An exploration of the experiences of carers granted special guardianship orders (SGOs). Are there differences in the way that people perceive SGO's from the point of applying for one, to the point of having a child in their care? A Q-Methodology study.

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THESIS PORTFOLIO: CANDIDATE DECLARATION

Title of degree programme	**Professional Doctorate in Clinical Psychology**
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Declaration and signature of candidate
I confirm that the thesis submitted is the outcome of work that I have undertaken during my programme of study, and except where explicitly stated, it is all my own work. I confirm that the decision to submit this thesis is my own. I confirm that except where explicitly stated, the work has not been submitted for another academic award. I confirm that the work has been conducted ethically and that I have maintained the anonymity of research participants at all times within the thesis. Signed: Date:

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Lastly, but by no means least, I would like to say a big thank you to all my family and friends who have provided me with ongoing support and encouragement for many years now. I could not have done this without you all, thank you!

Contents

Thesis Abstract

This thesis was completed in partial fulfilment for the award of Professional Doctorate in Clinical Psychology. The thesis aims to review the current literature about why it is that kinship care may provide more favourable outcomes for Looked after Children. It then moves on to begin exploring the experiences of carers granted special guardianship orders (SGOs).

Chapter one is a literature review which examines factors thought to contribute to more favourable outcomes for Looked after Children in kinship care placements. Factors including longer lasting placements, positive attitudes of the carers, increased contact with biological parents, being placed within a familiar social class and culture, high levels of carer wellbeing, and good levels of support were all thought to be linked to more favourable outcomes. Limited research has been carried out in this area however, and the majority of research is based on samples from the United States. It was therefore recommended that further research is completed, with a particular emphasis on samples in the United Kingdom.

Chapter two is an empirical paper which set out to retrospectively explore carers' experiences and perceptions of SGOs from the point of applying for the order, to the point at which the SGO was granted, and finally to the present day. Ten participants were recruited to complete the research using Q-methodology. Five common viewpoints were identified and include 1) The child is part of the family: a positive experience despite limited knowledge, 2) In the dark, obliged and unsupported, 3) Lots of training opportunities and managing well, 4) Giving up the caring role is not an option… but having a supportive family is helpful, 5) Confused, angry and don't know who to trust. Clinical implications and areas for future research are discussed.

Finally, chapter three is an executive summary of the empirical paper. It is intended for use by both service users and professionals, and aims to present the key findings of the research in a more accessible format.

Chapter 1: Literature Review

What factors promote a successful placement within kinship care? A narrative literature review

Word count: 7,424 (excluding references and appendices)

This paper has been written in accordance with the author guidelines for The Child and Family Social Work Journal (Appendix C)

Abstract

Background

On 31st March 2018, 75,420 children were in the care of local authorities in England (Department for Education, 2018). An increasing number of these children are now being fostered by family and friends and are referred to as being in 'kinship care.' Despite kinship carers often being at a disadvantage when compared to foster carers, we know that outcomes for children are better when placed within kinship care.

Objective

To pull together current literature and identify common themes which may suggest why it is that kinship care provides more favourable outcomes for looked after children.

Method

A systematic search of the literature was carried out to identify peer reviewed studies with a focus on advantageous characteristics of kinship care. The identified studies were critically appraised using the Crowe Critical Appraisal Tool (CCAT, 2013) and common themes were generated from the identified literature.

Results

Twelve of the identified articles met the eligibility criteria. From these several themes were highlighted including longer lasting placements, positive attitudes of the carers, increased contact with biological parents, being placed within a familiar social class and culture, high levels of carer wellbeing and good levels of support.

Conclusion

Given the increased number of children now being cared for by family and friends many recommendations can be made from the available literature. Moving forward services should look to consider the level of support that kinship carers currently receive and think about how this may be improved.

Introduction

When a situation arises in the UK which means that a child is no longer able to be cared for by their parents they are placed within the care of the local authority. There are many reasons that can lead to this including family dysfunction, parental illness, or a child's disability, however the main reasons are abuse or neglect (Department for Education, 2018). The move into the care of the local authority can be either voluntary or removal in the best interests of the child. Once a child is cared for by the local authority they are commonly referred to as 'Looked after Children' (Children Act, 1989). On 31st March 2018, 75,420 children were in the care of local authorities in England (Department for Education, 2018). Whist 73% of these children were living with foster carers, only 3% were placed for adoption. Of the proportion of children needing to be placed in foster care 18% were fostered by family and friends.

Children placed in the care of the local authority may be subject to a number of different care plans including, but not limited to, foster care, adoption, and kinship care. Foster care commonly involves placing children with un-known carers who care for them on a daily basis, however, the overall parental responsibility for that child is held by the local authority. Carers who adopt a child will go through a legal process which ultimately gives them complete parental responsibility. Kinship carers, on the other hand, have similar legal rights to foster carers however they are often known to the child as a family member or friend.

Improving outcomes for children has long been on the government's agenda since the introduction of the Children Act in England 1989 (Children and Young person's Act, 2008). Since the publication of the document '*Every Child Matters'* (Department for Education and Skills, 2003) particular emphasis has been placed on making sure that every child, no matter what their background or circumstances, has the support they need to be healthy, stay safe, enjoy and achieve, make a positive contribution, and achieve economic well-being.

By comparing the published statistics, however, it is clear that looked after children do not fare as well as their same aged peers in many domains. For example when looking at academic achievement only 13% of looked after children in England gained 5 A-C grades in

their GCSE's compared to 62% of all children in England (Department for Children Schools and Families, 2008).

With regards to mental health and wellbeing, research also highlights the poorer outcomes for children in the care system. It is suggested that looked after children are already more vulnerable to mental health difficulties due to the fact that they are more likely to come from disadvantaged backgrounds with certain social and environmental risk factors present (Stahmer et al., 2005). Bruskas (2008) concluded that almost all children in foster care experience feelings of confusion, fear, loss, sadness and anxiety, whilst McAuley & Davis (2009) concluded that around 45% of looked after children present with a diagnosable mental illness.

Frequent placement moves are also thought to worsen outcomes for looked after children. Fisher, Burraston and Pears (2005) concluded that those children who had had more previous placements were more likely to experience a failed permanent placement. Furthermore, multiple placement moves makes it less likely for children to develop secure attachments (Munro & Hardy, 2006). As babies are born incredibly vulnerable they rely on their care givers to provide them with a secure base in order to meet their safety needs. It is then this secure base that children will return to at times of significant emotional distress. Difficulties can therefore arise for a child if they do not feel a secure attachment to a caregiver and do not feel able to seek that support when distressed (Bowlby, 2012). This has also long been at the heart of government policies which propose that a plan for permanence is vital for those children who do not have the option to return to their family homes (Department for Education and Skills, 2003).

Unfortunately, placement disruption rates appear to be particularly high in foster care. 47% of a sample of 944 foster carers were found to have experienced a placement disruption or breakdown (Sinclair et al., 2000). Placement disruption can result from various factors including the young person's behaviour problems, a history of residential care, or a child being placed at an older age (Oosterman et al, 2007).

Interestingly however, Oosterman et al (2007) found that kinship care did not show a significant association with placement breakdown. This suggests that those children placed

with family members or friends are likely to experience less placement moves, and subsequently this may be more beneficial for their overall mental wellbeing.

In line with the findings of such research the number of children being cared for by family members (kinship care) has steadily increased in recent years. In 2005, twelve percent of children needing foster placements were placed with family and friends; in 2018 that rose to eighteen percent (Department for Education, 2018). Due to recent changes within the care system in England this number is thought to be continuing to rise. One of these changes is the introduction of Special Guardianship Orders (SGO's), which gives kinship carers more legal rights. Additionally, the introduction of the Children and Young Person Act (2008) further supports the use of kinship carers, stating that local authorities should give preference to placing children with family members where it promotes a child's welfare.

Due to the increase in the number of children being cared for by family and friends, many studies have compared the characteristics of kinship versus foster families. In the US a considerable amount of research has been undertaken in this area, whereas similar research in the UK still appears to be in its infancy. When considering the US literature the consensus appears to be that kinship carers in America are commonly African-American, un-employed, lone grandmothers, who are poorly educated (Dubowitz, Feigelman & Zuravin, 1993; Scannapieco, Hegar and McAlpine, 1997).

Whilst the research into this area within England is limited, some evidence is beginning to emerge. Farmer (2009a) concluded that, when compared to foster carers, kinship carers were significantly more disadvantaged. They were more likely to have health problems, be living in overcrowded conditions, and have financial difficulties. Kinship carers were, however, more likely to be couples than lone individuals, which differs from what US literature has concluded. Farmer (2009b) also compared the characteristics of children living within the two types of placements. She concluded that the children had similar characteristics, similar emotional and behavioural difficulties, and the adversities that they had experienced prior to entering the care systems were also similar.

Following on from this, research began to compare outcomes for children placed within kinship and foster care. Numerous studies report that, despite kinship carers often being at

more of a disadvantage than foster carers, the outcomes for children in kinship care are commonly more positive. For example, research has concluded that children in kinship care tend to remain in their placements for longer (Farmer, 2009a), have fewer behavioural and emotional problems (Holtan, Rønning, Handegård, & Sourander, 2005), are more likely to rate themselves as "happy" or "very happy", and are more likely to say that they "always felt loved" (Berrick 1998).

Rationale for this review

There appears to be limited research into why children in kinship care experience these more favourable outcomes. With society favouring kinship placements on an increasing level, it would be beneficial to ascertain what it is that makes these placements more stable and why children fare better when placed with kin?

We already know that kinship carers are often at a disadvantage when compared to foster carers (Farmer, 2009a), however, the outcomes for the children are often better when placed with family or friends (Berick, 1999; Holtan et al, 2005). This literature review will therefore aim to pull together the available literature and begin to generate common themes which may start to answer this question.

Research Question

Why does kinship care have better outcomes for LAC than foster care, and what factors promote a successful placement within kinship care?

Terminology

Throughout this review the terms kinship care and kinship foster care may be used interchangeably. It is also important to acknowledge that these terms are primarily found within American literature and the equivalent term commonly used in British literature would be family and friends carers, which also has the same meaning. As defined by the

Children's Act (1989), looked after children (LAC) are defined as: *a child who has been looked after by a local authority for more than 24 hours or placed in the care of a local authority by virtue of a care order.*

Aim

This literature review aims to look at what factors could begin to explain why kinship care has better documented outcomes than foster care and, more specifically, what factors lead to a successful kinship placement?

Methodology

Search strategy

The search for this literature review took place between March and May 2018. An initial unlimited search using google scholar and the Cochrane library was conducted to establish whether there were any existing published reviews in this area. No existing reviews were found.

Scoping searches were untaken initially to explore the area. This started off broadly by searching for "kinship care" and exploring the related terms. Search terms and eligibility criteria were generated through discussions with academic supervisors and university librarians. Thesauruses were used within databases to generate terms.

A systematic search of the literature was completed. The following online databases were searched: CINAHL, MedLine, PsycArticles, PsycInfo, Education Research Complete, Scopus, Web of science, and Cochrane. The following search terms were used: ("kinship care*" OR "kinship foster care*" OR "family and friends care*") AND "factors" AND ("outcome*" OR "result*"). Due to the limited amount of relevant research within the subject field, no further limiters were set.

The search was carried out by the main author. References were initially screened by title, and then by abstract if relevant. The final references were then exported to reference

software programme 'RefWorks.' From here duplicate references were screened and deleted. Four additional articles were found via an unlimited search of google scholar. The search strategy is illustrated in Figure 1. The final set of references were obtained and read in full for assessment against the inclusion criteria. The reference lists of these articles were also screened for possible papers of relevance, however, none were identified.

Inclusion Criteria:

Papers were considered for review if they met the following criteria:

- Population: Un-related foster carers and/or Kinship carers/kinship foster carers/family and friend's carers. The population could be solely made up of kinship carers, or be a comparison between kinship carers and un-related foster carers. Due to the limited amount of research in this area it was not appropriate to restrict the search purely to comparison between kinship carers and foster carers.
- Outcome: An explanation or hypothesis of why kinship care is preferable over foster care, or a suggestion about what factors are associated with a positive outcome in kinship care.

Exclusion Criteria:

Any papers meeting the following criteria were excluded:

- A comparison of outcomes between those children placed in foster care compared to those placed in kinship care with no explanation for why one type of care may pose more favourable outcomes than the other.

In order to attempt to reduce the publication bias, a search of grey literature was also carried out, as was a search of publications from the charitable organisations; Coram, Barnardo's, and the NSPCC. The Social Policy Research Unit at York University was also searched. No publications of relevance were found.

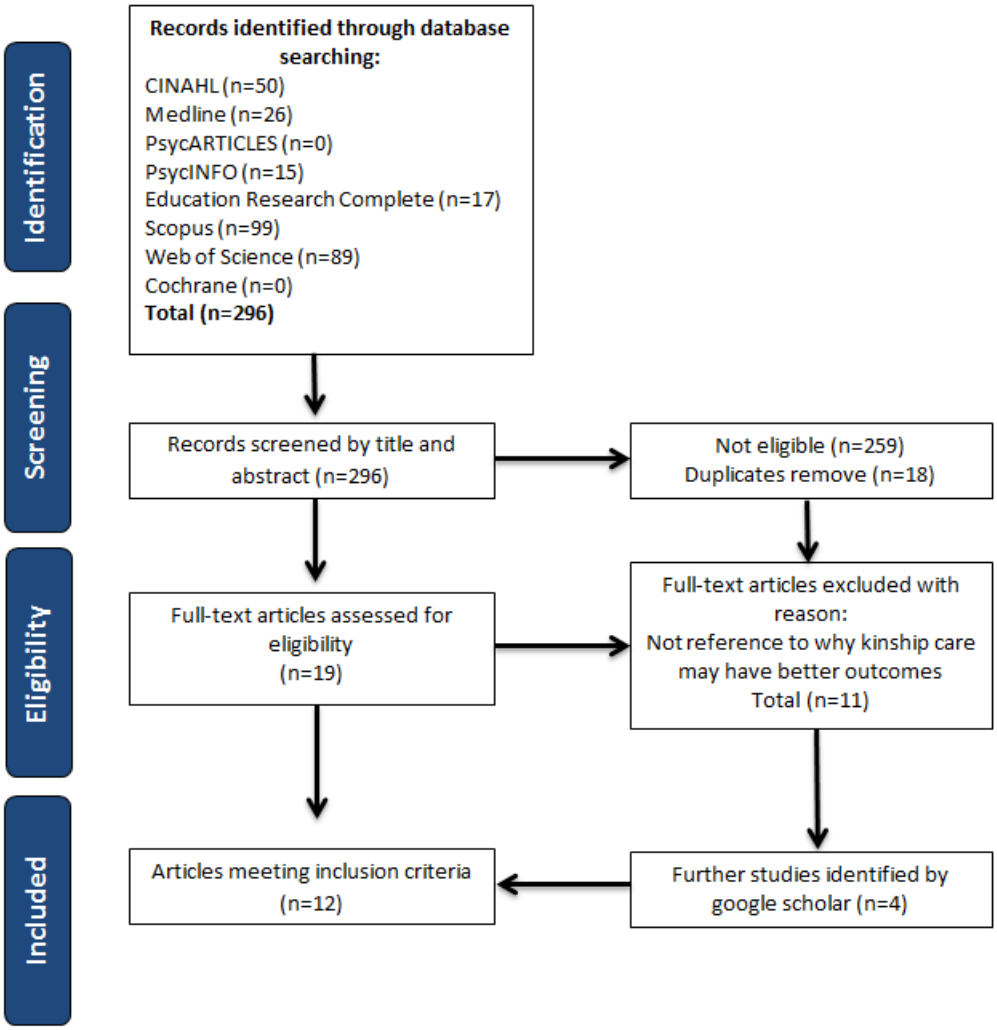

Figure 1: Flow diagram to show screening process

Data Extraction

In order to aid with the review of the literature a form was developed by the main author (Appendix A) to collate extracted data from each study. The data collected includes: author, year, aims, sample, main findings, strengths and limitations.

Quality Assessment

The final eligible articles were a mixture of quantitative, qualitative, and mixed methods. Critical appraisal of the articles was carried out using the Crowe Critical Appraisal Tool

(CCAT, 2013). See appendix B. This tool was selected as Crowe and Shepherd (2011) identified that it has good construct validity and good inter-rater reliability when comparing studies with different methodologies. Using only one appraisal tool also meant that the studies could be more easily compared across the varying methodologies.

The CCAT form requires each study to be scored on eight separate domains. Each domain is scored on a 6-point scale from 0-5, with 0 being the lowest score and 5 being the highest. This generates a total score out of forty points and allows for percentages to be calculated making comparisons easier. The higher the overall score and percentage, the higher the perceived quality of the study.

The CCAT contains a checklist of criteria which are to be addressed in each domain. When scoring each domain it is important to note that both the number of criteria met and the overall strength of the paper within that particular domain are taken into consideration. For example if a study was to tick most of the criteria, it may still receive a low score if the appraiser believes that there is a serious omission within that domain.

A subsample of the papers was reviewed by an independent researcher using the CCAT. A consistency rate of 90% was found across the eight domains.

Results

Overview of the identified literature

The literature search identified twelve articles in total that met the inclusion criteria. Of these articles six were quantitative papers, three were qualitative papers, and three used mixed methods. The three mixed-methods articles, however, appear to describe one single study using one data set. Please see Appendix A for the data extraction table for all identified articles.

Study Design:

Of the six quantitative studies, one was a prospective longitudinal study with a 24 month follow up period (Garcia, O'Reilly, Matone, Kim, Long, & Rubin, 2014), three used self-report

questionnaires (Gebel, 1996; Holtan et al, 2005; Denby, Testa, Alford, Cross & Brinson, 2017), and two used structured interviews (Sands, Goldber-Glen & Thornton, 2005; Chang & Liles, 2007).

Each of the three qualitative studies used semi-structured interviews (Johnson-Garner & Meyers, 2003; Coakley, Cuddeback, Buehler & Cox, 2006; Inchaurrondo, Bailon, Vicente, Tio & Bolos, 2015). None of the studies, however, make reference to a specific qualitative approach.

The three mixed methods papers (Farmer, 2009a; Farmer 2009b; Farmer 2010) appear to report the results of one study. The data in this study is derived from a case file analysis combined with qualitative interviews.

Whilst five studies make direct comparisons between participants from kinship placements and foster placements (Gebel, 1996; Garcia et al, 2004; Holtan et al, 2005; Coakley et al, 2006; Farmer 2009a; 2009b; 2010), the remaining five studies compared factors across kinship placements only (Johnson-Garner & Meyers, 2003; Sands et al, 2005; Chang & Liles, 2007; Inchaurrondo et al, 2015; Alford et al 2017).

Sample Characteristics:

Sample sizes varied greatly and ranged from nine (Coakley et al, 2007) to 2,048 (Denby et al, 2017). The majority of the studies were carried out in America (Gebel, 1996; Johnson-Garner & Meyers, 2003; Garcia et al, 2004; Sands et al, 2005; Coakley et al, 2006; Chang & Liles, 2007; Alford et al 2017). The remaining three studies were carried out in England (Farmer 2009a; Farmer 2009b; Farmer 2010), Spain (Inchaurrondo et al, 2015), and Norway (Holtan et al, 2005).

The majority of the studies recruited participants from social care services (Gebel, 1996; Garcia et al, 2004; Holtan et al, 2005; Coakley et al, 2006; Chang & Liles, 2007; Farmer, 2009a, 2009b, 2010; Inchaurrondo et al, 2015 and Denby et al, 2017) with the exception of Jonson-Garner and Meyers (2003) who recruited through a private American child welfare

agency, and Sands et al (2005) who recruited from schools, churches, grandparent support groups, and other grandparents, alongside social service agencies.

Variables examined:

Specific variables identified across the papers include; input from social services (Gebel, 1996; Chang & Liles, 2007) the carers attitude towards the child in their care (Gebel, 1996), the carers relationship with the child (Chang & Liles, 2007; Inchaurrondo, 2015) the type of parenting style (Gebel, 1996), placement disruption rates (Farmer, 2009a, 2009b, 20100), the perceived stressfulness of caring (Sands et al, 2005; Coakley et al, 2006), scores on the Child Behaviour Checklist (Holtan et al, 2005; Garcia et al 2015), scores on the Kinship in Nevada (KIN) Tool (Denby et al, 2017), the relationship with the biological family (Inchaurrondo, 2015), and the resilience of the child (Johnson-Garner & Meyers, 2003).

Data Analysis:

Various analytical approaches were used across the identified studies including; t-tests (Gebel, 1996; Holtan et al, 2005), ANOVA (Holtan et al, 2005), Chi-Square (Gebel, 1996; Holtan et al, 2005; Change & Liles, 2007; Farmer, 2009a, 2009b, 2010), regression (Gebel, 1996; Holtan et al, 2005; Sands et al, 2005; Garcia et al, 2014; Denby et al, 2017), fishers exact test (Farmer, 2009a, 2009b, 2010;) and content analysis (Inchaurrondo, 2015) . Two studies did not specify a specific type of analysis (Johnson-Garner & Meyers, 2003; Coakley at al, 2006.

Methodological Quality

The quality of the identified studies does vary greatly, with the lowest scoring study being that of Gebel (1996) at 30% and the highest scoring study being Coakley et al (2006) at 90%. A common theme across the quantitative papers was a lack of reference to ethical matters, including gaining informed consent and reference to anonymity and confidentiality. Analysis

also suggests that the overall quality of the qualitative papers appears to be higher than the quantitative or mixed methods papers.

Quantitative Studies

Table 1: Critical Appraisal Scores of Qualitative Studies using CCAT (2013)

Category	Gebel (1996)	Holtan et al (2005)	Sands et al (2005)	Chang & Liles (2007)	Garcia et al (2014)	Denby et al (2017)
1. Preliminaries	1	2	4	4	4	3
2. Introduction	2	5	5	2	5	5
3. Design	1	4	3	3	4	5
4. Sampling	1	4	4	3	3	4
5. Data collection	1	2	3	2	4	3
6. Ethical matters	0	3	2	3	2	2
7. Results	2	4	4	4	2	4
8. Discussion	4	5	3	4	3	4
9. Total score /40	12	29	28	25	27	30
Overall percentage	30%	73%	70%	63%	68%	75%

The literature search identified six quantitative papers that all demonstrate different aims and methodological designs. Overall, with the exception of Gebel (1996) the quality of the identified quantitative papers appears to be relatively consistent (see table 1). Again, with the exception of Gebel (1996) and Chang & Liles (2007) the papers generally provided a clear introduction and rational for their research, and they generally provided sufficient detail with regards to their design and sampling methods. However, the reporting of ethical considerations was consistently poor across all studies.

The work of Gebel (1996) was identified by the CCAT as being extremely low in quality. In a study making direct comparisons between non-related foster carers and kinship carers, the randomly selected participants were mailed a self-report questionnaire containing questions

about their level of case worker contact and their acceptance level of the children in their care. The author concludes that kinship carers have a more favourable impression of the child in their care when compared to un-known foster carers. The consistent methodological flaws, however, would bring into question the validity of these results, as it cannot be clearly determined that the study is measuring what it set out to measure.

The remaining five studies were all judged to be of a similar standard (see table 1). Holtan et al (2005) used logistical regression to look for associations between scores on the Child Behaviour Checklist (CBCL) and explanatory variables. They suggest that as those in kinship care normally remain in a social class and culture that is familiar to them, this may reinforce their sense of identity and self-esteem. As with many of the quantitative papers, however, Holtan et al (2005) make no reference to the suitability of their sample size, confidentiality, or the specific details of the data collection process. Another concern is that that the title of the article suggests that the authors will be comparing mental health problems between kinship and non-kinship foster care. However, not only is this not their primary aim but due to high attrition rates this is something that the authors are unable to achieve, potentially misleading the reader.

