Department for Education

Family Routes: needs, experiences and support for adoptive parents and special guardians

Research report

September 2026

Authors: Ecorys UK

Government Social Research

Contents

List of figures

List of tables

Executive Summary

About the Family Routes study

The Family Routes study, commissioned by the Department for Education and delivered by Ecorys UK with the Rees Centre (University of Oxford) and Ipsos, examines the needs, experiences and outcomes of young people aged 12–25 growing up in adoption and special guardianship and their families. This report summarises findings on the experience and support needs of adoptive parents and special guardians from the first wave of the study. It draws on in-depth interviews with 84 families and survey data from adoptive parents. The analysis focuses on caregiving experiences, interactions with services, and impacts on relationships, employment/finances, health, and wellbeing.

Experiences of caregiving

Many families in the study described close, warm relationships and valued aspects of family life together. However, most reported some periods of high caregiving strain associated with the complexity and persistence of their young people's needs, particularly through adolescence when demands often increased while access to support became more constrained.

The caregiving role

Several adoptive parents and special guardians described their parenting as a "full-time job" (adoptive parent). The support that parents and carers were providing directly to their young people, as well as their role in navigating and negotiating support for them, were time and energy intensive for many of the families interviewed.

While many young people experience growing independence in adolescence, for those with multiple support needs and experience of trauma, parents and carers may continue to provide a great deal of direct care and support. The adoptive parents and special guardians in this study often provided intensive day-to-day support, attending frequent appointments, coordinating therapies and dealing with disrupted or fragile engagement with school. These demands often continued through adolescence and early adulthood.

Several young people in the study experienced disrupted schooling, with exclusions and delays in accessing suitable provision. When young people were out of school, they missed education and wider opportunities, while parents and carers faced greater strain, disruption to work, and added pressure on relationships.

Many young people exhibited trauma-related and high-risk behaviours (e.g. self-harm, suicidal thoughts, running away or aggression). A minority of families felt they needed to

supervise their young person constantly to maintain safety, which significantly intensified strain. Parents and carers often described feelings of guilt, exhaustion and uncertainty about how to respond, especially where they felt judged by others about their parenting.

Parenting support

Adoptive parents and special guardians often explained that they had needed to adapt their approach to parenting over time to meet their young person's needs, with many valuing trauma-informed techniques (e.g., therapeutic and attachment-based parenting (Playfulness, Acceptance, Curiosity and Empathy (PACE)), and Non-Violent Resistance (NVR) parenting). While often experienced as helpful, these approaches did not always fully address complex mental health needs which families felt needed timely, specialist mental health and therapeutic support. Some families expressed frustration when training was offered as a solution at points of crisis, without other support. Access to relevant parenting training, particularly for special guardians, was variable.

Advocating for and with support services

Interviews suggested that the experience of trying to access support services – often described by families as a 'battle' or 'fight' - placed additional strain on parents and carers when their energies and resources should have been directed towards supporting their young person. In many interviews, interactions with support services (including social services, health and education services) were viewed as strained. Families did not always trust services, particularly where they felt blamed or that they had been treated with suspicion when seeking help in the past, including where this had triggered child protection processes.

Families interviewed wanted better information about what services were available to help their young person, such as accessible information about the local support offer, with clear eligibility criteria. Families wanted support to be responsive to the multiple needs of their young people rather than focused on a single diagnosis, and for services to be informed about adoption and the effects of trauma on children. In many cases they also wanted help or advice to identify what support would be most suitable for their young person and help from an advocate if they experienced challenges accessing support.

Respite

Respite, through friends, family or formal services, was highly valued but often unavailable or judged unsuitable for young people with high needs. Families emphasised the importance of timely access to skilled, trusted respite provision, available to meet the needs of young people and their families and felt that the lack of available respite options heightened the risk of escalating difficulties for young people and their families.

Impact of caregiving on adoptive parents and special guardians

The analysis identified three main areas where the caregiving role had challenging impacts on life outside of adoptive and special guardianship families: (a) relationships with wider family and friends, (b) employment and finances, and (c) health and wellbeing.

Relationships

Close friends and extended family were important supports for some, but many families described shrinking social networks due to practical barriers experienced socialising, young people's difficulties with visitors or unfamiliar settings, and other people's limited understanding of trauma-related needs. Special guardians sometimes faced added tensions within wider family networks linked to the circumstances of the placement. Feelings of isolation, loneliness and grief for a pre-caregiving social identity were common.

Employment and finances

Care demands often made full-time employment unsustainable. Many caregivers reduced their working hours, changed to more flexible or lower-paid roles, became self-employed, or left work altogether. Special guardians frequently had to leave work at very short notice when their child moved in, and unlike adoptive parents, had no statutory paid leave, with long-term repercussions for careers. The loss of employment negatively impacted on parents'/carers' self-esteem and wellbeing as well as their finances.

In addition to the lower income many experienced through reduced employment, families also reported the additional costs associated with being a larger household, and some costs arising because of young people's needs and behaviours, (e.g., private access to therapies, frequent home repairs). Survey indicators pointed to a minority of adoptive families struggling with home overcrowding and food insecurity, with interviews suggesting greater financial vulnerability among special guardians. For special guardians, financial support was inconsistent, generally means-tested and typically ended at 18, despite ongoing dependency, adding to strain. Older special guardians were especially concerned about depleted savings and delayed or unattainable retirement plans.

Health and wellbeing

The cumulative effects of caregiving strain, 'battling' for support, employment disruption and financial pressure caused some special guardians and adoptive parents to experience anxiety and low mood. Survey results indicated substantially higher

anxiety/depression among adoptive parents than in the general population - almost two-thirds (64%) reported difficulties with anxiety/depression at any level, compared with a published population norm for England of 21% (Szende, et al. 2014).

Prolonged stress was associated with physical exhaustion and exacerbation of long-term conditions; older special guardians particularly highlighted the physical demands of caring later in life. Many caregivers worried about their young person's long-term independence and who would provide care if they became unable to do so.

Recommendations

The findings demonstrate the resilience and commitment of adoptive parents and special guardians, despite sustained pressures associated with caregiving and striving to ensure the right support is available for children and young people with high levels of support need. Much of this pressure was attributed to the difficulties getting recognition of those needs and accessing appropriate, timely support. The accounts of families and young people in our study showed that where the right support was in place, young people were able to thrive and experienced strong, positive relationships with their adoptive and special guardianship families.

Findings point to practical opportunities to strengthen families' capacity to care for and improve outcomes for young people:

- **Timely, tailored parenting training** (including around specialist topics such as child-to-parent violence and neurodivergence), available to both adoptive parents and special guardians throughout childhood and adolescence into early adulthood
- **Better support and training for schools** to understand and meet trauma-related needs, which will help to reduce exclusions and school placement instability
- **Clear, accessible information** on local support and access to advocacy to help families in finding and working with services
- Extending **paid leave to special guardians and self-employed adoptive parents** and improving the **consistency of financial support**, recognising ongoing dependency beyond age 18
- Improving **access to counselling/therapies** for adoptive parents and special guardians
- Expanding **high-quality respite** options that can safely and confidently support young people with higher needs

These recommendations should be considered alongside recommendations made in the previous study reports which focus on better meeting the needs of adopted and special guardianship young people (Hamilton & Blades, 2025). These include:

- better information for families about the risk exposures and potential support needs of children prior to placement
- earlier and ongoing, multi-disciplinary assessments of young people's needs through regular check-ins, particularly around adolescence and key life events or transitions
- improved access to mental health support and therapies for young people throughout childhood and adolescence, with a good understanding of the specific contexts and needs of adopted and special guardianship young people
- improved support in schools to provide more stable and inclusive education experiences

The findings in this report indicate that prompt and effective help for adopted and special guardianship young people would reduce the strain on families in trying to access this professional support or to meet young people's needs without it.

Acknowledgements

Most importantly, we are hugely grateful to the families who shared their experiences with us as part of this study. Their generosity with their time and insights has made this research possible and we cannot thank them enough.

Our appreciative thanks go to everyone who participated in and supported the Family Routes research, including the Regional Adoption Agencies (RAAs), local authority teams and voluntary agencies that supported recruitment to the research, the adoptive and special guardianship lived experience groups, as well as the Department for Education policy and analyst teams, and the Research Advisory Group who have provided invaluable advice and guidance throughout. At Ecorys UK, the research was managed by Sarah Hamilton, directed by Rachel Blades and supported by a wider interviewing and analytical team including Valdeep Gill, Daniel Latus, Lucy Newman, Gabriela de Freitas, Martina Diep, George Horton, Jo Llewellyn, Lilly Monk, Kate Smith, Jenny Williams, Hannah Woodbridge, Jaya Bagla and Shikha Chopra. Thanks also to Ipsos who led data collection for the survey of adoptive adults and young people. Our partner, Professor Julie Selwyn at the Rees Centre, University of Oxford, provided expert review of the findings in this report.

Introduction

Content and scope of the report

This report presents findings from the first wave of the Family Routes study, commissioned by the Department for Education (DfE) and delivered by Ecorys UK, the Rees Centre (University of Oxford), and Ipsos. The study was designed to explore the needs, experiences, and outcomes of adopted and special guardianship young people (aged 12–25) and their families, to improve understanding of what impacts long-term outcomes and to inform policy and practice. This report presents findings relating to the needs and experiences of adoptive parents and special guardians, and the support they received or would like to receive to help them fulfil their caregiver roles. The needs and experiences of adopted and special guardianship young people have been explored in other reports from the Family Routes study (Ecorys UK & Rees Centre, 2026).[1]

Previous research has highlighted caregiver strain as a concern in relation to special guardians (Wade, et al., 2014) and adoptive parents (Harris-Waller, et al., 2016; O'Marah et al., 2025). Wade's study found a strong correlation between children's emotional and behavioural difficulties and levels of carer strain. They also found that special guardians who had been supported by their local authority and felt well-prepared in advance of the application for an SGO experienced less strain later. Similar findings were identified in studies of adoptive parents, highlighting the emotional and practical challenges of parenting children who have experienced trauma and children with other emotional, behavioural and developmental support needs (O'Marah et al., 2025). Other reviews of the evidence on special guardianships have highlighted how financial and housing difficulties and a lack of adequate preparation contributed to high levels of carer strain among special guardians (Harwin et al., 2019).

Following description of the method and sample, the report has two main sections:

- The first section, on **experiences of caregiving for adopted and special guardianship young people**, explores the families' situations and caregiving roles described by adoptive parents and special guardians. The analysis draws on the framework of objective and subjective caregiver strain (Brannan et al, 2018) to explore the experiences of adoptive parents and special guardians in their caregiving role
- The second section, the **impact of caregiving on the lives of adoptive parents and special guardians**, explores how the caregiving role impacts on work, finances, social connections, and the broader plans and self-identity of adoptive

[1] https://www.gov.uk/government/collections/family-route-longitudinal-study

parents and special guardians. This section focuses on aspects of their lives *outside* of the caregiving role

In each section, adoptive parents' and special guardians' experiences of support and views about what support should be available in relation to each area of need are discussed. The report ends with recommendations for what could be offered and developed to support adoptive parents and special guardians to maintain their own health and wellbeing and help them provide ongoing support to their young people.

Aims and research questions

In September 2021, the Department for Education (DfE) commissioned Ecorys UK, in partnership with Professor Julie Selwyn at the Rees Centre, University of Oxford, and Ipsos to deliver the Family Routes study; a longitudinal study intended to track the needs, experiences and outcomes of children leaving care on an Adoption Order (AO) or Special Guardianship Order (SGO), in England. The overall aim is to improve the sector's understanding of the long-term outcomes of different routes to permanence. The objectives are:

- Assess the long-term outcomes for young people aged 12-25 growing up in adoptive and special guardianship families. If possible, to follow families over time
- Support improved outcomes for children by enhancing our understanding of what influences the support needs and outcomes for adoptive families and special guardianship families
- Understand the role of key stakeholders in supporting better outcomes for previously looked after children
- Understand the long-term outcomes, using administrative data, of young people in long-term foster care
- Support improved decision-making by local authorities and courts on permanency options for children who cannot return home to live with their birth parents

This research, the first of its kind in England, required a feasibility and pilot study to test the method because it is not easy to identify and contact eligible families. Following learning from these stages[2] and the advice of the Research Advisory Group and other research and policy stakeholders, the first wave of the national mainstage study was launched in February 2024, involving:

- A family interview, with parents, special guardians, and young people, including a short survey. Three topic guides were developed with the support of lived experience groups and the research advisory group and tailored by the researchers in the interviews to the specific context of the participant. Topics

[2] A detailed report of the methodology and learning from these phases is available here: (Ecorys UK, 2024) https://www.gov.uk/government/publications/family-routes-study-methodological-paper

covered: family life, support networks and services, experiences of education, health, wellbeing, financial coping, hopes and concerns for the future. Other topics, for example contact with important people and identity, are being explored in depth in the second wave of research, which started in spring 2026

- An online survey-only option based around these topics, which took around 30 minutes for parents/special guardians and up to 20 minutes for young people
- The linking and analysis of administrative datasets, including the Children Looked After in England, including adoption data (social care); National Pupil Database; (NPD); Individualised Learner Record (ILR) and Higher Education Statistics Authority (HESA) datasets. The analysis covers adoption, special guardianship and long-term foster care

This report draws on data from interviews with 84 adoptive and special guardianship families, including 36 young people and adopted young adults (see Annex A, Tables 3-6 and Tables 7-9), and on the surveys of adoptive families (adoptive parents, young people and young adults) to begin to answer two of the main research questions:

- What are the needs and experiences of special guardians and adoptive parents? How do these differ between special guardians and adopters? What are the key factors that affect these and how do these change over time?
- What are the factors and/or triggers that place stress on adoptive parents and SGO carers and their families? At what points do these occur and what impact do they have?

Method and sample

A detailed overview of the study methods and tools, covering feasibility, pilot, and mainstage, was published previously (Ecorys UK, 2024). An overview of the study recruitment, surveys, and interviews conducted is provided in Annex A.

Experiences of caregiving for adopted and special guardianship young people

This section explores the experiences of adoptive parents and special guardians in caring for their young people. Caregiving for any child requires adults to take on a range of additional tasks and responsibilities. The analysis focused on the demands families described as a result of their young person's additional and complex needs and the situations adoptive and special guardianship families face. Families' reflections on the effectiveness of any help received are discussed regarding help seeking, advocacy, parenting approaches, and respite care.

