support is hard to find. The family pulled together when needed – good family support meant they could refuse children's services Support. Children's services support was awful and this has a real impact of the family.	Pam and Henry

Children's services appear to put barriers to prevent people from engaging with support. Pam and Henry had to become desperate support before they would ask for it. Pam and Henry had a terrible time and need support but struggle to ask for it because of their previous experiences of children's services.	
Positive support sometimes helps you know what support you need and also helps you feel confident you can be successful as a carer. Financial pressure is negated by financial support and work. Rita and Ian did not need other support. They were not really engaging in any support apart from that provided by a national charity.	Rita and Ian
Children's services were planning for Steff and Brin to have Edward from early on in the process and did advise and support them at first. Steff and Brin had good support but lost it when they lost their grandchild.	Steff and Brin

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