Sands et al (2005) carried out structured interviews with grandparent carers collecting data about sociodemographic and contextual factors, resources, and their perception of stress. They conclude that a low perception of stress about caring for grandchildren and a high level of resources (internal and community) are associated with a high level of wellbeing. The sample, however, consisted of 95% grandmothers and only 5% grandfathers therefore it is questionable how far these results would generalise to grandfathers and other family members who often take on a caring role, such as aunts and uncles.

Chang and Liles (2007) carried out structured interviews with kin carers who were divided into one of four groups; reunification group, reunification in progress group, continued kinship placement group, and disrupted kinship placement group. The interview questions focused on specific characteristics of the carers and their children and also relationships between them. Whilst the introduction section is comprehensive, it does not clearly identify a gap in the literature or specify their aims. This information only appears to be found in the abstract.

Garcia et al (2014) aimed to identify how caregiver depression may affect social, emotional and behavioural (SEB) outcomes of youths by comparing the outcomes of those placed within kinship care and non-relative foster care through comparing scores on the CBCL. A discrepancy in the sample sizes between the two groups was evident however (Foster care: n=60, Kinship care: n=139), and this could pose a significant limitation to the results. The authors do make reference to this themselves and highlight that the variability in sample sizes may mean that there is insufficient power to be able to detect a significant difference between the two groups.

Finally, Denby et al (2017) appear to have the strongest of the quantitative studies. The authors aim to identify what protective factors mediate against the risks of being cared for by kinship caregivers, by asking participants to complete a 150-item questionnaire which was mailed to them. For their participation they received a $25 gift card. A key strength of this study is its large sample size of carers (n=747) and children (n=1301). This may have been partly due to the reward participants received for taking part, however. This could also have led to more respondents giving desirable answers, and it could be argued that the incentive may have encouraged more lower class respondents.

Qualitative Studies

Table 2: Critical Appraisal Scores of Qualitative studies using CCAT (2013):

Category	Johnson-Garner & Meyers (2003)	Coakley et al (2006)	Inchaurrondo et al (2015)
1. Preliminaries	4	4	4
2. Introduction	5	5	5
3. Design	3	4	4
4. Sampling	4	4	3
5. Data collection	4	5	4
6. Ethical matters	2	4	3
7. Results	3	5	4

8. Discussion	4	5	4
9. Total score /40	29	36	31
Overall percentage	73%	90%	78%

The literature search identified three qualitative papers which were appraised using the CCAT (2013). The results of this appraisal can be seen in table 2.

Johnson-Garner and Meyers (2003) used in-depth interviews to compare caregiver reports of 'resilient' and 'non-resilient' children in their care. Coakley et al (2006) and Inchaurrondo et al (2015) both used semi-structured interviews with the aim of identifying foster parents' perceptions of the factors that promote or inhibit successful fostering, and the risk and protective factors related to foster children, foster families, and biological families.

As table 2 demonstrates, all of the qualitative papers were of relatively high quality, with that of Coakley et al (2006) rated as being of the highest quality across the literature search. All of the qualitative papers provide a strong introduction and rationale for carrying out their research. On the whole they also provide an in-depth description of the methodologies which would make replication possible. It should also be noted that the paper by Coakley et al (2006) was the only study to clearly identify ethical considerations such as confidentiality, informed consent, and potential biases.

Each of the three papers, however, do have some flaws. The process by which Johnson-Garner and Meyers (2003) categorise their participants as either being 'resilient' or 'non-resilient' could be brought into question. The authors describe a process by which caseworkers are given a definition of resilience and asked to allocate children to a group based on this. This could be argued as being a subjective approach as different people may perceive the definition differently, and there is no mention as to how many caseworkers were involved in this process or whether any steps were taken to measure consistency across the ratings.

Coakley et al (2006) compare their findings to those from their previous study (Buehler, Cox & Cuddeback, 2003) to see whether there is a difference between perceptions of kinship carers and foster carers. It could be brought into question whether direct comparisons can

be made between two separate studies with different research teams and slightly different design processes.

A limitation of the work by Inchaurrondo et al (2015) is evident in their sampling strategy. The authors make reference to the fact that, amongst other criteria, participants were selected to participate based on their availability and motivation. It could be argued that this sampling method is unfair, as some potential participants may have been excluded due to being subjectively identified as lacking motivation or not being available at a specific time. This could also bring into question the generalisability of the results.

Mixed Methods Studies

Table 3: Critical Appraisal Scores of mixed-methodology studies using CCAT (2013):

Category	Farmer (2009a)	Farmer (2009b)	Farmer (2010)
1. Preliminaries	3	2	3
2. Introduction	5	3	5
3. Design	3	3	3
4. Sampling	4	4	4
5. Data collection	3	3	3
6. Ethical matters	2	2	2
7. Results	2	3	2
8. Discussion	3	2	3
9. Total score /40	25	22	25
Overall Percentage	63%	55%	63%

It should be emphasised once again that the above three papers referenced in table 3 appear to all be derived from the same data set. Due to the fact the each paper sets out a slightly different aim and discussion it was felt necessary to appraise them all as individual papers.

Across the three papers the author sets out to: examine the characteristics, progress and outcomes of those placed in kinship care in comparison to those placed in un-related foster care (Farmer, 2009a); explore how kin placement outcomes compare to those in stranger-foster care (Farmer, 2009b); and discover what factors relate to good placement outcomes in kinship care (Farmer 2010). To do this the authors combined data from case file reviews of 270 children with qualitative interviews held with 32 carers, social workers, parents, and children. From the three papers, Farmer (2009a; 2009b; 2010) concludes that the characteristics of children placed in kinship care and un-related foster care are very similar, and those children placed in kinship care progress as well as those in un–related foster care do.

Table 3 demonstrates that the three papers are of similar quality. A noticeable difference however is that Farmer (2009b) does not include as much detail in the introduction or discussion sections. All of the papers do present a clear rationale for completing the research and make good links to the possible clinical applications. Key limitations, however, are consistent across the papers. Within the methodology sections the author provides limited details with regards to the specific outcome measures used, and the researcher also subjectively categorises placements as being either a good quality or poor quality placement. There is also no mention as to whether this is independently rated by another researcher to improve consistency. Exactly how the data was analysed is also unclear. The author makes no reference to this in the text, leaving the reader to identify this from the included tables.

Findings

The findings were synthesised by pulling together common themes from across the 12 papers. It should be taken into consideration, however, that as each individual study has examined different factors, the emphasis on what enables a positive outcomes does vary somewhat. Whilst this makes direct comparisons of the findings difficult, the research does clearly identify specific factors that may explain why kinship care offers more favourable outcomes for LAC.

Attitudes of the carer

Research suggests that the attitudes the carers have towards the children in their care does seem to differ between the two placement types. Gebel (1996) concludes that, when compared to non-relative foster carers, kinship carers are more likely to rate the child in their care as "good natured" and less likely to rate them as "difficult to handle", which, it could be suggested, would make for a more sustainable placement. It was also noted that those carers who perceived their child to be doing well were more likely to report low levels of stress and strain (Denby et al., 2017).

When considering the impact of perceived stress, it was found that a low perception of stress in relation to caring for grandchildren was also found to be a significant predictor of high levels of wellbeing amongst carers (Sands et al., 2005).

A further attitude found within kinship carers in particular is their high levels of commitment to the caring role. Farmer (2010) concludes that more kinship carers than foster carers demonstrated high levels of commitment to the children in their care, which ultimately led to longer, more stable placements despite feeling under strain. This is also supported by the research of Coakley et al (2007).

Caregiver Wellbeing

Caregiver wellbeing is referenced in three of the papers. Garcia et al (2015) suggest that caregiver wellbeing does in fact have an impact upon the social, emotional and behavioural problems of youths, and by improving the wellbeing of carers there would be a reduction in these problems. The studies suggest that a low perception of stress about the caring role (Sands et al., 2005) and a good level of family involvement (Denby et al., 2017) enhance caregiver wellbeing and ultimately improve the outcomes of the placement.

Characteristics of the placement

Two of the studies highlight different factors within the home itself that relate to better outcomes for children in kinship care. For example, having structure and boundaries within the home was more likely to see a child described as "resilient" (Johnson-Garner & Meyers, 2003).

Coakley et al (2007) made reference to faith and concluded that having faith and being actively involved in the church was perceived as a factor which promotes successful fostering of kin.

A sense of identity

Holtan et al (2005) note that the majority of children placed in kinship care remain within their local community and are placed within a social class and culture that is familiar to them. By doing this, it is hypothesised that it may reinforce their sense of identity and self-esteem, and may enable them to retain ties with social and educational networks. This may also give the young person a more coherent sense of their life story. It is thought that this may explain why lower rates of psychiatric illnesses are found within children placed in kinship care. Furthermore, being placed with family is thought to result in children being less stigmatised by their peers.

Relationship with birth parents

Three studies make reference to the impact of the relationship with the child's birth family. Holtan et al (2005) concluded that a greater number of children in kinship care maintained contact with their biological parents. However, Coakley et al (2006) and Inchaurrondo et al (2015) make reference to the fact that a carer's negative opinion of the birth family can pose a risk to the success of the placement.

Level of support received

The level of support received by carers is thought by many to have a significant impact on the outcome of the placement. Sands et al (2005) concluded that a high level of resources (internal and community) are associated with a high level of wellbeing amongst grandparent carers. Coakley et al (2007) highlight family support as a factor that promotes successful kinship fostering, and Denby et al (2017) concluded that the effect of risk factors on well-being was moderated by the degree of extended family involvement.

A theme which is also mentioned time and time again is the level of support received from social care services. All of the studies that make reference to this highlight that there are better outcomes when more support from these services is received (Gebel, 1996; Chang & Liles, 2007; Farmer, 2010; Inchaurrondo, 2015). Unfortunately, another common theme amongst this literature is that kinship carers receive less support from these services than foster carers do.

Relationship to the child

The relationship that the carer has with the child is also commonly cited within the literature. Research concludes that more contact with the child prior to the placement and a better relationship with the child during the placement, results in better overall outcomes for the child (Chang & Liles, 2007; Inchaurrondo, 2015; Denby et al., 2017). Interestingly evidence even goes as far as to suggest that children placed with grandmothers are more likely to have a longer placement than those placed with aunts (Chang & Liles, 2007).

Discussion

This literature review set out to critically appraise and synthesise the literature in order to explore why it is that kinship placements result in better outcomes for children, and what it is that makes a successful kinship placement. Directly comparing the research is difficult, however, due to the fact that all of the studies examined very different variables. Nevertheless, the findings do suggest that several factors contribute to better outcomes for

children placed within kinship care. These include: longer lasting placements, positive attitudes of the carer towards both the child and the caring responsibility, high levels of carer wellbeing, enabling a child to maintain a sense of identity, and a good level of support from both family and professional services.

Clinical Implications

Given that research would suggest permanency can enhance the emotional wellbeing of LAC, and permanency is more likely when children are placed with family members, there is an implication for us to better understand the needs of kinship carers and for us to think about whether these needs are currently being met. The articles identified in this review make various suggestions with regards to why it is that kinship care has better outcomes for LAC, and these give rise to several possible clinical implications.

Firstly, research highlights the improved outcomes for those placements where carers receive a good level of professional support (Gebel, 1996; Chang & Liles, 2007; Farmer, 2010; Inchaurrondo, 2015). This is also something that is currently recommended in England by the National Institute of Clinical Excellence (NICE) "*Ensure foster carers and their families (including carers who are family or friends) receive high quality ongoing support packages"* (NICE, 2010, p.51). However, it is well documented that kinship carers do not receive as much support as foster carers do. Hunt, Waterman and Luthouse (2008) followed a group of 113 children placed into kinship care in England and concluded that only 34% of cases were judged to have been well supported by social services. This is a clearly identified issue within the available literature and an area that should be addressed by professionals moving forwards, both within social care and health services.

It is typically the case in the UK that specialist support from social care and health services is available to kinship carers, however, the carers would be responsible for seeking out that support if a particular need arises. It is not offered as a routine package, as is often the case for foster parents. This may be due to the fact that routine outcome monitoring of disruption within kinship carers is not as well reported as it is within foster placements. Moving forward, it could be suggested that Kinship carers would benefit from a routine

package of care encompassing support from both the local authority and specialist health services, including support from mental health practitioners.

Furthermore, research highlights better outcomes for children when their carers have a low perception of stress about their caring role (Sands et al., 2005; Denby et al., 2017). This is again something that could also be addressed by providing carers with a routine package of support. Knowing that they have that support network around them and knowing where to turn to for help may naturally reduce some of the stresses associated with the caring role.

The impact of the relationship a child has with their carer prior to the start of the placement is also well documented within the literature (Chang & Liles, 2007; Inchaurrondo 2015; Denby et al., 2017) and suggests that more successful placements result when the child is familiar with, and has a relationship with the carer prior to the placement beginning. This would suggest a need for extensive preparatory work to be done with both the young person and the carer prior to the start of the placement. Unfortunately, this is again something that does not always happen, as we know that quite often children are removed from their birth parents at short notice. Where possible, however, it could be recommended that this be taken into consideration during the matching process. It could also be considered how useful it is to place a child with an unknown family member simply to follow guidance by looking within the family systems first.

Another crucial factor highlighted by the research, is that of supporting a child to maintain a sense of identity. Current research, in fact, hypothesises that some of the benefits of kinship care may be due to the fact that those children placed with family and friends tend to remain within their local community, and are placed within a social class and culture that is familiar to them. Sadly this is not the case for many LAC in England who are often placed away from their communities. In fact, a report published in 2013 stated that one in ten LAC lived outside of their home local authority area (Ofsted, 2013).

Finally, research suggests that a negative perception of a child's birth family can have a detrimental impact on the placement (Coakley et al., 2006; Inchaurrondo et al., 2015). It could be suggested that specific support or training for carers in relation to managing such family dynamics may be of benefit. This is particularly pertinent within kinship placements,

as the carers often have an existing relationship with the birth parents. It is also common for the kinship carers to manage contact arrangements themselves, especially if a court order such as a Special Guardianship Order is in place.

Implications for future research

Whilst this review begins to answer the question of why it is that kinship placements appear to have better outcomes for children, there is still some way to go. It could be considered whether more British research would be beneficial to ascertain whether the conclusions drawn from American samples are consistent with the British population. We should remain aware that the populations do vary and there may be some confounding variables, such as the fact that a large proportion of American kinship carers are of African American heritage and may hold a traditional belief of family caregiving (Hegar & Scannapieco, 1995).

The reviewed literature is also arguably limited due to some of the methodological flaws. With this in mind it would be beneficial to carry out further research with greater sample sizes and more robust methodologies. Whilst randomised control trials (RCT's) are still seen as the 'gold standard' within research (Barton, 2000), unfortunately this type of study does not naturally lend itself to this area of research, as randomly allocating types of care would be extremely unethical.

That said there are other ways in which current research could be enhanced. For example further studies that make direct comparisons between kinship care and other forms of care, and also more robust methodologies that account for bias. This may include a comparison of the outcomes between kinship care and adoption for example. Again, adoption can also be known to have high risks of disruption, especially for older children (Smith et al, 2006), and early adoption for children is often prioritised by the government leaving many children who struggle to be placed (Department for Education, 2017).

Finally, given the small amount of available research and the frequent methodological flaws identified, it may enhance this area of research if previous studies were replicated to see whether similar results are found, thus enhancing generalisability of findings.

Strengths and limitations

A clear limitation of this review is that two different types of papers were included; those that compared outcomes from foster care to kinship care and those that were solely made up of a sample of kinship placements. Whilst the ideal would have been to purely focus on papers making clear comparisons between the two types of care, unfortunately the literature is currently too sparse to facilitate that.

It should also be taken into consideration that, to date, a large proportion of the research is American. It could therefore be argued that this may not be generalisable to British populations, given the differences between population characteristics and differences in the care systems of both countries.

Despite its limitations, this review appears to be one of the first attempts at examining the literature that seeks to understand why it is that kinship care appears to result in better outcomes for LAC. Given the rise in the number of children currently being cared for by kin (Department for Education, 2018) it is essential that we continue to explore this area, not only to give us a better understanding of what makes a successful kinship placement, but also to enhance the support and services available to those that take on this vital role.

Conclusion

Given the fact that more and more children are being placed into kinship care the aim of this review was to establish what makes a successful kinship placement and why it is that outcomes for looked after children appear more favourable when placed in kinship care. The review looked at a small sample of 12 papers that varied greatly in their aims and in their quality, however, several key factors were highlighted to answer this question. Factors including: longer lasting placements, positive attitudes of the carers, increased contact with biological parents, being placed within a familiar social class and culture, high levels of carer wellbeing, and good levels of support, were all suggested to result in a more successful kinship placement for LAC. More research is required, however, to explore these factors further, especially within the United Kingdom.

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Appendix A: Data extraction table for all identified articles.

Study	Sample	Design	Aim	Main Findings	Strengths	Limitations
Gebel (1996)	111 non-relative foster carers 82 kinship carers	Quantitative-self report questionnaires	To identify possible differences between the attitudes and attributes of non-relative foster carers and kinship carers	Non-relative foster carers were more likely to have more visits from social care. Kinship carers were more likely to rate the child in their care as "good natured" and less likely to rate them as "difficult to handle."	Interpretation of the results is good, providing good links to possible implications for child welfare practices in The USA	Poor abstract. Limited information in design, sampling, data collection and data analysis sections making replicability difficult. No consideration of ethical matters.
Johnson-Garner & Meyers (2003)	Caregivers of 30 African-American children in kinship care (US)	Qualitative – carer interviews	To identify why some children succeed in their placement and some do not	Those children categorised as 'resilient' were more likely to reside with families where there was more structure, boundaries and well-defined roles.	A clear and detailed introduction and methodology is presented.	The categorising of children into categories appears to be quite subjective and could affect validity of results.
Holtan, Rønning, Handegård, & Sourander, (2005)	124 kinship foster children and 192 non kinship foster children	Quantitative – self report questionnaires	To compare placement factors in kinship foster care vs non kinship foster care	Children in kinship placements had fewer emotional and behavioural problems, had fewer previous placements, were more likely to remain in their local area and had more contact with their biological parents.	Clear identification of gap in the current literature. Good discussion section and clear links to limitations and further research needed.	Misleading title – this is not what the authors carry out. Lack of reference to details of the data collection procedure or confidentiality.
Sands, Goldberg-Glen & Thornton (2005)	129 US grandparents who identified themselves as the primary care-giver for at least one of their grandchildren.	Quantitative – Structured Interviews	To identify factors that are associated with grandparents' positive wellbeing	A low perception of stress about caring for grandchildren and a high level of resources (internal and community) are associated with a high level of carer wellbeing.	Good introduction and discussion linking research to practical applications. Clear results section.	Some missing information in methodology that may make replicating difficult. Limited reference to ethical considerations. No reference to limitations of the study or ideas for future research.

Study	Sample	Design	Aim	Main Findings	Strengths	Limitations
Chang & Liles (2007)	130 kinship carers (US)	Quantitative – Structured Interviews	To explore factors that may be associated with disruption to kinship care placements.	Placements with grandmothers were likely to last longer than those with aunts. Caregivers in the 'disrupted group' had less positive relationships and less contact with the children prior to the placement. Carers in the disrupted group also reported fewer contacts with social services.	Good abstract and introduction to the study. Clear results and discussion sections with reference to limitations and suggestions for future research.	Poor reference to ethical considerations. Limited detail of data collection procedure would make replication difficult.
Coakley, Cuddeback, Buehler, & Cox (2007)	9 kinship foster parents from 8 families (US)	Qualitative – semi structured interviews	To look at kinship foster parents perceptions of the factors that promote or inhibit successful fostering	Successful fostering of kin is promoted by support of family, commitment to children, faith, good parenting abilities, church involvement, flexibility and adequate resources. Factors including strained relationships with birth family, poor discipline strategies, inability to deal with "the system," lack of resources, and inability to deal with children's emotional, behavioural and physical problems may inhibit successful fostering of kin.	Good level of detail in the methodology section and a clear reference to ethical considerations.	Relatively small sample size making generalisability difficult. The results are also derived from comparing two groups with significantly different sample sizes.

Study	Sample	Design	Aim	Main Findings	Strengths	Limitations
Farmer (2009a)	Case file reviews of 270 children, half in kinship care half in foster care. Interviews with 32 kin-carers, social workers, children and parents. (UK)	Mixed method	How do kin placement outcomes compare to those in stranger-foster care?	Children placed with kinship carers progress as well as those in un-related foster care and also have longer lasting placements – kin carers persevered for much longer than un-related carers when under considerable strain.	Clear introduction and rationale for completing the research.	Insufficient detail with regards to data collection which would make replicating difficult. Quality of placement subjectively rated by researcher.
Farmer (2009b)	As above	Mixed method	To examine the characteristics, progress and outcomes of those placed in kinship care, in comparison to those placed in un-related foster care	Characteristics of children similar across both groups. Kin carers were considerably more disadvantaged but the placements lasted considerably longer than in foster care.	Good links to future clinical applications.	Brief introduction – lacks comprehensive review of literature.
Farmer (2010)	As above	Mixed method	What factors relate to good placement outcomes in kinship care?	Carer commitment – more kin carers demonstrated high levels of commitment to the child (ren) in their care. Outcomes were also improved when kin are approved as foster carers with financial and other support.	Clear introduction and rationale for completing the research.	Insufficient detail with regards to data collection which would make replicating difficult. Reporting of data analysis is poor.
Inchaurrondo (2015)	89 kinship foster care families	Qualitative – semi structured interviews	To identify the risk and protective factors related to foster children, foster families and biological families.	Protective factors are a positive relationship with the foster child and the formal and informal support received.	Large sample size for a qualitative study. Each section is clear and detailed.	No reference to informed consent or confidentiality. Participants selected based on their motivation and availability.

Study	Sample	Design	Aim	Main Findings	Strengths	Limitations
Garcia, O'Reilly, Matone, Kim, Long & Rubin (2015)	199 children placed in either kinship care or non-related foster care (US)	Quantitative – prospective longitudinal study	How does caregiver depression affect social, emotional and behavioural (SEB) outcomes of youths	Youths in kinship care showed better change in SEB outcomes. Care-giver wellbeing may also influence SEB outcomes - not just linked to placement type.	Good introduction to background literature and detailed design to suit research question. Good reference to limitations and possible future work.	Lack of consideration to ethical issues. Sampling and results section lacking some information.
Denby, Testa, Alford, Cross & Brinson (2017)	Self-report surveys given to 747 caregivers and 1301 children. (US)	Quantitative – self-report questionnaires	What protective factors mediate against the risks of being cared for by kinship caregivers?	Those children who were thought of as doing well had carers who reported low levels of stress and strain. High child well-being was found among low-income caregivers. Hardships could be overcome by feelings of attachment and confidence in parenting ability. The effect of risk factors on well-being is moderated by the degree of extended family involvement.	Large sample size. Detailed description of methodology.	The study was implemented under the 'US Children's Bureau Improving Child Welfare Outcomes' – this could potentially be a conflict of interest.