The caregiving role

In the interviews, families described many positive experiences of family life. This included close family bonds, shared hobbies and interests, and cherished experiences like family holidays. In the survey of adoptive parents, more than half said that they felt very (32%, n=79) or extremely (29%, n=71) close to their adopted young person (Ecorys UK & Rees Centre, 2026). Adoptive parents of younger children (under 16) were more likely to say they were very or extremely close to their young person than those of older younger people (16 and older) (12-15 years: 71%, n=96; 16 – 25 years: 55%, n=74). This was reflected in the interviews.

> I would like to say, the boys and I have had a very positive experience. So much so that one isn't leaving my house until they're 66, the other one's moving next door and knocking the wall through to make sure I still cook for him. We're all really loving. I appreciate the fact that I was given the chance to do this because it actually really worked. – *special guardian*

> We're probably the best we've been. OK, which is amazing. I think [Youngest adopted child]'s always been the easiest of the children. So, despite her going through, she's in her teenage years, we've still got a lovely mother daughter relationship that I value, treasure. – *adoptive parent*

Some adoptive parents and special guardians explained that, while there were some tensions and challenges, they felt that this was not out of the ordinary for families with adolescents, particularly where there were more complicated structures and dynamics with wider family networks.

> I think at the moment it's good […] I think it's relative. Other families, you know, might think this is a complicated family I have and think some may be, you know, quite difficult still. But for us at the moment we are in a quite a good place – *adoptive parent*

> We are really close. I mean don't get me wrong, we do sometimes get logger heads with each other but then we're in each other's pockets 24/7. But I understand her pretty well. She understands me and actually, in all fairness, we get on really well. – *special guardian*

Several families who had adopted or become special guardian to more than one young person described quite different relationships and experiences caring for them. In groups of siblings, it was most common that the eldest young person had higher care and support needs compared to younger siblings. This is consistent with evidence from the administrative data analysis conducted as part of this study, which suggests that being older at the time of the adoption order was a risk factor for children returning to care (Selwyn & Gardiner, 2025). One adoptive parent described feeling guilty about these different relationships after the oldest adopted young person had returned to care.

> Yeah, I'd say we're quite close as a family. It's really tricky because, we're close as a family living at home together, but it's taken me a long time to feel OK about that with [oldest adopted young person] not being included – *adoptive parent*

Although many families in the interviews described close, positive relationships with their young people, as already highlighted, most participants nevertheless reported that there were currently, or had been, significant challenges in the adoption or special guardianship. This section focuses on the challenges described by the families interviewed. Previous research into caregiver strain among adults caring for young people with emotional and behavioural difficulties has suggested a distinction between *objective* strain – the direct, additional disruptions and labour associated with caregiving – and subjective strain – the emotional response, which may be directed inwardly through feelings of guilt, exhaustion or sadness, or externally through feelings of resentment and anger (Brannan et al, 2018). In this report we explore both aspects of caregiver strain. Parents and carers respond to the additional demands of caregiving in different ways and experience strain at different thresholds (Sales et al, 2004) as results from the survey of adoptive parents show.

Survey of adoptive parents: caregiver strain

Parental strain was measured through the Caregiver Strain Questionnaire-Short Form (CGSQ-SF7) (Brannan, et al. 1997).[3] This measure has seven items which ask about problems associated with caregiving in the last month. The seven-item scale provides a global score, consisting of two subscales: subjective strain (three items) and objective strain (four items). Subscale scores range from one to five and the total score ranges from two to ten. The higher the score, the more strain the caregiver was experiencing. Mean scores are shown in Table 1.

Table 1 Mean objective and subjective strain scores

CGSQ-SF7	n	Mean	Standard deviation *	Min	Max
Objective strain subscale score	240	2.87	1.18	1	5
Subjective strain subscale score	240	3.70	1.29	1	5
Total score	240	6.58	2.26	2	10

Source: Adoptive parent survey. Base: 240

Table 2 categorises participants into low, medium or high strain, using the cut-off scores recommended by Brannen and colleagues. These cut-offs are higher for subjective strain (≥4.0) than for objective strain (≥ 3.0), meaning that similar proportions (almost half) of participants fall within the high strain category for both subjective and objective strain, despite higher mean scores for subjective strain.

Individual items within the scale also indicate that adoptive parents experience subjective strain more often than objective strain; 70% worried about their young person's future a great deal or quite a bit and 62% felt a great deal or quite a bit of tiredness or strain as a result of their young person's problems. Although about a third of participants said that financial strain was not a problem for them at all, about a quarter reported that financial strain was a great deal or quite a bit of a problem (see Annex, Table 18). Financial circumstances are discussed further in section 3 of this report, Finances and living standards.

[3] This is a short, 7-item version of the Caregiver Strain Questionnaire. It has been found to be a valid and practical measure for routine assessment of objective and subjective internalised caregiver strain (Brannan, et al. 2012). Seven questions ask, during the past month as a result of parenting your child who has emotional and behavioural difficulties how much of a problem was …? The seven-item scale provides a global score, consisting of two subscales: subjective strain (three items) and objective strain (four items). Subscale scores range from one to five and the total score ranges from two to ten. The higher the score, the more strain the caregiver was experiencing.

Table 2 Categorised objective and subjective caregiver strain

CGSQ-SF7	Low strain n (%)	Medium strain n (%)	High strain n (%)
Objective strain	31 (13%)	97 (40%)	116 (48%)
Subjective strain	41 (17%)	84 (34%)	119 (49%)
Total score	**40 (17%)**	**90 (37%)**	**114 (47%)**

Source: Adoptive parent survey. Base: 244

Through the interview analysis, three aspects of the caregiving role were identified as contributing to the strain on adoptive parents and special guardians:

- Providing direct, practical support for an adopted or special guardianship young person
- Meeting the emotional and behavioural needs of an adopted or special guardianship young person, including coping with and responding to risky or challenging behaviours
- Navigating and advocating for access to support services for their young person

This chapter explores each aspect in turn.

Providing practical support

In interviews, families described caring for a young person with complex health and behavioural needs as time-consuming, and many adoptive parents and special guardians cared for more than one child—either siblings under permanence orders or other children in the household. During adolescence, the focus of this study, young people are typically becoming more independent and many families said that the practical support demands had lessened as their young person got older. However, some highlighted the ongoing need for direct, practical support resulting from health and developmental needs or difficulties in education.

> So, my time and attention, my emails, meetings, weekends, it's all been on [special guardianship young person] because he just demands that much. And the schooling and appointments do. – *special guardian*

A small number of young people in our study had severe physical or mental health needs requiring frequent appointments and therapies which typically took place during the

working day. Others experienced periods of similar disruption if their young person was receiving support interventions or having assessments.

> I haven't been able to work since [adopted daughter] was in school […] Me having to take her, to and from different doctors, things for her. I haven't been able to work for the last five years. – *adoptive parent*

Several special guardians and adoptive parents also described demands on them to support young people who were struggling in education. This included young people's anxiety around attending school and school refusal - requiring caregivers to escort them to and from school - and young people experiencing emotional and behavioural difficulties while at school - requiring parents to go into school to intervene.

As described in a previous report from the Family Routes study (Ecorys UK & Rees Centre, 2026), many adopted and special guardianship young people interviewed experienced time out of formal education, either due to exclusions, inability to find an appropriate setting, or decisions to home school. As well as the impact this had on young people's education and ability to form and keep friendships, this often meant one parent or carer having to provide care during the day or home schooling, with impacts on their ability to work (see section on Employment, below).

> [Special guardianship young person] started becoming more difficult in primary school. […] I learned too late that they couldn't just send them home. But her primary school used to just send her home if she was having a bad day. So, in the end I just gave up [work]. […] and once we got to secondary there was exclusions. – *special guardian*

> So, the poor parents, you can't get your kid into school, but you're expected to manage, as well as keep your job. – *adoptive parent*

Meeting the emotional and behavioural needs of young people

A major theme in the interviews was the strain placed on adoptive parents and special guardians of coping with the trauma responses and challenging behaviours of their young people in the home. This was not the case for all families; several reported that while school was often a challenging environment, at home young people did not struggle and relationships were not strained.

> She's been a really easy kid to bring up. […] I've not needed anything with the special guardianship because she's just been so easy, you know? […] her mum turned at 14, tried drugs and never came away from them. So that was a hard couple of years for me, for [granddaughter], worrying that she would go the same way. And she never has. Bless her, never had any worries. – *special guardian*

However, as highlighted in our previous publication (Ecorys UK & Rees Centre, 2026), many adoptive parents taking part in the survey reported that their young person engaged in risky or aggressive behaviours, directed at themselves and/or others.

Around two-thirds of the families interviewed indicated that their young person had a diagnosed mental health, developmental or neurological condition.[4] Several adoptive parents and special guardians described their young people as unable to assess risk in their behaviours, with the result that parents and carers felt they had to supervise them at all times, even as young people reached adolescence and early adulthood. For a few of the families, their young people experienced such severe challenges that families felt they personally had to always be physically present to protect them from harming themselves. Instances of self-harm, suicidal thoughts, suicide attempts and running away from home were a major theme in many of the interviews. For the small minority of families who felt the risks were so high they needed to be with their young person, or on-hand, due to concerns about their safety, this placed huge demands on them both physically and emotionally.

> We were so busy trying to deal with the situation, like her physical safety, and emotional safety because she was saying she was suicidal […] things got so intense that we couldn't even find time to reach out for ourselves for the support that we needed to actually even keep her safe until we literally couldn't and it broke down. – *adoptive parent*

A minority of families particularly struggled due to the young person's aggressive behaviours towards family members. A few described fears for their own safety leading them to lock themselves in their car or bedroom. Most said that it was hard to know how to respond to assaults or threats of violence from their young person, especially as they became physically stronger in adolescence and early adulthood.

> I've spent 10 hours locked in my car and [special guardianship young person]'s been in the house, smashing the house up and cutting himself. And I haven't been able to come to him because he's been really aggressive. – *special guardian*

[4] Adoptive parents and special guardians taking part in an interview were invited to complete a survey. Fifty-one agreed to do so. Thirty-four of these indicated that their young person had a diagnosis of a mental health, developmental or neurological condition.

So how do you handle the situation? You are being attacked. If you remove yourself, the child will attack herself. And we were just told to call the police. So, we had the police out 2 or 3 times, but they told us don't call us; we don't know what to do in this situation. […] You feel very much alone when things are really difficult. – *adoptive parent*[5]

[5] Though situations vary, organisations seeking to address child-to-parent violence do recommend that the police should be called if someone is at risk of serious harm - PEGS parental figure resource.

Parenting approaches and building confidence in caring for young people with experience of trauma

Survey of adoptive parents: parenting self-efficacy

The survey of adoptive adults asked parents and carers whose adopted young person was aged 12-17 to score themselves on the Brief Parental Self Efficacy Scale (Woolgar, et al., 2023) a five-item self-report measure of parenting confidence. Overall, the mean total score was 19.6 (minimum possible score is 5 and maximum possible is 25), suggesting that respondents generally had high confidence in their parenting. This is very similar to findings from previous research with adoptive parents accessing the Adoption Support Fund[6] (Burch, et al, 2022).[7]

Responses to individual items suggest that there was lower confidence around supporting and influencing their young person's behaviour than around making a difference to their young person's life. While 94% of adoptive parents agreed or strongly agreed that they make an important difference to their child, 65% agreed that they know what they should do to ensure their child behaves (see Annex, Table 19).

Frequently, adoptive parents and special guardians expressed the view that meeting the emotional and support needs of young people who had experienced severe trauma required additional parenting skills. A lack of confidence in their abilities to parent children with a range of different needs requiring support – particularly early in the placement - was a common theme in interviews. Many participants said it took time for them to feel confident in their parenting style and decisions, explaining that they learned what worked from trying things, seeing how their young person responded, and building up skills over time.

In interviews, adoptive parents and special guardians described feelings of guilt and responsibility for their young people's difficulties. Though they were aware that these difficulties were linked to trauma and adverse experiences *before* they were placed in their care, some of those interviewed struggled with feeling that they should have been able to do more to help or protect their young person.

> When she self-harms or does something awful to herself, she takes a bit of me with her. Because, you know, why couldn't I help her? Of course, as a mother you automatically blame yourself. I know I can't stop her doing that and it's nothing that I've done that that has been a catalyst in any of this. It's just her mental health, and I want to help. – *adoptive parent*

[6] Now known as the Adoption and Special Guardianship Support Fund (ASGSF).
[7] Over 3 waves, this evaluation found mean scores on the BPSES of 19.34, 19.93 and 19.84

The belief that they might be doing something wrong or should be able to manage challenges better was sometimes reinforced by the explicit or perceived judgements of others, including from support services (see section on *Advocating for and with services*, below).

> I'm confident that we know our children well enough to know what we're doing is the right thing for them, whereas a few years ago we doubted our abilities because professionals made us feel that way. – *adoptive parent*

Interviewees felt that people without experience of parenting a young person with complex support needs, as many of the young people in this study have, often had little awareness of how this is different from other parenting experiences.

> People just think that you're trying to make some excuse as to why you can't look after children. I mean, we've both had experience of looking after children. […] But you know, you think to yourselves, is it us? Is it our parenting skills that make them [challenging]? – *special guardian*

> So, it's really difficult and [other parents] look at you as if, 'oh, my God, what? He won't do that?' or 'You can't get him to do that? Oh, well, it's just boys, don't worry about it' and you think, no, it's not just boys. They're different to manage, they're very different. – *adoptive parent*

Interviewees, including special guardians with experience raising their own birth children, noted that to meet the needs described earlier (*Meeting the emotional and behavioural needs of young people*) parenting approaches for adopted and special guardianship youth often had to be different from those they were previously familiar with. Grandparent special guardians talked about the challenges of parenting for a second time and having to adjust their approach to the different needs of their special guardianship young person, as well as to wider societal changes such as access to technologies.

> I've already parented two teenagers, but it was 30 years ago, and things are slightly different now. You've got additional layers of potential conflict like being on his phone all the time and having his iPad at 11 o'clock at night. There's a lot of different things now than when his dad and my daughter were teenagers. – *special guardian*

In interviews, families often explained that they had had to adapt their parenting styles based on what seemed to work for their adopted or special guardianship young person and their needs. Some tried different approaches following training or advice, while others adapted in response to their young person's changing needs.

