



Department
for Education

Special guardianship: qualitative case file analysis

Research report

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Research in Practice

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Disclaimer

The views expressed are those of the authors and are not necessarily shared by the Department for Education or the participating organisations.

1. Introduction

1.1. Background

Special Guardianship was introduced in 2005 as a legal pathway to permanence for children, often within the extended family network. It was introduced to meet the needs of a significant group of children, including mainly older children who had become separated from their birth family, children already living with a relative or foster carer, and groups such as unaccompanied asylum-seeking children. Statutory guidance on Special Guardianship states that its purpose is to:

- give the carer clear responsibility for caring for the child and for making decisions to do with their upbringing
- provide a foundation on which to build a lifelong permanent relationship between the child and their carer
- be legally secure
- preserve the link between the child and their birth family
- be accompanied by access to a range of support services, including, where appropriate, financial support (Department for Education and Skills, 2005).

Special Guardianship is a private law order. The Court may make a Special Guardianship Order (SGO) with respect to any child on the application of an individual who is entitled to make such an application or who has obtained permission of the Court (S.14A (3) Children Act 1989). The Act defines those who are entitled individuals, including:

- a local authority foster parent with whom the child has lived for a period of at least one year immediately preceding the application
- a relative with whom the child has lived for a period of at least one year immediately preceding the application
- any person with whom the child has lived for a period of at least three years
- where the child is in the care of the Local Authority the person has the consent of that Authority
- any person who has the consent of each of those who have parental responsibility for the child
- a guardian of the child
- any individual who is named in a Child Arrangement Order as a person with whom the child is to live.

In addition, the Court may also make a Special Guardianship Order with respect to a child in any family proceedings where there is concern about the welfare of a child if the court considers that a SGO should be made, even though there has not been an application (S.14A (6) (b) Children Act 1989).

Thus, SGOs can be made in respect of children in a range of very different circumstances. For example, SGOs are made in respect of children subject to care proceedings, or for whom the alternative may be to enter care proceedings, and in these cases the order often leads to a change in where children live and who cares for them. SGOs are also made for children where the local authority has not been previously involved, or who have been settled in a kinship or foster care placement for a period of time. This may involve no change in a child's home or primary carers, but will involve a change in legal status.

There has been a steady growth in the use of SGOs since their introduction in 2005, with a particularly large increase in the proportion of children leaving care through a SGO between 2010 and 2015 (five per cent in the year ending 31 March 2010 to 11 per cent in the year ending 31 March 2015). There is also evidence that Special Guardianship is being used more often for younger children, with a 64 per cent increase from 2013 to 2014¹ in its use for children aged under one (Department for Education, 2015a). There is currently no single national statistical collection on the use of Special Guardianship, which makes it difficult to distinguish between its use for looked after and non-looked after children. However, data from a national survey of local authorities suggests that at least a third of all SGOs between 2008 and 2012 were made for non-looked after children (Wade et al, 2014).

As well as an increase in SGOs, there has also been an increase in the number of children leaving care because they were adopted, from 11 per cent in 2012 to 17 per cent in 2015. However, there has recently been a drop in the number of Placement Orders being made,² from 14 per cent of looked after children at 31 March 2014 to 11 per cent in 2015 (Department for Education, 2015b), a finding consistent with data from the National Adoption Leadership Board (National Adoption Leadership Board, 2015). The decrease in decisions for adoption has been attributed, in part, to Supreme Court and Court of Appeal judgments in 2013, most notably *Re B* and *Re B-S*, which have led to a perception amongst both practitioners and members of the judiciary that higher thresholds are required when seeking adoption for children (Bentley, 2014), to the extent that it has been suggested, 'the common understanding of judicial interpretation of the revocation and opposition provisions shortly after the implementation of the ACA

¹ Age level data is not available for 2015.

² A placement order is a court order which gives a local authority the legal authority to place a child for adoption.

[Adoption and Children Act] 2002 is in disarray' (Doughty, 2015: 115). The Adoption Leadership Board has published guidance on these issues (National Adoption Leadership Board, 2014).

A Research in Practice study for the Department for Education (DfE) identified a number of practitioner concerns around the use of SGOs in the context of care proceedings, including the perception that SGOs were being used for younger children; challenges in completing special guardian assessments within the timeframe of care proceedings, especially when carers come forward once proceedings have been initiated; a number of examples of the disconnect between the views of the local authority and the court on the most appropriate order for the child; lack of support available to special guardians to help in caring for children who may have suffered the experienced of abuse and neglect (Research in Practice, 2015a). Although these findings relate primarily to care proceedings cases, they are consistent with the most extensive research on SGOs (Wade et al, 2014).

In July 2015 the government launched a Review which seeks to understand the reasons underlying gradual shifts in the use of SGOs. It also seeks to explore concerns about whether the assessment process is sufficiently robust when used in circumstances beyond those originally envisaged for SGOs and to use the Review findings to help inform any potential changes to the law and guidance (Department for Education, 2015a). This qualitative case file study for children who have been subject to SGOs was commissioned as one element of the Review activity.

1.2 Study aims and design

The aim of this study, as set out in the tender document, was to further explore the impact on SGO use of the introduction of the 26 week time limit for standard care cases under the Public Law Outline (Children and Families Act 2014), and recent court judgements (such as *Re B-S*). The study comprised a qualitative analysis of c.50 case files in five local authorities (LAs) conducted over a four-week period in August and September 2015. Specifically, the study explored the following areas:

- how the decision was made for the order
- how the special guardian was assessed
- whether the order applied for was the same as the order awarded by the court
- the relationship between the child and the special guardian and whether the child was living with the special guardian before the SGO was made
- whether a supervision order was made with the SGO
- the type of support put in place for the special guardian
- whether there had been any disruption to the placement.

In order to ensure that LAs in the sample had a wide pool of case files on which to draw, 2013-14 statistical data were used to identify LAs in which more than 25 children had ceased to be looked after following a SGO (Department for Education, 2014a). A total of 56 LAs had 25 or more children who ceased to be looked after following a SGO and from this list five LAs from different regions were selected. This selection was based upon a proxy measure which included LAs with both a high and low proportion of children leaving care through a either a SGO or adoption (based on SFR 36/14 local authority tables: Department for Education, 2014a), as well as practical considerations regarding which LAs would be in a position to allow the researchers to commence the fieldwork within a short timeframe. Further details of the LAs that agreed to participate can be found in appendix 1.

The sampling framework agreed with DfE was to take a quota sample in each LA based on the age of the child at the time of the SGO. This took into account national statistics on the proportion of looked after children by age band leaving care through a SGO as well as the DfE request to include a higher proportion of infants under one-year old. With a sample of ten case files in each of the five LAs, the final sampling framework included a quota sample as follows in Table 1.

Table 1 Quota sample of cases in each LA by age at time of SGO

	Under 1 year old	1 to 4 years old	Over 4 years old
Number in each LA	3	5	2
SFR 36/14 data: proportions ceasing care through SGO by age	15 %	57 %	28 %

LAs were provided with an overview of the study aims and the data required from the case files (see appendix 2 for further details). They were requested to collate a list of cases of children who were the subject of a SGO, starting with the most recent cases until the sample quota was reached. These could include cases in both public care proceedings and private law cases, where the child was not in the care of the local authority before the SGO was made.

A template was devised for recording the data. Because of the timescales involved in this project, it was not possible to pilot the template before commencing the fieldwork. However, the four researchers involved in the fieldwork sought to record as much information as possible that was relevant for each case (regardless of whether it fitted the field of the template) so that these data could be included in the analysis and provide as

rich a picture as possible for each case. The data recorded from the case files were inputted into an analysis template that had been devised to facilitate thematic analysis.

It was important to protect the anonymity of the children and their special guardians, as well as the LAs taking part. Accordingly we do not name the LAs that took part in this study, but have coded the specific case examples provided in the report alpha-numerically (reflecting the LA code and case number).

1.3 Limitations of the study

There are a number of limitations to the present study which must be borne in mind when reading this report and drawing conclusions.

First and foremost, this was a qualitative, in-depth study of case files in five LAs, conducted within a very tight timeframe. The sample comprised case files with respect to ten children in each LA and included only LAs with 25 or more children leaving care following a SGO. Thus, the findings and conclusions from this study cannot be deemed representative or generalisable to all LAs.

The data from the case files were not triangulated with interviews with professionals or special guardians or with data from the court. Thus the findings represent a detailed analysis of a single layer of a complex process rather than a full cross section of these sample cases.

A case file analysis is limited to the information recorded in the files accessed and the quality and completeness of case file data vary. So, whilst the findings in this report are robust in that they derive from a thorough analysis of the data collected, clearly the analysis cannot take account of data not included in the case files or not accessible to the research team.

DfE requested that we over-sample children under one year of age. One consequence of this focus on infants is that our sample is potentially weighted more towards SGOs granted following care proceedings; younger children are more likely to be the subject of care proceedings than older children because of 'the perceived vulnerability of these children and the need for the local authority to exert control over their situation' (Wade et al, 2014: 81). It is important to keep in mind that SGOs granted following care proceedings are a sub-set of SGOs made overall; a quarter of Wade et al's survey sample were care proceedings cases, although this proportion may have increased following recent court judgements. It is also important to note that care proceedings bring with them the increased likelihood of compressed timescales for assessments, from which challenges and complexities may arise. However, the focus on SGOs for younger children in care proceedings might also be seen as a strength of this study, since these

sub-groups have not been investigated in-depth and it is this section of the population to which *Re B-S* speaks.

All the SGOs in our sample were made between November 2014 to August 2015 and the fieldwork was conducted between August and September 2015. These relatively short periods of time allow only a limited window for analysis of any disruption of the SGO (a maximum period of ten months following any SGO in our sample).

The report provides evidence on the use of SGOs at a specific point in time. We do not have data from any directly comparable case file analysis of SGO usage prior to the family justice reforms; we do however draw out comparisons and contextualise this study with reference to previous research on special guardianship (in particular that of Wade et al, 2014).