Appendix B – Crowe Critical Appraisal Tool (CCAT) (Crowe, 2013)

Category Item	Description of item [☑ Present; ☒ Absent; ■ Not applicable]	Score [0–5]
Preamble		
Text	1. Sufficient detail others could reproduce ❑ 2. Clear/concise writing ❑, table(s) ❑, diagram(s) ❑, figure(s) ❑	**Preamble score**
Title	1. Includes study aims ❑ and design ❑	
Abstract	1. Key information ❑ 2. Balanced ❑ and informative ❑	
Introduction		
Background	1. Summary of current knowledge ❑ 2. Specific problem(s) addressed ❑ and reason(s) for addressing ❑	**Introduction score**
Objective	1. Primary objective(s), hypothesis(es), or aim(s) ❑ 2. Secondary question(s) ❑	
Design		
Research design	1. Research design(s) chosen ❑ and why ❑ 2. Suitability of research design(s) ❑	**Design score**
Intervention, Treatment, Exposure	1. Intervention(s)/treatment(s)/exposure(s) chosen ❑ and why ❑ 2. Precise details of the intervention(s)/treatment(s)/exposure(s) ❑ for each group ❑ 3. Intervention(s)/treatment(s)/exposure(s) valid ❑ and reliable ❑	
Outcome, Output, Predictor, Measure	1. Outcome(s)/output(s)/predictor(s)/measure(s) chosen ❑ and why ❑ 2. Clearly define outcome(s)/output(s)/predictor(s)/measure(s) ❑ 3. Outcome(s)/output(s)/predictor(s)/measure(s) valid ❑ and reliable ❑	
Bias, etc	1. Potential bias ❑, confounding variables ❑, effect modifiers ❑, interactions ❑ 2. Sequence generation ❑, group allocation ❑, group balance ❑, and by whom ❑ 3. Equivalent treatment of participants/cases/groups ❑	
Sampling		
Sampling method	1. Sampling method(s) chosen ❑ and why ❑ 2. Suitability of sampling method ❑	**Sampling score**
Sample size	1. Sample size ❑, how chosen ❑, and why ❑ 2. Suitability of sample size ❑	
Sampling protocol	1. Target/actual/sample population(s): description ❑ and suitability ❑ 2. Participants/cases/groups: inclusion ❑ and exclusion ❑ criteria 3. Recruitment of participants/cases/groups ❑	
Data collection		
Collection method	1. Collection method(s) chosen ❑ and why ❑ 2. Suitability of collection method(s) ❑	**Data collection score**
Collection protocol	1. Include date(s) ❑, location(s) ❑, setting(s) ❑, personnel ❑, materials ❑, processes ❑ 2. Method(s) to ensure/enhance quality of measurement/instrumentation ❑ 3. Manage non-participation ❑, withdrawal ❑, incomplete/lost data ❑	
Ethical matters		
Participant ethics	1. Informed consent ❑, equity ❑ 2. Privacy ❑, confidentiality/anonymity ❑	**Ethical matters score**
Researcher ethics	1. Ethical approval ❑, funding ❑, conflict(s) of interest ❑ 2. Subjectivities ❑, relationship(s) with participants/cases ❑	
Results		
Analysis, Integration, Interpretation method	1. A.I.I. method(s) for primary outcome(s)/output(s)/predictor(s) chosen ❑ and why ❑ 2. Additional A.I.I. methods (e.g. subgroup analysis) chosen ❑ and why ❑ 3. Suitability of analysis/integration/interpretation method(s) ❑	**Results score**
Essential analysis	1. Flow of participants/cases/groups through each stage of research ❑ 2. Demographic and other characteristics of participants/cases/groups ❑ 3. Analyse raw data ❑, response rate ❑, non-participation/withdrawal/incomplete/lost data ❑	
Outcome, Output, Predictor analysis	1. Summary of results ❑ and precision ❑ for each outcome/output/predictor/measure 2. Consideration of benefits/harms ❑, unexpected results ❑, problems/failures ❑ 3. Description of outlying data (e.g. diverse cases, adverse effects, minor themes) ❑	
Discussion		
Interpretation	1. Interpretation of results in the context of current evidence ❑ and objectives ❑ 2. Draw inferences consistent with the strength of the data ❑ 3. Consideration of alternative explanations for observed results ❑ 4. Account for bias ❑, confounding/effect modifiers/interactions/imprecision ❑	**Discussion score**
Generalisation	1. Consideration of overall practical usefulness of the study ❑ 2. Description of generalisability (external validity) of the study ❑	
Concluding remarks	1. Highlight study's particular strengths ❑ 2. Suggest steps that may improve future results (e.g. limitations) ❑ 3. Suggest further studies ❑	

Appendix C - Child and Family Social Work Journal Author Guidelines

Author Guidelines

The journal to which you are submitting your manuscript employs a plagiarism detection system. By submitting your manuscript to this journal you accept that your manuscript may be screened for plagiarism against previously published works.

3.1. Getting Started

1. GENERAL
Child & Family Social Work provides a forum where researchers, practitioners, policy-makers and managers in the field exchange knowledge, increase understanding and develop notions of good practice. In its promotion of research and practice, which is both disciplined and articulate, the Journal is dedicated to advancing the wellbeing and welfare of children and their families throughout the world.

Child & Family Social Work publishes original and distinguished contributions on matters of research, theory, policy and practice in the field of social work with children and their families. The Journal gives international definition to the discipline and practice of child and family social work.

Please read the instructions below carefully for details on the submission of manuscripts, the journal's requirements and standards as well as information concerning the procedure after a manuscript has been accepted for publication in *Child & Family Social Work*. Authors are encouraged to visit Author Services for further information on the preparation and submission of articles and figures.

2. ETHICAL GUIDELINES
Child & Family Social Work adheres to the below ethical guidelines for publication and research.

2.1. Authorship and Acknowledgements
Authorship: Authors submitting a paper do so on the understanding that the manuscript has been read and approved by all authors and that all authors agree to the submission of the manuscript to the Journal. ALL named authors must have made an active contribution to the conception and design and/or analysis and interpretation of the data and/or the drafting of the paper and ALL must have critically reviewed its content and have approved the final version submitted for publication. Participation solely in the acquisition of funding or the collection of data does not justify authorship.

Child & Family Social Work adheres to the definition of authorship set up by The International Committee of Medical Journal Editors (ICMJE). According to the ICMJE authorship criteria should be based on 1) substantial contributions to conception and design of, or acquisition of data or analysis and interpretation of data, 2) drafting the article or

revising it critically for important intellectual content and 3) final approval of the version to be published. Authors should meet conditions 1, 2 and 3.

It is a requirement that all authors have been accredited as appropriate upon submission of the manuscript. Contributors who do not qualify as authors should be mentioned under Acknowledgements.

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Chapter 2: Empirical Paper

Exploring carers' experiences and perceptions of Special Guardianship Orders (SGOs) over time, from the point of applying to now.

Word Count: 7,988 (excluding references and appendices)

This paper has been written in accordance with the author guidelines for The British Journal of Social Work (Appendix K)

Abstract

Aim

Between April 2017 and the end of March 2018, 75,420 children were in the care of the local authority in England. It is well established that children in care are at risk of multiple placement moves, which could have a detrimental impact on their mental health. In 2005, Special Guardianship Orders (SGOs) came into law in England enabling carers to take full legal responsibility for all aspects of a child's care and to therefore provide a foundation to build a life-long permanent relationship. To date, little research has been carried out with a particular emphasis on SGO's, and the impact that they have both on the carer's wellbeing and the relationship between the carer and the child.

Design

Q-Methodology explored carers' experiences and perceptions of SGOs over time, from the point at which carers applied for the SGO until now. Ten participants each completed three Q-Sorts by way of sorting 47 statements.

Findings

A five-factor model emerged explaining sixty-seven percent of the variance in viewpoints of the participants. The five identified factors are: 1) The child is part of the family: a positive experience despite limited knowledge, 2) In the dark, obliged, and unsupported, 4) Lots of training opportunities and managing well, 5) Giving up the caring role is not an option… but having a supportive family is helpful, 7) Confused, angry, and don't know who to trust.

Conclusion

This study provides an insight into the experiences, both positive and negative, of carers granted SGOs. The similarities and differences in these viewpoints are discussed. The findings of this study suggest that more time and preparation is needed to ensure that carers are prepared to manage any difficulties that may arise. The importance of both professional support and peer support is also evidenced.

Keywords: Looked After Children, Special Guardianship Order, Q-Methodology

Introduction

As documented by the Children Act 1989 (Legislation.gov.uk, 1989), Looked after Children (LAC) are defined as: *a child who has been looked after by a local authority for more than 24 hours or placed in the care of a local authority by virtue of a care order.* On 31st March 2018, 75,420 children were in the care of local authorities in England (Department for Education, 2018) for many reasons including; family dysfunction, parental illness, or a child's disability. However, the biggest documented reason is abuse or neglect (Department for Education, 2018).

Children placed in Local Authority care may be subject to a number of different care plans including, but not limited to, foster care, adoption, and kinship care. Foster care commonly involves placing children with unknown carers who care for them on a daily basis, however, the overall parental responsibility for that child is held by the Local Authority. This means that important decisions such as: consent to medical treatment, determining the child's education, or consent to take the child abroad on holiday, would need to be made by the Local Authority caring for that child. Carers who adopt a child will go through a legal process which gives them complete parental responsibility for that child. Kinship carers have similar legal rights to foster carers, however, they are often known to the child as a family member or friend.

The defining characteristic of being 'looked after' is a child being separated from their biological parents, however, this has significant implications for the nature of a child's attachment relationship. Attachment can be defined as an affectional tie that a person develops between themselves, and another person (Ainsworth, 1970). Babies are born vulnerable and are reliant upon their caregivers to meet their safety needs and to provide a secure base from which they can safely explore the world around them (Bowlby, 1979). Babies will adapt around their primary caregivers to have their needs met, whatever the nature of their parenting style. Therefore, an attachment relationship will always form, however some attachment styles will be healthier than others.

Through a trusted relationship in which the caregiver is sensitive, responsive, and attuned to the child's wants and needs, the development of a 'secure attachment' is possible. This is of particular importance as young children who develop a secure attachment are more likely to

be; competent and sympathetic in interactions with peers, self-directed, resilient, curious, and perform better on developmental tests (Ainsworth, 1979). These more favourable outcomes for securely attached children also continue into adult relationships (Volling et al, 1998). However, if a child is abused or neglected by their primary care giver, and then removed from their care, as is often the case for Looked after Children, their chance of developing future secure attachment relationships may be impaired (Bowlby, 1982). Research suggests that Looked after Children can become 'psychologically detached' (Bowlby, 1973), and they are often more likely to experience feelings of confusion, fear, loss, sadness, and anxiety (Brukas, 2008).

In accordance with the Children Act (1989), local authorities have a duty to safeguard and promote the welfare of children in their care, irrespective of where they are placed. It is documented throughout the literature however, that the difficult experiences that Looked After Children may encounter in their lives means that their mental health needs are often more significant than their peers. Almost half of Looked after Children have a diagnosable mental health need (McAuley & Davis, 2009) and almost two thirds have a special educational need, which usually falls in the area of emotional and behavioural difficulties (Department for Education, 2015).

Between April 2017 and March 2018, 73% of children in care in England were living with foster carers (Department for Education, 2018). It is known, however, that children in foster care can be exposed to numerous placement moves, worsening their chance of developing a secure attachment with a new caregiver (Munro & Hardy, 2006). Sinclair et al (2000) identified that in a sample of 944 foster carers, 47% had experienced a placement breakdown or disruption.

Oosterman et al (2007) concluded, however, that unlike foster care, kinship care did not show a significant association with placement breakdown, suggesting that those children placed with family members or friends are likely to experience fewer placement moves. Studies have also demonstrated that those children in kinship care have fewer behavioural and emotional problems (Holtan et al., 2005), are more likely to rate themselves as "happy" or "very happy," and are more likely to say that they "always felt loved" (Berrick, 1998).

Given the challenges of achieving permanence and stability for some children in foster care, and the low success rates of reunification to birth families (Department for Education, 2018), there is a need for alternative ways for children separated from their birth families to achieve permanence. In 2000, the Prime Minister's review of adoption (Cabinet Office, 2000) also highlighted a need for an intermediate legal status for children that would offer greater security for them than long-term fostering and kinship care, but without cutting all legal ties with the birth family which is the case with adoption.

Subsequently, in 2005 Special Guardianship Orders (SGO's) came into law in England (Department for Education, 2014), which enabled carers to take full responsibility for all aspects of a child's care, which is not the case for foster carers or kinship carers. SGO's also provide a foundation to build a life-long permanent relationship, and offer the young person legal security, whilst retaining the basic relational link with the birth family, if appropriate. Though any guardian of a child can apply for an SGO, typically the majority of special guardians are known to the child as a family member or friend (The Department of Health, 2014).

Whilst there is currently extensive research available exploring the experiences of foster carers (Wilson et al., 2000), adoptive parents (Ceballo et al., 2004), and kinship carers (O'Neil, 2011), there is limited research that has explored the experiences of special guardians. The Department of Health (2014) has compiled a document examining the case files of SGOs and responses to a questionnaire. They aimed to review the progress made in implementing SGO's, and to assess whether SGOs are meeting the needs of the children and families who live under them. Whilst they conclude that there are many benefits to SGOs, they also acknowledge some clear areas for improvement including: ensuring that sufficient preparation is completed, being mindful of the child's potential conflict of loyalties between the birth family and carers, and ensuring that the child has had chance to test out their relationship with the suggested care giver before an application is made for an SGO.

To date, however, very little independent research in this area has been completed. The majority of the available documentation relates to policies and guidelines with one of the key documents being 'special guardianship guidance' published by the Department of Education (2017). The guidelines clearly state that '*the local authority must make arrangements for the provision of special guardianship support services.'* Within that they

specifically identify the need for financial support, mediation services in relation to contact, therapeutic services for the child, training for special guardians in relation to the needs of the child, and counselling advice and information. It therefore seems important to explore whether the experiences of special guardians are consistent with the guidelines that are in place, particularly given that they hold full parental responsibility for the child, unlike foster carers or kinship carers.

In summary, given that research would suggest permanency can have a more positive impact on the mental health needs of children in care, and permanency is more likely when children are placed with family members or friends, there is an implication for us to better understand the needs and experiences of carers granted SGO's.

Aims

This study uses Q-methodology to retrospectively explore carers' experiences and perceptions of the SGOs from the point of applying for the order, to the point at which the SGO was granted, and finally to the present day.

Methodology

Ethical Approval

Ethical approval for this study was granted by Staffordshire University Research Ethics Committee (Appendix A). HRA and REC approval was also granted from Coventry and Warwickshire Research Ethics Committee (Appendices B & C).

Design

Due to the limited amount of existing research in this area, it seemed appropriate to select a design which would be explorative in nature. Q-methodology was selected because it explores subjective viewpoints, and allows the relationship between them to be quantified.

Overview of Q Methodology

The beginnings of Q Methodology emerged from the work of William Stephenson in 1935 (cited in Watts & Stenner, 2012). Stephenson was interested in the systematic study of subjectivity, by way of obtaining people's viewpoints, opinions, beliefs, and attitudes (Brown, 1996).

Q Methodology is a unique way of combining both quantitative and qualitative principles. The qualitative nature emerges from the process by which participants are asked to rank a set of pre-determined statements, therefore, adding meaning to them. First, there is the development of the Q-set. Statements relating to a specific theme are identified – in this case SGO's. Participants are asked to rank the statements, for example, from 'completely disagree' (-5) to 'completely agree' (+5). A quantitative factor analysis of the responses then provides an overview of a particular subject area by giving common similarities and differences amongst participant responses (Van Excel & De Graaf, 2005). Unlike a traditional factor analysis, however, Q-methodology treats each participant as a variable, allowing individual opinions to be compared for the meaning they give to a particular topic.

Epistemological Position

The researcher has taken a social constructionist approach to this project. Social constructionism states there is no singular truth. Individuals have differing viewpoints based on their own experiences and how they perceive the world around them (Burr, 1995). This approach is well aligned with Q-methodology which seeks to identify common viewpoints of a given topic. The different factors in the model represent individual's differing constructions of the world based on their social experiences (Watts & Stenner, 2012).

Development of the Q Set

The beginning of any Q Methodological research is the generation of the 'Q-Set,' the collection of statements that the participants will be asked to rank. The Q-Set should contain all possible viewpoints that a participant may hold about the given subject.

Therefore, to some extent, the size of the Q-Set will be dictated by the subject area. Research does however suggest that a typical Q-Set should contain between 40-80 statements (Eccleston et al., 1997). That said, it is also suggested that in certain circumstances, such as when the participant is being asked to complete two or more Q-Sorts, a more limited Q-Set may be used (Watts & Stenner, 2012).

In order to develop the statement concourse, a systematic search and review of the current literature was carried out. The reviewed literature included articles relating to Looked after Children and articles relating to carers perceptions of the caring role. Due to the limited nature of available research looking at SGO's specifically it was not possible to limit research to this topic area only. Conversations also took place with professionals from both specialist Looked-After Children's services and the Local Authority within the West Midlands area in order to gain more specific perceptions of SGO's in particular.

41 statements were initially generated and were reviewed by a specifically selected range of stakeholders with relevant experience. The stakeholders included two lecturers at Staffordshire University, a clinical psychologist, a family therapist currently working within a specialist looked after children's service, a social work team leader, and a trainee clinical psychologist familiar with Q-methodology. Conversations were had regarding the topics covered and also the wording of statements. It was agreed that there needed to be a statement added relating to perceptions of educational services and also reference to other people's understanding of SGO's. Through this consultation the wording of some statements was also amended to make them more specific and less open to interpretation. A total of 47 statements were included in the final concourse (Appendix D).

Participants

In total 10 carers took part in the study. Each carer completed the Q-sort from three different time perspectives during the same research interview, generating a total of 30 Q-sorts. Demographics of the participants can be found in table 1. The carers had between one and five children in their care and the length of time that they had held the SGO for averaged from six months to six years, with the majority of carers being granted SGO's between 2014 and 2015. Two of the carers were a couple who live together and had both

requested to participate as they had some differing perspectives. They were therefore interviewed separately.

Table 1: Sample Demographics

Participant	Age	Gender	Recruited From	Relationship to child/children	No. of children cared for	How long the SGO has been in place
1	31-40	Female	LAC Service	Aunt	1	5 years
2	51+	Male	Local Authority	Foster carer	5	5 years
3	51+	Female	Local Authority	Distant relative	2	6 months
4	51+	Male	Local Authority	Distant relative	2	6 months
5	51+	Female	LAC Service	Distant relative	1	5 years
6	31-40	Female	LAC Service	Grandparent	1	5 years
7	41-50	Female	LAC Service	Grandparent	1	4 years
8	51+	Female	LAC Service	Grandparent	2	5 Years
9	51+	Female	LAC Service	Foster carer	1	5 years
10	31-40	Female	LAC Service	Family friend	1	5.5 years

Recruitment

Purposive sampling was used to gather viewpoints from carers who were receiving support from specialist services (n=7), and carers who were not currently receiving any specialist support (n=3) but were still open to a service. Inclusion criteria for participants comprised having at least one child in their care under an SGO, for at least 6 months prior to participating in the research, and also having a familial relationship with the child.

Three of the carers interviewed were not directly related to the child in their care as they were initially known to the child as either a foster carer of a family friend. However, they considered themselves to have a 'familial' relationship with the child and had known the children for five to six years each. As no specific definition of 'familial relationship' was provided they were all included in the sample as they had volunteered themselves based on those criteria.

Procedure

Each participant met with the lead researcher at a mutually agreed time and location. The information sheet (Appendix E) was discussed with them and they were offered the opportunity to ask questions relating to this. The confidentiality procedure was explained and written consent was gained from all participants (Appendix F). An opportunity was also offered for further questions and a demographic questionnaire was completed (Appendix G).

Each participant was presented with the condition of instruction sheets (Appendix H) and the shuffled Q-set statements, which were individually presented on small laminated pieces of card. Participants were asked to read each individual statement in turn and then allocate each statement to one of three piles; 'agree,' 'disagree,' and 'neither agree nor disagree.' On completion of the first sorting exercise participants were shown the Q-distribution grid (Figure 1). The grid consisted of an 11-point scale ranging from -5 at 'completely disagree' to +5 at 'completely agree.' Participants were then asked to further sort the statements onto the grid using the condition of instruction sheets (Appendix H). Participants were asked to do this exercise three times during the session thinking about three separate time points including; the point at which they were applying to the courts for the SGO, the point at which the SGO had been legally granted; and the present time. Both during and following the sort, verbal feedback was welcomed from the participants.

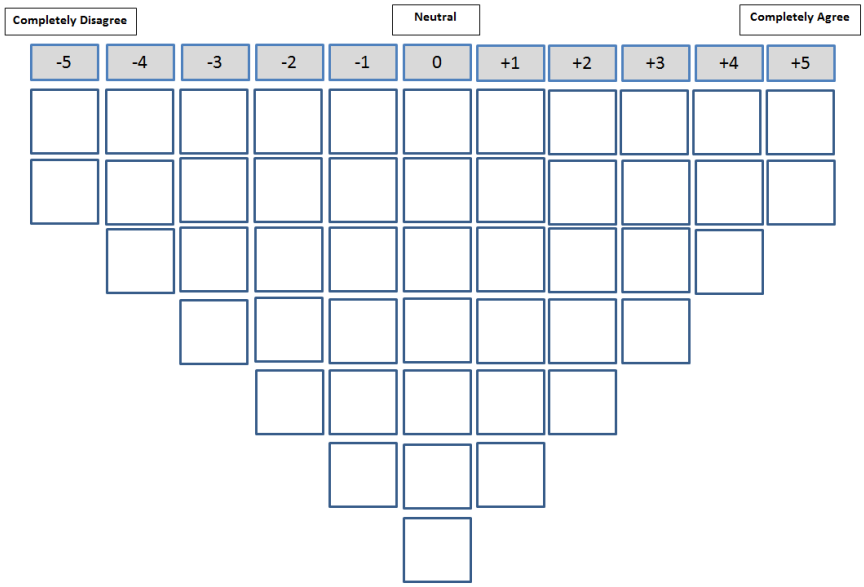

Figure 1: Q-Distribution grid

Ethical Considerations

With regards to consent, information leaflets about the study were passed on to potential participants via a worker currently involved in their care. Consent to contact participants was gained via an email or phone call from the participant as per instructions on the information sheet. In order to maintain anonymity and confidentiality of the participants any identifiable data was kept in a locked cabinet. Throughout the analysis process participants were identified using a unique number with no patient identifiable data being reported.

Results

Data Analysis

The raw data from 30 Q-sorts (3 per participant) was entered into an excel spreadsheet and then loaded into Q-methodology specific analysis software 'Ken-Q' (Version 1.0.4, Banasick, 2018) along with the 47 statements (Q-set). All sorts were included.

Correlation Matrix

The analysis process identified the correlations between the individual Q-sorts. The extent to which participants demonstrated similar rankings of statements is evidenced by examining the strength and significance of the relationship between the Q-sorts. The correlation matrix of pairwise correlation coefficients can be seen in Table 2. Each participant has three data sets from completing the Q-sort from the three time perspectives; a) from the time point at which they were applying for the SGO, b) the time point at which the SGO was granted, and c) the present day. A significant correlation was calculated to be a score of 0.29 and above. This is in line with the formula as stated by Brown (1980, 1.96 x (1/ √ no of statements in the Q-set)).

Table 2 demonstrates that each of the participants' responses correlates with the responses from at least two other participants, suggesting that the participants all had some common view points.

There were no significant co-correlations between the three separate time points. It seems that whilst participants did report that their view of the SGO changed over time, these were not necessarily common changes observed across all participants.