> I think as I got older, it's been easier to understand and appreciate how they are and why they are. […] I've been able to deal with situations hopefully in a therapeutic way. […] Over time, both my husband and I have learned to look at the reason behind the behaviour, rather than the behaviour itself, and that has helped us. – *adoptive parent*

> [Husband] came home [following parenting course] and said, ‘I didn’t realise how trauma impacts on the brain and how behaviour changes. Oh God, I’ve been doing it all wrong.’ And that helped him to parent more therapeutically. – *adoptive parent*

Participants identified several parenting approaches that they had found effective. Among the specific approaches named were therapeutic parenting (including PACE (Playfulness, Acceptance, Curiosity and Empathy)), attachment parenting, and non-violent resistance (NVR). Families explained that these approaches gave them insights and tools that felt more relevant to the parenting experiences they were having compared with more general parenting advice. Several also said their young person responded positively to these parenting techniques. Some of those interviewed had been provided with specific training or parenting support sessions (see section on Access to parenting support) but others had done research themselves or taken advice from other adoptive or special guardianship families and peer support groups.

> I think a lot of the attachment-based parenting, that's sort of become second nature. You know the way you react to a child provoking you, a sort of a nonviolent resistance approach. – *adoptive parent*

> I find therapeutic parenting very helpful because he's ‘defiant’, I like to call it, very defiant, and I've had to learn to manage that. And that therapeutic parenting aspect really helps with that. – *special guardian*

While many adoptive parents and special guardians found these approaches helpful, several also felt that they did not always recognise or address the range and complexity of needs that their young people had.

> Non-violent resistance and therapeutic parenting have made a massive difference, and they’re great. At the same time, I think they overlook that our children have complex mental health needs, and NVR and therapeutic parenting cannot resolve those.” – *adoptive parent*

Access to parenting courses and support

Many of the adoptive parents interviewed had had access to training as part of their preparation for adoption or as post-adoption support. While a few special guardians had also had training, they were not typically offered it having mostly received SGOs at least 10 years ago; some had funded courses themselves and a few had got access later through the Adoption and Special Guardianship Support Fund (ASGSF).[8] Some special guardians expressed frustration that they knew the training was available in their area, but access was restricted to adopters or foster carers, arguing that the need was the same for special guardians.

> If you have an SGO, you don't have that access. In particular, there was a course advertised that I thought would really be a benefit for [special guardianship young person]. [Social services said] 'No, it's for foster parents.' – *special guardian*

As already highlighted (see the section parenting approaches above), even when special guardians had previous experience of parenting, they generally felt that they needed help to develop parenting skills to meet their young people's additional needs, including responding to disclosures, supporting around experiences of trauma and managing behavioural needs.

> I went and did my own training and put myself through training in the early days. I knew straight away that your traditional parenting methods don't work with them, so that's why I went down that route with therapeutic [parenting], and it has worked for us. […] I think in the early days, more support around how to deal with disclosures would have been great, because that was tough […] – *special guardian*

> So, if they'd have offered [parenting training] to us, we'd have been in such a better position. And [special guardianship young person] likely wouldn't have been struggling so much with his attachment style, because we would have understood better and we would have been able to support him. Whereas there was a five-year period where we had no knowledge of this at all and we were using choice and consequence and the naughty step […] just things that do not work for children like ours. So, we were making it worse for him. – *special guardian*

Overall, many of the families interviewed found parenting courses and training helpful. However, there were also caveats. Some felt that training was too generic. While the

[8] Special guardians in this study had mostly received the SGO between 2001 and 2015. Access to parenting training may have changed since this period.

general approaches were useful, in some cases families needed guidance that was more specific to their situation or the complex needs of their young person.

> What you get sometimes is the signpost, when really what you need is a bit more than that. You need something more specific to you. You get general guidance, and that's what most of the [courses] are, they're general guidance. – *special guardian*

> We had this amazing therapeutic parenting course. This was organised through a mixture of the Adoption Support Fund and the local educational authority.[…] So we were given that training and we've worked on case studies with our middle child in mind. Oh my God, it was a transformation. It was really helpful. – *adoptive parent*

The interviews also highlight the importance of recognising that parenting training is most effective early on and in response to changing needs. It was not generally felt to be a helpful response once families were facing breakdowns in their relationships with their young people or were supporting young people in crisis. When families were seeking urgent help and were offered parenting training, they felt that this failed to understand the extent of the challenges they were facing and even contributed to a sense that they were being blamed for the situation.

In addition to training courses, a small number of adoptive parents were able to access professional, one-to-one parenting support for themselves as carers, or as part of a young person's family therapeutic support. One adoptive family described a supportive, one-to-one intervention accessed through the ASGSF. This therapeutic support helped the adoptive parents to "reframe" challenges and respond in a way that helped build a positive relationship with their young person.

> It helped us to behave in a different way […] We could say what was going on and the guy was so experienced and sometimes we'd come in and we'd go 'guess what, he did this' […] And then he'd just reframe it for us and help us […] it helped us move from a combative [approach] to look at it differently. – *adoptive parent*

> And for us [therapy] was getting us to think about ways we were reacting to [adopted young person]'s changing needs […] I think our instinct is to protect, but you can be overprotective in that, and it's learning new ways of dealing with it. – *adoptive parent*

Advocating for and with support services

Adoptive parents and special guardians described the extensive time and effort it took to find and access support for their young people. This was repeatedly referred to by

adoptive parents and special guardians as a ‘battle’ or ‘fight’. Barriers to seeking support have been discussed in depth in a previous publication from this study (Hamilton & Blades, 2025). Here, we describe the impact on adoptive parents and special guardians who sought support.

Identifying available support was often described as very difficult and was typically done by internet searches which did not always lead to reliable or up-to-date information and was not always clear about eligibility or suitability for their young person. Families described having to do extensive research into different diagnoses and trauma-related behaviours to try and understand what their young person might need. Due to the complex nature of young people’s mental health, developmental and behavioural needs, some adoptive parents and special guardians struggled to know where to start.

> It was just everything, every minute of the day and you didn't know what he was going to do next. […] And knowing which one to tackle first; do you tackle the shoplifting, do you tackle the violence, do you tackle the online stuff that was going on? It was just impossible. And then you've got someone say go and research autism. When am I supposed to do that, you know? – *adoptive parent*

When suitable support was found, families often needed a referral to access the support, which itself required lengthy negotiation with schools, social services, GPs or other gatekeepers. Difficulties securing needs assessments and referrals were a major theme across the interviews and characterised many of the families’ accounts of experiences with support services. Support was regularly refused initially, leading to appeals processes, complaints and, in some cases, legal challenge.

The types of support that were most often described as resulting in ‘battles’ for parents and carers were access to Education and Health Care Plans (EHCPs) and Child and Adolescent Mental Health Services (CAMHS). Families also described battles to access specialist therapies, school placements (both specialist and preferred mainstream schools), and social services support.

> I mean just to get him into the school; I had to fight because they refused him a place and I had to appeal because he should have gone to the top of the list as a previously looked after child […] So it just feels like *everything* is a battle. – *special guardian*

> You're always having to fight for the information, fight for the help, especially if it's got anything to do with social services written on it. You beat your head against a brick wall. – *adoptive parent*

These ‘battles’ took considerable amounts of time and resource for families, as mentioned above. Several of those interviewed felt they were only able to access support

because they had professional experience or social networks, they could draw on to help them gather the information they needed. They stressed that it had required a lot of resilience and persistence. A few reflected that not all adoptive parents or special guardians would be able to draw on these kinds of resources.

> I've pushed and I've pushed. And I'm capable of getting myself on courses; I'm capable of looking up reliable information online and I will sit and I'll read and I'll highlight and I'll put hours of work in. Lots of people, for whatever reason, can't. I think the entire system is based on people not being able to fight their own corners. – *special guardian*

> It's taken a lot of research and our own resources to get what we needed. […] And the Adoption Support Fund[9], I think has obviously made a big difference. I managed to get the disability benefits sorted. It just takes a lot of work to put all these things in place, and I don't know how many parents would ever have the time to do it. – *adoptive parent*

A small number of families' accounts shared an opinion that not all adoptive or special guardianship families would be able to draw on resources to access support. They explained that they did not feel they had "the time or the energy to start fighting" (adoptive parent) which stopped them seeking out the additional support they needed.

> We didn't have the information. We didn't know who to ask. It's really hard to find information. […] we're running on empty, a few hours' sleep a night. The situation at home just made it difficult to even get up and put your shoes on the right feet, to be honest. – *adoptive parent*

The emotional impact of having to 'fight' for support was a major theme in the interviews. Many felt angry or let down by services. Some also felt attacked or disbelieved; families described support services, including social services and CAMHS, dismissing their concerns as exaggerated, or being told that things would improve simply by the young person being in a loving adoptive family. This sense that services weren't listening to families' concerns was common across interviewees and led some families to struggle on without help until they reached a crisis. In one extreme instance, the family felt that this dismissal of their concerns prevented them from getting help that might have avoided their adoptive son's death.

[9] Refers to the Adoption and Special Guardianship Support Fund (ASGSF)

> It just seems that [support services felt], ‘oh, he's adopted. It’s a nice family. They love him. Everything's fine.’ And then when I come up with, ‘I'm a bit worried about the X, Y and Z’, ‘Oh, don't worry about it. You're overanxious.’ […] Well, now he's dead. I think he was self-medicating with heroin and cocaine and all sorts […] if we'd have caught it earlier, he might still be alive. – *adoptive parent*

Some adoptive parents and special guardians also felt their concerns were dismissed by social services or other support services as the result of failings in their parenting rather than acknowledging the extent of the young person’s support needs. Services often left families feeling undermined or blamed for their young people’s difficulties. A few families described situations where they felt their claims had later been vindicated and the relief provided by an external acknowledgement of what they had been saying.

> I went for respite at one point. Social services said my expectations are too high for him and he comes across as a lovely kid and he's so calm and he can do all these things. And the second weekend he was at the foster carer’s she rang up and said she couldn't cope with him. It was horrendous. And I'm like, thank you; somebody actually realises what I have to contend with. I'm just glad somebody else sees that, because you kind of find feel like you're going insane yourself, that nobody believes you. They just don't want to support you. – *special guardian*

This widespread sense of having to ‘fight’ for support meant that most families in our study viewed support services as adversaries as much as sources of help. A few described feeling attacked by services because of disputes about the support their young person could or should receive.

> Because of [adopted young person]'s education provision being changed, I put in a formal complaint to the local authority, and that - I'm 100% positive - is what triggered the child protection proceedings. I complained that they were failing [adopted young person] because they were not considering her needs when thinking about her education. And their retaliation to that was to come after us with the Child Protection Plan. – *adoptive parent*

> I think there is support there, but it needs a lot of resilience and endurance to get it. Certainly, a lot of tenacity and a lot of education to be able to search out what's there, argue, complain at high levels or withstand all the ‘oh, well, the fault must be yours. You must be doing something wrong’ that initially comes. – *special guardian*

Even once services were accessed, the experiences families had in fighting to get them continued to shape the relationship between providers and families and led to ongoing anxiety that support might end.

> It's been down to my sheer determination and stubbornness, is the only reason why we're still going. […] I know what I've been through, I now suffer with PTSD, courtesy of having to fight to get [special guardianship young person] into that [special provision] school. Once [the local authority] ran a review, it caused me to hyperventilate and the first thing I do is say 'do I need my solicitor present?' – *special guardian*

Advocacy and support with help seeking

Adopted young people are entitled to an advocate if they want to make a complaint about children's social care, but a few families also chose to access advocacy support in other situations. Advocacy support was highlighted in interviews as a way to reduce the emotional and practical challenges families experienced when accessing or working with support services. This included both independent advocacy for the young person, and advocacy for the adoptive parent or special guardian themselves. When families talked about advocacy, this encompassed both the formal, legal role of advocate in relation to specific decisions and circumstances but also having someone in a non-formal role to support and help families to ask for what they felt they needed.

Both adoptive parents and special guardians described how having an advocate acting on behalf of the young person themselves lessened the responsibility on parents and carers of negotiating with services. Having independent advocates helped to break up the dynamic of social worker vs parent/carer which was described in some other accounts.

Among the families interviewed, advocates had been made available to young people in a few specific instances, particularly around care-related proceedings. For example, one special guardian, when bringing a complaint about their young person's support offer, worked with an Independent Reviewing Officer (IRO)[10] who acted as advocate to ensure that her and her young person's views were considered in support decisions. The special guardian felt that the young person could speak through the advocate when the view she was expressing was opposed to the view held by social services. This was something she felt would have been difficult for the young person without that support.

In another example, an adoptive parent explained that their young person had been able to access an advocacy service for a period while their young person and her sibling were on a Child Protection Plan (CPP). The service described was funded through the local

[10] A qualified social worker who monitors the care plans of children in local authority care to ensure that they are compliant and that the child's wishes are considered.

authority and offered an independent advocate for young people who are looked after or on a child in need (CIN) or CPP. The advocate's role was to listen to the young people and help ensure their views were heard, which the special guardian described as 'working well' because it "helped the girls to have a voice" (adoptive parent). The adoptive parent also described the advocate's role in supporting the young people in their interactions with social services, including "[telling] the social worker to leave when she [social worker] was being horrible" (adoptive parent). Following this positive experience of advocacy, the adoptive parent later paid for another advocate to support during an EHCP review, which was successful in persuading the local authority to maintain the support.

> We had the EHCP review; they're trying to take her tuition away and send her to a training provision. Again, [adopted young person] couldn't manage it. She kicked off. I got an advocate because honestly, I was so broken by everything else, I couldn't do it myself. So, I paid an advocate [sourced through a local third sector advocacy provider] to fight on our behalf. – *adoptive parent*

Advocacy or support for the adoptive parent or special guardian themselves was rarely described in the interviews. One adoptive parent described support of this kind specifically for navigating the SEND process:

> She knew about the EHCP process, signposted me to some good videos and things which she talked me through. And although she didn't actively participate, she joined into the meetings and occasionally chipped in with a comment that was about process. She didn't actively advocate for me, but she was just like a backup person. – *adoptive parent*

One special guardian described a local support role that had been introduced recently to provide support and informal advocacy for special guardians and help to navigate services. While they felt this was a helpful form of support for new special guardians, by the time it was available to them they had already accumulated a great deal of knowledge and skills around advocacy and working with services and they thought it would no longer be helpful to them.