Crucially, each case in this study tells its own, often complex, story in relation to the child, the special guardian and the events leading to the SGO being made. The complexity of these cases presents challenges in presenting trends and patterns, whilst at the same time providing information on the features specific to each case.

Despite these limitations, the findings presented here provide a rich picture of SGO use in these particular cases in the selected LAs. When considered in conjunction with other research, they provide further information about how SGOs are being used in practice and the complexity of LA decision-making in relation to this.

2. The children, special guardians and paths towards SGOs

2.1 Overview of the sample

A total of 52 case files were accessed. All of the SGOs were made between November 2014 and August 2015. Two of the 52 case files included siblings who were part of the same proceedings. In one of these, an infant joined her sibling in proceedings that were already underway shortly after she was born. For the purposes of our analysis these two children are treated as individual cases. In the other case file both siblings were part of the same proceedings from the outset, so only one of the children is included in the analysis as the index child. Thus, a total of 51 case files were included in the analysis.

The children

The youngest child at the time the SGO was made was five months and the oldest was 16 years old. Table 2 provides further details of the children in each age group at the time the SGO was made.

Table 2 Number of children in each age band at time of SGO, average age and age range³

	Under 1 year	1-4 years	Over 4 years
Number	15	25	11
Average age	8 months	2 years 5 months	9 years 3 months
Age range	5 months to 11 months	1 year to 4 years	5 years 4 months to 16 years

There were more males than females in the sample (27 and 24 respectively). The majority of the children (80 per cent: 40/51) were classified in the case files as White British. Almost 10 per cent were of White British/ Black Caribbean heritage, five per cent were dual heritage White British/Indian or Bangladeshi. The remainder were of unspecified mixed heritage.

One or more siblings were involved in the same care proceedings in just over a quarter of our sample cases (14/51 cases)⁴. The majority of cases involved two or three siblings,

³ In one case the age was unknown, as the date of the SGO was not recorded. From the child's date of birth and other information, it seems likely that this child was under one-year old and has been included in that age band.

but one case involved six siblings. In seven of these 14 cases, all siblings were placed with the same special guardian. In four cases, the index child was placed with at least one of their siblings, but other siblings were placed separately. In the remaining three cases siblings were placed separately.

The special guardians

Almost all the special guardians were blood relatives of the child. Paternal grandparents, either singly or as a couple, accounted for the majority of special guardians, followed by maternal grandparents. Table 3 provides further information of the relationship between the special guardians and the children.

Table 3 Relationship between special guardians and children

Relationship	Number of cases
Paternal grandparents	16
Maternal grandparents	12
Maternal aunt/uncle	6
Maternal great aunt/uncle	6
Paternal aunt/uncle	3
Family friend	3
Maternal great grandmother	1
Half brother	1
2nd cousin	1
Long-term foster carer	1
Ex-nanny	1

It is interesting to note that there was only one case where the SGO was made to a foster carer. This is much lower than Wade and colleagues' finding of 30 per cent of cases where unrelated foster care was the final placement before the SGO was made (Wade et al, 2014). The difference may be due to the age of the children in this study or to other sampling factors.

⁴ In all but one of these 14 cases only one of the children were included in the analysis as the index child. Where information on siblings was recorded in the index child's case file, this was also included in the data template.

The special guardians ranged in age from 23 years (half-brother to the children) to 74 years (maternal great grandmother). The average age was 46 years. The ethnicity of the special guardians, where it was recorded, generally corresponded with the child's ethnicity. Almost all the special guardians lived within the same local authority area as the child, and there were no cases of special guardians living overseas.

2.2 Placement planning

With the exception of four cases, all the children in our sample were the subject of care proceedings. The birth parents of almost all the children in the sample (including those where no proceedings were issued) had a number of issues which affected the safety of their children, including domestic violence, drug and alcohol abuse, mental health problems and learning disabilities. The circumstances of all the children were complex, often with several inter-related problems leading to the decision to permanently place the child with an alternative carer. The risk factors for serious harm to the child have been widely noted in research and analysis (e.g. Brandon et al 2008, 2009, 2010, 2011, 2012; Davies and Ward, 2012; Wade et al, 2014).

The case files indicated that social workers were using parallel or twin track planning⁵ when considering permanence options for these children. The first placement choice was for the child to remain or return to the care of their parents, where safe to do so. However, where it was unlikely that children could remain with their parents, the first consideration in all cases was placement within the extended family. This is consistent with both the Children Act 1989 (which requires local authorities to *give preference to* placing a child within the family network before considering a placement with unrelated carers) and Article 8 of the Human Rights Act 1998 (the right to a private and family life).

There was evidence in some of these case files that adoption was considered in parallel with placement with extended family members and that adoption medicals were sometimes carried out as part of this parallel planning. However, practice in all the cases in the sample was consistent with national and international law in that adoption was not considered as the first permanence option unless all reasonable options within the extended family had been exhausted.

Ten of the 51 cases had a plan for adoption at some point during care proceedings and one case had an initial plan for long term foster care. The plans for adoption or long term foster care were generally made after there had been negative viability⁶ assessments of

⁵ This describes how several plans may be made at the same time and a number of different possible long-term placements are being considered at once.

⁶ One LA did not use viability assessments but did a full assessment if an initial screening (involving police checks, basic information on suitability of accommodation) was positive.

all known family members as potential carers able to care for the child. Eight of the children who had a plan for adoption were aged between one and four years and two of the children were under one year at the time the SGO was made. A Supervision Order was attached to the SGO in seven of the ten cases with a plan for adoption, and also in the case where the original plan was for long term foster care.

In ten of the eleven cases where there was an initial plan for adoption or long term foster care, the court ordered an independent assessment of a relative previously the subject of a negative viability assessment, who then went on to be appointed the special guardian. The independent assessment was ordered following a challenge in court from the prospective special guardian and/or the Cafcass guardian. In nine of these ten cases, the independent social worker's assessment of the prospective special guardian was positive. In the tenth case, the independent assessment was negative, in agreement with the original LA assessment.⁷ In the nine cases where the independent assessment was positive, the LA accepted the findings of the assessment and changed the plan from adoption or long term foster care to SGO. It is not clear from the data collected for this study as to why the independent social worker's assessment differed from that of the LA viability assessment. Further research would be needed to explore this in more detail.

One of the ten cases that had a plan for adoption did not involve a re-assessment. In this case, an alternative family member came forward as a carer late in proceedings, following negative assessments of other family members, and was positively assessed.⁸

As previously noted, four of the cases in this sample involved applications for a SGO with respect to children who were known to children's services, but where proceedings had not been issued. These were all 'edge of care' cases, as there had been social work involvement with the family before the applications, and in all cases there were safeguarding issues that put the children at risk of significant harm.

Three of the four children in these 'edge of care' cases were aged between one and four years at the time of the SGO and the other child was ten years old. For the three younger children, there had been substantial social work concern and involvement before the birth of the child. The three sets of grandparents (who eventually became special guardians) for these individual children were their carers from a very early age and were assessed whilst the children were living with them, outside of care proceedings. In one case, the LA decision was to issue care proceedings following a legal planning meeting, but they then reconsidered this as the grandparents agreed to make an application for a SGO. In the case involving the older child, there was a child protection plan in place under the category neglect and emotional abuse. This child moved to live with her grandmother

⁷ Further information about this case can be found in section 3.4.

⁸ Further information about this case can be found in section 2.4.

(the eventual special guardian), with whom she had an existing relationship, under a Section 20 arrangement prior to the SGO being made.

The decision by family members to apply for special guardianship before an LA issues care proceedings may be viewed from both a positive and negative perspective. On the one hand, it avoids lengthy and costly court proceedings and the child is permanently placed in the family network within a relatively short time period. On the other hand, SGOs agreed through private proceedings may be 'going under the radar', and this raises a number of issues: no Cafcass guardian is involved in decision-making; there is a lack of court scrutiny of the LA assessment; there are potential issues in respect of the rights of the parents who may not be legally represented when there are no care proceedings and family members may experience the LA as exerting pressure on them to become special guardians through private proceedings.

One of the cases in this sample illustrates how expediency may lead to all placement options not being fully explored. Here the mother decided that the maternal grandfather should not be told about her new baby, even though he was already caring for the child's sibling. The SGO was granted to the maternal grandmother (who was estranged from the grandfather), who had cared for the baby from birth. In this case, the placement options for the child were reduced as the ability of the grandfather to care for the child was never explored.

2.3 The path to the SGO

Many of the cases in this sample showed a high degree of complexity in terms of decision-making processes. As a means of looking at the relative complexity of LA and court processes and decision-making, the cases were categorised by the researchers into those which were:

- 'Relatively straightforward': very few issues/concerns were noted in the case file in relation to LA and court processes and decisions.
- 'Some complexity': more issues or concerns were recorded. Involved more complex LA and court decision-making processes.
- 'Very complex/contentious': major issues or concerns were recorded. A complex or contentious path towards SGO.

These broad categories allow some insights into the relative complexity of pathways towards the SGO. Table 4 provides the number of case files in each category, with the majority of cases having some form of complexity. Over sixty per cent of the cases involved some level of complexity in the decision-making and/or legal process, with half of these being categorised as 'very complex or contentious'. Some examples from each of these categories are provided below.

Table 4 Level of complexity in the case file sample

	'Relatively straightforward'	'Some complexity'	'Very complex/contentious'
Number of cases	19	16	16

Example of a 'relatively straightforward' pathway to the SGO:

The mother reported an incident of domestic violence when she was three weeks pregnant. The LA carried out an assessment of the mother, which was negative, and initiated care proceedings when the baby was born and he was placed with foster carers. The mother identified her parents and an aunt and uncle as potential carers. The maternal grandparents were ruled out at the viability stage, but the aunt and uncle had a positive viability assessment, which went on to a full assessment. The couple were childless and had tried IVF. They knew the mother and had provided her with some support when she was pregnant. The assessment fully explored their childlessness, relationship and capacity to parent and manage family relationships. They were delighted with the prospect of being parents and it was also very important for them that the baby would grow up knowing and in contact with his family. With the agreement of all parties the baby was placed with the maternal aunt and uncle at two months old. A SGO was made when the baby was five months old. The aunt and uncle were managing contact with the mother and other family members themselves (Case B8).