Table 2: Correlation Matrix

	1a	1b	1c	2a	2b	2c	3a	3b	3c	4a	4b	4c	5a	5b	5c	6a	6b	6c	7a	7b	7c	8a	8b	8c	9a	9b	9c	10a	10b	10c
1a	100	76	13	41	41	50	29	29	22	23	17	18	12	16	13	17	17	2	28	28	28	24	24	-12	40	40	40	35	35	16
1b		100	47	38	38	49	16	16	17	8	9	24	3	8	5	23	23	14	22	22	22	12	12	13	29	29	33	8	8	33
1c			100	3	3	15	-28	-28	-23	-29	-24	-14	-7	-8	-10	9	9	29	9	9	8	-3	-3	27	8	8	18	-36	-36	37
2a				100	100	73	51	55	56	50	51	62	54	54	52	42	42	47	55	55	54	28	28	15	55	55	60	52	52	55
2b					100	73	51	55	56	50	51	62	54	54	52	42	42	47	55	55	54	28	28	15	55	55	60	52	52	55
2c						100	36	41	36	45	44	47	47	50	46	36	36	39	49	49	47	40	40	26	46	46	51	53	53	47
3a							100	95	89	73	72	62	42	41	44	39	39	18	33	33	32	9	9	-15	48	48	45	38	38	7
3b								100	94	76	75	67	47	46	49	40	40	12	33	33	32	9	9	-11	49	49	47	39	39	9
3c									100	66	71	70	43	41	44	51	51	23	29	29	28	2	2	-4	46	46	43	37	37	18
4a										100	96	79	50	48	52	27	27	2	40	40	39	11	11	-18	40	40	35	41	41	5
4b											100	89	49	48	51	35	35	9	38	38	37	8	8	-12	43	43	38	41	41	13
4c												100	45	46	47	42	42	22	33	33	32	17	17	6	45	45	40	43	43	30
5a													100	99	99	11	11	23	42	42	43	5	5	7	49	49	47	38	38	42
5b														100	99	11	11	24	40	40	41	10	10	8	52	52	49	40	40	43
5c															100	12	12	23	41	41	42	8	8	8	51	51	48	38	38	42
6a																100	100	62	43	43	42	20	20	27	42	42	47	29	29	25
6b																	100	62	43	43	42	20	20	27	42	42	47	29	29	25
6c																		100	44	44	43	35	35	36	37	37	47	24	24	45
7a																			100	100	100	2	2	-4	47	47	53	48	48	34
7b																				100	100	2	2	-4	47	47	53	48	48	34
7c																					100	1	1	-4	47	47	52	49	49	33
8a																						100	100	53	11	11	9	34	34	15
8b																							100	53	11	11	9	34	34	15
8c																								100	-2	-2	-3	0	0	34
9a																									100	100	93	39	39	46
9b																										100	93	39	39	46
9c																											100	36	36	47
10a																												100	100	23
10b																													100	23
10c																														100

Note: A significant value is highlighted in shaded grey and was calculated as ≥ .29 using the Brown (1980) formula at significance level p < .05: 1.96 x (1/ √ no of statements in the Q-set). Strong correlations are underlined (r= ≥ .50, Cohen, 1988).

Factor Analysis

The data was then subject to factor analysis. This seeks to identify a series of variables or factors that can be used to explain the relationships within a set of data (Field, 2009). The identified factors subsequently represent a shared viewpoint from a group of participants who have sorted the Q-set in similar ways. Once identified, the factors are subject to a form of rotation in order to highlight the best possible view point (Watts & Stenner, 2012).

For the purpose of this data set, a centroid method was applied to generate separate factors in line with the recommendations of Brown (1980). As seen in Table 3 each factor also produced an Eigenvalue and percentage of variance. It is by looking at these numbers that we are able to identify the power and strength of each factor (Watts & Stenner, 2012).

Table 3: Un-rotated Factor Loadings

Potential Factors	**Eigenvalue**	**% of variance explained**
1	11.5021	38
2	2.8698	10
3	0.1935	1
4	2.1453	7
5	1.8767	6
6	0.176	1
7	1.4085	5

When applying the Kaiser Criterion only those factors with an Eigenvalue of 1 or above should be considered (Watts & Stenner, 2012). With this in mind five of the potential seven factors meet this criterion making this a five factor model (factors 1, 2, 4, 5, 7). A Varimax rotation was then applied to the five selected factors which satisfied the Kaiser Criterion. This was carried out in order to maximise the variance of the loadings on all variables. Table 4 shows how each of the Q-Sorts loaded onto the five factors and the percentage of variance explained.

Table 4: Rotated factor loadings

	Q sort	Factor 1	Factor 2	Factor 4	Factor 5	Factor 7
	1a	0.1682	-0.0013	0.1654	0.1843	0.4753
	1b	-0.0525	0.0507	0.1162	0.1228	0.7815
	1c	-0.1759	0.0661	-0.3208	0.159	0.5243
	2a	0.48	0.2446	0.3962	0.2599	0.5189
	2b	0.48	0.2446	0.3962	0.2599	0.5189
	2c	0.4458	0.3563	0.2706	0.2213	0.5055
	3a	0.1669	-0.0556	0.8167	0.2836	0.068
	3b	0.1985	-0.0368	0.8692	0.2449	0.0816
	3c	0.124	0.0178	0.8211	0.2747	0.124
	4a	0.3695	-0.0332	0.8264	0.065	0.011
	4b	0.3374	0.0091	0.8532	0.0926	0.0279
	4c	0.2979	0.1731	0.7381	0.1067	0.1873
	5a	0.7999	0.0293	0.2815	0.1013	0.063
	5b	0.804	0.0693	0.2647	0.1077	0.0816
	5c	0.778	0.0482	0.3107	0.1182	0.0382
	6a	-0.0934	0.3149	0.3288	0.7159	0.0911
	6b	-0.0934	0.3149	0.3288	0.7159	0.0911
	6c	0.1234	0.4666	0.001	0.5615	0.1417
	7a	0.4724	-0.0662	0.1141	0.6194	0.2089
	7b	0.4724	-0.0662	0.1141	0.6194	0.2089
	7c	0.492	-0.0735	0.097	0.6162	0.1947
	8a	0.1258	0.7817	0.0573	0.0375	0.0321
	8b	0.1258	0.7817	0.0573	0.0375	0.0321
	8c	-0.0219	0.7047	-0.131	0.037	0.1222
	9a	0.4148	-0.0483	0.2732	0.5798	0.2667
	9b	0.4148	-0.0483	0.2732	0.5798	0.2667
	9c	0.3713	-0.0387	0.2111	0.6381	0.3669
	10a	0.539	0.2341	0.2679	0.2549	-0.0167
	10b	0.539	0.2341	0.2679	0.2549	-0.0167
	10c	0.4032	0.2101	-0.06	0.2511	0.4344
%Explained Variance		17	9	18	14	9
Cumulative %Explained Variance		17	26	44	58	67

Note: Shaded boxes signify a statistically significant loading (p<0.05) which was automatically flagged by computer software programme 'KenQ.'

As seen in table 4, when combining the percentage of variance explained by each factor, this five-factor model explains 67% of the variance and is a successful model (Watts & Stenner, 2012).

Finally, factor arrays were created for each of the five factors in the model (Appendix I). A factor array is a representation of one Q-sort which represents the viewpoints of each participant's results that has significantly loaded onto that particular factor. The factor arrays are then clarified through qualitative responses from participants, which were recorded by the researcher during the research meeting in which the participants completed the Q-sorts. These factor arrays are further discussed in the following section.

Findings

The identified five factors represent a variety of different perspectives about SGO's found within the data.

Factor 1: The child is part of the family: positive experience despite limited knowledge

Factor one combines the viewpoints of two individuals across five Q-sorts and includes all three time points. Both participants loading onto this factor were female carers for a child they had known since birth. They had both been caring for a child under an SGO for approximately five years. Whilst neither individual was immediately related to the child, they both had a strong familial link. They were also both currently receiving support from a specialist looked after children's service. This factor has an Eigenvalue of 11.5021 and accounts for 17% of the variance.

Six significant statements loaded onto this factor (32:-3, 45:0, 33:1, 43:1, 35:4, 18:5), and having a sense that the child feels part of the family was a key statement for both participants across all three time points. Participant 10 felt so strongly about this that she even commented *"I can't see why they didn't go for full adoption"* (making reference to the

social workers who initially suggested the SGO to her), as to her there was no question that the child she cared for was just as much a part of the family as her biological children were.

Feeling a sense of reward from the caring role was also ranked highest in this factor. When considering whether there was a sense of feeling like they had an obligation to take on the care of the child, the participants whose responses loaded onto this factor agreed with this, however, only to a small extent (+1). This suggests that not feeling a strong sense of obligation to take on the caring role may be an important factor for a positive outcome. The same ranking was also given to the statement which questioned whether the child's birth parents were supportive of the SGO. Whilst it is not a strong response, it does suggest that the birth parents not strongly contesting the SGO is a defining characteristic of this factor.

Having an understanding about what an SGO involves was rated the lowest in this factor. Interestingly, the responses were not so concrete when considering other people's understanding of SGO's. This was something that they neither agreed with nor disagreed with.

Summary: Participants in this factor have a strong sense that the child feels part of the family. This may have been supported by not having a strong sense of obligation to take on the role and the biological parents not strongly contesting the SGO. Having a limited understanding of SGO's appears mitigated by the other perhaps more positive and valued factors.

Factor 2: In the dark, obliged and unsupported

Factor two is derived from three Q-sorts by the same individual. This carer is aged over 51 years and has an SGO for her two grandchildren who have been in her care for the past five years. This factor has an Eigenvalue of 2.8698 and accounts for 9% of the variance. Ten statements were calculated to be of significance for this factor (4: -5, 8: -5, 22: -3, 35: -3, 5: -2, 47: -2, 14: 0, 29: 0, 31: 0, and 43: 5).

This factor represents a more negative viewpoint of SGO's, and talks of feeling un-prepared, un-supported, and unsure about the happiness of the children. Feeling financially well - supported was ranked lowest in this factor, and formed a large part of the conversation throughout the research meeting. The carer shared that she felt having an SGO puts people

at financial disadvantage in comparison to other caring roles. She said *"I know somebody else who is a foster carer for her grandchildren and she is financially better off."* This even led her to question the SGO saying *"I want to know if I can go to court and get rid of the SGO."*

Also ranked lowest in this factor was seeing the role as 'rewarding.' In fact, this carer had given up a life in another country and lost her relationship as a consequence of her caring responsibilities. She also reported a poor understanding of the children's behaviour and a poor understanding of how the children's past experiences may have impacted upon their current behaviours. It is also of note that feeling an obligation to take on the caring role was ranked highest (+5).

Summary: This factor suggests that feeling obliged to take on the role of special guardian without being given the right support can lead to an extremely negative experience for the carer, and a possibly unintentional negative outcome for the child or children in their care. The cumulative effects of feeling unprepared, unsupported, unrewarded, financially burdened and obligated unsurprisingly result in a generally negative experience.

Factor 4: Lots of training opportunities and managing well

Factor three consists of the responses from two carers and six Q-sorts. This factor has an Eigenvalue of 2.1453 and accounts for 18% of the variance. The two carers whose sorts load onto this factor were a couple aged over 51 years who had been granted an SGO approximately six months prior to the research meeting. The children in their care were not biologically related to them, but there was a familial relationship as they were the half siblings of their biological grandson. The couple were not currently receiving any specialist support from services. Seven statements loaded significantly onto this factor (21: -5, 20: -4, 10: -1, 12: 1, 40: 1, 6: 2 and 8: 5).

A defining characteristic of this factor is feeling as though sufficient training to be a Special Guardian has been received. This is ranked higher in this factor than any other. Participant 4 commented *"we have been on a number of courses which were helpful, particularly the contact with other people in the same situations."* Interestingly, they were the only two

carers out of the ten interviewed who shared that they had attended training courses at the point of taking on an SGO.

This was also the only factor in which the participants agreed that they often speak with other special guardians, and they openly spoke of the benefit of this.

Two further defining statements were; 'the child/children I care for display a lot of unsettled behaviour,' and 'the child/children I care for display a lot of challenging behaviour.' Both carers could not disagree more with these statements. This does bring into question whether there is a link between the amount of training a carer receives and the amount of reported challenging or unsettled behaviours seen in the children. Another possible explanation for the ranking of these statements in particular, may be related to the fact the children in their care were much younger than those placed with other carers in the study, and these carers had received their SGO most recently.

Summary: The participants in this factor had held an SGO for the shortest amount of time. The training they received prior to taking on the SGO and the contact with other carers appears to have resulted in a more positive overall experience. The fact that they were a carer couple and able to support each other may also have contributed to the more positive experience.

Factor 5: Giving up the caring role is not an option… but having a supportive family is helpful

This factor is made up of the responses of nine Q-sorts from three participants and has an eigenvalue of 1.8767, accounting for 14% of the variance. There were five statements that loaded significantly on to this factor defining its characteristics (42: -5, 19: -2, 24: -2, 34: -1, 2: +4.) The participants that loaded significantly onto this factor ranged in age from 31 years and above. Two of the carers were biological grandparents for the child in their care, and one was initially a foster carer who had known the child for five years prior to applying for an SGO.

Of significant relevance for this factor is the feeling of being well-supported by family members. All participants who loaded onto this factor strongly agreed with this statement. When speaking about knowing who to call on for support when needed, participant 7

commented *"it was just the family, it was really hard,"* and when speaking about the support received from other services, whether that be health, social care, or education, she commented *"I don't want to throw them under the bus, but they could have done more."* This coincides with another defining statement significant to this factor, which asks whether the cared for children receive the support they need from school. All participants disagreed with this.

At the extreme end of the scale, all participants who loaded onto this factor strongly disagreed that they would want to pass on the caring role. They were all clear that they would like to keep caring for the children for as long as possible. In fact, participant 7 said *"the SGO is like a silent partner, it's just knowing that my granddaughter will be by my side until I'm up there."*

Of final relevance to this factor was the fact that the participants disagreed that the children's behaviours were hard to manage, suggesting that they were managing this well. Participant 6 commented *"wash, clean, feed, easy," "it's stressful but you cope."*

Summary: Participants in this factor portray a more positive experience. Difficulties such as not feeling supported by school appear to be outweighed by feeling supported by family and not struggling to manage the child's behaviours, which has ultimately led to a sense of not wanting to pass on the caring role.

Factor 7: Confused, angry and don't know who to trust

This final factor comes from the responses of one carer across three Q-sorts. It has an Eigenvalue of 1.4085 and accounts for 9% of the variance. The carer whose responses loaded significantly onto this factor is aged 31-40 and is the great-aunt of the child in her care. She has held an SGO for this child for approximately five years. Six statements are of particular significance to this factor (33: -5, 12: -3, 21: -2, 17: -1, 29: 4, 16: 5).

Of particular relevance appears to be that this carer strongly agreed that being a special guardian makes her feel angry. This was rated higher in this factor than any of the others. This may well be due to the fact that the carer did not feel that she had a good bond with the child, and the birth parents were definitely not supportive of the SGO. She commented

"contact is horrendous, probably the worst thing" and she described the contact process as *"awkward."*

Some of the carer's stresses appeared to be linked to the amount of support that she has received. When talking about how she had attempted to call one service for help she recounts *"they asked if the placement was at risk of breaking down, I said no, then they said we can't help you. So I just cried."* She also shared that, whilst at first things appeared to be going well, as time passed *"family and friends backed off and the list of support numbers I had been given didn't work."* This conversation eventually culminated with the carer admitting that she no longer knew where to turn to for support, adding *"I just don't know who to trust."*

There were, however, also some positive defining features to this factor. These included feeling like the child was doing well at school, and not feeling like the child was displaying a lot of unsettled behaviours. It could be hypothesised that having these positive factors amongst the negative ones are the reason that this placement was not at risk of breaking down.

Summary: This participant's positive experiences had become outweighed by the negative. She was feeling let down by services, was struggling with the biological parents and did not feel like she had a good bond with the child. Cumulatively this had led her to feel very angry.

Consensus Statements

Whilst each of the five factors are exclusive of one another, there were two statements that appeared to be consistently ranked throughout all factors. These statements can be seen in Table 5.

Table 5: Consensus Statements

Statement Number	Statement	Rating Given				
		Factor 1	Factor 2	Factor 4	Factor 5	Factor 7
46	School are understanding of SGOs	0	0	-1	0	0
36	I think this is the best place for the child/children to live *	5	5	4	5	4

Note: Non-significant at P<0.05 level

From this it appears that throughout all factors participants were most in agreement regarding being ambivalent about school understanding of SGO's, and agreeing that the best place for the child to live is with them.

Discussion

This study set out to retrospectively explore carers' experiences and perceptions of SGO's over time. Whilst there are published guidelines available advising how SGO's should be implemented, and how carers should be supported, there is limited literature available in this area to suggest whether these guidelines are being followed and what the outcomes for carers are. From analysing the Q-sorts of 10 carers, several accounts were identified that provide insight into how carers experience and perceive SGOs.

Feelings of obligation and reward

This was a significant element of factors 1 and 2. In factor 1 the carers did not feel a strong sense of obligation to take on the role and reported a generally positive experience; however the carer in factor 2 reported a strong sense of obligation and described a largely negative experience. This therefore suggests that there is a relationship between how obliged a carer feels to take on the role and their overall perception of the SGO.

It appears therefore that this is something that needs to be taken into consideration when assessing carers. Current findings however concluded that carers reported feeling pressured to take on the caring role with little guidance and support in thinking about it (Department of Health, 2014). Therefore this does not appear to be something that is being well addressed by services to date.

Feeling a sense of reward from the caring role also appeared to be significant within factors 1 and 2 specifically. When the sense of reward was higher, the outcomes appeared to be more positive. It seems logical to perceive that feeling a sense of satisfaction for any role is likely to result in better outcomes, so there is no reason to expect it to be any different for a caring responsibility such as an SGO.

Preparation and Support

The findings of factor 1 suggest that carers did not understand what an SGO involved. Nor did they feel that this had improved over time. The carers reporting a lack of understanding, however, were some of the most positive about the placement, so knowledge and understanding about the SGO may not be as important as we perceive. What may be more relevant here is the need to make sure that carers are assessed based on their individual needs, rather than providing blanket information and support to everybody.

Three of the identified factors (2, 5, & 7) were characterised by some feeling of being unsupported. This was also a significant concern which was raised by all carers to some extent during the research meeting and one that unfortunately is well documented in the literature. Several studies have concluded that, when comparing the support received by foster carers and kinship carers, kinship carers receive less professional support (Gebel, 1996; Farmer, 2010).

One of the factors highlighted in this study was feeling unsupported financially, and was a big strain for one participant in particular. Again, this is something evidenced in the literature, and an issue which remains unclear due to different services across the country having different rules with regards to financial support of special guardians (Department for Education, 2014).

Feeling unsupported by services in general and not knowing who to turn to for support was another common concern. This was a significant difficulty in factor 7, with a lack of support managing contact with biological parents being a big cause of stress. This brings into question how well guidelines and recommendations are being implemented by services given that a need for ongoing specialist support and specific support around contact with birth families is clearly recommended in the guidelines (Department for Education, 2017).

Contrary to this, however, was the sense of being well-supported by family members, which appeared to be a defining characteristic of factor 7. It could be hypothesised that having this protective factor helps carers to balance out some of the other difficulties, and supports their desire to not give up the caring responsibility.

Training

A topic which had divided opinions was that of sufficient training being received. Whilst the majority of carers interviewed reported attending no training until things reached breaking point, two carers spoke of receiving lots of training opportunities early on, and the positive impact that this had for them. The findings of factor 4 therefore suggests that offering training to carers at the point of taking on the SGO can provide them with the skills they need to make the process a more positive experience, and ultimately improve the outcomes for both the carer and the child. It was also of note that the carers who did report receiving sufficient training were those who had obtained the SGOs most recently, therefore, it could be that this is a change that is already beginning to occur in some services.

Not giving up

A sense that their home is the best place for the child to live and not feeling like the placement is at risk of breaking down, was a common view point across most of the factors. A sense of permanence is extremely important for the wellbeing of looked after children, and is something that they may not experience in foster care. It is also something that is supported by current British research. Farmer (2009 & 2010) concluded from a case file analysis and subsequent interviews, that kinship carers displayed higher levels of commitment to the children and were more likely to persevere for longer when under strain than un-related foster carers were. Whilst this research is not directly comparable, it does

suggest that special guardians do persevere despite being under significant strain in some cases.

Furthermore, a sense that the child feels part of the family was a defining characteristic of factor 1. It could be hypothesised that this may increase the likelihood of the placement being a stable and permanent home for the child. This will also offer the opportunity for children to develop stable attachments to their carers, which we know is important for development and psychological wellbeing (Bowlby, 2005). It is also possible that this is a reason why kinship placements tend to see fewer placements breakdowns than foster placements do (Oosterman et al., 2007).

Non-loading Sorts

One participant did not load onto any of the factors, this was a male carer who currently had five children in his care under an SGO. He had known the children for two years prior to applying for an SGO however he was a foster carer to the children and had no familial link to them. This is the only apparent distinguishing factor that may separate this carer from the others. However, the other foster carer in the sample did load onto one of the factors therefore it is unclear why this carer seemed to have such different experiences.

Clinical Implications

The findings suggest that on the whole special guardians have a strong sense that the best place for the child to be living is with them, therefore services have a duty to make sure that they are being supported in the best possible way.

With regards to the importance of feeling a sense of obligation to take on the role as highlighted in factors 1 and 2, an awareness of the impact that this could have should be held in mind by professionals, and attempts made to try and balance prioritising timely permanence for young people whilst giving prospective carers the opportunity to fully consider what they are taking on-board. It was of note that some of the more negative responses came from a grandparent and great aunt, therefore, it could be considered

whether closer family members may need more space to consider this role, given the greater sense of obligation they may feel to accept it.

Furthermore, as also highlighted in factors 1 and 2, carers felt unprepared to take on the role and had little understanding of what an SGO is. This is supported by the findings of the Department of Health's research document (2014), and therefore suggests that more preparatory work for carers who are considering applying for an SGO would be beneficial. It is also important for this work to be individualised to each carer's specific needs.

Factors 2 and 7 highlighted a feeling of being unsupported. Eight of the ten carers interviewed reported that they received no specific training or support until they began to struggle and sought help themselves from a specialist service. This led to some reporting feelings of anger, stress, isolation, confusion and sadness. Current recommendations in England by the National Institute of Clinical Excellence (NICE) are to "*Ensure foster carers and their families (including carers who are family or friends) receive high quality ongoing support packages"* (NICE, 2010, p.51). It appears that this is a clear gap in services, however, and this should be addressed moving forwards.

Possible options that may address these issue are: 1) more training prior to applying for the SGO, specifically around the complexity of attachment, how a child's prior experiences may impact their current behaviours, and managing contact with biological families; 2) more opportunities for peer support and meeting with other SGO's possibly via support groups; and 3) ongoing contact from services on a needs-led basis, including having clear and up-to-date guidance about where to turn to for support, if it is needed.

Finally, it appears that carers report a more positive experience when they claim the child is part of their family. Consideration should be given to whether there is a need to psychologically assess the bond between the child and potential carer prior to the SGO being sought, as not feeling like there is good bond between the carer and child was a significant contributor to an overall negative experience within factor 7. This could be done using tools such as the Marschak Interaction Method (Marschak, 1960), or the Working Model of the Child Interview (Benoit et al., 1997).

Future Research

This study has explored the experiences faced by special guardians in the caring role that they undertake, however, there is scope for further work in this field to be done. Whilst the use of Q-method was appropriate due to the lack of current research to date, there is opportunity to further explore carer's experiences using a more qualitative approach, allowing them the time to properly share their stories. It would also be beneficial to hear the views of a larger sample of carers across a larger geographical area to support the generalisability of findings.

Further areas of interest also include, but are not limited to; comparing experiences of family members and non-related foster cares, exploring long-term outcomes of children placed under an SGO, exploring children's perspectives of SGO's, exploring biological parents' perspectives of SGOs, exploring the impact of interventions such as training/research/role preparation given disparities in this across the country, and finally research on Special Guardians' own attachment style and the impact on long-term outcomes.