When asked an open question about what support they would have found helpful, several families felt that they would have benefited from this kind of informal advocacy guidance and support, and particularly from independent information about available sources of support. Where there was a breakdown in trust between the family and social workers or service providers, families wanted someone to be able to explain what they can expect, what the process should be and what they might be entitled to.

> I had no one to help me and say: ‘well actually this is what you can expect; actually, you need to check that they're doing this; actually, you not being invited to meetings is illegal actually; have they done this?’ I didn't have that and I needed that. I needed somebody to be there for me. – *adoptive parent*

> When you're fostering, you have a social worker contact where - you don't get that as a special guardian - if you have [a concern], you could basically go to them and say, ‘I'm seeing this, I'm having trouble getting a referral.’ You'd have that helping hand. But we don't have that, so it's basically, everything's a fight. – *special guardian*

Respite

The need for respite was a strong theme in the interviews. Many families explained that respite could provide space for siblings to take part in activities separately, for couples to spend time together or with friends, or simply to provide space and rest where caregiving placed high demands on parents’ and carers’ time, energy and emotional resources. For the families interviewed, respite came from the informal support of friends and family or from formal respite services.

Informal respite with friends and family was highly valued when it was available. Adopted and special guardianship young people were able to build up trust with specific friends and relatives which meant they felt comfortable to spend time with them where they might struggle to trust formal respite carers.

> My mum has been a godsend because she's the only one that they've ever gone to sleep at. She's been respite for us from day one because my mum would have taken them in, but she was older and she couldn't do it, but she wanted to be part of the support package that we had, so they've always stayed at my mum's […] and that gives us a little break. So, if we go out for a weekend, my mum's there. – *special guardian*

However, many adoptive parents and special guardians explained that informal respite care from family or friends was not available to them, or available only rarely. As highlighted in the section on Impact on Relationships, many parents and carers reported that they had lost social networks as a result of the demands of caregiving on their time, or the challenging behaviours of their young people. Older adoptive parents and special guardians typically had less respite support from wider family as they were unlikely to have their own parents or siblings with the capacity to look after the young person.

Even where informal respite was available, adoptive parents and special guardians did not always feel able to use it. High levels of dependency and attachment issues among

young people led some parents and carers to feel unable to leave them in the care of any other adults. Where risky behaviours and safety were a concern, they could not place friends and family members at risk.

> I have started to feel sometimes a little bit trapped with all the caring and all the duties. And you can't ever really get away from it because [adopted young person] isn't in a position to be looked after by anybody else at the moment. – *adoptive parent*

The lack of informal respite from friends and families meant that many adoptive parents and special guardians explained they needed formal respite services in order to take a break from caring. Many of the families interviewed in our study said that they would like formal respite care to be provided, but most had struggled to access it. One special guardian described respite as “brilliant, but […] as rare as hen’s teeth.” [special guardian]. Some were told that respite for adoptive parents and special guardians simply wasn’t available.

> The other thing that we've asked for over the years is any kind of temporary respite. Not a chance. Nothing like that. The only way you could do that is by putting them back in the care system and getting temporary foster care. – *adoptive parent*

Survey of adoptive parents: Formal respite

In the survey, adoptive parents were asked about the support needed and received, both for themselves and for their young people, in the previous year. Around a quarter of the 235 adoptive parents responding to the survey indicated that they had wanted respite care for their young person either during the day (26%, n=61) or overnight (24%, n=56). However, only 7% indicated that they had received respite care (daytime respite care, n=16; overnight respite care, n=17) (see Annex, Table 24).

Families who wanted formal respite support identified several requirements for respite services that would meet their needs and the needs of their young people.

Respite available at the point of need: In interviews, families identified different types of respite care that were needed at different times. Some wanted regular short breaks for a few hours at a time to allow them to engage in other activities to support their own or other family members’ wellbeing. Others wanted residential respite care at points of crisis to provide a break from caring and space to manage where relationships were strained. Families reported that where respite provision was offered, it was very difficult to access the right kind of respite at the right time.

> You want respite at that very moment when that kid is beating you up, swearing at you and smashing windows or whatever. You don't want it to be when it's available, you want it to be when it's needed, so that was one thing that definitely should be out there. – *special guardian*

A consistent, qualified respite caregiver to build trust: Several families described using activity camps and other residential trips for the young person to provide them with some respite, but these were often very difficult for the young person to engage with, and they could not always manage the young person's needs or behaviours. Families wanted consistent, qualified respite caregivers to be available so that the young person could develop a trusting relationship with them and parents/carers could feel confident that the young person's needs would be met.

> If I had respite […] with someone I knew would be confident in coping with them and that would help support them therapeutically, it would have made such a difference. But there's nothing like that. There's nothing out there for kinship carers or adopters. – *special guardian*

> That's probably my biggest need: trained, capable babysitters who can be consistent to provide some respite […] to provide 3 hours of babysitting. […] It's that respite, it's an evening a week, to have an agency of qualified people who could cope and not be offended because he tells them to go **** themselves. Like, he's expressing his displeasure at the fact that his main caregiver and safe person is leaving the house, and he's got a person there and he can't cope with it. They need to just understand and be able to use PACE[11]. – *adoptive parent*

Respite available to young people with the high support needs: A small number of families had been told that respite was not available to them because the young person's needs were too high for them to meet in their respite care provision. In these cases, those families who were most struggling with their young person's needs or behaviours faced additional barriers to accessing the respite that they felt would help them to cope.

[11] PACE (Playfulness, Acceptance, Curiosity and Empathy) parenting is a therapeutic approach mentioned by several adoptive parents and special guardians.

[Social worker] said we have some respite care, so that you can do things with the younger [children] without [oldest special guardianship young person], to give you a break from [oldest special guardianship young person]. Anyway, [social worker] made inquiries and came back and [said] it was impossible. '[Oldest special guardianship young person] has such complex needs that we could not meet in care, we could not keep him safe in respite care. Best place for [oldest special guardianship young person] for his safety, is with you [special guardian]. So no, you can't have respite care because we can't cope with him.' Right. *You* can't cope with him, but *I* can't. *I* can't cope with it. – *special guardian*

Impact of caregiving on the lives of adoptive parents and special guardians

The decision to adopt or to become a special guardian, and the demands of caregiving, also impact on aspects of life outside of their caregiving role. In this section we consider the impact of caregiving on three key aspects which were identified as strong themes in the interviews: (i) relationships; (ii) employment and finances; and (iii) health and wellbeing. This section also covers interviewees' views on the usefulness of any formal and informal support accessed, and what remained unresolved at that time.

In understanding the impact of adopting and special guardianship, it is important to recognise the different circumstances in which these two groups typically come to be caring for their young people under a permanence order, as described earlier in this report (see Context of the Adoption or Special Guardianship Order). Throughout this section, the significance of these different contexts in shaping the impact of the placements are highlighted, particularly regarding family relationships, employment and finances.

Relationships

In interviews, families were asked about their social support networks. Many adoptive parents and special guardians highlighted their friends and family as essential sources of support. For these families, close relationships with others provided opportunities for respite (see previous section on Respite), practical and emotional support. Close friends and family also often became important in the lives of the adopted and special guardianship young people, acting as trusted adults and additional sources of support (see Ecorys UK & Rees Centre, 2026).

> They're people that I've been able to turn to when things were getting really tricky, especially with [special guardianship young person]. My friend will follow up just to find out how the kids are doing. They've got their own relationships with the children so they will contact them and find out how they were doing. It's very much that emotional support as well. – *special guardian*

> Some of my friends are really good with [adopted young person], and it makes such a difference. You know, they've just spent an hour with him when we've been out, talking to him and not judging him. – *adoptive parent*

Survey of adoptive parents: informal support

In the Family Routes survey, adoptive parents' access to social support was measured using the Modified Medical Outcomes Study's Social Support Survey (MOS-SSS) (Moser et al., 2012). The measure contains eight items that ask if the respondent has someone available to help when they need practical or emotional support. Items are scored on a from 1 (none of the time) to 5 (all of the time).

Around half (46% - 58%) of respondents said they had people who could provide them with the specified forms of informal, practical support, if needed, all or most of the time. Between a quarter and a third (24%-32%) said this help was available to them only a little or none of the time. Similarly, around half (48%-56%) always or mostly had access to emotional support, while around one in five (19%-22%) said they had emotional support only a little or none of the time (see Annex, Tables 20 and 21).

A large proportion of families in our interviews described increasing social isolation and loss of important relationships during the adoption or special guardianship. Two major barriers to sustaining friendships and social support were identified in the interviews: a) practical barriers to spending time with friends and family, and b) not feeling understood or supported by others.

The loss of opportunity to socialise and maintain friendships was a major theme in interviews with adoptive parents and special guardians. Many found it difficult to leave their adopted and special guardianship young people in the care of anyone else due to attachment issues and behaviours, and several said that it was difficult to spend time with friends while their young person was there, either because the young person themselves found it hard to cope or because others found the young person's behaviour difficult.

> My life has become incredibly introverted and routine focused. He doesn't like people coming to the house that he doesn't know, so I have a very, very limited circle of friends, and that got even more limited by his behaviour when we're out and about. I just don't take him to a lot of places. – *adoptive parent*

> We've lost friendships because I just can't spend time. I mean, they're not completely lost, but they're different because he doesn't cope well with even people being in the house. So, it's just felt like our world has shrunk. – *special guardian*

Special guardians in particular highlighted the impact of caring for young children on friendship groups, when many of their friends were entering retirement or had children who had left home.

> All of my friends, of course, just disappeared because they've got teenagers. So, they're getting a bit more freedom. Whereas I was stuck at home with nappies and screaming babies and sleepless nights. – *special guardian*

Families also reported finding it hard to speak about the challenges they experienced day-to-day with friends and family who did not have experience of supporting young people with complex needs or experiences of trauma. Interview participants described feeling judged, pitied or misunderstood by others if they talked about the challenges they were experiencing. They also felt frustrated by advice offered by families without similar experiences.

> So, we have had sexualized behaviours from the eldest right from the word go. […] It's hard to talk to friends about that. That is really hard to talk to friends about. – *special guardian*

> I don't speak to my sisters; I have to be quite careful about what I say to them. I spare them the gory details because otherwise they probably would never speak to me. – *adoptive parent*

Families commonly contrasted the emotional support and advice they had from existing social networks with the support they received from friends who were also adoptive and special guardianship families. They described how friends with experience of adoption and special guardianship generally had a better understanding of the challenges their young people had and were a valued source of advice and support.

> I've got a friend who's also adopted some kids. We met through the process […] we can complain and understand each other from the point of view of someone who gets it. – *adoptive parent*

> Other special guardians, because obviously we understand each other, we understand how difficult it is to parent somebody else's child because we're older when we take on these young people. […] So actually, having other people that were in the same situation as you, that actually understand how you feel, is really important because unless you've lived it and experienced it you really cannot understand it. – *special guardian*

A further barrier to maintaining social support was identified specifically for special guardians. A small number of special guardians described tensions in the family following the decision to pursue a Special Guardianship Order. These tensions arose – either because the other family disagreed about the child being removed from the birth parents, or, in one case, because relatives were concerned about the impact on other children in the family.

> Birth parents weren't happy with [the special guardianship], paternal family members weren't happy with it. It was very much perceived as a negative thing, so we didn't have their support. And my side of the family, my major support was my mum and my dad and my brothers, but when things got really tough, they were inclined to be like, 'you need to end this. You need to put your girls first.' […] So, then it didn't feel like they got it. It didn't feel very supportive. […] So, it was tricky, when it was really, really tough, we didn't have that much support. – *special guardian*

As friendship groups reduced, adoptive parents and special guardians described how they lost a source of social and practical support that was felt to be extremely helpful for those who had been able to maintain more of these relationships. Several of those interviewed also described feeling lonely and not having the emotional support to help them deal with the challenges they and their young people experienced.

> As a special guardian you have to meet the needs of everyone, and nobody can offer you any support or guidance. And friends don't particularly want to hear about it at length. Even other members of your own family, and you feel very lonely. – *special guardian*

> But the saddest thing is when you're going through this, you feel so lonely because nobody understands. […] But then, nobody, not one member of our family stepped forward to say, 'can we help you?' […] All they've done is they've just judged. – *adoptive parent*

The loss of relationships was described by some adoptive parents and special guardians as a source of grief. This was because they said that friends and family, and the social activities that they did together, were an important part of adoptive parents' and special guardians' personal identity, and many felt that they had lost this part of their lives to varying extents. One adoptive parent had been unable to help look after her father when he developed dementia. A special guardian explained that she and her husband were unable to have a relationship with her new granddaughter because of her special guardianship young person's "volatility" around the baby.