Example of 'some complexity' in the case:

A boy aged 11 years and his elder brother aged 12 years were two of nine children of a mother with significant drug and alcohol problems and a long history of involvement with Children's Services. These two brothers were the only children in the family of their father. The case files indicated that the two boys were neglected, malnourished, had poor school attendance and attainment and had missed many health appointments.⁹ Things had recently become much worse, with the mother bringing strangers into the house. The boys' older half-brother (aged 23), had been trying to care for them for some months and the 12 year-old began to stay more with this older brother, his partner and two small children. When the local authority issued proceedings the adult brother applied to care for both boys on a formal basis. There was a positive assessment of the adult brother

⁹ We did not look at the case files for the other children in this family and cannot comment on the risks and concerns noted for them or whether they had the same or different fathers.

and his partner, both of whom, although young, had clear values and a commitment to keeping the children safe and helping them towards adulthood. There were a number of family meetings managed by the social worker. Both boys moved into their half-brother's flat. The three younger children went to live at their father(s) and an elder sister went to live with her maternal grandmother who lived opposite her mother. The court originally made a Child Arrangement Order with a Supervision Order attached for these two boys, and followed it with a SGO (Case C4).

Example of 'very complex' pathway:

This case involved an unborn baby who came to the attention of the LA because of the mother's previous involvement with children's services over the neglect of the child's older sibling. The mother was on a methadone programme and court proceedings were initiated after the mother tested positive for heroin. The LA applied for an interim care order and the mother and baby moved into a mother and baby unit for assessment, followed by a residential rehabilitation and detoxification programme. The mother made good progress and they moved into a flat in the local authority area. Almost ten months later there was a final court hearing and a Supervision Order was made, with a written agreement for the mother to attend a drug programme. Shortly after, the mother relapsed and the child was placed in the care of the maternal great grandmother, where her older sibling was living under a Residence Order (now known as a Child Arrangements Order). There was an assessment of the great grandmother and a great aunt but these were both negative because of concerns about the age of the great grandmother (she was 74 at the time of the assessment), about the great aunt's housing situation (she was waiting to be re-housed at the time) and the great aunt's previous involvement with children's services with regard to her own children. The LA decided to do a full assessment to look in more detail at the concerns expressed in the initial assessment as the child was thriving in their care. This was noted as a positive factor in the full assessment, together with the fact that the child would be brought up with her sibling. On the negative side, the assessment noted that the great grandmother and great aunt did not live together, but this was ameliorated by the great aunt visiting every day and staying overnight if necessary. They were also supported by their wider family network. The LA concluded that the best option for the child was to be brought up by these carers and supported the SGO application. The LA was supporting the great grandmother and great aunt with their application to the housing department for a shared house. A Supervision Order was granted alongside the SGO (Case E7).

These cases provide a snapshot of the variety of pathways towards a SGO found in these case files.

2.4 Where children were living before the SGO was made

The original intention behind SGOs was that they would be used for mainly older children living in a settled family environment, and that the transition to a SGO would involve a juridical change to free the child and carer from local authority involvement. Since the assumption was that the child and the special guardian would know each other well, the statutory framework does not provide for introductions, matching and settling in (Wade et al, 2014).

Wade and colleagues' research looking at SGOs that were made between 2006 and 2012 found that there were a number of pathways to Special Guardianship for the children in their study:

- Early kin: placed with kin on entry to care, SGO with this carer (27.5 per cent)
- Late kin: initially placed with unrelated foster carer, moved in with special guardian before SGO granted (23 per cent)
- Unrelated foster care: never placed with kin, foster carer becomes special guardian (9.5 per cent)
- Stranger to kin SGO: move from unrelated foster care to special guardian at the time the SGO was granted (13 per cent) (Wade et al, 2014).

In addition, two routes to a SGO for non-looked after children were identified:

- Edge of care: child lives with special guardian either informally or under a Residence Order (now known as Child Arrangement Order) prior to the SGO (23.5 per cent)
- Private: Child not known to children's services prior to the application, child already lives with the carer (3 per cent) (Wade et al, 2014).

Our small and non-representative sample does not allow us to provide any figures on the proportions in each of these categories for comparison. However, information about where the children were living prior to the SGO being made is provided below.

Just over half of the children (27/51) in this case file study were living with their eventual special guardians during proceedings, prior to the SGO being made. Although most of these children had lived with their special guardians for a few weeks (or in some cases months) before the SGO was granted, very few had lived with them on a long-term permanent basis, and many had moved there under an Interim Care Order from an unrelated foster care placement after a positive assessment (similar to Wade's late kin

category).¹⁰ A small minority (4/27) were cared for under a Child Arrangements Order at some point before the SGO was granted. Six of the children were living with their eventual special guardians under a 'private family arrangement'. One of these was initially deemed a private fostering arrangement before the child was made a ward of court. In another case, the child was living with their long-term foster carer. The remaining four were living with their eventual special guardians and were considered to be on the 'edge of care' (see section 2.2. for further information).

Eighteen of the twenty-four children who were not living with their special guardians prior to the SGO being made had a pre-existing relationship of some kind with them. These children typically moved from a placement with an unrelated foster carer to a placement with a kin special guardian shortly after the SGO was made. In a very small number of cases, the ongoing relationship between the child and the eventual special guardian had ceased during proceedings, either due to a breakdown in the relationship with the birthparents, or because the child was placed with foster carers and there were no contact arrangements in place. In the majority of cases where the child was not living with the special guardian prior to the order being made, there was a planned transition, over a two to three week period, for the care of the children to be transferred from the foster carer to the special guardian after the final hearing. In one case the special guardian requested the LA to continue to care for the children (three siblings) under a Section 20 voluntary agreement following the making of the order to allow for a planned transition to her care.

Six of the special guardians in this sample had no established relationship with the child before they came forward as carers. In four of these cases, the special guardians were relatives on the paternal side of the family, one was the maternal grandmother and the other was a friend of the maternal grandmother (the latter having had a negative viability assessment). Four of the children were under one year old and the other two were between one and four years old at the time of the SGO. All were in foster care under an Interim Care Order prior to the special guardian assessment. Three of the six SGOs in these cases had a Supervision Order attached.

In the majority of cases there were valid reasons as to why there was no existing social relationship. In one case involving a child aged around three years old, a DNA test to confirm paternity was done when the child was around two and half years old, approximately three months after the child was placed in foster care. At the time the

¹⁰ Although in some cases it was possible to determine the length of time that a child had lived with their special guardian prior to the SGO being made, it was not possible from the data available to do this for all cases. A more in-depth analysis using court documents, chronologies and LA case files would be needed to explore this fully.

father of the child was in prison. After the positive DNA test, members of the paternal side of the family came forward as potential carers. In another case involving a baby who was six months old at the time of the SGO, the paternal grandfather who became the special guardian had not been aware of the birth of the child. In this case, the parents had agreed to a Section 20 placement in foster care at birth. This case also involved confirmation of paternity through a DNA test before the grandfather agreed to care for the child. In most of these cases, once the prospective special guardians had been positively assessed, there were a series of contact and overnight visits prior to the SGO being granted. However, in one case introductions started after the SGO was granted. A summary of this case is provided below.

The special guardian came forward as a prospective carer at the final hearing for a child aged 20 months at the time of the SGO. The special guardian was the child's paternal aunt, who had the same father but a different mother to the child's birth father. The aunt and her husband had five children of their own aged between one and nine years. They lived some distance from the birth parents and only found out about the seriousness of the case after the children's guardian agreed with the LA recommendation of a Care and Placement Order. The court ordered an independent social worker assessment of the couple within a compressed timescale to minimise delay.¹¹ The assessment noted concerns around the demands on the couple's time in looking after an additional child and potential rivalry between the children (one of whom was around the same age as the child). The assessment examined their parenting capacity by looking at the quality of parenting their own children, and concluded that they had strong personal and social resources, were family oriented and would be able to care for this child under a SGO. There was no evidence of a Supervision Order being granted alongside the SGO (Case A9).

Wade and colleagues' research underlines that the strength of the existing bond between the child and their carer, and whether or not the child had lived with the guardian before the SGO was made are key factors in predicting placement stability (Wade et al, 2014). For infants under one, the short space of time since their birth and/or unresolved questions of paternity may limit opportunities for prospective special guardians to form a relationship with a child. Wade and colleagues suggest that making SGOs quickly, before relationships have been properly tested may carry some future risk and that 'a period of time in which these relationships can be tested before moving to a final order is to be recommended' (Wade et al, 2014: 234).

¹¹ The dates in the case files are confusing and therefore it is not possible to state definitively the length of time for the assessment to be completed.

2.5 Timescales for proceedings

The Children and Families Act 2014 introduced the revised Public Law Outline (PLO), and the 26 week timeframe for completing care proceedings, with the intention of supporting timely decision-making for children and young people. The PLO also provides courts with the discretion to extend these timescales, if required. However, the performance of Designated Family Judge areas is a matter of professional and public scrutiny (through the 'heat maps' published by Cafcass) and there may be a reluctance to extend timescales and thereby reduce local performance against the 26 week target.¹²

Data were collected on the timescales within which care proceedings were completed for 33 of the 47/51 cases in our sample where proceedings were issued¹³. The length of time for completion of proceedings ranged from 16 to 73 weeks. The mean number of weeks for completion was 31 weeks, which is in line with the 30 week average for completing care and supervision applications nationally between 2014 and 2015.¹⁴

Fifteen of the 33 cases involved care proceedings that lasted more than 30 weeks, and six cases took over 40 weeks for care proceedings to complete. While there was no single reason or theme behind these lengthy cases, some of these involved contested hearings following negative assessments of prospective guardians. On the other hand not all contested cases where there was an independent assessment of the eventual special guardian had lengthy care proceedings; at least two of these cases for which we have data were completed within 26 weeks.