Limitations

Whilst the results of this study were generated from 30 Q-sorts, this data is based on ten individual carers and it is difficult to generalise these findings to the wider population of special guardians. It is also of note that, whilst the five-factor model accounted for a reasonable amount of variance, some factors only pertained to the responses of a single participant. Similarly, the findings are based on a sample of carers in the West Midlands only, and therefore we cannot discount that carers may have differing experiences in other geographical locations.

Furthermore, during conversations with the participants, some made reference to the lack of statements relating to contact arrangements between the child and their birth family. This is something that special guardians are expected to manage themselves and it appeared to be a challenge for some carers. Therefore the Q-set may not have comprehensively covered all possible experiences that SGO's may encounter. This is

something to be mindful of when considering future research, for example, there could be a role for service user and carer consultation.

Conclusion

To the best of the researcher's knowledge, this is the first empirical study to explore carers' experiences and perceptions of SGOs. Several common experiences amongst special guardians, both positive and negative were concluded. These include feeling as if the child in their care is one of the family and having no desire to end their caring role, seeing the role as rewarding and reporting the benefit of receiving training early on. Participants also expressed some areas of concern however that were linked to more negative overall experiences. These included feeling unsupported, feeling a strong obligation to take on the caring role, and not feeling prepared for what to expect.

Consequently the study highlights a need for services to better prepare carers for the role they are taking on, and to better support them if times of difficulty arise. Whilst there are some limitations to this study, it does provide a clear basis for which further research in this area should be considered.

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Appendices Contents

Appendix A: University Ethical Approval

INDEPENDENT PEER REVIEW APPROVAL FEEDBACK

Researcher Name Kate Woodward

Title of Study Exploring carers experiences when granted Special Guardianship Orders (SGO's)

Award Pathway DClinPsy

Status of approval: **Approved**

Thank you for forwarding the amendments requested by the Independent Peer Review Panel (IPR)

Action now needed:

You must now apply through the Integrated Research Applications System (IRAS) for approval to conduct your study. You must not commence the study without this second approval. Please note that for the purposes of the IRAS form, the university sponsor is [redacted]

Please forward a copy of the letter you receive from the IRAS process to [redacted] as soon as possible after you have received approval.

Once you have received approval you can commence your study. You should be sure to do so in consultation with your supervisor.

You should note that any divergence from the approved procedures and research method will invalidate any insurance and liability cover from the University. You should, therefore, notify the Panel of any significant divergence from this approved proposal.

When your study is complete, please send the the IPR coordinator ([redacted]) an end of study report. A template can be found on the ethics BlackBoard site.

Comments for your consideration:

One reviewer notes that, "it is not appropriate to say that a method was chosen because of a lack of time. Methods should be chosen because they are appropriate to answer the question being posed. I strongly suggest that for her write up she makes sure that she finds a reference or two that supports the use of retrospective methods."

[redacted]

Signed: [redacted] **Date**: 23.5.18
University IPR coordinator

Appendix B: HRA Approval

Ymchwil Iechyd a Gofal Cymru
Health and Care Research Wales

NHS
Health Research Authority

[redacted]

Email: hra.approval@nhs.net
Research-permissions@wales.nhs.uk

05 September 2018

Dear Miss Woodward

HRA and Health and Care Research Wales (HCRW) Approval Letter

Study title:	**An exploration of the experiences of carers granted special guardianship orders (SGOs). Are there differences in the way that people perceive SGO's from the point of applying for one, to the point of having a child in their care? A Q-methodology study.**
IRAS project ID:	**243627**
Protocol number:	**N/A**
REC reference:	**18/WM/0201**
Sponsor	**Staffordshire University**

I am pleased to confirm that HRA and Health and Care Research Wales (HCRW) Approval has been given for the above referenced study, on the basis described in the application form, protocol, supporting documentation and any clarifications received. You should not expect to receive anything further relating to this application.

How should I continue to work with participating NHS organisations in England and Wales?
You should now provide a copy of this letter to all participating NHS organisations in England and Wales, as well as any documentation that has been updated as a result of the assessment.

Following the arranging of capacity and capability, participating NHS organisations should **formally confirm** their capacity and capability to undertake the study. How this will be confirmed is detailed in the "*summary of assessment*" section towards the end of this letter.

You should provide, if you have not already done so, detailed instructions to each organisation as to how you will notify them that research activities may commence at site following their confirmation of capacity and capability (e.g. provision by you of a 'green light' email, formal notification following a site

initiation visit, activities may commence immediately following confirmation by participating organisation, etc.).

It is important that you involve both the research management function (e.g. R&D office) supporting each organisation and the local research team (where there is one) in setting up your study. Contact details of the research management function for each organisation can be accessed here.

How should I work with participating NHS/HSC organisations in Northern Ireland and Scotland?
HRA and HCRW Approval does not apply to NHS/HSC organisations within the devolved administrations of Northern Ireland and Scotland.

If you indicated in your IRAS form that you do have participating organisations in either of these devolved administrations, the final document set and the study wide governance report (including this letter) has been sent to the coordinating centre of each participating nation. You should work with the relevant national coordinating functions to ensure any nation specific checks are complete, and with each site so that they are able to give management permission for the study to begin.

Please see IRAS Help for information on working with NHS/HSC organisations in Northern Ireland and Scotland.

How should I work with participating non-NHS organisations?
HRA and HCRW Approval does not apply to non-NHS organisations. You should work with your non-NHS organisations to obtain local agreement in accordance with their procedures.

What are my notification responsibilities during the study?
The document "*After Ethical Review – guidance for sponsors and investigators*", issued with your REC favourable opinion, gives detailed guidance on reporting expectations for studies, including:

- Registration of research
- Notifying amendments
- Notifying the end of the study

The HRA website also provides guidance on these topics, and is updated in the light of changes in reporting expectations or procedures.

I am a participating NHS organisation in England or Wales. What should I do once I receive this letter?
You should work with the applicant and sponsor to complete any outstanding arrangements so you are able to confirm capacity and capability in line with the information provided in this letter.

IRAS project ID	243627

The sponsor contact for this application is as follows

Name: Nachi Chockalingam
Tel: 01785 353762
Email: N.Chockalingam@staffs.ac.uk

Who should I contact for further information?
Please do not hesitate to contact me for assistance with this application. My contact details are below.

Your IRAS project ID is **243627.** Please quote this on all correspondence.

Yours sincerely

[redacted]
Health Research Authority
[redacted]
[redacted]
[redacted]
www.hra.nhs.uk

Copy to: [redacted]

IRAS project ID	243627

List of Documents

The final document set assessed and approved by HRA and HCRW Approval is listed below.

Document	*Version*	*Date*
Evidence of Sponsor insurance or indemnity (non NHS Sponsors only) [Professional indemnity]		14 July 2017
HRA Statement of Activities [HRA assessed]	2.0	25 July 2018
IRAS Application Form [IRAS_Form_19062018]		19 June 2018
Letter from sponsor [IPR approval letter]		23 May 2018
Non-validated questionnaire [Demographic questionnaire]	2	18 July 2018
Other [Amendements]	1	14 August 2018
Other [Email from KW]		03 September 2018
Other [Second superviosr CV]	1	25 November 2016
Other [Q Methodology procedure]		
Participant consent form [Consent form]	2	18 July 2018
Participant information sheet (PIS) [Participant information sheet]	2	18 July 2018
Participant information sheet (PIS) [Participant information sheet]	3	30 August 2018
Research protocol or project proposal [Research Proposal]	4	05 June 2018
Summary CV for Chief Investigator (CI) [CV - Katie Woodward]		06 June 2018
Summary CV for supervisor (student research) [Supervisor CV]		06 June 2018

IRAS project ID	243627

Summary of assessment

The following information provides assurance to you, the sponsor and the NHS in England and Wales that the study, as assessed for HRA and HCRW Approval, is compliant with relevant standards. It also provides information and clarification, where appropriate, to participating NHS organisations in England and Wales to assist in assessing, arranging and confirming capacity and capability.

Assessment criteria

Section	Assessment Criteria	Compliant with Standards?	Comments
1.1	IRAS application completed correctly	Yes	No comments
2.1	Participant information/consent documents and consent process	Yes	No comments
3.1	Protocol assessment	Yes	No comments
4.1	Allocation of responsibilities and rights are agreed and documented	Yes	A statement of activities will act as agreement of an NHS organisation to participate. The sponsor is not requesting and does not expect any other site agreement.
4.2	Insurance/indemnity arrangements assessed	Yes	The Sponsor holds professional indemnity. NHS liability only applies to the conduct of the study
4.3	Financial arrangements assessed	Yes	No application for funding is being made. No funding is being made to participating NHS organisations.
5.1	Compliance with the Data Protection Act and data security issues assessed	Yes	No comments
5.2	CTIMPS – Arrangements for compliance with the Clinical Trials Regulations assessed	Not Applicable	No comments
5.3	Compliance with any	Yes	No comments

Section	Assessment Criteria	Compliant with Standards?	Comments
	applicable laws or regulations		
6.1	NHS Research Ethics Committee favourable opinion received for applicable studies	Yes	No comments
6.2	CTIMPS – Clinical Trials Authorisation (CTA) letter received	Not Applicable	No comments
6.3	Devices – MHRA notice of no objection received	Not Applicable	No comments
6.4	Other regulatory approvals and authorisations received	Not Applicable	No comments

Participating NHS Organisations in England and Wales

This provides detail on the types of participating NHS organisations in the study and a statement as to whether the activities at all organisations are the same or different.
All organisations will be undertaking the same activity (i.e. there is only one 'site-type') which is Participant Identification activity and room facilitation. The Chief Investigator or sponsor should share relevant study documents with participating NHS organisations (in England and Wales in order to put arrangements in place to deliver the study. The documents should be sent to both the local study team, where applicable, and the office providing the research management function at the participating organisation. If chief investigators, sponsors or principal investigators are asked to complete site level forms for participating NHS organisations in England and Wales which are not provided in IRAS or on the HRA or HCRW websites, the chief investigator, sponsor or principal investigator should notify the HRA immediately at hra.approval@nhs.net, or HCRW at Research-permissions@wales.nhs.uk. We will work with these organisations to achieve a consistent approach to information provision.

IRAS project ID	243627

Principal Investigator Suitability

This confirms whether the sponsor's position on whether a PI, LC or neither should be in place is correct for each type of participating NHS organisation in England and Wales, and the minimum expectations for education, training and experience that PIs should meet (where applicable).
This is an educational study with appropriate academic supervision. The student is acting as Chief Investigator and has GCP training. The CI will be supported on consent processes through academic supervision. GCP training is not a generic training expectation, in line with the HRA/HCRW/MHRA statement on training expectations.

HR Good Practice Resource Pack Expectations

This confirms the HR Good Practice Resource Pack expectations for the study and the pre-engagement checks that should and should not be undertaken.
It is likely that HR arrangements will be required. The CI has a substantive NHS contract but is likely to visit an NHS organisation with whom she does not have direct employment. It's expected, therefore, that research staff undertaking any of the research activities listed in A18 or A19 of the IRAS form would be expected to obtain an NHS to NHS confirmation of pre-engagement checks letter.. These should confirm enhanced DBS checks, including appropriate barred list checks, and occupational health clearance

Other Information to Aid Study Set-up

This details any other information that may be helpful to sponsors and participating NHS organisations in England and Wales in study set-up.
The applicant has indicated that they do not intend to apply for inclusion on the NIHR CRN Portfolio.

Appendix C: REC Approval

NHS
Health Research Authority

West Midlands - Coventry & Warwickshire Research Ethics Committee
The Old Chapel
Royal Standard Place
Nottingham

Please note: This is the favourable opinion of the REC only and does not allow you to start your study at NHS sites in England until you receive HRA Approval

05 September 2018

[redacted]

Dear Miss Woodward

Study title:	**An exploration of the experiences of carers granted special guardianship orders (SGOs). Are there differences in the way that people perceive SGO's from the point of applying for one, to the point of having a child in their care? A Q-methodology study.**
REC reference:	**18/WM/0201**
Protocol number:	**N/A**
IRAS project ID:	**243627**

Thank you for your letter of 03/09/2018, responding to the Proportionate Review Sub-Committee's request for changes to the documentation for the above study.

The revised documentation has been reviewed and approved by the sub-committee.

We plan to publish your research summary wording for the above study on the HRA website, together with your contact details. Publication will be no earlier than three months from the date of this favourable opinion letter. The expectation is that this information will be published for all studies that receive an ethical opinion but should you wish to provide a substitute contact point, wish to make a request to defer, or require further information, please contact please contact hra.studyregistration@nhs.net outlining the reasons for your request.

Under very limited circumstances (e.g. for student research which has received an unfavourable opinion), it may be possible to grant an exemption to the publication of the study.

Confirmation of ethical opinion

On behalf of the Committee, I am pleased to confirm a favourable ethical opinion for the above research on the basis described in the application form, protocol and supporting documentation as revised.

Conditions of the favourable opinion

The REC favourable opinion is subject to the following conditions being met prior to the start of the study.

Management permission must be obtained from each host organisation prior to the start of the study at the site concerned.

Management permission should be sought from all NHS organisations involved in the study in accordance with NHS research governance arrangements. Each NHS organisation must confirm through the signing of agreements and/or other documents that it has given permission for the research to proceed (except where explicitly specified otherwise).

Guidance on applying for HRA and HCRW Approval (England and Wales)/ NHS permission for research is available in the Integrated Research Application System, at www.hra.nhs.uk or at http://www.rdforum.nhs.uk.

Where a NHS organisation's role in the study is limited to identifying and referring potential participants to research sites ("participant identification centre"), guidance should be sought from the R&D office on the information it requires to give permission for this activity.

For non-NHS sites, site management permission should be obtained in accordance with the procedures of the relevant host organisation.

Sponsors are not required to notify the Committee of management permissions from host organisations.

Registration of Clinical Trials

All clinical trials (defined as the first four categories on the IRAS filter page) must be registered on a publically accessible database. This should be before the first participant is recruited but no later than 6 weeks after recruitment of the first participant.

There is no requirement to separately notify the REC but you should do so at the earliest opportunity e.g. when submitting an amendment. We will audit the registration details as part of the annual progress reporting process.

To ensure transparency in research, we strongly recommend that all research is registered but for non-clinical trials this is not currently mandatory.

If a sponsor wishes to request a deferral for study registration within the required timeframe, they should contact hra.studyregistration@nhs.net. The expectation is that all clinical trials will

be registered, however, in exceptional circumstances non registration may be permissible with prior agreement from the HRA. Guidance on where to register is provided on the HRA website.

It is the responsibility of the sponsor to ensure that all the conditions are complied with before the start of the study or its initiation at a particular site (as applicable).

Ethical review of research sites

The favourable opinion applies to all NHS sites taking part in the study, subject to management permission being obtained from the NHS/HSC R&D office prior to the start of the study (see "Conditions of the favourable opinion" above).

Approved documents

The documents reviewed and approved by the Committee are:

Document	*Version*	*Date*
Evidence of Sponsor insurance or indemnity (non NHS Sponsors only) [Professional indemnity]		14 July 2017
IRAS Application Form [IRAS_Form_19062018]		19 June 2018
Letter from sponsor [IPR approval letter]		23 May 2018
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Research protocol or project proposal [Research Proposal]	4	05 June 2018
Summary CV for Chief Investigator (CI) [CV - Katie Woodward]		06 June 2018
Summary CV for supervisor (student research) [Supervisor CV]		06 June 2018

Statement of compliance

The Committee is constituted in accordance with the Governance Arrangements for Research Ethics Committees and complies fully with the Standard Operating Procedures for Research Ethics Committees in the UK.

After ethical review

Reporting requirements

The attached document "After ethical review – guidance for researchers" gives detailed guidance on reporting requirements for studies with a favourable opinion, including:

- Notifying substantial amendments
- Adding new sites and investigators

- Notification of serious breaches of the protocol
- Progress and safety reports
- Notifying the end of the study

The HRA website also provides guidance on these topics, which is updated in the light of changes in reporting requirements or procedures.

Feedback

You are invited to give your view of the service that you have received from the Research Ethics Service and the application procedure. If you wish to make your views known please use the feedback form available on the HRA website:
http://www.hra.nhs.uk/about-the-hra/governance/quality-assurance

We are pleased to welcome researchers and R & D staff at our RES Committee members' training days – see details at http://www.hra.nhs.uk/hra-training/

18/WM/0201	**Please quote this number on all correspondence**

With the Committee's best wishes for the success of this project.

Yours sincerely

[redacted]

Enclosures: *"After ethical review – guidance for researchers" [SL-AR2]*

Copy to: [redacted]

Appendix D: Q-set

1. I feel well supported by social care services
2. I feel well supported by my family members
3. I feel well supported by my friends
4. I feel well supported financially
5. I feel well supported by mental health services
6. I often speak with other special guardians
7. I'm glad the child/children are on an SGO
8. I have received sufficient training to be a special guardian
9. Being a special guardian has put pressure on my own family
10. The child/children I care for have a good relationship with their birth parents
11. I have a good relationship with the child/children's birth parents
12. I have a good bond with the child/children I care for
13. The child/children are easy to care for
14. I think the child/children are happy
15. I think the child/children feel settled
16. The child/children are doing well at school
17. I think the child/children feel safe
18. I think the child/children feel part of my family
19. I find managing the child/children's difficulties hard
20. The child/children I care for display a lot of challenging behaviour
21. The child/children I care for display a lot of unsettled behaviours
22. I understand the child/children's behaviour
23. I feel that the child/children receive the support that they need from mental health services
24. I feel that the child/children receives the support they need from school
25. The placement is at risk of breaking down
26. Being a special guardian makes me feel stressed
27. Being a special guardian makes me worry a lot
28. Being a special guardian makes me feel happy
29. Being a special guardian makes me feel angry
30. I'm struggling with my own mental health
31. I think this caring role is putting too much strain on me
32. I understand what an SGO involves
33. The birth parents are supportive of the SGO
34. A faith is important in our household
35. Being a special guardian is rewarding
36. I think this is the best place for the child/children to live
37. I know what my rights are as a special guardian
38. I know who I can call for support if I need it
39. My social life has suffered as a consequence of my caring responsibilities
40. My relationships have been affected by my caring responsibilities
41. My home is overcrowded
42. I would like to pass on the caring responsibilities to somebody else

43. I feel an obligation to take on this caring role
44. I'm concerned about my ability to provide long-term care
45. Other people around me understand what SGOs are
46. School are understanding of SGOs
47. I understand how what the child(ren) experienced before I cared for them may have affected them

Appendix E: Participant Information Sheet

Participant Information Sheet

Study Title: Exploring carers experiences when granted Special Guardianship Orders

Researcher: Katie Woodward (Trainee Clinical Psychologist)
This project is being carried out in partial fulfilment of the requirements of Staffordshire University for the award of Professional Doctorate in Clinical Psychology. This study has also been reviewed by Coventry and Warwick Research Ethics Committee.

Introduction:

Special Guardianship Orders (SGOs) are a relatively new way of allowing carers to apply for an order through the courts which will grant them parental responsibility, and allow for a secure long-term placement for that child. It can also maintain the links with the child's birth parent(s) which some formal adoptions may not.

Limited research has been carried out to examine the perspectives of those carers granted SGOs since their introduction in 2005. We would like to be able to gain a clearer understanding of the perspectives of carers granted SGOs and we would be interested to know how their perspectives of the SGO change over time from applying for the order, being granted the order, and living day to day life as a carer for that child.

What's involved?

Firstly you will have the opportunity to discuss this information sheet and any questions or concerns that you may have with the researcher. The consent procedure will also be explained to you. Following a 24 hour period if you are happy to take part in the study you will meet with the researcher for approximately 1 hour at a mutually agreed location. You will initially be asked to read and complete a short consent form, and then complete a short questionnaire about your current circumstances. You will then be shown a series of statements relating to SGO's and you will asked to rate the statements on a scale from -5 (completely disagree) to +5 (completely agree). We would ask you to do this 3 times, once from the perspective of how you felt whilst you were in the process of applying for the SGO, once thinking about how you felt once the SGO had been granted, and once thinking about your current perspective now that you have the child/children in your care. This will all be done during the same appointment.

What are the possible benefits and disadvantages of taking part?

There may not be any direct advantage to you as an individual, however hopefully this research will be able to give you the opportunity to express your perspectives about SGOs. There is also the possibility that the findings could have an impact on service developments and therefore the support provided by services for carers.

The only possible disadvantage is that depending on your individual experiences, you may find some of the statements potentially upsetting. If this does happen we would suggest that you take a break from what you are doing. If you continue to feel distressed you may wish to talk it over with a friend or family member. Alternatively you may wish to discuss any difficulties with your GP or a professional who is already involved with your family. Details of further support agencies can be found at the end of the participant information sheet.

What will happen if I don't want to continue with this study?

You are free to leave the study at any time without giving a reason, and you may ask for your data to be removed up until December 2018 when the research will be completed. If you do want to have your data removed from the study please contact the principal researcher (Katie Woodward) using the contact details below.

How will my information be kept confidential?

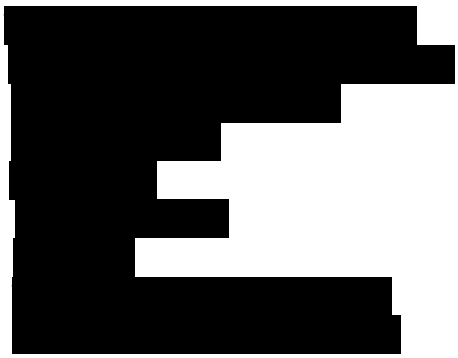
When we receive your responses to the statements they will be entered onto a secure database and you will be identified using a unique number rather than your name to maintain anonymity. All of the information from the questionnaires will be kept securely for 10 years in accordance with university regulations. It will then be destroyed.

What will happen to the results of this study?

No individual results will be released. The overall conclusions will be reported and written up in a paper for a peer reviewed journal. The results may also be disseminated through conference presentations, teaching and training.

Further information and contact details

If you have any further questions or concerns about this study then do not hesitate to contact the principal researcher, Katie Woodward, using the contact details below.



Complaints Procedure:
Please contact either of the academic research supervisors using the contact details above. Alternatively please contact Staffordshire University on 01782 294000.

Further Information regarding your data

Staffordshire University is the sponsor for this study based in the United Kingdom. We will be using information from you in order to undertake this study and will act as the data controller for this study. This means that we are responsible for looking after your information and using it properly. Staffordshire University will keep identifiable information about you for 10 years after the study has finished.

Your rights to access, change or move your information are limited, as we need to manage your information in specific ways in order for the research to be reliable and accurate. If you withdraw from the study, we will keep the information about you that we have already obtained. To safeguard your rights, we will use the minimum personally-identifiable information possible.

You can find out more about how we use your information by contacting any of the named professionals identified above.

The researcher will use your name and contact details to contact you about the research study, and to oversee the quality of the study. Individuals from Staffordshire University and regulatory organisations may look at your research records to check the accuracy of the research study. The researcher will pass these details to Staffordshire University along with the information collected from you. The only people in Staffordshire University who will have access to information that identifies you will be people who need to contact you or audit the data collection process.