> We can't even have a relationship with our baby granddaughter, and it's all the impact of [special guardianship young person]. I'm trying to do what's right for [special guardianship young person], so he finds it a challenge and difficult, so we don't go […] we can't have that engagement and that is heartbreaking for me. – *special guardian*

Employment and finances

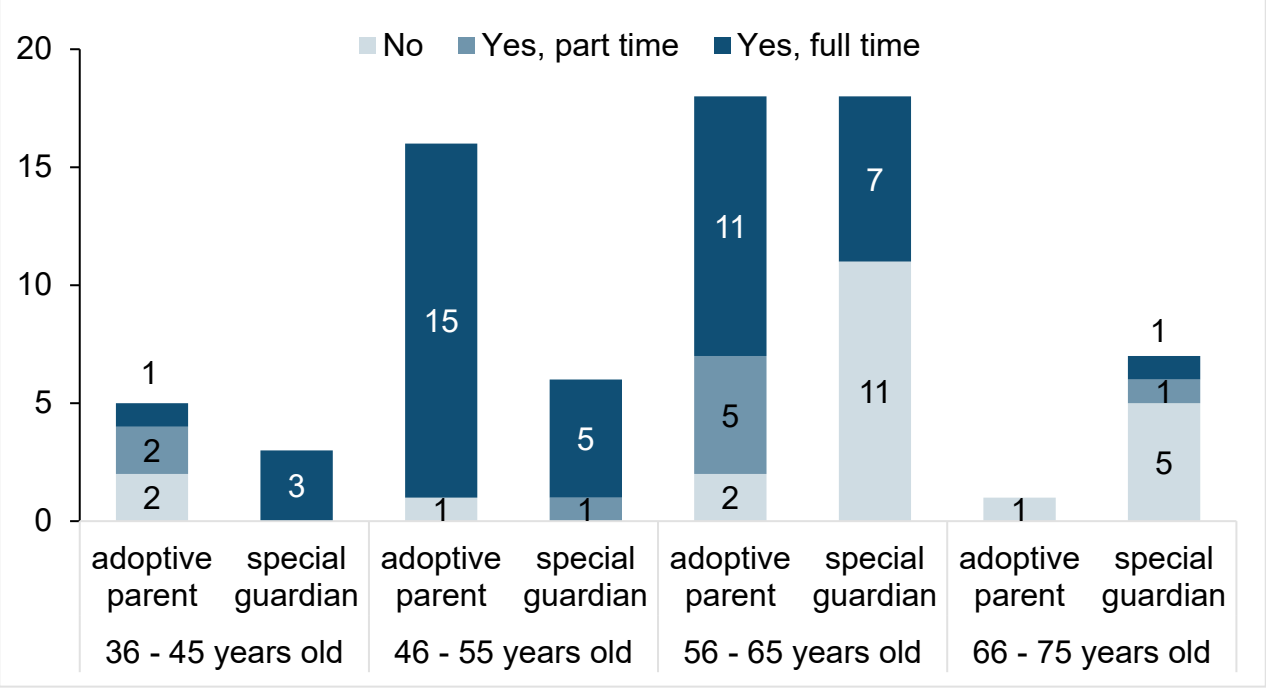
As described in the previous section, the demands of caregiving for trauma-experienced young people and those with multiple support needs was described as a ‘full-time’ job for many adoptive parents and special guardians. This had an impact on their ability to maintain employment, as well as increasing family-related expenses. Three key areas were identified through the analysis: impact on employment, impact on household finances, and impact on future plans.

Employment

There was a marked contrast in employment patterns among the adoptive and special guardianship families interviewed in this study. Thirty-four of the forty adoptive parents interviewed said there was at least one person in the household who worked part-time or full-time. Among special guardians interviewed, 18 out of 34 said there was an adult in the household who worked full-time or part-time (Annex, Table 6).

This pattern is partly explained by the age of participants. Among those interviewed, the large majority of adoptive parents and special guardians aged 36-55 had a working adult in the household. Over 65s were far less likely to have an adult in employment and seven of the eight in this age group were special guardians. However, special guardians aged 56-65 were much less likely to have a working adult in the household than adoptive parents in the same age group (see Figure 1).

Figure 1: Working adult in the household? (interview participants)



Source: Family Routes registration data. Base:76

One possible explanation for this pattern is that a number of special guardians said they had had to leave their jobs at short notice when their young person came to live with them, while this was less of an issue for adoptive families, who had more opportunity to plan for this, including making use of statutory Adoption Leave (see further discussion in section on Parental Leave).

Among those interviewed, it was common for young people to go and live with special guardians very quickly after being taken into care, often initially as a foster placement. When this happened, several special guardians explained that they had to resign from their jobs at short notice in order to care for their young person, meaning that they had no role to return to after the initial settling period.

> So, they basically they said ‘well, now [following fostering panel assessment] you need to make up your mind’ and I'm like ‘I have a job.’ […] So, I lost my job. There was no support; like ‘we can get childcare in’ or ‘we can do this, we can do that’. Nothing. Just, ‘you have to give up your job.’ - *special guardian*

> So, there was a child protection issue and that's how I got [special guardianship young person]. And so, I went from working on Monday morning, 8:30; after 10 [am] I never worked again. So, my day is spent looking after the children. – *special guardian*

The longer-term impact on the careers and employment of adoptive parents and special guardians was a major theme in the interviews. For a large majority of families, one or both parents/carers either left employment or changed careers to find a job that would allow greater flexibility to work around their young people’s needs. While a few families said that their employers were able to support the flexible working time they needed, many adoptive parents and special guardians gave up work to care for their young person/young people, and a small number, lost jobs or were required to change roles because of the need to take time off.

> We were fighting for [special guardianship young person] through the courts, there was obviously a lot going on and I was having more time off. They said they couldn't sustain me working with clients who may have difficulties, that it wouldn't be safe. […] I'd had six months off and on, a lot of time off, and [employer] couldn't find a job for me [within the organisation]. – *special guardian*

> I lost [my] job because [adopted young person] was basically not attending school. I was having to walk her into school and pick her up and it all went really haywire and I had to kind of cut my hours and then they kind of made me redundant. – *adoptive parent*

Several adoptive parents and special guardians gave up jobs or careers that required travel, shift work or long hours, in favour of lower paid or part-time work that offered greater flexibility. A few families became self-employed as this allowed greater control over their working hours, but it also made income less predictable for some.

> At the moment I'm working a day per week, but it's very flexible. I can do my hours mostly whenever I want to. So that's unusual. And it's a minimum wage job. So, you know, I'm more qualified than that. – *adoptive parent*

Where interviewees made the decision to stop or change jobs, several explained that initially they expected this to be temporary. However, many said that their young person's high level of support needs continued into adolescence and prevented them from returning to work or kept them in more junior, part-time or lower paid jobs that they would not otherwise have chosen.

The additional caregiving demands for adoptive parents, and special guardians are discussed in the section on Caregiver Strain which outlines the difficulties many families faced in needing to be physically present with their young person during the working day. For a small number of adoptive parents and special guardians, the efforts to navigate support services and advocate for their young people became so demanding that they did not feel able to manage paid employment as well.

> It just became impossible. One of us had to stop [working] because the amount of medical appointments and reports and the efforts to fight for everything was too much. – *adoptive parent*

> I do a full-time job making sure that [adopted young person] has everything he needs in place at school, at home, with looking for therapy for [adopted young person], looking for support for [adopted young person], that kind of thing. – *adoptive parent*

Alongside the additional demands on parents' and carers' time, many families told us there was a lack of wrap around care that could meet the complex needs of their young people, particularly in relation to behavioural or emotional and mental health needs. These families explained that either the local breakfast, afterschool or holiday provision would not accept their young person because they could not meet their needs, or that using them had a negative impact on their young person. As a result, these adoptive parents and special guardians felt they needed to be available to provide care outside of the school day. A few parents and carers had taken low paid - relative to their previous careers - work in schools so that they could be off during school holidays.

> By then [adopted young person]'s behaviour was getting so much worse. He wouldn't have been able to cope with breakfast clubs, after school clubs. He could just about cope with school. So, it wasn't really an option for me to go back to work. – *adoptive parent*

As well as significant financial impacts (discussed in the section on Finances and living standards), loss of employment, reduced hours and changing to less demanding or more flexible roles impacted on adoptive parents and special guardians' identity, sense of self-worth and access to support networks. In the interviews, participants often explained that they enjoyed work and had invested heavily in a career that was important to them. The loss of a career was described by one special guardian as a 'bereavement'.

> I've never been able to go back to work. So that's, you know, for me financially and for my own self-worth and a sense of being able to complete the career that I thought I would have, has been a bit of a bereavement. – *special guardian*

This sense of loss was particularly expressed by special guardians because the disruption to their careers after taking on dependents had not been expected. A sense of loss was also described by a small number of adoptive parents who had not anticipated the extent of their young person's support needs or where there was a relationship breakdown that left them as a sole carer.

> It hurts me because I am an intelligent person and I could have had a really nice career. I've been on U[niversal] C[redit] for 10 years because I have almost 24/7 care of these children. – *adoptive parent*

In contrast to the more common theme of career and identity loss, one special guardian reflected that being a special guardian gave her a greater sense of purpose and led to a second career in supporting other kinship carers:

> [Special guardianship young person] gave me, although such a tricky start that could have ended really badly, he gave me a life purpose. Because I wasn't working, I was raising my kids and didn't really know what I wanted to do. […] so, I was just at home raising them and he gave me a life mission, a purpose. So, there was a rainbow after the storm for us. – *special guardian*

Though this example was unusual in our study, it was common for families to reflect on the journey they had made and the skills and knowledge they had gained through being a special guardian.

Paid leave from employment

For adoptive parents in employment, Statutory Adoption Leave and Pay[12], entitles them to take time off work to settle in adopted children. The adoption process typically allowed families to plan for this and make decisions about employment in that initial period after the order. A few of the families interviewed who had taken paid leave said that this period was important for creating a bond with the child and for settling into new schools and routines.

> I got six months at full pay for adoption leave. […] you can really get that time and headspace to bond with the child and to be focused on them and to be around at school and things. – *adoptive parent*

> Being able to take a year off work when she first came to live with me was incredibly valuable. This is when she was four, but settling into school, being there for every drop off and pick up, establishing a routine, just giving her that reassurance that she can go away to school and I'll still be there at the end of the day. All of that was really helpful, being able to spend that time with her. – *adoptive parent*

In contrast, special guardians are not entitled to paid employment leave in the same way that eligible adoptive parents and birth parents are. This reduces the opportunity for special guardians to take this time to establish bonds and settle their special guardianship young people quickly. The consequence for several interviewees was that they had to give up work in order to support their young person during this transition, and some did not return to employment at a similar level for many years, or not at all.

> Because it's a special guardianship order, I didn't get any time off work. So, I had two weeks holiday. Because it's not adoption, so I don't get any adoption leave. I mean, I could have taken a childcare break, but it would have been unpaid, so it wasn't really an option. – *special guardian*

Finances and living standards

The loss or reduction of paid employment inevitably impacted on families' incomes and financial situations. The loss of employment meant that some families needed to access benefits, including Universal Credit. These participants often described a feeling of shame or embarrassment and a strong reluctance to rely on benefits when they had always expected to work.

[12] Statutory Adoption Pay and Leave: employer guide: Entitlement - GOV.UK

> I didn't want to sign on. I didn't ever want to sign on. I just don't want to be in this position. I hate it with every bone in my body, but it's something we've, sadly, we have no choice. – *special guardian*

> I was told that I had to stop working to be able to support [special guardianship young people]. So, I was told to claim income support. […] I had never been in a job centre before, never. And I went in the job centre, and I was so beside myself with embarrassment and I felt humiliated because I'm in a job centre. Why am I here? – *special guardian*

A few of the adoptive parents and special guardians interviewed were parenting as a single person because their partner had died or a relationship had broken down. Where these families had been dependent on that partner's income, they experienced severe financial difficulties.

Alongside a loss of income, several adoptive parents and special guardians identified additional costs to meet the needs of their young people, even beyond the expected costs of raising children. Among these additional expenses were the costs of accommodating sensory or medical needs, the cost of frequent repairs and replacements where young people regularly damaged property, and in some cases, the cost of privately paying for therapies and other forms of support for their young person. Several special guardians had the expense of moving home or buying a bigger car that would fit a larger family.

Some adoptive parents, and a few special guardians, explained that they had been in a strong financial position before the placements, and this provided a buffer that allowed them to manage the reduced income for a period.

> We were in a really strong position financially. We had lots of savings, good redundancy payouts. Both of us earned a lot of money before […] We're getting to that point where we need to start finding jobs again, but we've been able to take some time. I don't know how we would have coped with [caring for adopted young people] and hold down full-time jobs. – *adoptive parent*

In general, adoptive parents were in a stronger financial position than special guardians and a minority struggled for money. This finding is reflected in the analysis of administrative datasets conducted as part of the Family Routes study.[13] Findings show that a larger proportion of special guardianship children (35%) were eligible for free school meals than adopted children (8%). In comparison, 14% of all pupils were eligible for free school meals. Special guardianship families also more frequently lived in areas

[13] This analysis of data from the Department of Education's social care and education administrative data (2002-2023) includes 7,320 adopted children and 4,150 special guardianship children.

where households had low incomes compared to adopted children, using the Income Deprivation Affecting Children Index (IDACI) (Selwyn, forthcoming).

Survey of adoptive parents: finances and living standards

Adoptive parents' responses to the survey indicate that a minority of adoptive parents were struggling with finances and living standards. Out of a total 235 responses, eight per cent (n=18) said they felt their home was overcrowded, and 9% (n=22) said they sometimes or often worried that food would run out before they had enough money to buy more. This data does not include special guardians and interviews suggest that financial difficulties and lack of space may be more common for special guardians.

Special guardianship allowance

For some special guardians, the financial impact was eased through access to a special guardianship allowance, but many did not qualify for this means-tested and discretionary support. A few families explained that pensions and savings were taken into consideration when determining the value of their allowance. This meant that older special guardians who were no longer working, or who had expected to stop working, and had put aside savings for their retirement or other future plans were required to draw on these to cover the day-to-day costs of supporting their special guardianship young people.

> We do get an allowance and in its own right it's quite a generous allowance, but they means test it. So, all the years we planned for our pensions and what we're going to do with the money went out of the window. Because we've been frugal, we are now being punished. […] But that money was earmarked for other things. It wasn't earmarked to support two teenage boys. – *special guardian*

> I have to declare property and savings because it's means tested. I don't get a penny. […] I am… well, I'm saying 'lucky'. I'm not lucky. I work hard. I've worked hard, but you know I'm 70 and I'm still working. – *special guardian*

Where families had received a special guardianship allowance, this was discontinued once the young person turned 18. However, most of the young people in our study were not living independently by the age of 18. Special guardians were continuing to support these young adults in the family home, or were expecting to do so, but without the financial help this was causing difficulties for some.

> Financially we can't keep, you know… every time one of them becomes 18, supporting them with no funding. Losing her funding has made a big difference now. We're supporting her fully with no help and assistance. – *special guardian*

> So [special guardianship allowance] will finish as soon as she finishes college. That's it. So, if she doesn't find a job between 18 and 19 or so, there's no income. I think that's something they need to think about. Not all of the young people go straight from education into work, so then that puts a burden on the families. – *special guardian*

Since the allowance is means tested and discretionary, several special guardians had had to submit paperwork every year to see if the allowance would continue and at what level. One family said they had to reapply every six months. This was perceived as intrusive and adding further burden to families. Where the amount provided was reduced, as it was in some cases of those interviewed, special guardians felt devalued. In contrast, a small number of special guardians had been told that they would continue to receive the allowance until their young person was 18 without further assessments.