The case which took 73 weeks was a complex case involving a child aged around five years at the time of the SGO. The child was the subject of previous care proceedings, which concluded in 2012 with the child remaining in the care of both parents and subject of a Supervision Order. The LA brought the matter back to Court as that arrangement broke down and, at the time of issuing, the child had been living for some time in the care of the person to whom the SGO was eventually made. The arrangement was initially under a Section 20 voluntary agreement, which then progressed to an Interim Care Order. The case was listed for a final hearing; however, this had to be postponed because of a criminal investigation of sexual abuse by the father to the child, which lengthened the proceedings. There were further delays as the final hearing was not listed before a Judge and had to be relisted and also because the independent social worker who

¹² <https://www.cafcass.gov.uk/leaflets-resources/organisational-material/care-and-private-law-demand-statistics/how-long-do-care-applications-take.aspx>

¹³ These timescales are based on the data provided to us by the LAs.

¹⁴ <https://www.cafcass.gov.uk/leaflets-resources/organisational-material/care-and-private-law-demand-statistics/how-long-do-care-applications-take.aspx>

assessed the mother was severely unwell at the time of the final hearing. The mother applied for a further assessment, which was then granted (E8).

3. Identification and assessment of special guardians

3.1 Family Group Conference and identification of carers

Pre-proceedings statutory guidance states that wider family members should be 'identified and involved as early as possible in supporting the child and helping parents address identified problems' (Department for Education, 2014a, paragraph 2.22). The guidance also encourages the use of family group conferences (FGCs) if there is a possibility that the child may not be able to remain with their parents.

Previous small scales studies (Research in Practice, 2015a and b) suggested that, since the introduction of the revised PLO, professionals in the LAs studied were more proactive than previously in seeking extended family members as alternative carers for children who may not be able to remain with their parents. FGC was valued as a means of finding out who can offer support if children are unable to remain with their parents or alternatively who might look after them in the longer term. This investigation also highlighted potential challenges in identifying prospective carers. One of the major issues discussed by professionals interviewed was birth parents' reluctance to put forward family members as alternative carers at an early stage, only engaging with identifying other family members once care proceedings had been initiated and they were faced with the real prospect of the child being permanently removed. Professionals also noted the reluctance of wider family members to come forward early for fear of being seen as 'against' the birth parents in the child protection process (Research in Practice, 2015a and b).

Data regarding the point in proceedings at which family members came forward as prospective guardians were not readily available in this case file study.¹⁵ However, it appears from the limited data that the majority of family members who became special guardians came forward relatively early in the process. There were only two recorded cases of prospective guardians coming forward at a late stage - in one case at the case management hearing (see below) and in the other case at the final hearing (see section 2.4).

Grandparents came forward at the case management hearing: in this case the grandparents had been subjects of a negative viability assessment earlier in proceedings. The LA was willing to do a full assessment to explore the issues raised but the grandparents withdrew after the viability assessments as they

¹⁵ Data from court documents, as well as LA case files would need to be collected to ascertain with any degree of certainty the point at which extended family members came forward as carers.

stated they wanted to avoid confrontation with the child's parents. The plan for the child was adoption at this point. The grandparents came forward again at the case management hearing through the father's legal representative. At this stage the LA argued in their court statement against further assessment of the grandparents for a number of reasons: the LA statement questioned their motivation and commitment to the child (based upon them pulling out previously) and expressed their concerns about the grandparents' relationship with the birth parents and past criminal behaviour. It also highlighted the significant delay any further assessment would mean for the child as it would need to be thorough and cover all the risks identified in the viability assessment. The children's guardian recommended (in the court statement) that the assessment should be done, and that it was feasible to do this over three weeks. The court ordered an independent assessment of the grandparents to be done within five weeks and that introductions and contact should start during this time. The assessment was positive and a SGO was made with a Supervision Order. Proceedings lasted 36 weeks (Case A7).

The case files in the current study indicated that FGC was used in around 20 per cent of the cases (17/ 51 cases). However, nine of these 17 cases were all in the same LA, illustrating that use of FGC varied widely across these five LAs. Around a third of the FGCs that took place were held prior to the start of proceedings, with the remainder generally held soon after proceedings were issued. It was clear from the files that the use of FGC often helped in the identification of prospective carers for the children. FGCs were also used as a means for the wider family to plan and agree support for the prospective special guardians and to assist with contact issues.

There was a substantial minority of cases where FGC was considered but did not take place (7/51 cases). The main reason for this was that the parents did not provide details of the wider family network. Sometimes there was no apparent reason as to why the FGC did not take place despite there being various family members actively involved in the case. For example, in one case the FGC co-ordinator spoke to the mother and the social worker identified participants, including the eventual special guardian, but the conference did not take place because of conflict between the family network and co-ordinator, and difficulty in contacting all identified family members. In another case, there was no FGC even though a number of family members from both sides of the family were involved and a FGC was recommended in the viability assessments as a way of clarifying support from the wider family.

3.2 Preparation and assessment of special guardians

Before the court is able to make a SGO, it must receive a report from the LA on the background and suitability of the applicants and the views and circumstances of birth parents and children. The local authority must also prepare a written support plan if it

proposes to provide specific support services and keep this plan under review. Before a prospective special guardian can put in their application to the court they must notify the LA of their intention to do this. This notice to the LA must be given three months before the date of their court application, which gives the LA three months to assess the prospective guardian and write a report (Wade et al, 2014).

Wade and colleagues note that 'the success of a family placement will depend to a large degree on the quality of the assessment that is undertaken, the preparation the family has for the task they are taking on and the degree to which sufficient safeguards exist to quality assure the decisions that are being made' (Wade et al, 2014: 51). Our previous study in four local authorities suggested that professionals perceive that the timescales for completing assessments of potential guardians are being squeezed following the introduction of the revised PLO and the expectation that public law cases will be completed within 26 weeks. They expressed their concern about the rigour of assessments and the support provided to special guardians, in particular in comparison to the assessment process and support services for adopters and foster carers, whose children have similar needs (Research in Practice, 2015a and b).

In this study, there was evidence in the case files that some of the prospective guardians had been provided with information about special guardianship and other orders that could be made, often in the form of brochures or leaflets.¹⁶ Some of the case files noted that there had been discussions around the various permanence options for the child within the extended family, including open adoption, long-term foster care, special guardianship and Child Arrangements Order.

There is no way of knowing how useful these discussions and information leaflets were for the eventual special guardians. However, as Wade and colleagues note, around half of the 115 special guardians responding to their survey felt that their local authority had not fully prepared them for what lay ahead, and fewer than six in ten felt that they had chosen Special Guardianship free from any local authority pressure (Wade et al, 2014).

Potential carers might seek advice and information through legal representatives. However, reimbursement of legal costs was not offered routinely to the special guardians in this study. There is evidence that LAs provided some help towards the cost of obtaining legal advice to just under half of the eventual special guardians in our study,¹⁷ slightly more than the 39 per cent of special guardians that had some help with legal costs in Wade and colleagues' study. This was often made as a one-off payment of

¹⁶ This was not recorded in all the case files, so we have no way of knowing the actual numbers of prospective guardians receiving brochures or other forms of information.

¹⁷ This represents the number/proportion where evidence was available. There may have been other cases where legal funding was provided, but where the information was not recorded in the documents we accessed.

around £500. However, in a small number of cases decisions around the provision of legal funding were slow to be made and the guardians had to pay for advice and representation themselves.

The research team were given copies of the brochures LAs provide to prospective carers ahead of their application. The quality of this information varied between LAs; in some cases it only covered information about the process of applying to be a special guardian (e.g. what would be covered in the viability and full assessments) with links to information from external organisations such as the Family Rights Group, the Fostering Network and the Grandparents' Association. In contrast, some send out a fairly detailed information pack which, as well as providing information on the process involved in becoming a special guardian; the qualities and abilities that make a good carer; specific examples of when they might think someone would be unsuitable to care for a child (e.g. through issues associated with age, health, substance misuse); information about the responsibilities and what is expected of family and friends carers; and support services that may be offered.

Just over half of the cases in this study involved a viability assessment of one person, with examples of up to five people being assessed, many of which did not get beyond the negative viability assessment. Table 5 illustrates the number of cases where one or more persons had a viability assessment.

Table 5 Number of people who came forward and had a viability assessment¹⁸

	1 person	2 people	3 people	4 people	5 people
No. of cases	26	13	6	4	2

In the majority of cases where there had been more than one viability assessment, only one full assessment was completed (following a positive viability assessment). This was generally because others in the extended family had a negative viability assessment or withdrew before the full assessment was completed. There were a small number of cases where there was more than one positive viability assessment of prospective guardians for a particular child. In these cases there was generally agreement between the LA and the potential carers with positive assessments as to which of them was best placed to care for the child. For example, in one case both the maternal grandmother and maternal grandfather (who were separated) were positively assessed. The LA favoured the grandfather because the child would live in a two parent home some distance from

¹⁸ One of the LAs did not use viability assessments, but went straight to a full assessment unless the initial screening was negative. These full assessments are included in this table.

the birth mother and because of his strong and loving relationship with the child and ability to maintain boundaries with the birth mother.

Assessments and decisions were particularly complex when there were one or more siblings involved in the same care proceedings, although this was not true in all such cases. An example of a complex assessment case involving siblings is provided below.

Three different family members were assessed for three siblings aged eight years (index child), seven years and four years at the time of the SGO. The maternal cousin (the eventual special guardian) applied to care for the index child only. The maternal grandmother was assessed as a carer for all three children, but there were concerns around having insufficient space and her apparent lack of understanding of the impact of domestic violence on the children. She was considered for the middle child, but not all three. A maternal aunt was also put forward as a potential carer for the children, but the viability assessment was negative. The assessment of the maternal cousin was positive, with no major cause for concern, and a SGO was granted for the index child. The two other siblings were placed in separate placements with other family members, with an agreement for extensive contact. There was considerable evidence about the child's needs, which was recognised by the LA, who agreed that she would be considered as a child in need for nine months to enable her to receive help. The LA also agreed to refer the special guardian to the KEEP programme¹⁹ (Case B6).