Additional sources of support

The Samaritans

The Samaritans offer a confidential telephone service and can be contacted 24 hours a day, 7 days a week by: [redacted]

The Staffordshire Carers Hub

Offering advice and information to carers in the Stoke and Staffordshire region: [redacted]

Grandparents Plus

Offering support and advice to grandparents and kinship carers nationally
Phone: [redacted]

Appendix F: Participant Consent Form:

IRAS ID: 243627

Participant Identification Number:

CONSENT FORM

Title of Project: Exploring carers experiences when granted Special Guardianship Orders

Name of Researcher: Katie Woodward

Please initial box

1. I confirm that I have read the information sheet dated 18.07.18 (version 2) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason. ☐
3. I understand that if I choose to withdraw from the study once the data analysis has begun, the researcher retains the right to continue using my data. ☐
4. I understand that my data will remain anonymous and will only be identified by a unique number. The findings will however be used for publication of an article within a peer reviewed journal, and may be used for conference presentations, teaching or training. ☐
5. I agree to take part in the above study. ☐

Name of Participant	Date	Signature
Katie Woodward		
Name of Person taking consent	Date	Signature

Appendix G: Demographics Questionnaire

IRAS ID: 243627

Participant Identification Number:

Title of Project: Exploring carers experiences when granted Special Guardianship Orders

Demographic Questionnaire

The purpose of this questionnaire is for you to provide some basic background information about yourself and your experiences of caring for a child under a special guardianship order.

Demographic Information

1. Gender: Male ☐ Female ☐

2. Age: 18-20 ☐ 21-30 ☐ 31-40 ☐ 41-50 ☐ 51+ ☐

3. How long ago were you granted the SGO?

   .....

4. How many children do you have in your care under an SGO?

   .....

5. What was your relationship to the child(ren) , if any, prior to applying for the SGO (e.g. grandparent, aunty, uncle etc)?

   .....

6. For how long had you known the child(ren) prior to applying for the SGO?

   .....

7. Does the child(ren) have ongoing contact with their birth parents?

   Yes ☐ No ☐

8. How did you first hear about SGOs?

……

……

9. What support do you receive from professional services, if any?

……

……

……

……

10. What difficulties, if any, were you aware that the child(ren) had?

……

……

……

……

11. Did you receive any additional training to support you in managing these difficulties?

……

……

……

Appendix H: Condition of Instruction Sheets

Please rank these statements based on your experiences of applying for a special guardianship order (SGO) and your thoughts and experiences about being a special guardian.

Please think about how these statements related to you at the point in which you were applying for the SGO.

When ranking the statements please remember that the statements are about your views as a special guardian and they relate the child or children that you currently have in your care.

Please rank these statements based on your experiences of applying for a special guardianship order (SGO) and your thoughts and experiences about being a special guardian.

Please think about how these statements related to you at the point in which you were awarded the SGO.

When ranking the statements please remember that the statements are about your views as a special guardian and they relate the child or children that you currently have in your care.

Please rank these statements based on your experiences of applying for a special guardianship order (SGO) and your thoughts and experiences about being a special guardian.

Please think about how these statements relate to you and your situation at the present time.

When ranking the statements please remember that the statements are about your views as a special guardian and they relate the child or children that you currently have in your care.

Appendix I: Factor Arrays

Composite Q sort for Factor 1

-5	-4	-3	-2	-1	0	1	2	3	4	5
13	26	**◄ 32	8	9	28	23	1	12	14	36
25	42	29	30	39	21	3	11	15	**► 35	*► 18
	44	19	37	27	**► 45	*► 33	47	10	34	
		41	31	40	16	* 43	24	17		
			6	2	46	7	4			
				38	5	22				
					20					

Legend

* Distinguishing statement at P< 0.05

** Distinguishing statement at P< 0.01

► z-Score for the statement is higher than in all the other factors

◄ z-Score for the statement is lower than in all the other factors

Composite Q sort for Factor 2

-5	-4	-3	-2	-1	0	1	2	3	4	5
**◄ 8	6	**◄ 35	*◄ 47	30	46	20	17	32	12	**► 43
**◄ 4	13	45	3	9	26	44	2	37	40	36
	34	23	16	28	*► 31	11	39	24	38	
		**◄ 22	25	7	**◄ 14	18	15	10		
			*◄ 5	27	** 29	21	19			
				33	41	1				
					42					

Legend

* Distinguishing statement at P< 0.05

** Distinguishing statement at P< 0.01

► z-Score for the statement is higher than in all the other factors

◄ z-Score for the statement is lower than in all the other factors

Composite Q sort for Factor 4

-5	-4	-3	-2	-1	0	1	2	3	4	5
**◀ 21	**◀ 20	33	3	46	24	** 12	**▶ 6	34	36	15
25	30	27	31	* 10	38	28	1	7	14	**▶ 8
	29	19	44	16	39	32	2	17	37	
		42	45	43	11	** 40	18	22		
			26	13	23	41	35			
				9	4	47				
					5					

Legend

* Distinguishing statement at P< 0.05

** Distinguishing statement at P< 0.01

▶ z-Score for the statement is higher than in all the other factors

◀ z-Score for the statement is lower than in all the other factors

Composite Q sort for Factor 5

-5	-4	-3	-2	-1	0	1	2	3	4	5
29	44	33	1	43	26	18	17	47	12	36
**◄ 42	45	23	31	41	46	30	35	14	*► 2	7
25	10	* 19	40	16	21	9	28	15		
11	**◄ 24	27	8	22	3	20				
39	** 34	13	5	32						
6	38	4								
37										

Legend

* Distinguishing statement at P< 0.05

** Distinguishing statement at P< 0.01

► z-Score for the statement is higher than in all the other factors

◄z-Score for the statement is lower than in all the other factors

Composite Q sort for Factor 7

-5	-4	-3	-2	-1	0	1	2	3	4	5
34	45	**◄ 12	31	15	39	**► 27	9	22	36	**► 16
**◄ 33	11	37	* 21	8	20	35	18	14	40	32
	30	41	43	1	7	3	26	28	**► 29	
		6	13	**◄ 17	46	5	47	38		
			10	42	4	23	19			
				25	2	24				
					44					

Legend

* Distinguishing statement at P< 0.05

** Distinguishing statement at P< 0.01

► z-Score for the statement is higher than in all the other factors

◄ z-Score for the statement is lower than in all the other factors

Appendix J: Ken Q Outputs

Cumulative Communalities Matrix								
Part.Num.	Participan	Factor 1	Factor 2	Factor 3	Factor 4	Factor 5	Factor 6	Factor 7
1	1a	0.1941	0.2087	0.2087	0.2316	0.2413	0.2416	0.3177
2	1b	0.1427	0.298	0.3051	0.3323	0.3749	0.3759	0.6452
3	1c	0	0.2357	0.2538	0.3647	0.431	0.4388	0.4718
4	2a	0.7281	0.7417	0.7417	0.7457	0.7619	0.7622	0.8105
5	2b	0.7281	0.7417	0.7417	0.7457	0.7619	0.7622	0.8105
6	2c	0.5966	0.6555	0.6563	0.6633	0.6986	0.6995	0.7232
7	3a	0.411	0.5491	0.5575	0.7121	0.7444	0.7507	0.7831
8	3b	0.4541	0.604	0.614	0.7917	0.809	0.8162	0.8628
9	3c	0.4353	0.5111	0.5137	0.7028	0.7305	0.7394	0.7835
10	4a	0.3891	0.6236	0.6489	0.7715	0.7803	0.7841	0.8287
11	4b	0.4278	0.6216	0.6385	0.7954	0.8013	0.8072	0.8518
12	4c	0.4903	0.5211	0.5216	0.6526	0.667	0.6719	0.7261
13	5a	0.4054	0.5307	0.5377	0.5893	0.7207	0.7337	0.7351
14	5b	0.4265	0.5224	0.5265	0.579	0.723	0.7379	0.7401
15	5c	0.4186	0.5444	0.5514	0.5844	0.7071	0.7166	0.7199
16	6a	0.347	0.3941	0.3946	0.4692	0.6544	0.6668	0.7393
17	6b	0.347	0.3941	0.3946	0.4692	0.6544	0.6668	0.7393
18	6c	0.2804	0.4247	0.4307	0.4307	0.447	0.447	0.5758
19	7a	0.4598	0.474	0.4741	0.5834	0.6331	0.6395	0.6684
20	7b	0.4598	0.474	0.4741	0.5834	0.6331	0.6395	0.6684
21	7c	0.449	0.4666	0.4668	0.5896	0.6342	0.6415	0.6756
22	8a	0.1013	0.3287	0.3453	0.4134	0.555	0.5687	0.6347
23	8b	0.1013	0.3287	0.3453	0.4134	0.555	0.5687	0.6347
24	8c	0.023	0.3675	0.4111	0.4279	0.4881	0.4901	0.5371
25	9a	0.5467	0.5611	0.5612	0.5999	0.6532	0.655	0.6579
26	9b	0.5467	0.5611	0.5612	0.5999	0.6532	0.655	0.6579
27	9c	0.5622	0.5626	0.5626	0.6284	0.7195	0.725	0.7258
28	10a	0.379	0.3957	0.3959	0.3959	0.4484	0.4496	0.4917
29	10b	0.379	0.3957	0.3959	0.3959	0.4484	0.4496	0.4917
30	10c	0.2719	0.3337	0.3346	0.4478	0.4565	0.4619	0.4629
Cumulative % Expln Var		38	48	49	56	62	63	68

Factor Matrix with defining sorts flagged

	Q sort	Factor 1	Factor 2	Factor 4	Factor 5	Factor 7
	1a	0.1682	-0.0013	0.1654	0.1843	0.4753
	1b	-0.0525	0.0507	0.1162	0.1228	0.7815
	1c	-0.1759	0.0661	-0.3208	0.159	0.5243
	2a	0.48	0.2446	0.3962	0.2599	0.5189
	2b	0.48	0.2446	0.3962	0.2599	0.5189
	2c	0.4458	0.3563	0.2706	0.2213	0.5055
	3a	0.1669	-0.0556	0.8167	0.2836	0.068
	3b	0.1985	-0.0368	0.8692	0.2449	0.0816
	3c	0.124	0.0178	0.8211	0.2747	0.124
	4a	0.3695	-0.0332	0.8264	0.065	0.011
	4b	0.3374	0.0091	0.8532	0.0926	0.0279
	4c	0.2979	0.1731	0.7381	0.1067	0.1873
	5a	0.7999	0.0293	0.2815	0.1013	0.063
	5b	0.804	0.0693	0.2647	0.1077	0.0816
	5c	0.778	0.0482	0.3107	0.1182	0.0382
	6a	-0.0934	0.3149	0.3288	0.7159	0.0911
	6b	-0.0934	0.3149	0.3288	0.7159	0.0911
	6c	0.1234	0.4666	0.001	0.5615	0.1417
	7a	0.4724	-0.0662	0.1141	0.6194	0.2089
	7b	0.4724	-0.0662	0.1141	0.6194	0.2089
	7c	0.492	-0.0735	0.097	0.6162	0.1947
	8a	0.1258	0.7817	0.0573	0.0375	0.0321
	8b	0.1258	0.7817	0.0573	0.0375	0.0321
	8c	-0.0219	0.7047	-0.131	0.037	0.1222
	9a	0.4148	-0.0483	0.2732	0.5798	0.2667
	9b	0.4148	-0.0483	0.2732	0.5798	0.2667
	9c	0.3713	-0.0387	0.2111	0.6381	0.3669
	10a	0.539	0.2341	0.2679	0.2549	-0.0167
	10b	0.539	0.2341	0.2679	0.2549	-0.0167
	10c	0.4032	0.2101	-0.06	0.2511	0.4344
%Explained Variance		17	9	18	14	9

Free Distribution Data Results

	Q sort	Mean	St.Dev.
1	1a	0	2.638
2	1b	0	2.638
3	1c	0	2.638
4	2a	0	2.638
5	2b	0	2.638
6	2c	0	2.638
7	3a	0	2.638
8	3b	0	2.638
9	3c	0	2.638
10	4a	0	2.638
11	4b	0	2.638
12	4c	0	2.638
13	5a	0	2.638
14	5b	0	2.638
15	5c	0	2.638
16	6a	0	2.638
17	6b	0	2.638
18	6c	0	2.638
19	7a	0	2.638
20	7b	0	2.638
21	7c	0	2.638
22	8a	0	2.638
23	8b	0	2.638

24	**8c**	**0**	**2.638**
25	**9a**	**0**	**2.638**
26	**9b**	**0**	**2.638**
27	**9c**	**0**	**2.638**
28	**10a**	**0**	**2.638**
29	**10b**	**0**	**2.638**
30	**10c**	**0**	**2.638**

Factor Scores with Corresponding Ranks											
Statement	Statement	factor 1	factor 1	factor 2	factor 2	factor 4	factor 4	factor 5	factor 5	factor 7	factor 7
		Z-score	Rank	Z-score	Rank	Z-score	Rank	Z-score	Rank	Z-score	Rank
I feel well supported by social care services	1	0.85	10	0.39	20	0.64	13	-0.5	34	-0.34	30
I feel well supported by my family members	2	-0.52	32	0.72	11	0.64	11	1.55	4	-0.04	26
I feel well supported by my friends	3	0.42	16	-0.73	35	-0.63	34	0.52	13	0.59	17
I feel well supported financially	4	0.5	14	-2.09	47	-0.06	26	0.18	20	0	25
I feel well supported by mental health services	5	-0.16	26	-0.95	38	-0.19	27	0.23	19	0.35	18
I often speak with other special guardians	6	-0.82	38	-1.35	43	1.01	10	-0.5	33	-1.29	42
I'm glad the child/children are on an SGO	7	0.32	19	-0.32	31	1.25	7	1.75	2	0.1	23
I have received sufficient training to be a special guardian	8	-0.66	34	-1.99	46	1.58	2	0.01	24	-0.29	29
Being a special guardian has put pressure on my own family	9	-0.26	28	-0.22	29	-0.61	33	0.76	12	0.88	10
The child/children I care for have a good relationship with their birth parents	10	1.03	8	0.73	9	-0.22	29	-1.14	41	-0.9	38
I have a good relationship with the child/children's birth parents	11	0.85	11	0.51	17	0	24	-1.33	42	-1.44	44
I have a good bond with the child/children I care for	12	1.35	6	1.78	3	0.58	15	1.57	3	-0.94	39
The child/children are easy to care for	13	-1.55	46	-1.68	44	-0.42	32	-0.08	25	-0.82	37
I think the child/children are happy	14	1.69	3	0.01	24	1.48	4	1.24	7	1.04	7
I think the child/children feel settled	15	1.27	7	0.54	13	1.86	1	1.48	5	-0.19	28
The child/children are doing well at school	16	-0.08	24	-0.84	36	-0.22	30	0.05	23	1.6	1
I think the child/children feel safe	17	0.93	9	0.73	10	1.21	8	0.96	10	-0.54	31
I think the child/children feel part of my family	18	1.77	2	0.42	18	0.64	12	0.35	15	0.88	11
I find managing the child/children's difficulties hard	19	-1.19	41	0.53	14	-1.19	41	-0.54	36	0.73	14
The child/children I care for display a lot of challenging behaviour	20	-0.16	27	0.53	15	-1.43	43	0.99	9	0.12	22
The child/children I care for display a lot of unsettled behaviours	21	0.1	22	0.42	19	-1.67	46	0.31	17	-0.75	35
I understand the child/children's behaviour	22	0.26	20	-1.25	42	1.03	9	0.29	18	1.42	6
I feel that the child/children receive the support that they need from mental health services	23	0.44	15	-1.15	41	0	25	-0.94	40	0.35	19
I feel that the child/children receives the support they need from school	24	0.6	13	0.84	8	0.22	21	-0.58	37	0.29	20
The placement is at risk of breaking down	25	-2.03	47	-0.93	37	-2.08	47	-1.6	45	-0.6	33
Being a special guardian makes me feel stressed	26	-1.43	43	0.32	21	-1.02	38	0.11	21	0.88	12
Being a special guardian makes me worry a lot	27	-0.47	30	-0.42	32	-1.06	40	-0.48	31	0.63	15
Being a special guardian makes me feel happy	28	0.24	21	-0.31	30	0.48	16	1.16	8	1.04	8
Being a special guardian makes me feel angry	29	-1.01	40	0.01	25	-1.5	45	-1.65	46	1.45	5
I'm struggling with my own mental health	30	-0.68	35	-0.09	28	-1.44	44	0.35	16	-1.48	45
I think this caring role is putting too much strain on me	31	-0.76	37	0.31	23	-0.86	35	-0.52	35	-0.69	34
I understand what an SGO involves	32	-0.95	39	1.03	6	0.42	17	0.37	14	1.57	2
The birth parents are supportive of the SGO	33	0.42	17	-0.42	33	-1.02	39	-0.86	39	-2.11	47
A faith is important in our household	34	1.47	5	-1.68	45	1.44	6	-0.48	32	-2.01	46
Being a special guardian is rewarding	35	1.61	4	-0.95	39	0.61	14	0.84	11	0.6	16
I think this is the best place for the child/children to live	36	2.11	1	1.99	1	1.5	3	2	1	1.54	3
I know what my rights are as a special guardian	37	-0.68	36	0.93	7	1.47	5	-0.21	27	-1.13	40
I know who I can call for support if I need it	38	-0.58	33	1.35	5	0.19	22	-0.12	26	0.94	9
My social life has suffered as a consequence of my caring responsibilities	39	-0.26	29	0.62	12	0.16	23	-0.73	38	0.16	21
My relationships have been affected by my caring responsibilities	40	-0.5	31	1.36	4	0.39	18	-0.44	30	1.5	4
My home is overcrowded	41	-1.37	42	0	26	0.25	20	-0.34	29	-1.23	41
I would like to pass on the caring responsibilities to somebody else	42	-1.45	44	0	27	-1.25	42	-2.42	47	-0.54	32
I feel an obligation to take on this caring role	43	0.34	18	1.99	2	-0.25	31	-0.24	28	-0.79	36
I'm concerned about my ability to provide long-term care	44	-1.53	45	0.53	16	-0.97	36	-1.38	43	-0.16	27
Other people around me understand what SGOs are	45	0	23	-1.04	40	-1	37	-1.5	44	-1.32	43
School are understanding of SGOs	46	-0.08	25	0.32	22	-0.19	28	0.06	22	0.1	24
I understand how what the child(ren) experienced before I cared for them may have affected them	47	0.62	12	-0.51	34	0.25	19	1.44	6	0.84	13

Factor score correlations

	factor 1	factor 2	factor 4	factor 5	factor 7
factor 1	1	0.1346	0.5523	0.4815	0.0494
factor 2	0.1346	1	0.0465	0.1656	0.1407
factor 4	0.5523	0.0465	1	0.5148	0.0929
factor 5	0.4815	0.1656	0.5148	1	0.3215
factor 7	0.0494	0.1407	0.0929	0.3215	1

factor 1 Sorts Weight

Q Sort	Weight
5b	6.396
5a	6.24714
5c	5.54411
10a	2.13692
10b	2.13692

factor 1 Sorts Correlations

Q Sort	5b	5a	5c	10a	10b
5b	100	99	99	40	40
5a	99	100	99	38	38

5c	**99**	**99**	**100**	**38**	**38**
10a	**40**	**38**	**38**	**100**	**100**
10b	**40**	**38**	**38**	**100**	**100**

	Factor Scores for factor 1							
Statement	Statement	Z-score	Sort Values	Raw Sort 5b	Raw Sort 5a	Raw Sort 5c	Raw Sort 10a	Raw Sort 10b
36	I think this is the best place for the child/children to live	2.113	5	5	5	5	5	5
18	I think the child/children feel part of my family	1.771	5	4	4	4	5	5
14	I think the child/children are happy	1.69	4	4	4	4	4	4
35	Being a special guardian is rewarding	1.61	4	4	4	4	3	3
34	A faith is important in our household	1.47	4	5	5	5	-3	-3
12	I have a good bond with the child/children I care for	1.348	3	3	3	3	4	4
15	I think the child/children feel settled	1.267	3	3	3	3	3	3
10	The child/children I care for have a good relationship with their birth parents	1.026	3	3	3	3	0	0
17	I think the child/children feel safe	0.925	3	2	2	2	3	3
1	I feel well supported by social care services	0.845	2	2	2	2	2	2
11	I have a good relationship with the child/children's birth parents	0.845	2	2	2	2	2	2
47	I understand how what the child(ren) experienced before I cared for them may have affected them	0.624	2	3	3	3	-5	-5
24	I feel that the child/children receives the support they need from school	0.604	2	2	2	2	-1	-1
4	I feel well supported financially	0.503	2	1	1	1	2	2
23	I feel that the child/children receive the support that they need from mental health services	0.443	1	2	2	2	-3	-3
3	I feel well supported by my friends	0.422	1	1	1	1	1	1
33	The birth parents are supportive of the SGO	0.422	1	1	1	1	1	1
43	I feel an obligation to take on this caring role	0.342	1	1	1	1	0	0
7	I'm glad the child/children are on an SGO	0.322	1	0	0	0	4	4
22	I understand the child/children's behaviour	0.262	1	1	1	1	-1	-1
28	Being a special guardian makes me feel happy	0.241	0	0	0	0	3	3
21	The child/children I care for display a lot of unsettled behaviours	0.101	0	1	1	1	-3	-3
45	Other people around me understand what SGOs are	0	0	0	0	0	0	0
16	The child/children are doing well at school	-0.08	0	0	0	0	-1	-1
46	School are understanding of SGOs	-0.08	0	0	0	0	-1	-1
5	I feel well supported by mental health services	-0.161	0	0	0	0	-2	-2
20	The child/children I care for display a lot of challenging behaviour	-0.161	0	0	0	0	-2	-2
9	Being a special guardian has put pressure on my own family	-0.262	-1	-1	-1	-1	1	1
39	My social life has suffered as a consequence of my caring responsibilities	-0.262	-1	-1	-1	-1	1	1
27	Being a special guardian makes me worry a lot	-0.47	-1	-1	-1	-3	1	1
40	My relationships have been affected by my caring responsibilities	-0.503	-1	-1	-1	-1	-2	-2
2	I feel well supported by my family members	-0.523	-1	-2	-2	-2	2	2
38	I know who I can call for support if I need it	-0.577	-1	-1	-3	-1	0	0
8	I have received sufficient training to be a special guardian	-0.664	-2	-1	-1	-1	-4	-4
30	I'm struggling with my own mental health	-0.684	-2	-2	-2	-2	0	0
37	I know what my rights are as a special guardian	-0.684	-2	-2	-2	-2	0	0
31	I think this caring role is putting too much strain on me	-0.764	-2	-2	-2	-2	-1	-1
6	I often speak with other special guardians	-0.824	-2	-3	-1	-1	-3	-3
32	I understand what an SGO involves	-0.946	-3	-3	-3	-3	1	1
29	Being a special guardian makes me feel angry	-1.006	-3	-2	-2	-2	-4	-4
19	I find managing the child/children's difficulties hard	-1.187	-3	-3	-3	-3	-2	-2
41	My home is overcrowded	-1.369	-3	-4	-4	-4	0	0
26	Being a special guardian makes me feel stressed	-1.428	-4	-3	-3	-3	-5	-5
42	I would like to pass on the caring responsibilities to somebody else	-1.449	-4	-4	-4	-4	-1	-1
44	I'm concerned about my ability to provide long-term care	-1.53	-4	-4	-4	-4	-2	-2
13	The child/children are easy to care for	-1.55	-5	-5	-5	-5	2	2
25	The placement is at risk of breaking down	-2.032	-5	-5	-5	-5	-4	-4