> I get SGO allowance, but every year, when you get your renewal form through, you sit and absolutely dread filling out the form. […] Because [if] they take that money away, I can't afford to live. I can't afford to do things with her. I shouldn't be penalised for bringing up my granddaughter. – *special guardian*

Planning for the future

Many of the special guardians interviewed were also concerned about the implications of their financial positions for their future plans. As described in the section on Adoptive parent and special guardian characteristics, most of the special guardians in our study were at, or approaching, retirement age. While loss of employment was common among adoptive parents and special guardians, a small number of older special guardians described being unable to retire from work as planned because of the financial costs of having young dependents. This also meant that in a few families, special guardians were, or were expecting to be, both parenting young dependents and working into their 70s, with impacts on their health and wellbeing.

> I don't want to work at 67. I brought my 2 girls up and then, just as I was finishing that job off, they [special guardianship young people] came to us. So, there's no way I'm working till I'm 67 and then going to keel over the day after I'm 67. So, financially that's something that we're looking at, when I'm going to retire and how. It's certainly not an option in the next year or two. – *special guardian*

Worries about their future finances were common among special guardians in the interviews. Several had depleted the resources they had put aside for retirement or for any future care needs of their own. Alongside these concerns, many expected their young people to be financially, and sometimes also physically or emotionally, dependent on them well into adulthood.

> I'd love to retire now if I could. […] I've got a pretty good work pension, but yeah, it does worry me, what the future holds, because we're not young and obviously the kids are quite demanding and thinking about [special guardianship young person]'s future and what her future entails. – *special guardian*

> I don't know what my retirement is going to be like now. […] what happens when we're really old? We're old now, but when we're really old and we need care or something? There's an insecurity that comes with all of that. – *special guardian*

Adoptive parents and special guardians both expressed concerns about the long-term costs of caring for their young people. Several participants explained that they had not anticipated their young people being dependent on them for such high levels of care and support beyond the age of 18. As the survey of adoptive parents' highlights (below), many families expected their young person to be dependent on them well into adulthood.

Where young people had high levels of need or disabilities, adoptive parents and special guardians both expressed concerns that they may not be able to work or live independently, meaning that they were likely to be financially dependent on their parents/carers well into their retirement and old age.

> I would like to retire now [but], we can't move to a smaller house. […] [adopted young people] are not getting the education to get a decent job to earn a decent money to rent a place. And they need to be here. They still need our support. […] So that will impact our future finances and life – *adoptive parent*

> [Adopted young people] might be 18 but they might not be capable of going into a workplace because they've not got the life skills, or they've not got the education because they've only got functional skills, if that. And it's getting them into a workplace that's a safe environment and appropriate, and an actual employer that will take them on. So yes, the finance is a big one. Government should look out for those adopters that have took out children from the care system and how they can support us more long term, or [financial support] be available if we need it. – *adoptive parent*

Survey of adoptive parents: future care of their young person

Adoptive parents who reported that their young person was living with them currently were asked at what age they expected the young person would leave their home. Of 173 respondents, only around 17% (n=30) expected the young person to have left by the age of 19, when any financial support typically ended. Around half (51%, n=88) expected them to leave home between the ages of 20 and 25. A third (32%, n=55) expected them to continue living with them well into adulthood.[14]

Open text responses to the survey showed that for adoptive parents with young adults (18+) still at home, prospects for them living independently in future was a common concern. Analysis of these responses (n=37) identified several common barriers to achieving this independence, beyond the challenges of high costs and low income faced by many other young people. The most commonly mentioned barriers were: challenges accessing supported accommodation for young adults with social care needs; difficulties in securing or maintaining employment due to support needs; high dependency on adoptive parents for emotional or health support; a lack of self-care and practical skills for independent living. These barriers reflect the additional care needs of many adopted young people as a result of health or development conditions and the ongoing effects of trauma.

A small number of adoptive parents expressed the view that their young person would never be able to live independently and were concerned about what would happen when they were no longer able to provide care.

Health and wellbeing

Mental health

The adoptive parents and special guardians interviewed had often experienced several of the challenges described in this report: a demanding caregiving role, lack of respite, difficulties accessing or dealing with support services, loss of employment and relationships, concerns around finances and living standards. These parents and carers described the cumulative impact of these challenges on their mental health. One adoptive parent said the combination of caregiving strains and work loss left her feeling that: “my life was retracting” which, “was a real disaster for my mental health.” (adoptive parent).

[14] Office of National Statistics data shows that, in 2024, around 27% of all young adults were living with their parents or carers beyond the age of 25. https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/families/datasets/youngadultslivingwiththeirparents

Survey of adoptive parents: mental health and wellbeing

Since 2011, the Office for National Statistics has measured the wellbeing of the general population using a framework published quarterly in a dashboard. Two of these indicators were used in the survey of 235 adoptive parents: a) the percentage of people rating their life satisfaction as low and b) the percentage who reported feeling lonely often or always.

35% (n=83) of adoptive parents completing the survey rated their life satisfaction as low (a score of 0-4) compared with 4.9% of adults in the general population (ONS, 2025a.).

15% (n=39) of adoptive parents responding to the survey reported being lonely always or often compared with 6% of adults in the general population (ONS, 2025b.).

A sense of powerlessness and difficulties finding or accessing solutions were described as leading to panic attacks, anxiety and depression.

> My mental health at the time was struggling because of the years and years of struggle that we've had. – *adoptive parent*

> The doors are smashed in; they need replacing and financially we don't have that. […] these are the things that hurt so much; that I live in this… hole. […] that knocks my mental health because I can't fix all of these things and they're an eyesore. – *special guardian*

For a small number, the mental health impact of these strains led them to consider self-harm or suicide.

> I was on my knees. […] I've ended up in A&E myself, because it was either that or take a load of paracetamol because I was in such a state. There's been two times when I've sort of really took steps towards [taking her own life] and managed to prevent myself. – *adoptive parent*

Survey of adoptive parents: self-reported health using the Health-Related Quality of Life Assessment (EQ-5D-5L)

To understand more about adoptive parents' health a short, validated measure that assesses health status (EQ-5D-5L) (Herdman, et al., 2011) was included in the online survey of adoptive parents. This widely used measure provides a score for respondents' subjective assessment of their health in a broad, 'generic' manner. It is one of the most widely used measures of general health internationally.

The descriptive part of the EQ-5D-5L asks about five health dimensions (mobility, self-care, usual activities, pain or discomfort and anxiety/depression). Each of the dimensions has five response levels: no problems, slight problems, moderate problems, severe problems, extreme problems/unable to do the listed activity.

The dimension in which adoptive parents most often reported problems was anxiety/depression. Almost two-thirds of survey respondents (64%) reported difficulties with anxiety/depression at any level. Published population norms for England using the EQ-5D-3L show that 21% of adults report any difficulty on this dimension (Szende, et al. 2014).[15] A little under a third of adoptive parents (29%) reported moderate, severe or extreme difficulties on the anxiety/depression dimension (see Annex, Table 22).

An overall health profile was created for each survey respondent by assigning a number from 1 to 5 to each health dimension (1 = no problems - 5 = extreme problems). The overall health profile can range from a total score of 5 (no problems) to 25 (significant health difficulties across health dimensions). Our survey found a score of 5 (indicating no health difficulties) was indicated by 65 adoptive parents (28%). Nearly three-quarters (72%) indicated a difficulty in at least one aspect of their health. Seven participants scored 15 or higher, indicating significant health difficulties in more than one dimension. The mean score was 7.3 with a range of 5-18.

Table 23 (Annex) shows the seven most frequently reported health profiles. These were reported by 71% of the adoptive parents. Health difficulties predominately stemmed from a combination of anxiety/depression and physical pain/discomfort, with scores of 1-3 reported for each dimension. The remaining 29% of participants recorded a range of other profiles, each of which applied to between 1 and 4 respondents.

Mental health and therapeutic support

While several adoptive parents and special guardians in our study were worried about their own mental health, many did not seek help. This was partly because they already felt overwhelmed at trying to access support for their young people or did not feel they had the time to attend therapeutic support. Data from our survey shows an apparent large gap in accessible and appropriate help.

Survey of adoptive parents: mental health and wellbeing support

Adoptive parents were asked to indicate which of a range of support types they had wanted in the previous year, for themselves or for their young person, and whether that support was provided. Half (50%, n=117) of the 235 adoptive parents responding to the survey said that they had wanted support from a counsellor for themselves or their partner. However, just over a quarter said that they had received counselling support (26%, n=62), showing a large gap in provision to meet this need (Annex, Table 24).

[15] The England norm for reporting any difficulties with anxiety/depression is slightly higher for adults in the older age categories: 22% for adults aged 40-59 and 24% for adults aged 60 or over.

The interviews highlighted the concerns around, and implications of, not receiving help. In one case, an adoptive parent did not feel able to seek support for her mental health in case this was used against her by social services in relation to caring for her adopted young person.

> I'd like more support with my mental health and how to deal with the process of that. But I'm wary that if I do seek any mental health [support], it's going to be used against me. Because you have to be very mindful of any resources you do tap into because you know that they're logged and that can be used against you. – *adoptive parent*

> Seven years ago, I was referred through the doctor for mental health […] she said, you need more intensive [help] [compared with previous counselling]. But I'll be honest, I'll never chase that up because I never have time. – *special guardian*

A few interview participants had received counselling or other therapeutic support, particularly when things reached a point of self-harm or suicidal thoughts. Counselling was generally well received and a few reported improvements in their mental health as a result.

> I did get counselling through post adoption support fund. I've had counselling a couple of times, just to make sure I didn't go mad, and keep me on the straight and narrow. […] I did a bit of counselling with [service name] as well. That was most helpful as that was face to face. – *adoptive parent*

> Built into [young person's therapy provision] is sessions for myself… it just gives me space to think about what has happened, or what is happening and how I can make sense of that, and that allows me to continue to parent. – *adoptive parent*

However, without a reduction in the stresses they were experiencing, many continued to struggle, while others reported that their mental health had improved over time as a result of improvements in their young person's wellbeing or behaviours, or the young person returning to care.

> There was a time when I really thought, 'oh my God, how am I going to get through? I don't know how I'm going to cope.' […] Earlier in the family picture, I found it almost impossible at times to know how on Earth I was going to get through the next day, let alone the next X many years. – *adoptive parent*

Physical health

As well as the negative impacts on mental health, several families interviewed said they thought prolonged stress and exhaustion associated with the difficulties they experienced in caring for and supporting their young person had contributed to poor physical health.

> I'm sure that's why my husband's ill, because of all the stress we've been under through all these years. I've said that when we were talking to postadoption support, I'd say to them: 'I can tell [my husband]'s not well; it's impacting him really badly. – *adoptive parent*

There were particularly concerns among older parents and carers, more commonly special guardians, about the impact on them as they got older. Some found the physical demands of caring for small children impacted on their health or linked particularly stressful events and periods directly to incidents of poor health. Others who had experienced periods of illness explained that they could not take time for recovery because of the ongoing demands of parenting.

> I'm recovering from a stroke. I've got to put a lot of my time and energy into [young person] and not into my recovery. – *special guardian*

> I used to go to bed about 4pm in the first few years thinking I had flu. It's back to having an 18-month-old and all that goes with it. We had meetings here, there and everywhere. […] it did have an impact on our health. – *special guardian*

> It's exhausting. It's affected me physically as well. I have really bad IBS, and that's been that's exacerbated over the years as I've constantly been firefighting for her. – *adoptive parent*

Some special guardians were also concerned about how their young person would be supported in the long-term after their death. This was partly due to the older ages of special guardians but - as already highlighted in the section on *Planning for the future* - also reflected concerns among both special guardians and adoptive parents that their young person would struggle to live independently as an adult.

> I'm terrified. What if one of us becomes really ill? We're in our 60s now, you know. It's terrifying. The future is terrifying. You know who's going to be there for [special guardianship young person]? – *special guardian*

> If something happened to me, where's she gonna go? That's my worry. […] I've been saving money for her and sorting out my insurances and stuff. I've got to make sure that […] if anything happens to me, she's going to be looked after. – *special guardian*

Conclusions

Summary of findings

Overall, adoptive parents and special guardians described their experiences of caregiving as child-centred, driven by love and encouragement, yet very often, extremely demanding. Attempting to access appropriate and timely support tended to bring yet more challenges, including additional strains on their wellbeing. Where our families were listened to, advocated for, and needs-led support services were well provided, interviewees felt this help improved their life experiences and outcomes.

The main support gaps throughout childhood to early adulthood included accessible needs assessments, parenting courses, counselling, and respite care, alongside improved information, advice and guidance for families, schools, and other universal services.

Experiences of caregiving

Many of the adoptive parents and special guardians interviewed reported close bonds with their young people and shared valued, enjoyable family experiences together. However, most also described high levels of caregiving strain related to the complex health, developmental, emotional and behavioural needs of their adopted or special guardianship young person. These needs typically changed over time, requiring caregivers to respond and adapt, especially during adolescence, which often brought increasing challenges for families coinciding with reduced access to support (Hamilton & Blades, 2025; Ecorys UK & Rees Centre, 2026).

Several adoptive parents and special guardians described their parenting as a “full-time job” (adoptive parent). Practical caregiving demands—such as attending appointments, supporting disrupted school engagement, and supervising young people struggling with independence—were significant. In adolescence and early adulthood, many young people experienced trauma-related behaviours, including self-harm, suicidal thoughts, running away, or aggression, which required parents and carers to provide close supervision and crisis management.

Families reported feelings of guilt, exhaustion, and uncertainty about how best to parent young people who had experienced adversity. Many described effective therapeutic or trauma-informed approaches to parenting. While some had been offered training on these parenting approaches early on, others (particularly special guardians) had not and reflected that this would have been helpful.

Families consistently described navigating services as a major source of strain. Accessing assessments of support needs and identifying suitable support for their young

person was challenging, and securing access to services—such as CAMHS, EHCPs, specialist therapies, or appropriate school placements—was often characterised as a "battle" requiring persistence, complaints, or legal challenge. Many felt their concerns were minimised or attributed to parenting rather than recognised as legitimate expressions of young people's needs.