There were also a very small number of examples where a carer had a positive assessment, withdrew during the course of proceedings and then came forward again. In one such case a grandmother withdrew upon the death of her husband but came forward again during proceedings and was granted the SGO.

¹⁹ KEEP is a training programme which aims to increase the parenting skills of foster and kinship carers in responding to children's difficulties, reducing placement disruption and improving child outcomes.
<http://www.keep.org.uk/>

3.3 Format of assessments

The format of assessments varied between the LAs in this study.²⁰

- Four of the five LAs used viability assessments.
- One LA did not use viability assessments, but instead did a basic screening (e.g. police checks, basic check on the suitability of accommodation) followed by a full assessment of all applicants where there were no immediate reasons for rejection.
- One LA used an assessment which has dedicated sections for family and friends carers and special guardians. This LA did an initial viability assessment and if this was positive they generally moved on to a Regulation 24 assessment²¹ if there was a plan for a Care Order with a kinship placement. If the LA expected the Regulation 24 assessment to be negative or where potential carers did not wish to be assessed under Regulation 24, then the assessment changed to a special guardian assessment.
- Two of the LAs used the Coram/BAAF Form C connected person assessment form, while the others used in-house assessment forms.

Although slightly different in format, the assessment forms covered similar areas, including:

- Information about the child: general information (e.g. age, ethnicity, appearance); health and education; personality; key relationships; child's view
- Information about the parents: general information; health, religion, education and employment; parent's wishes and feelings
- Information about prospective guardians:
 - general information: relationship history and current relationship; health, religion, education, employment; environmental factors (e.g. income and expenditure, the home, the household, family network, interests)
 - assessment details: understanding of safeguarding concerns; ability to meet the child's emotional and behavioural needs; ability to offer a safe and secure home; family and interpersonal relationships (including the risks that the parents pose and the available support network); contact and the ability

²⁰ Although we did not interview frontline staff regarding the process for assessing potential special guardians, we did collect examples of the assessment forms they used and they also provided us with an overview of their processes by email.

²¹ For further details see:

<http://webarchive.nationalarchives.gov.uk/20130401151715/http://www.education.gov.uk/publications/eOrderingDownload/Family%20and%20Friends%20Care.pdf>

of the carers to manage this; special guardian's wishes and feelings (including their understanding of the range of orders available and whether they have been advised about obtaining independent legal advice); willingness to take part in training and development; motivation to care for the child

- analysis and recommendations, with a focus on parenting capacity (whether the prospective guardian is able to provide good enough care for the child); ability to manage the family boundaries and relationships; benefits and detriments of the placement; arrangement for contact; support that the carer might need to look after the child, from both the LA and the wider family network
- references: summary from interviews with three references for the prospective guardian.

There were various models for completing the assessment process in each of the LAs in this study. A summary of this is provided below.

Table 6 Assessment processes in each local authority

	Main team(s) undertaking assessments
LA1	Screening then full assessment. Connected Persons Team undertakes the special guardian assessment. The first part of the report (information about the child) is completed by the child's social worker; the second part of the report is completed by a social worker in the connected person's team.
LA2	Viability and full assessments. Children in Care team complete the viability assessments, court report and support plan. If the prospective guardians are approved foster carers, then assessments are completed by the Kinship Team. For private arrangements, the Assessment and Family Support Team complete the assessments.
LA3	Viability and full assessments. Neighbourhood team and/or Referral and Assessment Service complete viability assessments. Full assessments are then completed by the Family Placement Service.
LA4	Viability and full assessments. A Kinship team integrated into the Family Placement Service complete the viability assessment and full assessments.

LA5	Viability and full assessments. Child's social worker completes the full assessment. Social workers from the Permanence, Court and Care Planning Team and from the Assessment team complete court reports. The Fostering Team completes the section regarding the adults.
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3.4 Concerns and risks highlighted in assessments

An audit of case files in Wade and colleagues' research found that concerns had been noted about the short or long-term viability of the SGO in just over 40 per cent of the cases surveyed, most commonly with regard to the relationship between the special guardian(s) and the birth parent(s) (Wade et al, 2014). In the present study, concerns/issues noted in the assessments were categorised into three broad levels by the researchers:

- no concerns were recorded on the file/ or the concerns recorded on the file were fully addressed in the support plan.
- concerns were recorded on the file and not fully addressed in the support plan.

Although clearly not a precise measure, 16 of the 51 cases (around 23 per cent) fall into the first category above (no concerns/concerns fully addressed), with seven of these 16 cases in a single LA. Without further data or interviews with professionals it is not possible to determine whether this was because there were no concerns or issues in these cases or whether issues were not identified and/or not recorded accurately in the file.

Over two-thirds of the assessments of an eventual special guardian noted some level of concern, although these did not necessarily preclude a positive assessment when weighed against the positive factors. Typically the concerns and issues detailed in the assessments included:

- Concerns around the special guardian's relationship with the birth parent(s), whether they would be able to manage contact in the longer-term and whether the special guardian would be able to keep the child safe from risks posed by the birth parents (noted in 15/51 cases).
- Concerns of a historical nature (e.g. the guardian's alcohol or drug misuse; previous involvement of children's services for their own children) (noted in 7/51 cases).
- Concerns around the special guardian's ability/capacity to respond to the child's complex emotional/behavioural needs (noted in 7/51 cases).

- Special guardian's level of acknowledgement/knowledge/acceptance of the safeguarding issues that led to the child being removed from the birth parents (noted in 5/51 cases).
- Issues with housing/sufficient space in the home (noted in 5/51 cases).

Further issues included in some of the assessments were the impact of caring for another child in addition to other children already in the household and the prospective guardians' age, health and financial situation. LAs assessed some prospective guardians as having a number of the aforementioned issues that might impact on their ability to care for the child. These concerns are consistent with those found by Wade and colleagues.

The majority of prospective guardians receiving a negative viability assessment from the LA accepted this decision and took no further action with regard to becoming a carer for the child. However, ten of the 35 known negative LA viability assessments²² were challenged in court, either by the prospective guardian or the children's guardian. This led to the court ordering independent social work assessments. In all of these cases the LA had recommended to the court that there were reasons to reject the application of a prospective special guardian, based on the concerns raised in the assessment. Since there were no alternative family members to care for the child, the LA presented the court with a recommendation for adoption (in nine cases) or long term foster care (in one case).

In nine of these ten contested cases only one person had an independent assessment; in the tenth case three people were independently assessed, with a positive assessment made of one of these. In all but one of these ten contested cases the subsequent independent assessment was positive and the LAs accepted the findings and supported the SGO application. An example of this is provided below:

The parental grandmother was assessed by the LA as being unable to accept that her son was the perpetrator of domestic violence and rape of the child's mother. The assessment also noted that she lacked understanding of the impact on the child of witnessing domestic violence. She did not believe that her son has a drink problem and is violent. The LA plan was for adoption following the negative assessment, but the grandmother contested the assessment. The children's guardian's statement noted gaps in the assessment and that the grandmother had not seen the documents relating to the risks to the child posed by the birth father or the documents relating to the child's needs. The court ordered an independent assessment, which was positive. The LA accepted the recommendation of the

²² In some cases it is not clear how many people had negative assessments. The figure presented here is the minimum number of negative assessments that can be deduced from the data.

independent assessment and the grandmother became the child's special guardian. The LA support plan included therapeutic support for the child's exposure to domestic violence and unstable attachments, as well as training for the special guardian on attachment, the impact of domestic violence and identity (Case E4).

The process of LA assessments and recommendations being challenged in court, independent social worker assessment leading to a different recommendation to that made by the LA and the LA's acceptance of this changed recommendation may be interpreted in a number of different ways. It might be said that the court is fulfilling its role by challenging local authority assessments and recommendations for a Placement Order or other permanence pathway, which may have the result of enabling the child to remain within their extended family. In some instances though this process appears to suggest tensions between local authorities and courts in terms of the analysis of what constitutes 'good enough' parenting.

An example of the tension between the court's view and that of the LA in the current study is provided in the example below.

The mother of this 13 month old child (at the time of the SGO) was a care leaver with learning difficulties. She did not put forward any alternative family members and stated that she did not want her parents to care for the child because of the emotional abuse she herself had suffered as a child. Her parents, nevertheless, put themselves forward as carers. The viability assessment was negative because of a number of concerns, primarily around the health of the grandmother who suffers from fibromyalgia. The GP assessment stated that stress negatively impacts on her pain and that she is not able to care for the child on her own as she relies on her husband and children for her own care and is unable to leave the house without their help. As well as her own three children (aged 12-17), she was also caring for two grandchildren (cousins to the child). A full assessment was carried out by an independent social worker following directions from the court, and this was also negative. The independent social work assessment noted that the grandmother and her partner were not able to respond to the level of emotional and behavioural needs of the child, and that placing a child under the age of one would put further strain on their resources. At the final hearing the LA recommended a Care and Placement Order, which the children's guardian agreed with prior to the hearing. During the final hearing, the children's guardian changed his/her view after hearing evidence from the grandparents and the SGO was granted. The reasons for this change of view were not noted in the LA case files (Case A5).

We do not have case file data from a period prior to *Re B-S* with which to compare the data in our current study. However, interviewees in our earlier study (conducted early in

2015) noted that individual judge or magistrates' responses to *Re B-S* were resulting in a sense that the threshold for approving special guardians has been lowered and that this was leading to some SGOs being approved that the LA might consider inappropriate for the child. This tension was perceived by one Assistant Director to be reflected in courts asking LAs to reconsider their recommendation for Care and Placement Orders in favour of SGOs (Research in Practice, 2015a).