factor 2 Sorts
Weight

Q Sort	Weight
8a	5.65311
8b	5.65311
8c	3.9376

factor 2 Sorts Correlations

Q Sort	8a	8b	8c
8a	100	100	53
8b	100	100	53
8c	53	53	100

	Factor Scores for factor 2					
Statement	Statement	Z-score	Sort Values	Raw Sort 8a	Raw Sort 8b	Raw Sort 8c
36	I think this is the best place for the child/children to live	1.985	5	5	5	4
43	I feel an obligation to take on this caring role	1.985	5	5	5	4
12	I have a good bond with the child/children I care for	1.783	4	4	4	5
40	My relationships have been affected by my caring responsibilities	1.364	4	3	3	4
38	I know who I can call for support if I need it	1.35	4	4	4	1
32	I understand what an SGO involves	1.026	3	4	4	-2
37	I know what my rights are as a special guardian	0.931	3	3	3	0
24	I feel that the child/children receives the support they need from school	0.837	3	2	2	2
10	The child/children I care for have a good relationship with their birth parents	0.729	3	2	2	1
17	I think the child/children feel safe	0.729	2	2	2	1
2	I feel well supported by my family members	0.715	2	3	3	-2
39	My social life has suffered as a consequence of my caring responsibilities	0.621	2	2	2	0
15	I think the child/children feel settled	0.541	2	0	0	5
19	I find managing the child/children's difficulties hard	0.527	2	1	1	2
20	The child/children I care for display a lot of challenging behaviour	0.527	1	1	1	2
44	I'm concerned about my ability to provide long-term care	0.527	1	1	1	2
11	I have a good relationship with the child/children's birth parents	0.513	1	2	2	-1
18	I think the child/children feel part of my family	0.418	1	1	1	1
21	The child/children I care for display a lot of unsettled behaviours	0.418	1	1	1	1
1	I feel well supported by social care services	0.39	1	3	3	-5
26	Being a special guardian makes me feel stressed	0.324	0	0	0	3
46	School are understanding of SGOs	0.324	0	0	0	3
31	I think this caring role is putting too much strain on me	0.31	0	1	1	0
14	I think the child/children are happy	0.014	0	-1	-1	3
29	Being a special guardian makes me feel angry	0.014	0	-1	-1	3
41	My home is overcrowded	0	0	0	0	0
42	I would like to pass on the caring responsibilities to somebody else	0	0	0	0	0
30	I'm struggling with my own mental health	-0.094	-1	-1	-1	2
9	Being a special guardian has put pressure on my own family	-0.216	-1	0	0	-2
28	Being a special guardian makes me feel happy	-0.31	-1	-1	-1	0
7	I'm glad the child/children are on an SGO	-0.324	-1	0	0	-3
27	Being a special guardian makes me worry a lot	-0.418	-1	-1	-1	-1
33	The birth parents are supportive of the SGO	-0.418	-1	-1	-1	-1
47	I understand how what the child(ren) experienced before I cared for them may have affected them	-0.513	-2	-2	-2	1
3	I feel well supported by my friends	-0.729	-2	-2	-2	-1
16	The child/children are doing well at school	-0.837	-2	-2	-2	-2
25	The placement is at risk of breaking down	-0.931	-2	-3	-3	0
5	I feel well supported by mental health services	-0.945	-2	-2	-2	-3
35	Being a special guardian is rewarding	-0.945	-3	-2	-2	-3
45	Other people around me understand what SGOs are	-1.039	-3	-3	-3	-1
23	I feel that the child/children receive the support that they need from mental health services	-1.147	-3	-3	-3	-2
22	I understand the child/children's behaviour	-1.255	-3	-3	-3	-3
6	I often speak with other special guardians	-1.35	-4	-4	-4	-1
13	The child/children are easy to care for	-1.675	-4	-4	-4	-4
34	A faith is important in our household	-1.675	-4	-4	-4	-4

factor 4	Sorts Weight

Q Sort	Weight
3b	10
4b	8.82152
4a	7.33146
3c	7.08924
3a	6.89856
4c	4.56084

factor 4 Sorts Correlations

Q Sort	3b	4b	4a	3c	3a	4c
3b	100	75	76	94	95	67
4b	75	100	96	71	72	89
4a	76	96	100	66	73	79
3c	94	71	66	100	89	70
3a	95	72	73	89	100	62
4c	67	89	79	70	62	100

	Factor Scores for factor 4								
Statement	Statement	Z-score	Sort Values	Raw Sort 3b	Raw Sort 4b	Raw Sort 4a	Raw Sort 3c	Raw Sort 3a	Raw Sort 4c
15	I think the child/children feel settled	1.858	5	4	5	5	4	4	5
8	I have received sufficient training to be a special guardian	1.58	5	4	4	4	4	4	2
36	I think this is the best place for the child/children to live	1.503	4	5	2	2	5	5	2
14	I think the child/children are happy	1.481	4	5	3	3	5	1	4
37	I know what my rights are as a special guardian	1.472	4	4	3	3	4	4	3
34	A faith is important in our household	1.442	3	3	4	4	3	3	4
7	I'm glad the child/children are on an SGO	1.248	3	3	3	3	3	3	3
17	I think the child/children feel safe	1.206	3	2	5	2	2	2	5
22	I understand the child/children's behaviour	1.03	3	3	2	1	3	3	3
6	I often speak with other special guardians	1.006	2	2	4	4	2	2	-1
2	I feel well supported by my family members	0.639	2	2	1	1	2	2	1
18	I think the child/children feel part of my family	0.639	2	2	1	1	2	2	1
1	I feel well supported by social care services	0.636	2	3	1	5	-2	3	-3
35	Being a special guardian is rewarding	0.609	2	1	2	2	1	1	2
12	I have a good bond with the child/children I care for	0.578	1	0	3	3	0	0	3
28	Being a special guardian makes me feel happy	0.48	1	1	0	0	1	5	0
32	I understand what an SGO involves	0.416	1	1	1	1	1	1	1
40	My relationships have been affected by my caring responsibilities	0.393	1	1	0	0	1	1	4
47	I understand how what the child(ren) experienced before I cared for them may have affected them	0.254	1	2	-1	-1	2	2	-1
41	My home is overcrowded	0.247	1	1	-1	-1	3	1	1
24	I feel that the child/children receives the support they need from school	0.223	0	1	0	0	1	1	0
38	I know who I can call for support if I need it	0.193	0	0	1	1	0	0	1
39	My social life has suffered as a consequence of my caring responsibilities	0.162	0	-1	2	2	-1	-1	2
11	I have a good relationship with the child/children's birth parents	0	0	0	0	0	0	0	0
23	I feel that the child/children receive the support that they need from mental health services	0	0	0	0	0	0	0	0
4	I feel well supported financially	-0.061	0	-2	2	2	-2	-2	2
5	I feel well supported by mental health services	-0.193	0	0	-1	-1	0	0	-1
46	School are understanding of SGOs	-0.193	-1	0	-1	-1	0	0	-1
10	The child/children I care for have a good relationship with their birth parents	-0.223	-1	-1	0	0	-1	-1	0
16	The child/children are doing well at school	-0.223	-1	-1	0	0	-1	-1	0
43	I feel an obligation to take on this caring role	-0.254	-1	-2	1	1	-2	-2	1
13	The child/children are easy to care for	-0.416	-1	-1	-1	-1	-1	-1	-1
9	Being a special guardian has put pressure on my own family	-0.609	-1	-1	-2	-2	-1	-1	-2
3	I feel well supported by my friends	-0.634	-2	-2	-2	-2	1	-2	-2
31	I think this caring role is putting too much strain on me	-0.863	-2	-3	-1	-1	-3	-3	-1
44	I'm concerned about my ability to provide long-term care	-0.965	-2	0	-5	-5	0	0	-5
45	Other people around me understand what SGOs are	-0.995	-2	-1	-4	-4	-1	-1	-4
26	Being a special guardian makes me feel stressed	-1.025	-2	-2	-3	-3	-2	-2	-3
33	The birth parents are supportive of the SGO	-1.025	-3	-2	-3	-3	-2	-2	-3
27	Being a special guardian makes me worry a lot	-1.055	-3	-3	-2	-2	-3	-3	-2
19	I find managing the child/children's difficulties hard	-1.194	-3	-4	-2	-2	-4	-4	0
42	I would like to pass on the caring responsibilities to somebody else	-1.248	-3	-3	-3	-3	-3	-3	-3
20	The child/children I care for display a lot of challenging behaviour	-1.43	-4	-4	-3	-3	-4	-4	-2
30	I'm struggling with my own mental health	-1.442	-4	-3	-4	-4	-3	-3	-4
29	Being a special guardian makes me feel angry	-1.503	-4	-5	-2	-2	-5	-5	-2
21	The child/children I care for display a lot of unsettled behaviours	-1.666	-5	-4	-4	-4	-4	-4	-4
25	The placement is at risk of breaking down	-2.082	-5	-5	-5	-5	-5	-5	-5

factor 5	Sorts Weight

Q Sort	Weight
6a	4.13073
6b	4.13073
9c	3.0276
7a	2.82676
7b	2.82676
7c	2.79422
9a	2.45677
9b	2.45677
6c	2.30662

factor 5	Sorts Correlations								
Q Sort	6a	6b	9c	7a	7b	7c	9a	9b	6c
6a	100	100	47	43	43	42	42	42	62
6b	100	100	47	43	43	42	42	42	62
9c	47	47	100	53	53	52	93	93	47
7a	43	43	53	100	100	100	47	47	44
7b	43	43	53	100	100	100	47	47	44
7c	42	42	52	100	100	100	47	47	43
9a	42	42	93	47	47	47	100	100	37
9b	42	42	93	47	47	47	100	100	37
6c	62	62	47	44	44	43	37	37	100

	Factor Scores for factor 5											
Statement	Statement	Z-score	Sort Values	Raw Sort 6a	Raw Sort 6b	Raw Sort 9c	Raw Sort 7a	Raw Sort 7b	Raw Sort 7c	Raw Sort 9a	Raw Sort 9b	Raw Sort 6c
36	I think this is the best place for the child/children to live	2.003	5	4	4	4	5	5	5	3	3	4
7	I'm glad the child/children are on an SGO	1.746	5	5	5	3	3	3	3	2	2	5
12	I have a good bond with the child/children I care for	1.574	4	3	3	2	5	5	5	2	2	2
2	I feel well supported by my family members	1.549	4	5	5	4	1	1	1	4	4	2
15	I think the child/children feel settled	1.479	4	3	3	3	2	2	2	5	5	3
47	I understand how what the child(ren) experienced before I cared for them may have affected them	1.442	3	4	4	4	1	1	1	4	4	3
14	I think the child/children are happy	1.244	3	4	4	3	2	2	2	3	3	-2
28	Being a special guardian makes me feel happy	1.159	3	3	3	2	2	2	2	2	2	3
20	The child/children I care for display a lot of challenging behaviour	0.985	3	0	0	5	1	1	1	4	4	5
17	I think the child/children feel safe	0.96	2	2	2	3	1	1	1	3	3	2
35	Being a special guardian is rewarding	0.835	2	1	1	1	3	3	3	2	2	0
9	Being a special guardian has put pressure on my own family	0.764	2	2	2	0	4	4	4	-3	-3	3
3	I feel well supported by my friends	0.523	2	2	2	1	0	0	0	1	1	2
32	I understand what an SGO involves	0.371	2	1	1	2	-1	-1	-1	3	3	0
18	I think the child/children feel part of my family	0.347	1	-3	-3	1	4	4	4	1	1	1
30	I'm struggling with my own mental health	0.347	1	0	0	-2	3	3	3	0	0	0
21	The child/children I care for display a lot of unsettled behaviours	0.309	1	0	0	1	0	0	0	1	1	4
22	I understand the child/children's behaviour	0.286	1	0	0	5	-2	-2	-2	5	5	-3
5	I feel well supported by mental health services	0.228	1	-2	-2	0	4	4	4	0	0	-2
4	I feel well supported financially	0.177	1	-2	-2	1	3	3	3	1	1	-3
26	Being a special guardian makes me feel stressed	0.113	0	2	2	-1	0	0	0	-1	-1	-1
46	School are understanding of SGOs	0.059	0	1	1	2	-1	-1	-1	-1	-1	1
16	The child/children are doing well at school	0.048	0	-2	-2	0	2	2	2	0	0	1
8	I have received sufficient training to be a special guardian	0.013	0	-1	-1	2	0	0	0	2	2	-3
13	The child/children are easy to care for	-0.077	0	1	1	-1	0	0	0	-1	-1	-2
38	I know who I can call for support if I need it	-0.121	0	1	1	-1	-2	-2	-2	1	1	0
37	I know what my rights are as a special guardian	-0.205	0	1	1	0	-2	-2	-3	0	0	0
43	I feel an obligation to take on this caring role	-0.236	-1	3	3	-4	-1	-1	-1	-4	-4	1
41	My home is overcrowded	-0.343	-1	2	2	-4	-1	-1	-1	-4	-4	2
40	My relationships have been affected by my caring responsibilities	-0.437	-1	0	0	-2	-1	-1	-1	-2	-2	0
27	Being a special guardian makes me worry a lot	-0.476	-1	-1	-1	-2	0	0	0	-2	-2	-1
34	A faith is important in our household	-0.476	-1	-1	-1	-2	0	0	0	-2	-2	-1
6	I often speak with other special guardians	-0.503	-1	0	0	-4	1	1	1	-4	-4	-2
1	I feel well supported by social care services	-0.504	-2	-5	-5	1	2	2	2	1	1	-5
31	I think this caring role is putting too much strain on me	-0.519	-2	-1	-1	0	-1	-1	-1	-2	-2	-1
19	I find managing the child/children's difficulties hard	-0.544	-2	-4	-4	-1	1	1	1	-1	-1	1
24	I feel that the child/children receives the support they need from school	-0.578	-2	-2	-2	-1	-2	-2	-2	-1	-1	4
39	My social life has suffered as a consequence of my caring responsibilities	-0.732	-2	0	0	-3	-2	-2	-2	-3	-3	0
33	The birth parents are supportive of the SGO	-0.86	-3	-3	-3	0	-3	-3	-3	0	0	1
23	I feel that the child/children receive the support that they need from mental health services	-0.937	-3	-2	-2	-1	-3	-3	-3	-1	-1	-1
10	The child/children I care for have a good relationship with their birth parents	-1.137	-3	-3	-3	0	-4	-4	-4	0	0	-2
11	I have a good relationship with the child/children's birth parents	-1.329	-3	-4	-4	-3	-3	-3	-2	0	0	-4
44	I'm concerned about my ability to provide long-term care	-1.378	-4	-1	-1	-3	-5	-5	-5	-3	-3	-1
45	Other people around me understand what SGOs are	-1.502	-4	-4	-4	-2	-3	-3	-3	-2	-2	-4
25	The placement is at risk of breaking down	-1.595	-4	-1	-1	-5	-4	-4	-4	-5	-5	-3
29	Being a special guardian makes me feel angry	-1.648	-5	-3	-3	-3	-4	-4	-4	-3	-3	-4
42	I would like to pass on the caring responsibilities to somebody else	-2.425	-5	-5	-5	-5	-5	-5	-5	-5	-5	-5

factor 7 Sorts
Weight

Q Sort	Weight
1b	5.64717
1c	2.03383
1a	1.7271

factor 7 Sorts Correlations

Q Sort	1b	1c	1a
1b	100	47	76
1c	47	100	13
1a	76	13	100

	Factor Scores for factor 7					
Statement	Statement	Z-score	Sort Values	Raw Sort 1b	Raw Sort 1c	Raw Sort 1a
16	The child/children are doing well at school	1.601	5	4	4	2
32	I understand what an SGO involves	1.573	5	4	2	4
36	I think this is the best place for the child/children to live	1.537	4	5	-2	5
40	My relationships have been affected by my caring responsibilities	1.499	4	5	1	1
29	Being a special guardian makes me feel angry	1.454	4	4	5	-1
22	I understand the child/children's behaviour	1.417	3	3	4	3
14	I think the child/children are happy	1.036	3	3	0	3
28	Being a special guardian makes me feel happy	1.036	3	3	0	3
38	I know who I can call for support if I need it	0.941	3	3	-1	3
9	Being a special guardian has put pressure on my own family	0.881	2	2	2	2
18	I think the child/children feel part of my family	0.881	2	2	2	2
26	Being a special guardian makes me feel stressed	0.881	2	2	2	2
47	I understand how what the child(ren) experienced before I cared for them may have affected them	0.844	2	2	5	-2
19	I find managing the child/children's difficulties hard	0.726	2	1	4	1
27	Being a special guardian makes me worry a lot	0.631	1	1	3	1
35	Being a special guardian is rewarding	0.595	1	2	-1	2
3	I feel well supported by my friends	0.588	1	1	0	4
5	I feel well supported by mental health services	0.345	1	1	0	1
23	I feel that the child/children receive the support that they need from mental health services	0.345	1	1	0	1
24	I feel that the child/children receives the support they need from school	0.286	1	0	3	0
39	My social life has suffered as a consequence of my caring responsibilities	0.155	0	1	-2	1
20	The child/children I care for display a lot of challenging behaviour	0.124	0	0	3	-2
7	I'm glad the child/children are on an SGO	0.095	0	0	1	0
46	School are understanding of SGOs	0.095	0	0	1	0
4	I feel well supported financially	0	0	0	0	0
2	I feel well supported by my family members	-0.036	0	-1	-1	4
44	I'm concerned about my ability to provide long-term care	-0.155	0	-1	2	-1
15	I think the child/children feel settled	-0.19	-1	0	-2	0
8	I have received sufficient training to be a special guardian	-0.286	-1	0	-3	0
1	I feel well supported by social care services	-0.336	-1	-1	-5	5
17	I think the child/children feel safe	-0.536	-1	-1	-2	-1
42	I would like to pass on the caring responsibilities to somebody else	-0.536	-1	-1	-2	-1
25	The placement is at risk of breaking down	-0.595	-1	-2	1	-2
31	I think this caring role is putting too much strain on me	-0.691	-2	-2	0	-2
21	The child/children I care for display a lot of unsettled behaviours	-0.75	-2	-3	3	-3
43	I feel an obligation to take on this caring role	-0.786	-2	-2	-1	-2
13	The child/children are easy to care for	-0.822	-2	-1	-5	-1
10	The child/children I care for have a good relationship with their birth parents	-0.895	-2	-2	-3	-1
12	I have a good bond with the child/children I care for	-0.941	-3	-3	1	-3
37	I know what my rights are as a special guardian	-1.131	-3	-3	-1	-3
41	My home is overcrowded	-1.234	-3	-2	-4	-4
6	I often speak with other special guardians	-1.287	-3	-4	1	-4
45	Other people around me understand what SGOs are	-1.321	-4	-3	-3	-3
11	I have a good relationship with the child/children's birth parents	-1.439	-4	-4	-4	0
30	I'm struggling with my own mental health	-1.477	-4	-4	-1	-4
34	A faith is important in our household	-2.013	-5	-5	-3	-5
33	The birth parents are supportive of the SGO	-2.108	-5	-5	-4	-5

Descending Array of Differences Between Factor 1 and Factor 2				
Statement	Statement	Factor 1	Factor 2	Difference
34	A faith is important in our household	1.47	-1.675	3.145
4	I feel well supported financially	0.503	-2.093	2.596
35	Being a special guardian is rewarding	1.61	-0.945	2.555
14	I think the child/children are happy	1.69	0.014	1.676
23	I feel that the child/children receive the support that they need from mental health services	0.443	-1.147	1.59
22	I understand the child/children's behaviour	0.262	-1.255	1.517
18	I think the child/children feel part of my family	1.771	0.418	1.353
8	I have received sufficient training to be a special guardian	-0.664	-1.985	1.321
3	I feel well supported by my friends	0.422	-0.729	1.151
47	I understand how what the child(ren) experienced before I cared for them may have affected them	0.624	-0.513	1.137
45	Other people around me understand what SGOs are	0	-1.039	1.039
33	The birth parents are supportive of the SGO	0.422	-0.418	0.84
5	I feel well supported by mental health services	-0.161	-0.945	0.784
16	The child/children are doing well at school	-0.08	-0.837	0.757
15	I think the child/children feel settled	1.267	0.541	0.726
7	I'm glad the child/children are on an SGO	0.322	-0.324	0.646
28	Being a special guardian makes me feel happy	0.241	-0.31	0.551
6	I often speak with other special guardians	-0.824	-1.35	0.526
1	I feel well supported by social care services	0.845	0.39	0.455
11	I have a good relationship with the child/children's birth parents	0.845	0.513	0.332
10	The child/children I care for have a good relationship with their birth parents	1.026	0.729	0.297
17	I think the child/children feel safe	0.925	0.729	0.196
36	I think this is the best place for the child/children to live	2.113	1.985	0.128
13	The child/children are easy to care for	-1.55	-1.675	0.125
9	Being a special guardian has put pressure on my own family	-0.262	-0.216	-0.046
27	Being a special guardian makes me worry a lot	-0.47	-0.418	-0.052
24	I feel that the child/children receives the support they need from school	0.604	0.837	-0.233
21	The child/children I care for display a lot of unsettled behaviours	0.101	0.418	-0.317
46	School are understanding of SGOs	-0.08	0.324	-0.404
12	I have a good bond with the child/children I care for	1.348	1.783	-0.435
30	I'm struggling with my own mental health	-0.684	-0.094	-0.59
20	The child/children I care for display a lot of challenging behaviour	-0.161	0.527	-0.688
39	My social life has suffered as a consequence of my caring responsibilities	-0.262	0.621	-0.883
29	Being a special guardian makes me feel angry	-1.006	0.014	-1.02
31	I think this caring role is putting too much strain on me	-0.764	0.31	-1.074
25	The placement is at risk of breaking down	-2.032	-0.931	-1.101
2	I feel well supported by my family members	-0.523	0.715	-1.238
41	My home is overcrowded	-1.369	0	-1.369
42	I would like to pass on the caring responsibilities to somebody else	-1.449	0	-1.449
37	I know what my rights are as a special guardian	-0.684	0.931	-1.615
43	I feel an obligation to take on this caring role	0.342	1.985	-1.643
19	I find managing the child/children's difficulties hard	-1.187	0.527	-1.714
26	Being a special guardian makes me feel stressed	-1.428	0.324	-1.752
40	My relationships have been affected by my caring responsibilities	-0.503	1.364	-1.867
38	I know who I can call for support if I need it	-0.577	1.35	-1.927
32	I understand what an SGO involves	-0.946	1.026	-1.972
44	I'm concerned about my ability to provide long-term care	-1.53	0.527	-2.057