A small number of families found that advocates helped ensure their young person's views were heard and reduced adversarial interactions with services. Many wished they had had access to advocacy or impartial guidance earlier, especially during periods of conflict, complexity or crisis.

Impact of caregiving on adoptive parents and special guardians

Relationships

Friends and extended family were important sources of emotional and practical support, but many families reported that their social support diminished over time. Some struggled to sustain friendships because of limited opportunities to socialise or because others could not understand the realities of caring for young people with traumatic histories. Special guardians in particular described tension within extended families due to the circumstances of the young person's placement. Many caregivers spoke of loneliness, loss, and grief for aspects of their social identity that reduced as caregiving demands increased.

Employment and finances

Many adopted parents and special guardians reduced working hours, changed roles, became self-employed, or left employment altogether due to the intensity of caregiving demands, lack of wrap-around care, or school-related disruptions. Some experienced job loss because employers could not accommodate the needed flexibility.

These employment disruptions had direct financial consequences. Families experienced reduced income and additional household costs linked to young people's needs. Older special guardians expressed particular concern about depleted retirement savings and the financial implications of supporting young people who were likely to require care well into adulthood.

Health and wellbeing

Caregiving strain affected mental and physical health for many participants. Families described persistent stress, anxiety, low mood and, in some cases, crisis-point distress linked to the prolonged demands of caregiving, difficulties accessing services, and financial or relational pressures. Survey data also indicated significantly higher levels of anxiety/depression among adoptive parents than in the general population.

Several caregivers associated ongoing stress with physical health problems, exhaustion, or difficulty recovering from illness. Older special guardians in particular described challenges related to the physical demands of caring for young people at a stage of life when they had not expected to parent again. Many were worried about the future—including their ability to continue providing care and what would happen to their young person should they become too unwell to meet their needs.

Support for adoptive parents and special guardians

Adoptive parents (unless self-employed) generally benefited from statutory adoption leave, which gave them protected time to bond with young people and manage early transitions. In contrast, special guardians had no entitlement to equivalent leave, with long-term consequences for employment and finances. Special guardians reported inconsistent access to financial support which local authorities provide at their discretion. While this is also the situation for adoptive parents, it was less common for adoptive parents in our sample to report that they had wanted or needed this financial support than was the case among special guardians. Older special guardians were particularly concerned that they were required to draw on savings or pensions that were intended to support them after retirement.

Where caregiver strain was negatively impacting on their health and wellbeing, adoptive parents and special guardians both wanted more support. Half of the adoptive parents surveyed wanted counselling support, but only a quarter were able to access it. Informal respite from friends or family was highly valued but often unavailable due to young people's needs or family circumstances. Formal respite—whether short-break, overnight, or crisis support—was rarely accessible, and some families were told that providers could not meet their young person's needs. Many felt that high-quality, trusted respite provision would significantly reduce strain and help sustain placements.

Recommendations

Findings from this study are consistent with those of previous research which found that adoptive parents can experience high levels of strain and that can lead to parental distress, couple relationships breaking down, and young people becoming estranged and returning to care (Selwyn et al, 2014). Improved support for adoptive parents and special guardians when needed can help to maintain positive relationships, support caregivers' health and wellbeing and sustain them in their caregiving role, with better outcomes for those young people, the adoptive parents, special guardians and their wider families.

This report highlights several areas where support could help improve everyday lives and bolster capacity to sustain caregiving and improve outcomes for young people. Parents and carers consistently told us that the most effective way to reduce the strain on them and improve the experiences for adoptive and special guardianship families is to provide

prompt effective support to meet the needs of their young people. The recommendations highlighted in the earlier report from this study (Hamilton & Blades, 2025), aimed at improving outcomes for young people should also be considered as key to improving the experiences of adoptive parents and special guardians. These include:

- better information for families about the risk exposures and potential support needs of children prior to placement
- earlier and ongoing, multi-disciplinary assessments of young people's needs through regular check-ins, particularly around adolescence and key life events or transitions
- improved access to mental health support and therapies for young people throughout childhood and adolescence, with a good understanding of the specific contexts and needs of adopted and special guardianship young people
- improved support in schools to provide more stable and inclusive education experiences

Our research suggests that policy and practice developments should also focus on these areas to provide improved support to adoptive parents and special guardians:

- **Improved information about local support offers for adoptive parents, special guardians and their young people**

  Families emphasised the need for up-to-date and accessible information about support offers. This should include clear and accurate information about eligibility criteria to help guide families to the right support.

- **Access to advocacy and advice services for adoptive parents and special guardians, with a focus on navigating services for their young people**

  To help families identify and navigate support for their young people, the previous publication from this study (Hamilton & Blades, 2025) recommended a consistent contact point for help-seeking and regularly reviewed support plans specifying what services young people need.

  Independent advocacy services – both for young people and for parents/carers – could reduce the burden on families to 'fight' for access to support and reduce the potential for friction between parents/carers and support services. Peer support groups and networks were particularly valued, both for their practical advice and emotional support and could be a valuable source of informal advocacy.

- **Access to specialist therapeutic parenting courses for both adoptive parents and special guardians throughout young people's childhood, adolescence and into early adulthood, before families reach crises points**

The study highlights the importance of equipping adoptive parents and special guardians with the knowledge and skills to support young people who have experienced trauma and who have complex needs. The provision of parenting courses and training should be extended to special guardians early in the placement.

Parenting training for adoptive parents and special guardians should be revisited as young people's needs change, particularly around adolescence, and should include tailored courses, for example around child-to-parent violence and neurodivergence. Generic training courses that do not address the needs and contexts of adoptive and special guardianship young people, and those who have experienced trauma, are less likely to be helpful. One-to-one parenting support should be offered promptly when parents and carers need additional help and advice, rather than as a response to families in crisis, when more practical or direct interventions may be needed.

- **Improved access to therapies and counselling services for adoptive parents and special guardians**

  The cumulative effect of caregiving strain—loss of work, social isolation, financial insecurity, and the ongoing demands of supporting young people—had significant consequences for many caregivers' mental and physical health – both situational and long-term. Improved access to support for adoptive parents and special guardians themselves, including mental health and therapeutic support, would enable more to get the help they need to continue in their caregiving role.

  Access to high quality short- and long-term respite services

  Families could benefit from support to help them foster networks of informal support through new and existing friends and family. Affordable respite, including specialist babysitting/childminding support, would help families to spend time with friends and family who support them.

- **Improved support for education settings to meet the needs of trauma-experienced young people within school to improve wellbeing, reduce exclusions and other disruption to school placements**

  Adoptive parents and special guardians need to be confident that their young person's needs can be met in schools through additional support without their regular intervention or having to provide care and schooling at home during the school day where this is not their preference. This may require additional training and guidance for schools as well as ensuring specialist settings are available when needed.

- **Extending paid employment leave to special guardians and self-employed adoptive parents**

There is a need for greater recognition – including among prospective families, social services and policymakers - of the extent to which caregiving for trauma-experienced young people, and those with multiple or complex needs, disrupts employment. We recommend that protections and rights in employment that are available to adoptive parents are extended to special guardians – in particular paid leave following placement.

- **Greater consistency around financial support, particularly for special guardians**

  Where employment is lost or reduced, adoptive parents and special guardians should be able to rely on financial support that recognises the value of the caregiving role they have undertaken – including the financial savings this role provides to the local authority – rather than resulting in families feeling ashamed of not being able to do it all.

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Annex A: Method and sample

The study design was guided by a theoretical framework outlining the hypothesised influence of risk and protective factors and outcomes to be measured by this research. The framework, which is described in previous publications from this study (Ecorys UK & Rees Centre, 2026), was informed by previous research findings (e.g., Harwin et al., 2019; Palacios et al., 2019; Selwyn 2023), literature on risk and protective factors (e.g., Woolgar and Simmonds 2019; Greene, 2002) and conceptualisation of latent vulnerability, the link between childhood maltreatment and later mental health problems (e.g. McCrory and Viding, 2015). The views of stakeholders involved in the earlier interviews and research advisory group stages also informed the theoretical framework.

Recruitment and data collection

Following learning from the pilot (Ecorys UK, 2024), the study was promoted to potential participants via local authorities and other adoption and special guardianship support organisations. Interested adoptive parents and special guardians were invited to register for the study via telephone registration call. Families were eligible to take part if their young person was aged between 12 and 25 years and had been in care in England before being placed in their family under a permanence order. Young adults (aged 18-25) who had grown up under an adoption or special guardianship order were also invited to participate independently of their parents or carers, but this report focuses on the interviews with adoptive parents and special guardians.

During registration, participants could express a preference for completing an online survey or the interview. Participants who wished to be interviewed were selected based on a quota, which aimed to include a range of families based on age, region and how the placement was faring. Once the quota was full, families were directed to complete the survey. Families taking part in the survey were sent a unique link to an online survey for each adult and young person participating. Participants in the interviews and survey were provided with a link to sources of support in case they were needed, and interviewees were informed that if they raised any safeguarding concerns during the research, these may need to be reported to appropriate safeguarding professionals, in line with the study's safeguarding protocol.

The Survey Responses

The survey sample

This report draws on responses to the survey of adoptive parents. A total of 246 adoptive parents completed the survey. Details of participants completing the survey are provided in Tables 10 to 15. Survey data from the pilot and mainstage of the study were combined for analysis.

Limitations

The aim was to engage a large number of special guardians in the survey, but despite considerable efforts by the research team and support organisations, the study could not recruit enough special guardians to undertake separate analysis (23 special guardians, 10 young people and 7 young adults who had lived with a special guardian completed the survey). Feedback from agencies who supported the recruitment activities suggested that the difficulties were likely due to the narrow eligibility criteria, which excluded special guardianship young people below the age of 12 and those who had not been in care prior to the placement. The number of adoption support agencies and groups was also greater and had been active for some time whereas support services for special guardians are in their infancy and therefore it was harder to reach special guardians. Since the study was intended, in part, to explore whether experiences differ between adoptive and special guardianship families, the small number of special guardians taking part in the survey were removed from the analysis. The descriptive analyses of survey responses presented throughout the report are therefore based only on the responses from adoptive parents. For clarity, quantitative survey responses have been presented in separate text boxes for each section and clearly labelled as relating only to adoptive parents. However, the open text responses from special guardians have supplemented the qualitative interview data.

The survey sample was also smaller than anticipated for adoptive parents. This limited the analysis possible. When considering some sub-groups, the numbers are small, and care should be taken about generalising from these findings.

Analysis of the surveys

Following the approach undertaken in the pilot, the responses to the adoptive parent, survey were analysed descriptively to present frequencies for each item.

The interviews with adoptive and special guardianship families and adopted young adults

The interview sample

In-depth interviews were conducted with 84 families: 46 adoptive families and 38 special guardianship families, including ten families interviewed during the pilot phase (Tables 3-6) Sixty-two of the interviews took place remotely (on video or telephone call) and 22 took place face-to-face. This report draws on these interviews with parents and carers. Other reports from this study have presented analysis of interviews with thirty-six young people from the same families and seven young, adopted adults who were recruited independently (Ecorys UK & Rees Centre, 2026).

Analysis of the interview data

The interviews were often two hours or more in duration and took place face-to-face or remotely over video call, depending on the interviewees' preference. Interviews were recorded and transcribed in full using automatic transcription software, then manually checked for accuracy and anonymised. The transcripts were manually coded using qualitative analysis software[16], initially mapped to a deductive coding framework aligned with the research questions and early interviews. The team then added inductive codes as the analysis of all transcriptions progressed. New codes were discussed and refined during team debriefs. This data reduction helped to identify recurring patterns and exceptions, which supported the interpretations presented here. Quotations were selected to provide illustrative examples, help the reader understand how these manifested in the interview data, and, most importantly, to give a voice to the interviewees who shared their lived experiences.

The characteristics of families in the Family Routes study

The previous Family Routes report on young people's needs and experiences of growing up in adoption or special guardianship (Ecorys UK & Rees Centre, 2026) presented detailed descriptions of the families in this study. Key characteristics impacting the experience of adoptive parents and special guardians are briefly summarised here.

Adoptive parent and special guardian characteristics

Tables 3-6 shows the demographic and employment characteristics of adoptive parents and special guardians taking part in interviews. Among the participants who registered, the large majority were women, though in a few cases male partners also joined for some or all the interviews. The majority were also of white ethnicity. Age of the adopted or special guardianships young person and year of permanence order are shown in Tables 8 and 9.

Special guardians interviewed were typically older than adoptive parents. Many of the special guardianships were with grandparents. Special guardians were also less likely to have a working adult in the household, reflecting higher rates of retirement. The significance of special guardians typically being older is discussed in several parts of this report, including around employment, health and future planning.

[16] The team used a combination of NVivo 14 and MAXQDA software to code and analyse transcripts.

Table 3 Characteristics of adoptive parents and special guardians interviewed - gender

Gender	Adoptive families (n=40)	Special Guardian families (n=34)
Male	4	1
Female	36	33

Source: registration data collected prior to interviews. Demographic data was not collected for the pilot interviews since interview participants were selected from pilot survey completers, but data was delinked.

Table 4 Characteristics of adoptive parents and special guardians interviewed - age

Age	Adoptive families (n=40)	Special Guardian families (n=34)
36-45	5	3
46-55	16	6
56-65	18	18
66-75	1	7

Source: registration data collected prior to interviews. Demographic data was not collected for the pilot interviews since interview participants were selected from pilot survey completers, but data was delinked.

Table 5 Characteristics of adoptive parents and special guardians interviewed - ethnicity

Ethnicity	Adoptive families (n=40)	Special Guardian families (n=34)
Black	0	1
White	36	32
Mixed or multiple ethnic groups	0	1
Arab or other ethnic group	3	0
Prefer not to say	1	0

Source: registration data collected prior to interviews. Demographic data was not collected for the pilot interviews since interview participants were selected from pilot survey completers, but data was delinked.

Table 6 Characteristics of adoptive parents and special guardians interviewed – working adult in the household

Working adult in the household	Adoptive families (n=40)	Special Guardian families (n=34)
Yes, full-time	27	16
Yes, part-time	7	2
No	6	16

Source: registration data collected prior to interviews. Demographic data was not collected for the pilot interviews since interview participants were selected from pilot survey completers, but data was delinked.