One important critique made by professionals in our previous study in relation to this issue was the view that the courts are focused on what is 'good enough' at the time of the hearing and lack an informed perspective on possible future outcomes of decisions. In contrast, social workers tend to look further into the future and make assessments which include consideration of the whole of the child's minority (Research in Practice, 2015a).

Where concerns and risks are noted in assessments, it is important that these are fully addressed in the support plan. This is discussed in the following chapter.

4. Support provided to special guardians and children

Each local authority must make arrangements for the provision within their area of Special Guardianship support services to meet the identified needs of special guardians and their children (Department for Education and Skills, 2005). This case file analysis examined the content of the support plans, and the details of this are provided below.

4.1 Support plans

Support plans were available in almost all the case files in this sample, and were generally agreed by the special guardian before the final hearing. Although the support plans varied in content and depth, the majority (around 75 per cent) included details about provision for a regular means tested financial allowance, reviewed on a yearly basis. Financial assistance was also provided to a sizeable minority of special guardians (noted in 5/51 cases) through one-off grants to assist in buying essential items such as beds and furniture. Four of the five cases where this was provided were in the same local authority.

As previously reported, one of the main concerns highlighted in assessments was how the guardians would manage contact between the child and his or her birth parents, and how they would ensure the child's safety (recorded in around 30 per cent of the case files). Relationships between special guardians and birth family members can be complex. The nature of the relationship is different to that which would usually be found for foster carers and adopters, in that there are both pre-existing kin/blood relationships and (varying degrees of) existing social relationship. While these situations may present positive opportunities in terms of a child's identity within birth family networks, they often raise complex emotional and practical challenges for special guardians to negotiate. They can also raise real challenges in relation to issues of safeguarding and contact arrangements, both in the immediate and the longer term.

There was evidence in the support plans for the provision of local authority support for contact in just under a third of the cases in this sample (16/51). Cases where there was support for contact also tended to have a Supervision Order attached to the SGO (10/16). Plans for LA support for contact was generally short-term, with a plan for reviewing the arrangement after a period of time (generally after six to twelve months), and an expectation that special guardians would manage contact themselves after this. It was rare for the support plan to cover potential risks from birth parents in the future and how this might be managed.

Information about the child's developmental needs was generally noted in the assessment form. However, support plans did not always fully address these needs. For example, in one case involving three siblings with identified emotional and educational

needs, the plan was for the special guardian to meet these needs in conjunction with relevant health services and educational services. In this case, the special guardian was assessed by both the LA and an independent psychologist because of the level of needs of the children. There was a recommendation for the special guardian to contact the family placement services in the future if further support was needed.

Some of the special guardians in our study were offered the kind of training that is typically available to foster carers or adopters. These were in cases where the child had complex needs and the cases were primarily clustered in one LA. Some examples (all from this one LA) are provided below:

Child aged almost eight at the time of the SGO with identified emotional needs: support plan included specialist training for the special guardian to meet his needs, to be commissioned by the post-order team. The LA agreed to make a referral to CAMHS (Child and Adolescent Mental Health Service) for an attachment specialist, which would be funded by the LA. Therapeutic support was available through the LA for the carers to manage and understand the child's behaviour (Case E2).

Child aged 4 years at the time of the SGO: the LA concluded that she would need support for at least the next year. The support plan provided for regular home visits, and a psychologist for the child (the psychologist was already providing a service). Home visits were scheduled for every three to four weeks and the personal education plan for nursery was to be reviewed on a regular basis. The guardian was also offered support through the KEEP programme, as well as support for life story work (Case E10).

Not all LAs provided such a level of support with regard to providing services to support the child's identified emotional and behavioural needs. In a small number of cases (5/51) the support plans noted that the special guardian was responsible for addressing and meeting these needs with the help of health or education services, without indicating how they could access this support. In one case the statement from the children's guardian noted that the support plan was very sparse and did not address the children's needs. This was a case involving two children aged four and five years. The LA went to court with a recommendation for long term foster care following a negative assessment of the maternal grandfather, whom the LA assessed as being unable to meet the children's complex needs. The subsequent independent assessment of the grandfather was positive, but, at the time of the case file analysis, there was no evidence of the grandfather being provided with support services to meet these children's needs, although a Supervision Order was attached to the SGO.

In some cases, LAs provided assistance with housing. One LA was asked for help in funding a loft conversion to provide enough space to accommodate the children, and

agreed in principle to a nominal payment towards this in the future. In other cases, LAs agreed to support the special guardians to move to a larger house, often through letters written to the housing department.

There is no way of knowing from this study whether guardians actually received the level of support set out in their support plan. Evidence from Wade and colleagues' study suggested that actual provision of support was in fact higher than that which had been written into the support plans, perhaps reflecting later requests for assistance or new concerns that arose over time (Wade et al, 2014).

4.2 Provision of support in the future

Not every special guardian wants or feels they need support services at the time the support plan is agreed. However, their perception and their needs may change in the long-term, and it is important that guardians know how to access support services in the future, should they be required.

Almost all the support plans were time limited, and rarely noted specific support arrangements over the longer term. The majority of the children in this study were very young at the time the SGO was made, with over 70 per cent aged less than four years old. It is especially difficult to determine the future needs of infants and babies, and difficulties not present at the time the SGO is made are likely to emerge at different developmental ages and stages in the child's life.

The support plan was generally agreed before the final hearing, and in many cases before the child had lived with the carer for an extended period of time. In such cases, the guardians may not be fully aware of the needs of the child and the support services that may be required to meet these needs, in both the short and long-term. Thus, it is important that special guardians are fully aware of how they might get back in contact with LAs should difficulties emerge at a later stage.

Wade and colleagues found that in his sample of cases, the guardians were generally given a named contact for the future. However, special guardians were at times reluctant to contact their LA because of fear of being labelled a failure (Wade et al, 2014). The present study did not specifically investigate guardians' access to post-order support, but the support plans generally stated that special guardians get back in touch with the relevant team should future needs arise. The models for provision of post-order support varied between the LAs in this study, as illustrated in Table 7.

Table 7 Post-order support

	Post-order support
LA1	Once the SGO is granted a special guardianship support worker is allocated for the first three to six months to assist with transition. The worker is based in the Connected Persons and Post-Order Support Team. There are dedicated workers in the Post-Order Team to assist with contact. The support workers remain the same so there is some consistency for the families. Cases are allocated to social workers when special guardians request support - these enquiries come through the duty team. Social workers have a mixed caseload of adoption and SGO cases. Information about support is provided to all families at the assessment stage.
LA2	The SGO support plan is discussed with the SGO Support Team and/or presented to the Adoption and SGO Support Panel. If the child is a Child in Need (CiN) or there is a Supervision Order attached to the SGO, the case remains with the Children in Care team until the CiN status is closed or the Supervision Order expires. If support is still needed, the case is transferred to the SGO support team. If there is no CiN or Supervision Order in place, the SGO Support Team start to work alongside the Children in Care team pre-order and once the SGO is granted the case is transferred to the SGO Support Team, if support is needed. All families are provided with the SGO Support Team contact details. The finance officer for SGOs is located in the SGO support team, is in contact with special guardians annually and asks about support needs at this contact.
LA3	Support for SGOs is provided by the Family Placement Service, which has its own 'front door' for adopters and special guardians. When there is a Supervision Order attached to the SGO the child is allocated a social worker from the Neighbourhood Team for the duration of the Supervision Order.
LA4	Where there is a Supervision Order, the child care social worker provides post-placement support for the specified time. Where there is no Supervision Order, the SGO social worker, based in the Kinship Team, provides support.
LA5	Support is provided by the Post-Order Support Team. If there is no Supervision Order special guardians are provided with contact details for services in the future.

4.3 SGOs with a Supervision Order

A court may make a Care or Supervision Order if it is satisfied that the ‘threshold criteria’ as defined by S.31 (2) Children Act 1989 is fulfilled (i.e. that the child is suffering or is likely to suffer significant harm). A Supervision Order does not confer parental responsibility on the local authority. While a Supervision Order is in force it is the duty of the supervisor (usually the LA social worker) to:

- advise, assist and befriend the supervised child
- take steps that are reasonably necessary to give effect to the order
- where the order is not wholly complied with or the supervisor considers that the order is no longer necessary, to consider whether or not to apply to the court to vary or discharge the order.

A variety of directions and requirements can be attached to a Supervision Order. There are no specific consequences for breach of these directions and requirements other than returning the matter to court for a review.

A perceived increase in the use of Supervision Orders with SGOs has been noted by professionals interviewed in our previous study (Research in Practice, 2015a) and national research to investigate this issue is currently underway (Harwin, forthcoming). Around 11 per cent of SGOs in Wade's study were made with a Supervision Order attached (Wade et al, 2014). In the current study just under half of the SGOs (23/51) were made with a Supervision Order attached, the primary purpose being for LAs to monitor and support the placement. This is clearly a much larger proportion than noted by Wade and colleagues, but a meaningful comparison between the two samples is impossible.

It is worth noting that of the ten cases where the court ordered an independent assessment of the guardian following a negative viability assessment by the LA, eight had a Supervision Order attached to the SGO. The use of Supervision Orders was not consistent across the LAs, as illustrated below.

Table 8 Proportion (and number) of SGOs with a Supervision Order attached in each LA

LA1	LA2	LA3	LA4	LA5
70% (7/10)	10% (1/10)	27% (3/11)	70% (7/10)	60% (6/10)

It is not clear from all the case files whether the Supervision Order was recommended by the LA or the court or the reasons for the variation in the use of Supervision Orders between the LAs in the study. In some cases Supervision Orders appeared to act as a means of ensuring a smooth transition and continued support from the LA once the SGO was made, while in others they appeared to be a means of monitoring the placement and mitigating some of the risks and issues highlighted in assessments. There is also the possibility that Supervision Orders are being used as a means of testing the relationship between the child and the special guardian, in particular where there is no existing bond between them.

4.4 SGO outcomes and disruption

None of the placements in our sample had disrupted at the time of the study, which is not surprising given the relatively short period of time that had passed between the SGO being granted and the fieldwork taking place. Longer term follow up would be needed to track the cases in this study and determine the extent of and reasons for any disruptions.

5. Conclusion

This study presents findings from a qualitative analysis of 51 case files where children were the subject of a SGO in five local authorities, with a particular focus on children aged four and younger. It is important to note that the findings derive solely from information that was available on the local authorities' case file system at the time of the study. The study did not include an analysis of court documents relevant to the cases, nor did it include interviews with the social workers, local authority lawyers, special guardians or court officials involved in the case. It does not compare the current data with SGO decision-making and usage before the introduction of the revised PLO. Accordingly, it presents a picture of SGO usage from the local authority perspective at a particular point in time and for a particular age group of children. It is vital, therefore, not to draw erroneous conclusions based on this limited data. Nevertheless, many of the findings in this study are consistent with those of other studies (e.g. Wade et al, 2014; Research in Practice, 2015a and b) which, taken together, provide a compelling picture of SGO usage.

5.1 Key findings

- Almost all the cases (47/51) in this study involved children in public law proceedings, with a number of issues present in these children's lives, including parental domestic violence, parental drug and alcohol abuse and parental mental health problems. The remaining four cases involved SGO applications with respect to children who were known to children's services, but where proceedings had not been issued and could be characterised as 'edge of care' cases.
- The majority of special guardians (46/51) were blood relatives of the child, with grandparents comprising over half of these. The majority came forward as potential carers relatively early in the legal process. There were only two identified cases where extended family members came forward late in proceedings.
- Family Group Conferencing was used in around 20 per cent (17/51) of our sample. FGC was useful in helping to identify potential carers within the family and also in helping to find ways of supporting the special guardian.
- The use of FGC services varied considerably across these five LAs; half of these FGCs were held in one LA while in some other LAs FGCs did not always take place even when they had been recommended. Across the LAs in this sample access to FGCs may be seen to be determined by locality, rather than by case requirement.

- Parallel or twin track planning was used when considering permanence options for these children. Placement with the extended family was always the first consideration, and in these cases adoption only became the preferred option when all extended family members had been ruled out as carers as a result of negative assessments. This suggests practice that is consistent with the Children Act 1989 and Article 8 of the Human Rights Act 1998 (the right to a private and family life).
- Just over half the children were living with their special guardian prior to the order being made. Where children had not previously been living with their guardian there was generally a short period of introductions and contact prior to the child moving in with the special guardian. Although in some cases it was possible to determine the length of time that a child had lived with their special guardian prior to the SGO being made, it was not possible from the case file data available to do this for all cases. An analysis using court documents, chronologies and LA case files would be required in order to explore this fully.
- The assessments for special guardians were generally thorough in that they covered a range of issues and highlighted both positive and negative factors in relation to the prospective guardian. The main concerns noted were around contact arrangements and the ability of the special guardian to keep the child safe from risks posed by the birth parents. Other issues included historical safeguarding concerns with regard to their own children and concerns around the special guardian's ability to respond to the child's complex emotional/behavioural needs.
- In a substantial minority of these cases (9/51) the eventual special guardian had been the subject of a negative viability assessment and (since there were no other known extended family members who could care for the child) the LA went to court with a recommendation for adoption. In another case, the LA made a recommendation for long term foster care following negative viability assessments of the extended family. In these ten cases the court ordered an independent assessment of the prospective special guardian. In all but one of these cases the independent social worker's assessment of the prospective guardian was positive, and the LA accepted the findings of the assessment and changed the plan to SGO. In the other case, the subsequent independent assessment was negative, in agreement with the original LA assessment, but the court went on to grant an SGO. It is not possible from the case file data to determine what factors changed in relation to the concerns noted in the LA viability assessments and the subsequent positive independent assessments. Further research would be needed to explore this in more depth.
- Support plans were available for almost all the cases; these varied in their content and depth. The majority of support plans had provision for a means tested financial allowance and a substantial proportion also included support for contact with birth

parents, although this provision was generally limited to the 12 months after the SGO was made. However, some of the support plans did not include specific provision for services to support children's identified emotional and behavioural needs.

- Just under half of the SGOs had a Supervision Order attached. There was wide variation between the five LAs (and by implication the local courts) in the proportion of SGOs made with Supervision Orders attached. These case files generally indicated that the reason for the Supervision Order was for monitoring and support purposes. A Supervision Order was attached to the SGO in seven of the ten cases discussed above.

5.2 Messages for policy and practice

This study provides important new insights into the use of SGOs for younger children in care proceedings. It highlights some positive aspects of the 26 week timescale for care proceedings, with permanence being secured with extended family members through SGOs in a relative short timeframe. It also notes the challenges for LAs, courts and special guardians in ensuring the appropriate level of assessment and support are in place when making permanence decisions involving SGOs, in particular when a child has not been living with the carer for an extended period of time. These challenges cannot be attributed solely to the impact of the family justice reforms and recent court judgements, but need to be understood within the wider context of SGO usage.

- Although the majority of special guardians in this study were blood relatives, many of the children had not lived with the special guardian for very long and so had limited time to form a social relationship. In such instances, SGO assessment and support processes are being used in circumstances for which they were not originally intended. This adapted use of the existing SGO process carries various risks.
- An extended family member without an existing social relationship to a child who comes forward as a prospective special guardian may or may not be the person best able to care for that child. Neither the fact that they may be 'distant' (in terms of blood ties or in terms of location), nor the fact that they do not have an existing social relationship with the child makes such a person ipso facto 'unsuitable' (Prime Minister's office statement 2 November 2015).²³

²³ <https://www.gov.uk/government/news/pm-unveils-drive-to-increase-adoptions-and-cut-unacceptable-delays>

- Special Guardianship Orders (SGOs) were originally intended to provide a permanence option for children in a settled placement with a relative or long term foster carer. The processes designed for SGO assessment in this context may not be suitable in assessing relatives previously unknown to the child. Issues that this case file analysis identified in relation to SGO assessment where little or no social relationship exists include:
 - The timescales for completing the assessments, which are much shorter than assessment timescales for adopters and for foster carers.
 - Viability assessments add an extra stage to the assessment process but it is not clear how useful these are. One of the main issues is that negative viability assessments may be contested in court, and a full, independent assessment may then be ordered with the costs borne by the local authority. Assessment processes that are thorough and analytical for all prospective carers could reduce contestation in court and thereby reduce delay to the child achieving a permanent placement.
 - An example of a different approach was provided by one of the local authorities in our sample where they carry out an initial screening (e.g. police checks, suitability of accommodation) and if there are no immediate reasons for rejecting a prospective carer they then do a full assessment of everyone who has come forward to care for the child.
- Making an SGO without any opportunity for the child and prospective special guardian to build or test a relationship may enact a premature move to a permanent arrangement. Other permanence pathways which involve a child moving to live with previously unknown carers are accompanied by structured support and transition arrangements. Children the subject of an SGO with previously unknown or little known relatives need equivalent support, as do the relatives themselves.
- There is potential for conflict in the relationship between the LA and the special guardian following an initial negative assessment and where the court orders an independent assessment which is then positive. This could make it difficult for the LA to work in partnership with the special guardian to serve the best interests of the child in the future. Future guidance should specify what a high quality assessment should cover, and also share best practice in ensuring the subsequent court report is analytical and robust.
- Support plans are generally agreed and signed prior to the SGO being made, and in many cases before the child has lived with the special guardian for any length of time. For very young children, their needs may not be known until they are much older and needs and behaviours will change over developmental ages and stages. Since children placed with special guardians, adopters and foster carers as an

outcome of care proceedings come from similar backgrounds, typically with histories of neglect and abuse they are likely to need similar support throughout their minority.

- There appears to be a shift towards attaching Supervision Orders with SGOs. Case file analysis alone cannot provide a clear picture as to the reasons why a Supervision Order was attached, whether there were any conditions attached, whether any such conditions were adhered to or the extent to which Supervision Orders fulfilled their purpose in monitoring and supporting the placement. Alternative measures may be needed if the placement is considered to require support and monitoring as the legal weight of Supervision Orders is a matter of contested opinion among experts in this field.

5.3 Linking the findings of this study with data from Research in Practice 2015a and 2015b

In order to provide as rounded a picture as possible, it may be useful to link the findings of this case file analysis with those from our two reports earlier this year for DfE. The following points are therefore informed by the key findings and recommendations in all three of these reports.

- LAs in these studies took a proactive approach to the early identification of family members as potential alternative carers. Practice in this area needs to continue to build to ensure sufficient engagement with wider family at the earliest stages.
- Family members coming forward only once a case is in proceedings was an issue identified in only 2/51 cases in the case file analysis. However, our earlier studies did find issues with family members coming forward late, which can contribute to delay.
- When used well, Family Group Conferencing appears to provide real value in engaging and supporting extended family members and should be embedded in pre-proceedings practice and commenced as early as possible. The DfE has an important role to play in promoting FGCs through guidance and good practice examples.
- Challenges identified in relation to pre-proceedings work include: perceived drift in taking cases to court because of increased time spent on assessments, a lack of financial resources for undertaking specialist assessments and workload pressures for social workers.
- The case manager role was found to be a key element in: supporting social workers to produce evidence that is analytical and considers all options for the child, engaging collaboratively with the Local Family Justice Boards and working

alongside lawyers to track cases through the PLO process. Effective case tracking is a vital element in preventing case drift and making analysis of delay.