Table 7 Young people's characteristics: interview participants - region

Region	Adoptive families (n=40)	Special Guardian families (n=34)	Adopted young people (n=19)	Special Guardianship young people (n=17)
East Midlands	4	6	2	3
East of England	5	1	3	0
London	6	3	4	1
North East	0	1	0	0
North West	7	4	3	3
South East	5	8	1	3
South West	7	6	2	5
West Midlands	3	1	2	0
Yorkshire and the Humber	3	4	2	2

Source: Family Routes study registration data. Base: 74 adoptive parent/special guardian interviewees; 36 young people in adoption or special guardianship. Note: table does not include characteristics for 10 pilot interview participants

Table 8 Young people's characteristics: interview participants – young person's age

Young Person's age	Adoptive families (n=40)	Special Guardian families (n=34)	Adopted young people (n=19)	Special Guardianship young people (n=17)
12-15	19	22	11	11
16-17	9	7	4	1
18-25	12	5	4	5

Source: Family Routes study registration data. Base: 74 adoptive parent/special guardian interviewees; 36 young people in adoption or special guardianship. Note: table does not include characteristics for 10 pilot interview participants

Table 9 Young people's characteristics: interview participants – year of permanence

Year of permanence	Adoptive families (n=40)	Special Guardian families (n=34)	Adopted young people (n=19)	Special Guardianship young people (n=17)
2001-2009	13	5	5	2
2010-2015	17	22	8	13
2016-2023	6	7	3	2
Missing	4	0	3	0

Source: Family Routes study registration data. Base: 74 adoptive parent/special guardian interviewees; 36 young people in adoption or special guardianship. Note: table does not include characteristics for 10 pilot interview participants

Context of the Adoption or Special Guardianship Order

Adoptions and Special Guardianship Orders typically take place in very different contexts. The significance of these different contexts is discussed in depth in a previous report from the Family Routes study (Hamilton & Blades, 2025). As described in that publication, the key differences include:

- Special guardians being at a stage of life where they were not intending to have young dependent children, including older special guardians who had already raised a family who had left, or were close to leaving home
- Special guardians feeling rushed and pressured into making decisions around special guardianship, reducing the opportunity to plan or make arrangements to support this decision. In contrast adoptive parents typically went through a prolonged period of decision-making and preparation before the adoption.
- Special guardians having an existing relationship with the birth parents which may be either supportive or strained. In contrast adoptive parents did not have a previous relationship with birth parents.

Family composition

About two-thirds of adoptive parents in the interviews were parenting in a heterosexual couple, four in a LGBTQ+ couple, and ten as a single parent. Among special guardians, twenty were parenting in a heterosexual couple, one in a LGBTQ+ couple and thirteen as a single parent. The higher rate of single parenting among special guardians appears to be partly due to this group being older as five of these special guardians were widowed.

At the time of the interview, the majority of young people (57 of the 74)[17] were living with their adoptive parent or special guardian. Five were aged over 18 and living independently; seven were in other permanent or temporary living arrangements, including with other family or in residential education settings; five had returned to care.

Among the 40 adoptive parents interviewed[17], 28 were caring for, or parenting, two or more young people and 11 were caring for three or more; the majority of these were other adopted young people, typically siblings. Among the 34 special guardians, 20 were caring for two or more young people and nine were caring for three or more.

How placements were faring

At registration to the study, adoptive parents and special guardians were asked to give an assessment of how the placement was faring overall on a fixed scale (Tables 16 and

[17] Participants interviewed in the mainstage only – data was not collected for pilot interviews

17). This rating was considered when inviting families to take part in an interview so that a range of experiences would be reflected in the data.

While three adoptive families and four special guardianship families selected the most positive response option (It's going really well), most reported that there had been challenges. Around a third of those with young people under 18 reported that the placement was at risk or the young person was no longer with them.

It should be noted that this does not necessarily reflect the experiences of adoptive and special guardianship families more widely as participants were self-selecting when they registered to take part. Among all the families who registered for the mainstage of the study, around 13 adoptive parents and 7 special guardians with young people aged under 18 assessed the placement as 'going really well'. In contrast, 27 adoptive families and just one of the special guardianship families said that the placement was at risk or the young person was no longer living with them.

Based on these self-assessments, special guardians in the Family Routes study generally viewed their experience of placement more positively than adoptive parents. However, the number of special guardians in the study overall is far lower than the number of adoptive parents so this may be the result of participant self-selection.

Young people's needs

As reported in detail in a previous publication from the Family Routes study (Ecorys UK & Rees Centre, 2026), adopted and special guardianship young people experience high rates of special educational need, mental health and developmental difficulties. Most had experienced multiple adverse childhood experiences and trauma. These difficulties were often not diagnosed in early childhood and access to support was frequently delayed or considered by families to be inadequate. These unsupported needs impacted on young people's relationships with friends and family, their health and behaviours and their ability to engage in education settings. Where support services were accessed, these typically required practical and emotional input from families.

Annex B: Tables

Table 10 Survey participants family characteristics - Region

Region	Adoptive Families	Adopted Young People	Adopted Young Adults
East Midlands	13 (5%)	3 (3%)	0 (0%)
East of England	39 (16%)	11 (12%)	3 (10%)
London	20 (8%)	9 (9%)	6 (20%)
North East	18 (7%)	2 (2%)	0 (0%)
North West	39 (16%)	15 (16%)	5 (17%)
South East	28 (11%)	9 (10%)	3 (10%)
South West	34 (14%)	6 (6%)	5 (17%)
West Midlands	20 (8%)	8 (9%)	2 (7%)
Yorkshire and the Humber	26 (11%)	27 (29%)	6 (20%)
Other and missing	9 (4%)	4 (4%)	0 (0%)

Source: Family Routes study registration data. Base: adoptive families n=246; adopted young people n=94; adopted young adults n=30

Table 11 Survey participants family characteristics – Adoptive adult's age

Adoptive adult's age	Adoptive Families	Adopted Young People	Adopted Young Adults
26-35yrs	5 (2%)	Not applicable	Not applicable
36-45yrs	30 (13%)	Not applicable	Not applicable
46-55yrs	119 (51%)	Not applicable	Not applicable
56-65yrs	72 (31%)	Not applicable	Not applicable
66-75yrs	9 (4%)	Not applicable	Not applicable

Source: Family Routes study registration data. Base: adoptive families n=246; adopted young people n=94; adopted young adults n=30

Table 12 Survey participants family characteristics – Young person's age

Young person's age	Adoptive Families	Adopted Young People	Adopted Young Adults
12-15	126 (51%)	75 (79%)	Not applicable
16-17	34 (14%)	17 (18%)	Not applicable
18-25	63 (34%)	Not applicable	30 (100%)

Source: Family Routes study registration data. Base: adoptive families n=246; adopted young people n=94; adopted young adults n=30

Table 13 Survey participants family characteristics – Gender

Gender	Adoptive Families	Adopted Young People	Adopted Young Adults
Male	79 (34%)	41 (49%)	14 (54%)
Female	155 (66%)	40 (48%)	10 (38%)
Non-binary	1 (0%)	2 (1%)	2 (8%)

Source: Family Routes study registration data. Base: adoptive families n=246; adopted young people n=94; adopted young adults n=30

Table 14 Survey participants family characteristics – Respondent's ethnicity

Respondent's ethnicity	Adoptive Families	Adopted Young People	Adopted Young Adults
Asian	1 (0%)	0 (0%)	1 (4%)
Black	7 (3%)	8 (10%)	0 (0%)
Mixed ethnicity	5 (2%)	10 (12%)	4 (14%)
White	222 (94%)	66 (79%)	23 (82%)

Source: Family Routes study registration data. Base: adoptive families n=246; adopted young people n=94; adopted young adults n=30

Table 15 Survey participants family characteristics – Current living situation

Current living situation	Adoptive Families	Adopted Young People	Adopted Young Adults
Living independently	Not applicable	Not applicable	4 (13%)
Living with adoptive parents	Not applicable	Not applicable	20 (67%)
Living with birth family member	Not applicable	Not applicable	1 (3%)
Other	Not applicable	Not applicable	5 (16%)

Source: Family Routes study registration data. Base: adoptive families n=246; adopted young people n=94; adopted young adults n=30

Table 16 Adoptive parent and special guardian assessment of how the placement was faring - Young person aged under 18

Young person aged under 18 (n=57)	Adoptive families (n=40)	Special Guardian families (n=34)
It's going really well	3	4
There are challenges, but also rewards and overall I/we are managing	9	14
Ongoing challenges and we are struggling to manage - but I/we are totally committed to keeping the young person in the family	7	10
Many challenges - it is possible that the young person will not remain in this family	3	1
The young person is no longer living with the family, either permanently or temporarily	6	0

Source: registration data collected prior to interviews

Table 17 Adoptive parent and special guardian assessment of how the placement was faring - Young adult aged 18-25

Young adult aged 18 to 25 (n=17)	Adoptive families (n=40)	Special Guardian families (n=34)
Most of the time we had a happy family life	1	1
There have been a lot of challenges but have kept a good relationship with the young person	6	3
There have been a lot of challenges and have a poor relationship with the young person	3	0
There were many challenges. The relationship with the young person has broken down	2	1

Source: registration data collected prior to interviews

Table 18 Caregiver Strain in the last month

	A great deal	Quite a bit	Somewhat	A little	Not at all
Interruption of personal time	74 (31%)	56 (23%)	31 (13%)	47 (19%)	34 (14%)
Missing obligations related to your job or other responsibilities	36 (15%)	35 (14%)	52 (21%)	49 (20%)	70 (29%)
Financial strain for your family	33 (14%)	34 (14%)	38 (16%)	46 (19%)	91 (38%)
Disrupted or upset relationships within the family	55 (23%)	45 (19%)	40 (17%)	43 (18%)	59 (24%)
Feeling sad due to the young person’s problems	71 (29%)	70 (29%)	32 (13%)	42 (17%)	28 (12%)
Feeling worried about the young person’s future	129 (53%)	42 (17%)	24 (10%)	34 (14%)	14 (6%)
Tiredness or strain due to the young person’s problems	108 (45%)	42 (17%)	31 (13%)	31 (13%)	30 (12%)

Source: Adoptive parent survey. Base: 235

Table 19 Brief Parental Self Efficacy Scale by response

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Even though I may not always manage it, I know what I need to do with my child	3 (2%)	10 (7%)	7 (5%)	76 (55%)	41 (30%)
I am able to do the things that will improve my child's behaviour	6 (4%)	15 (11%)	32 (23%)	60 (44%)	24 (18%)
I can make an important difference to my child	2 (1%)	3 (2%)	4 (3%)	57 (42%)	71 (52%)
In most situations I know what I should do to ensure my child behaves	6 (4%)	12 (9%)	29 (21%)	65 (47%)	25 (18%)
The things I do make a difference to my child's behaviour	5 (4%)	11 (8%)	17 (12%)	62 (45%)	42 (31%)

Source: Adoptive parent survey, parents of young people aged 12-17 only. Base: 137

Table 20 Social support responses (Modified Medical Outcomes measure) – practical support

Practical support	All of the time	Most of the time	Some of the time	A little of the time	None of the time
to help you if you were confined to bed?	45 (19%)	63 (27%)	52 (22%)	47 (20%)	27 (12%)
to take you to the doctor if you need it?	62 (26%)	74 (32%)	42 (18%)	36 (15%)	20 (9%)
to prepare your meals if you are unable to do it yourself?	52 (22%)	62 (26%)	50 (21%)	42 (18%)	28 (12%)
to help you with daily chores if you were sick?	56 (24%)	61 (26%)	47 (20%)	38 (16%)	32 (14%)

Source: Adoptive parent survey. Base: 234

Table 21 Social support responses (Modified Medical Outcomes measure) – emotional support

Emotional support	All of the time	Most of the time	Some of the time	A little of the time	None of the time
to have a good time with?	44 (19%)	67 (29%)	72 (31%)	42 (18%)	9 (4%)
to turn to for suggestions about how to deal with a personal problem?	58 (25%)	69 (29%)	61 (26%)	35 (15%)	11 (5%)
who understands your problems?	41 (18%)	89 (38%)	61 (26%)	30 (13%)	13 (6%)
to love and make you feel wanted?	69 (29%)	61 (26%)	53 (23%)	33 (14%)	18 (8%)

Source: Adoptive parent survey. Base: 234

Table 22 Adoptive parents' self-report health (EQ-5D-5L)

	Mobility	Self-care	Usual activities	Pain/ discomfort	Anxiety/ depression
No problems	208 (89%)	221 (94%)	172 (73%)	139 (59%)	85 (36%)
Slight problems	17 (7%)	7 (3%)	32 (14%)	68 (29%)	83 (35%)
Moderate problems	6 (3%)	4 (2%)	20 (9%)	24 (10%)	53 (23%)
Severe problems	4 (2%)	1 (0%)	8 (3%)	3 (1%)	10 (4%)
Extreme problems	0 (0%)	2 (1%)	3 (1%)	1 (0%)	4 (2%)

Source: Adoptive parent survey. Base: 235

Table 23 Most frequently reported adoptive parents' health profiles

Profile (ranked by number of participants)	Mobility score (1-5)	Self-care score (1-5)	Usual activities score (1-5)	Pain/ discomfort score (1-5)	Anxiety/ depression score (1-5)	Combined score (possible range 5-25)	Number (%) of adoptive adults reporting this profile
1	1	1	1	1	1	5	65 (28%)
2	1	1	1	1	2	6	38 (16%)
3	1	1	1	2	2	7	20 (9%)
4	1	1	1	1	3	7	15 (6%)
5	1	1	1	2	3	8	14 (6%)
6	1	1	1	2	1	6	8 (3%)
7	1	1	2	1	2	7	6 (3%)

Source: Adoptive parent survey. Base: 235

Table 24 Support types wanted and received in the past year: support for adoptive parents

Source of support	Support not needed	Support needed	Support provided	% gap in support
Counsellor for me or my partner	118 (50%)	117 (50%)	62 (26%)	24%
Respite care (during the day) for the young person	174 (74%)	61 (26%)	16 (7%)	19%
Respite care (overnight) for the young person	179 (76%)	56 (24%)	17 (7%)	17%

Source: Adoptive parent survey. Base: 235

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Reference: RR1658

ISBN: 978-1-83870-833-7

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