- This case file analysis did not include interviews with professionals which might have deepened our understanding of the contested cases discussed above. It is worth noting that professionals interviewed in our earlier study expressed concern that some SGOs granted by courts may not be in the best long-term interest of the child and noted incidents of children are returning to care following an SGO breakdown.
- It is important that those in the court arena understand the risk factors associated with breakdown of SGO placements and that there is a forum for feedback and discussion of cases through Local Family Justice Boards. Tracking data on children re-entering the care system and sharing this with the LFJB can inform judges and magistrates about the outcomes of decision-making.
- There are substantial issues regarding the assessment of potential special guardians, in particular with regard to viability assessments. There is also a tension between the necessity to do good quality assessments and the timing to complete these to be compliant with the PLO timescales. Although there is flexibility within the PLO to extend the timescale, some courts are reluctant to do so. The child's best interests should take priority over compliance with the PLO and the LFJBs have a key role to play in developing a common approach and in sharing best practice to achieve this
- The suitability of any/all permanence options must be ascertained through apposite assessment processes; developed through pertinent training and support; and supported through specialist support tailored to the child's developmental needs and to any trauma or maltreatment they may have experienced.
- Wade and colleagues' research demonstrates that the risk of breakdowns for SGOs is increased in the absence of an existing relationship. If levels of assessment and support were on a par with that provided to support permanence with previously unknown carers/adoptive parents, we might hypothesise that SGO breakdown rates might be improved.
- In many areas special guardians are poorly served in terms of good quality information and support. The children and young people involved are often emerging from longstanding and complex family difficulties and special guardians need information and support in order to navigate the challenges that may arise to avert avoidable breakdowns and the instability and trauma that may result for the child. Local authorities should provide detailed written support plans, agreed in advance with guardians and their representatives, as part of the court bundle. There should also be co-operation between LAs in providing support when special

guardians do not live in the LA from which the SGO was made. All this needs to be adequately resourced.

- SGOs are, by their nature, a type of placement without the formal boundaries that go with adoption. As such they require different skill sets for practice in a complex extended family context and there is a need to build practice knowledge in this area.
- Family dynamics can be challenging for special guardians, both in relation to formal contact with birth parents, but also to carers' dual loyalty towards both the child and the child's parent. LAs can provide support with formal contact in the short-term, but not over the longer term. Without adequate support, SGOs that are fragile or in crisis are liable to break down.
- There may be merit in a final SGO decision not being made until the child has been living with the carer for a period of time. This is the case with adoption, where the adoption order cannot be applied for until the child has lived with the adopter for a minimum of 10 weeks. At the very least, where there is no long-term relationship between the child and the special guardian there should be provision for a period of preparation and settling in prior to the order being made, similar to that which is routinely available for adopters.
- Local authorities should keep in touch with special guardians through the annual review process, and through other means to keep the channels of communication open should the need for support arise in the future. Support groups for special guardians can also provide an arena for mutual peer support and facilitate informal access to social work advice.

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Appendix 1: LA Profiles

Table 9 Profile of LAs sampled

LA	Area	High/low proportion SGO to adoption for LAC leaving care 2013-14	No. LAC leaving care through SGO	Urban/rural
LA1	Inner London	Equal	25	Urban/ London Borough
LA2	East	Low	30	Rural/ County
LA3	West Midlands	Low	30	Urban/ Metropolitan
LA4	South West	Equal	45	Urban/ Unitary
LA5	North West	High	75	Urban/ Metropolitan

LA1

Assessments are completed by the Connected Persons team. There is no viability assessment - they do an initial screening and if this is positive they do a full assessment for all applicants.

Once a SGO is granted a special guardian support worker is allocated for the initial three to six months to assist with transition. This worker is based in the Connected Persons team. When there is a Supervision Order, the child's social worker provides support.

There are dedicated support workers in the Post-Order Team who would assist with contact. The support workers remain the same so the families have some consistency. A social worker is allocated when the special guardians contact them requesting support. These enquiries come through the duty team. The work is usually short-term and the case is taken off once the intervention has been successful. The LA try and allocate a case to a worker who has previously worked with the family but this is not always possible. The social workers have a mixed caseload of Adoption and SGO cases.

It is standard practice to provide information about different options/orders available to connected persons/potential special guardians at the assessment stage.

LA2

For long-term child protection involvement the cases are transferred to the Assessment & Family Support Teams and these are the teams that will take the cases to court for an

Interim Care Order (ICO). Generally, at the point when the LA are initiating care proceedings, they make the Children in Care (CIC) team aware and they usually join them in court in case the care plan is changed. Once an ICO is granted the case is passed on officially to the CIC team.

If SGO is identified as a possible permanency plan for the child, and prospective special guardians are identified, the CIC teams will complete the viability assessments and complete the report for court, together with the SGO Support plan. The SGO Support plan needs to be discussed with the SGO Support team and/or presented to the Adoption & SGO Support Panel when necessary, in order to agree financial packages. If the prospective guardians are approved kinship carers then the viability assessment is completed by the Kinship Team (part of Fostering Service) while the child's case remains the responsibility of the CIC teams. When SGO is a private arrangement between parents and relatives/friends under Private Law, the Assessment & Family Support teams will complete the viability assessments. In that case the cases won't reach CIC teams.

If after the SGO is granted the child is a Child in Need (CiN) or there is a Supervision Order, the case remains with the CIC teams until the CiN is closed or the Supervision Order expires, at which stage the case will be closed if they no longer need support, or transferred to the SGO Support Team if there is still need for support. Where there is no CiN or Supervision Order, the case will be closed if the family don't need support immediately after the order, in which case they will be given the LA details so they can contact later.

If there is need for support straight after the SGO is granted, and there is no CiN or Supervision Order, the SGO support team will start to work alongside the CIC teams pre-order and once they close the case it is then transferred to the SGO support team to continue offering the necessary support. The finance officer for SGOs is located in the SGO support team, is in contact with special guardians annually and asks about support needs at this contact.

LA3

Viability assessments are undertaken by the team taking the care proceedings - the Neighbourhood Team or the Referral and Assessment Service. Full assessments are undertaken by social workers in the Family Placement Service.

Support for SGOs is provided by the Family Placement Service. Requests from special guardians for support go directly to this service, which has its own 'front door' for Adopters and special guardians. When there is a Supervision Order the case is allocated to the Neighbourhood Team, where the child is allocated a social worker for the duration of the Order.

LA4

The LA has a Kinship Team, which is integrated into the Family Placement Service and undertakes the viability and full assessments. When there is a Supervision Order, the childcare social worker usually provides post-placement support for the specified time. After the Supervision Order has expired or where there is no Supervision Order, there is a SGO social worker based in the Kinship Team who provides support.

LA5

The full special guardian assessments are completed by the child's social worker, whichever team they are in. Social workers from the Permanence, Court and Care Planning Team and the Assessment Team complete the reports. The Fostering Team assists with the report in most cases as they complete the section regarding the adult but the overall responsibility lies with the fieldwork teams. Support is provided by the Post-Order Support Team. Where there is no Supervision Order the special guardians are given contact details for services for the future.

Appendix 2: Case file data template

LA	Area
The child(ren)	<p>Number of children in SGO case</p> <p>Age(s) at time of SGO</p> <p>Where each child living before and during proceedings</p> <p>Where child living immediately before SGO made</p> <p>How many placements had the child(ren) had before the SGO was awarded?</p> <p>Were siblings subject to care proceedings placed together? - Discuss placements for each if data available.</p>
The special guardian(s) (SGs)	<p>Age at order</p> <p>Relationship to child/ link to family - Existing or no existing relationship, pre-application?</p> <p>Whether child living with them prior to proceedings</p> <p>Whether child living with them immediately before SG made</p> <p>Whether child has ever lived with SG - when/ for how long</p> <p>Quality of relationship between SG and birth parents</p> <p>Whether lives in same/different LA - how near they are to LA and birth parents (not if live in different country)</p>
History of the case	<p>When CSC first became involved and why</p> <p>Reasons for issuing care proceedings</p> <p>Significant events in the care process</p>

<p>Pre-proceedings stage</p>	<p>Was FGC held? If so: at what point of the process? Who was there? Outcome of FGC. Were any potential family members identified as potential carers?</p> <p>If not FGC, was there any other type of family meeting? If so: at what point of the process? Who was there? Outcome of meeting. Were any potential family members identified as potential carers?</p> <p>Did any family members (or others) put themselves forward to care for child? Who - list relationship of all.</p> <p>Did birth parent put any family members (or others) forward to care for child? Who - list relationship of all.</p> <p>How many people were put forward as potential carers?</p> <p>At what point did they (each one) come forward?</p> <p>How did LA prioritise the potential carers?</p>
<p>Care Plans</p>	<p>What permanence options were considered?</p> <p>What was the recommended order at pre-proceedings stage? Why was this recommended?</p> <p>Was a supervision order with SG recommended - reasons?</p> <p>Did the proposed order change during pre-proceedings? Reasons?</p>

<p>The SG assessment process</p>	<p>Was there a viability assessment - by whom (team)? How many people were assessed and outcomes for each - list for each SG assessed. What did viability assessment consider?</p> <p>For negative viability assessments - reasons for rejecting?</p> <p>Did any negative viability assessments move on to a full assessment? Reasons and outcome</p> <p>How many full assessments were carried out? - By whom (team)? Outcomes for each.</p> <p>For negative full assessments - reasons for rejecting</p> <p>Positive assessments - reasons? Were any potential concerns flagged up?</p> <p>What did full assessment consider? Check whether considers ability to care for child over long-term, managing relationships/contact with birth parents, support networks, health SG.</p> <p>Were any potential issues/ areas of concern identified now and for the future? Were these addressed in the support plan?</p> <p>Was anyone who had a negative full assessment re-assessed at a later time? Reasons and outcome?</p>
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Support for SG	<p>What information was provided to SG prior to application? - Ask LA for any leaflets they give out.</p> <p>What information did they receive about the child's needs, and support now and in the future?</p> <p>Did they receive any legal funding/advice on this?</p> <p>Was there a support plan? What did it include and how long a time period did it cover</p> <p>Was there any provision for supporting/supervising contact with birth parents? What did this comprise?</p> <p>Did the SG seek additional support? What type of support was requested and outcome?</p> <p>What arrangements were made for reviewing support?</p>
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