Descending Array of Differences Between Factor 1 and Factor 4				
Statement	Statement	Factor 1	Factor 4	Difference
21	The child/children I care for display a lot of unsettled behaviours	0.101	-1.666	1.767
33	The birth parents are supportive of the SGO	0.422	-1.025	1.447
20	The child/children I care for display a lot of challenging behaviour	-0.161	-1.43	1.269
10	The child/children I care for have a good relationship with their birth parents	1.026	-0.223	1.249
18	I think the child/children feel part of my family	1.771	0.639	1.132
3	I feel well supported by my friends	0.422	-0.634	1.056
35	Being a special guardian is rewarding	1.61	0.609	1.001
45	Other people around me understand what SGOs are	0	-0.995	0.995
11	I have a good relationship with the child/children's birth parents	0.845	0	0.845
12	I have a good bond with the child/children I care for	1.348	0.578	0.77
30	I'm struggling with my own mental health	-0.684	-1.442	0.758
36	I think this is the best place for the child/children to live	2.113	1.503	0.61
43	I feel an obligation to take on this caring role	0.342	-0.254	0.596
27	Being a special guardian makes me worry a lot	-0.47	-1.055	0.585
4	I feel well supported financially	0.503	-0.061	0.564
29	Being a special guardian makes me feel angry	-1.006	-1.503	0.497
23	I feel that the child/children receive the support that they need from mental health services	0.443	0	0.443
24	I feel that the child/children receives the support they need from school	0.604	0.223	0.381
47	I understand how what the child(ren) experienced before I cared for them may have affected them	0.624	0.254	0.37
9	Being a special guardian has put pressure on my own family	-0.262	-0.609	0.347
14	I think the child/children are happy	1.69	1.481	0.209
1	I feel well supported by social care services	0.845	0.636	0.209
16	The child/children are doing well at school	-0.08	-0.223	0.143
46	School are understanding of SGOs	-0.08	-0.193	0.113
31	I think this caring role is putting too much strain on me	-0.764	-0.863	0.099
25	The placement is at risk of breaking down	-2.032	-2.082	0.05
5	I feel well supported by mental health services	-0.161	-0.193	0.032
34	A faith is important in our household	1.47	1.442	0.028
19	I find managing the child/children's difficulties hard	-1.187	-1.194	0.007
42	I would like to pass on the caring responsibilities to somebody else	-1.449	-1.248	-0.201
28	Being a special guardian makes me feel happy	0.241	0.48	-0.239
17	I think the child/children feel safe	0.925	1.206	-0.281
26	Being a special guardian makes me feel stressed	-1.428	-1.025	-0.403
39	My social life has suffered as a consequence of my caring responsibilities	-0.262	0.162	-0.424
44	I'm concerned about my ability to provide long-term care	-1.53	-0.965	-0.565
15	I think the child/children feel settled	1.267	1.858	-0.591
22	I understand the child/children's behaviour	0.262	1.03	-0.768
38	I know who I can call for support if I need it	-0.577	0.193	-0.77
40	My relationships have been affected by my caring responsibilities	-0.503	0.393	-0.896
7	I'm glad the child/children are on an SGO	0.322	1.248	-0.926
13	The child/children are easy to care for	-1.55	-0.416	-1.134
2	I feel well supported by my family members	-0.523	0.639	-1.162
32	I understand what an SGO involves	-0.946	0.416	-1.362
41	My home is overcrowded	-1.369	0.247	-1.616
6	I often speak with other special guardians	-0.824	1.006	-1.83
37	I know what my rights are as a special guardian	-0.684	1.472	-2.156
8	I have received sufficient training to be a special guardian	-0.664	1.58	-2.244

Descending Array of Differences Between Factor 1 and Factor 5				
Statement	Statement	Factor 1	Factor 5	Difference
11	I have a good relationship with the child/children's birth parents	0.845	-1.329	2.174
10	The child/children I care for have a good relationship with their birth parents	1.026	-1.137	2.163
34	A faith is important in our household	1.47	-0.476	1.946
45	Other people around me understand what SGOs are	0	-1.502	1.502
18	I think the child/children feel part of my family	1.771	0.347	1.424
23	I feel that the child/children receive the support that they need from mental health services	0.443	-0.937	1.38
1	I feel well supported by social care services	0.845	-0.504	1.349
33	The birth parents are supportive of the SGO	0.422	-0.86	1.282
24	I feel that the child/children receives the support they need from school	0.604	-0.578	1.182
42	I would like to pass on the caring responsibilities to somebody else	-1.449	-2.425	0.976
35	Being a special guardian is rewarding	1.61	0.835	0.775
29	Being a special guardian makes me feel angry	-1.006	-1.648	0.642
43	I feel an obligation to take on this caring role	0.342	-0.236	0.578
39	My social life has suffered as a consequence of my caring responsibilities	-0.262	-0.732	0.47
14	I think the child/children are happy	1.69	1.244	0.446
4	I feel well supported financially	0.503	0.177	0.326
36	I think this is the best place for the child/children to live	2.113	2.003	0.11
27	Being a special guardian makes me worry a lot	-0.47	-0.476	0.006
22	I understand the child/children's behaviour	0.262	0.286	-0.024
17	I think the child/children feel safe	0.925	0.96	-0.035
40	My relationships have been affected by my caring responsibilities	-0.503	-0.437	-0.066
3	I feel well supported by my friends	0.422	0.523	-0.101
16	The child/children are doing well at school	-0.08	0.048	-0.128
46	School are understanding of SGOs	-0.08	0.059	-0.139
44	I'm concerned about my ability to provide long-term care	-1.53	-1.378	-0.152
21	The child/children I care for display a lot of unsettled behaviours	0.101	0.309	-0.208
15	I think the child/children feel settled	1.267	1.479	-0.212
12	I have a good bond with the child/children I care for	1.348	1.574	-0.226
31	I think this caring role is putting too much strain on me	-0.764	-0.519	-0.245
6	I often speak with other special guardians	-0.824	-0.503	-0.321
5	I feel well supported by mental health services	-0.161	0.228	-0.389
25	The placement is at risk of breaking down	-2.032	-1.595	-0.437
38	I know who I can call for support if I need it	-0.577	-0.121	-0.456
37	I know what my rights are as a special guardian	-0.684	-0.205	-0.479
19	I find managing the child/children's difficulties hard	-1.187	-0.544	-0.643
8	I have received sufficient training to be a special guardian	-0.664	0.013	-0.677
47	I understand how what the child(ren) experienced before I cared for them may have affected them	0.624	1.442	-0.818
28	Being a special guardian makes me feel happy	0.241	1.159	-0.918
41	My home is overcrowded	-1.369	-0.343	-1.026
9	Being a special guardian has put pressure on my own family	-0.262	0.764	-1.026
30	I'm struggling with my own mental health	-0.684	0.347	-1.031
20	The child/children I care for display a lot of challenging behaviour	-0.161	0.985	-1.146
32	I understand what an SGO involves	-0.946	0.371	-1.317
7	I'm glad the child/children are on an SGO	0.322	1.746	-1.424
13	The child/children are easy to care for	-1.55	-0.077	-1.473
26	Being a special guardian makes me feel stressed	-1.428	0.113	-1.541
2	I feel well supported by my family members	-0.523	1.549	-2.072

Descending Array of Differences Between Factor 1 and Factor 7				
Statement	Statement	Factor 1	Factor 7	Difference
34	A faith is important in our household	1.47	-2.013	3.483
33	The birth parents are supportive of the SGO	0.422	-2.108	2.53
12	I have a good bond with the child/children I care for	1.348	-0.941	2.289
11	I have a good relationship with the child/children's birth parents	0.845	-1.439	2.284
10	The child/children I care for have a good relationship with their birth parents	1.026	-0.895	1.921
17	I think the child/children feel safe	0.925	-0.536	1.461
15	I think the child/children feel settled	1.267	-0.19	1.457
45	Other people around me understand what SGOs are	0	-1.321	1.321
1	I feel well supported by social care services	0.845	-0.336	1.181
43	I feel an obligation to take on this caring role	0.342	-0.786	1.128
35	Being a special guardian is rewarding	1.61	0.595	1.015
18	I think the child/children feel part of my family	1.771	0.881	0.89
21	The child/children I care for display a lot of unsettled behaviours	0.101	-0.75	0.851
30	I'm struggling with my own mental health	-0.684	-1.477	0.793
14	I think the child/children are happy	1.69	1.036	0.654
36	I think this is the best place for the child/children to live	2.113	1.537	0.576
4	I feel well supported financially	0.503	0	0.503
6	I often speak with other special guardians	-0.824	-1.287	0.463
37	I know what my rights are as a special guardian	-0.684	-1.131	0.447
24	I feel that the child/children receives the support they need from school	0.604	0.286	0.318
7	I'm glad the child/children are on an SGO	0.322	0.095	0.227
23	I feel that the child/children receive the support that they need from mental health services	0.443	0.345	0.098
31	I think this caring role is putting too much strain on me	-0.764	-0.691	-0.073
41	My home is overcrowded	-1.369	-1.234	-0.135
3	I feel well supported by my friends	0.422	0.588	-0.166
46	School are understanding of SGOs	-0.08	0.095	-0.175
47	I understand how what the child(ren) experienced before I cared for them may have affected them	0.624	0.844	-0.22
20	The child/children I care for display a lot of challenging behaviour	-0.161	0.124	-0.285
8	I have received sufficient training to be a special guardian	-0.664	-0.286	-0.378
39	My social life has suffered as a consequence of my caring responsibilities	-0.262	0.155	-0.417
2	I feel well supported by my family members	-0.523	-0.036	-0.487
5	I feel well supported by mental health services	-0.161	0.345	-0.506
13	The child/children are easy to care for	-1.55	-0.822	-0.728
28	Being a special guardian makes me feel happy	0.241	1.036	-0.795
42	I would like to pass on the caring responsibilities to somebody else	-1.449	-0.536	-0.913
27	Being a special guardian makes me worry a lot	-0.47	0.631	-1.101
9	Being a special guardian has put pressure on my own family	-0.262	0.881	-1.143
22	I understand the child/children's behaviour	0.262	1.417	-1.155
44	I'm concerned about my ability to provide long-term care	-1.53	-0.155	-1.375
25	The placement is at risk of breaking down	-2.032	-0.595	-1.437
38	I know who I can call for support if I need it	-0.577	0.941	-1.518
16	The child/children are doing well at school	-0.08	1.601	-1.681
19	I find managing the child/children's difficulties hard	-1.187	0.726	-1.913
40	My relationships have been affected by my caring responsibilities	-0.503	1.499	-2.002
26	Being a special guardian makes me feel stressed	-1.428	0.881	-2.309
29	Being a special guardian makes me feel angry	-1.006	1.454	-2.46
32	I understand what an SGO involves	-0.946	1.573	-2.519

Descending Array of Differences Between Factor 2 and Factor 4				
Statement	Statement	Factor 2	Factor 4	Difference
43	I feel an obligation to take on this caring role	1.985	-0.254	2.239
21	The child/children I care for display a lot of unsettled behaviours	0.418	-1.666	2.084
20	The child/children I care for display a lot of challenging behaviour	0.527	-1.43	1.957
19	I find managing the child/children's difficulties hard	0.527	-1.194	1.721
29	Being a special guardian makes me feel angry	0.014	-1.503	1.517
44	I'm concerned about my ability to provide long-term care	0.527	-0.965	1.492
26	Being a special guardian makes me feel stressed	0.324	-1.025	1.349
30	I'm struggling with my own mental health	-0.094	-1.442	1.348
42	I would like to pass on the caring responsibilities to somebody else	0	-1.248	1.248
12	I have a good bond with the child/children I care for	1.783	0.578	1.205
31	I think this caring role is putting too much strain on me	0.31	-0.863	1.173
38	I know who I can call for support if I need it	1.35	0.193	1.157
25	The placement is at risk of breaking down	-0.931	-2.082	1.151
40	My relationships have been affected by my caring responsibilities	1.364	0.393	0.971
10	The child/children I care for have a good relationship with their birth parents	0.729	-0.223	0.952
27	Being a special guardian makes me worry a lot	-0.418	-1.055	0.637
24	I feel that the child/children receives the support they need from school	0.837	0.223	0.614
32	I understand what an SGO involves	1.026	0.416	0.61
33	The birth parents are supportive of the SGO	-0.418	-1.025	0.607
46	School are understanding of SGOs	0.324	-0.193	0.517
11	I have a good relationship with the child/children's birth parents	0.513	0	0.513
36	I think this is the best place for the child/children to live	1.985	1.503	0.482
39	My social life has suffered as a consequence of my caring responsibilities	0.621	0.162	0.459
9	Being a special guardian has put pressure on my own family	-0.216	-0.609	0.393
2	I feel well supported by my family members	0.715	0.639	0.076
45	Other people around me understand what SGOs are	-1.039	-0.995	-0.044
3	I feel well supported by my friends	-0.729	-0.634	-0.095
18	I think the child/children feel part of my family	0.418	0.639	-0.221
1	I feel well supported by social care services	0.39	0.636	-0.246
41	My home is overcrowded	0	0.247	-0.247
17	I think the child/children feel safe	0.729	1.206	-0.477
37	I know what my rights are as a special guardian	0.931	1.472	-0.541
16	The child/children are doing well at school	-0.837	-0.223	-0.614
5	I feel well supported by mental health services	-0.945	-0.193	-0.752
47	I understand how what the child(ren) experienced before I cared for them may have affected them	-0.513	0.254	-0.767
28	Being a special guardian makes me feel happy	-0.31	0.48	-0.79
23	I feel that the child/children receive the support that they need from mental health services	-1.147	0	-1.147
13	The child/children are easy to care for	-1.675	-0.416	-1.259
15	I think the child/children feel settled	0.541	1.858	-1.317
14	I think the child/children are happy	0.014	1.481	-1.467
35	Being a special guardian is rewarding	-0.945	0.609	-1.554
7	I'm glad the child/children are on an SGO	-0.324	1.248	-1.572
4	I feel well supported financially	-2.093	-0.061	-2.032
22	I understand the child/children's behaviour	-1.255	1.03	-2.285
6	I often speak with other special guardians	-1.35	1.006	-2.356
34	A faith is important in our household	-1.675	1.442	-3.117
8	I have received sufficient training to be a special guardian	-1.985	1.58	-3.565

Descending Array of Differences Between Factor 2 and Factor 5				
Statement	Statement	Factor 2	Factor 5	Difference
42	I would like to pass on the caring responsibilities to somebody else	0	-2.425	2.425
43	I feel an obligation to take on this caring role	1.985	-0.236	2.221
44	I'm concerned about my ability to provide long-term care	0.527	-1.378	1.905
10	The child/children I care for have a good relationship with their birth parents	0.729	-1.137	1.866
11	I have a good relationship with the child/children's birth parents	0.513	-1.329	1.842
40	My relationships have been affected by my caring responsibilities	1.364	-0.437	1.801
29	Being a special guardian makes me feel angry	0.014	-1.648	1.662
38	I know who I can call for support if I need it	1.35	-0.121	1.471
24	I feel that the child/children receives the support they need from school	0.837	-0.578	1.415
39	My social life has suffered as a consequence of my caring responsibilities	0.621	-0.732	1.353
37	I know what my rights are as a special guardian	0.931	-0.205	1.136
19	I find managing the child/children's difficulties hard	0.527	-0.544	1.071
1	I feel well supported by social care services	0.39	-0.504	0.894
31	I think this caring role is putting too much strain on me	0.31	-0.519	0.829
25	The placement is at risk of breaking down	-0.931	-1.595	0.664
32	I understand what an SGO involves	1.026	0.371	0.655
45	Other people around me understand what SGOs are	-1.039	-1.502	0.463
33	The birth parents are supportive of the SGO	-0.418	-0.86	0.442
41	My home is overcrowded	0	-0.343	0.343
46	School are understanding of SGOs	0.324	0.059	0.265
26	Being a special guardian makes me feel stressed	0.324	0.113	0.211
12	I have a good bond with the child/children I care for	1.783	1.574	0.209
21	The child/children I care for display a lot of unsettled behaviours	0.418	0.309	0.109
18	I think the child/children feel part of my family	0.418	0.347	0.071
27	Being a special guardian makes me worry a lot	-0.418	-0.476	0.058
36	I think this is the best place for the child/children to live	1.985	2.003	-0.018
23	I feel that the child/children receive the support that they need from mental health services	-1.147	-0.937	-0.21
17	I think the child/children feel safe	0.729	0.96	-0.231
30	I'm struggling with my own mental health	-0.094	0.347	-0.441
20	The child/children I care for display a lot of challenging behaviour	0.527	0.985	-0.458
2	I feel well supported by my family members	0.715	1.549	-0.834
6	I often speak with other special guardians	-1.35	-0.503	-0.847
16	The child/children are doing well at school	-0.837	0.048	-0.885
15	I think the child/children feel settled	0.541	1.479	-0.938
9	Being a special guardian has put pressure on my own family	-0.216	0.764	-0.98
5	I feel well supported by mental health services	-0.945	0.228	-1.173
34	A faith is important in our household	-1.675	-0.476	-1.199
14	I think the child/children are happy	0.014	1.244	-1.23
3	I feel well supported by my friends	-0.729	0.523	-1.252
28	Being a special guardian makes me feel happy	-0.31	1.159	-1.469
22	I understand the child/children's behaviour	-1.255	0.286	-1.541
13	The child/children are easy to care for	-1.675	-0.077	-1.598
35	Being a special guardian is rewarding	-0.945	0.835	-1.78
47	I understand how what the child(ren) experienced before I cared for them may have affected them	-0.513	1.442	-1.955
8	I have received sufficient training to be a special guardian	-1.985	0.013	-1.998
7	I'm glad the child/children are on an SGO	-0.324	1.746	-2.07
4	I feel well supported financially	-2.093	0.177	-2.27

Descending Array of Differences Between Factor 2 and Factor 7				
Statement	Statement	Factor 2	Factor 7	Difference
43	I feel an obligation to take on this caring role	1.985	-0.786	2.771
12	I have a good bond with the child/children I care for	1.783	-0.941	2.724
37	I know what my rights are as a special guardian	0.931	-1.131	2.062
11	I have a good relationship with the child/children's birth parents	0.513	-1.439	1.952
33	The birth parents are supportive of the SGO	-0.418	-2.108	1.69
10	The child/children I care for have a good relationship with their birth parents	0.729	-0.895	1.624
30	I'm struggling with my own mental health	-0.094	-1.477	1.383
17	I think the child/children feel safe	0.729	-0.536	1.265
41	My home is overcrowded	0	-1.234	1.234
21	The child/children I care for display a lot of unsettled behaviours	0.418	-0.75	1.168
31	I think this caring role is putting too much strain on me	0.31	-0.691	1.001
2	I feel well supported by my family members	0.715	-0.036	0.751
15	I think the child/children feel settled	0.541	-0.19	0.731
1	I feel well supported by social care services	0.39	-0.336	0.726
44	I'm concerned about my ability to provide long-term care	0.527	-0.155	0.682
24	I feel that the child/children receives the support they need from school	0.837	0.286	0.551
42	I would like to pass on the caring responsibilities to somebody else	0	-0.536	0.536
39	My social life has suffered as a consequence of my caring responsibilities	0.621	0.155	0.466
36	I think this is the best place for the child/children to live	1.985	1.537	0.448
38	I know who I can call for support if I need it	1.35	0.941	0.409
20	The child/children I care for display a lot of challenging behaviour	0.527	0.124	0.403
34	A faith is important in our household	-1.675	-2.013	0.338
45	Other people around me understand what SGOs are	-1.039	-1.321	0.282
46	School are understanding of SGOs	0.324	0.095	0.229
6	I often speak with other special guardians	-1.35	-1.287	-0.063
40	My relationships have been affected by my caring responsibilities	1.364	1.499	-0.135
19	I find managing the child/children's difficulties hard	0.527	0.726	-0.199
25	The placement is at risk of breaking down	-0.931	-0.595	-0.336
7	I'm glad the child/children are on an SGO	-0.324	0.095	-0.419
18	I think the child/children feel part of my family	0.418	0.881	-0.463
32	I understand what an SGO involves	1.026	1.573	-0.547
26	Being a special guardian makes me feel stressed	0.324	0.881	-0.557
13	The child/children are easy to care for	-1.675	-0.822	-0.853
14	I think the child/children are happy	0.014	1.036	-1.022
27	Being a special guardian makes me worry a lot	-0.418	0.631	-1.049
9	Being a special guardian has put pressure on my own family	-0.216	0.881	-1.097
5	I feel well supported by mental health services	-0.945	0.345	-1.29
3	I feel well supported by my friends	-0.729	0.588	-1.317
28	Being a special guardian makes me feel happy	-0.31	1.036	-1.346
47	I understand how what the child(ren) experienced before I cared for them may have affected them	-0.513	0.844	-1.357
29	Being a special guardian makes me feel angry	0.014	1.454	-1.44
23	I feel that the child/children receive the support that they need from mental health services	-1.147	0.345	-1.492
35	Being a special guardian is rewarding	-0.945	0.595	-1.54
8	I have received sufficient training to be a special guardian	-1.985	-0.286	-1.699
4	I feel well supported financially	-2.093	0	-2.093
16	The child/children are doing well at school	-0.837	1.601	-2.438
22	I understand the child/children's behaviour	-1.255	1.417	-2.672

Descending Array of Differences Between Factor 4 and Factor 5				
Statement	Statement	Factor 4	Factor 5	Difference
34	A faith is important in our household	1.442	-0.476	1.918
37	I know what my rights are as a special guardian	1.472	-0.205	1.677
8	I have received sufficient training to be a special guardian	1.58	0.013	1.567
6	I often speak with other special guardians	1.006	-0.503	1.509
11	I have a good relationship with the child/children's birth parents	0	-1.329	1.329
42	I would like to pass on the caring responsibilities to somebody else	-1.248	-2.425	1.177
1	I feel well supported by social care services	0.636	-0.504	1.14
23	I feel that the child/children receive the support that they need from mental health services	0	-0.937	0.937
10	The child/children I care for have a good relationship with their birth parents	-0.223	-1.137	0.914
39	My social life has suffered as a consequence of my caring responsibilities	0.162	-0.732	0.894
40	My relationships have been affected by my caring responsibilities	0.393	-0.437	0.83
24	I feel that the child/children receives the support they need from school	0.223	-0.578	0.801
22	I understand the child/children's behaviour	1.03	0.286	0.744
41	My home is overcrowded	0.247	-0.343	0.59
45	Other people around me understand what SGOs are	-0.995	-1.502	0.507
44	I'm concerned about my ability to provide long-term care	-0.965	-1.378	0.413
15	I think the child/children feel settled	1.858	1.479	0.379
38	I know who I can call for support if I need it	0.193	-0.121	0.314
18	I think the child/children feel part of my family	0.639	0.347	0.292
17	I think the child/children feel safe	1.206	0.96	0.246
14	I think the child/children are happy	1.481	1.244	0.237
29	Being a special guardian makes me feel angry	-1.503	-1.648	0.145
32	I understand what an SGO involves	0.416	0.371	0.045
43	I feel an obligation to take on this caring role	-0.254	-0.236	-0.018
33	The birth parents are supportive of the SGO	-1.025	-0.86	-0.165
35	Being a special guardian is rewarding	0.609	0.835	-0.226
4	I feel well supported financially	-0.061	0.177	-0.238
46	School are understanding of SGOs	-0.193	0.059	-0.252
16	The child/children are doing well at school	-0.223	0.048	-0.271
13	The child/children are easy to care for	-0.416	-0.077	-0.339
31	I think this caring role is putting too much strain on me	-0.863	-0.519	-0.344
5	I feel well supported by mental health services	-0.193	0.228	-0.421
25	The placement is at risk of breaking down	-2.082	-1.595	-0.487
7	I'm glad the child/children are on an SGO	1.248	1.746	-0.498
36	I think this is the best place for the child/children to live	1.503	2.003	-0.5
27	Being a special guardian makes me worry a lot	-1.055	-0.476	-0.579
19	I find managing the child/children's difficulties hard	-1.194	-0.544	-0.65
28	Being a special guardian makes me feel happy	0.48	1.159	-0.679
2	I feel well supported by my family members	0.639	1.549	-0.91
12	I have a good bond with the child/children I care for	0.578	1.574	-0.996
26	Being a special guardian makes me feel stressed	-1.025	0.113	-1.138
3	I feel well supported by my friends	-0.634	0.523	-1.157
47	I understand how what the child(ren) experienced before I cared for them may have affected them	0.254	1.442	-1.188
9	Being a special guardian has put pressure on my own family	-0.609	0.764	-1.373
30	I'm struggling with my own mental health	-1.442	0.347	-1.789
21	The child/children I care for display a lot of unsettled behaviours	-1.666	0.309	-1.975
20	The child/children I care for display a lot of challenging behaviour	-1.43	0.985	-2.415

Descending Array of Differences Between Factor 4 and Factor 7				
Statement	Statement	Factor 4	Factor 7	Difference
34	A faith is important in our household	1.442	-2.013	3.455
37	I know what my rights are as a special guardian	1.472	-1.131	2.603
6	I often speak with other special guardians	1.006	-1.287	2.293
15	I think the child/children feel settled	1.858	-0.19	2.048
8	I have received sufficient training to be a special guardian	1.58	-0.286	1.866
17	I think the child/children feel safe	1.206	-0.536	1.742
12	I have a good bond with the child/children I care for	0.578	-0.941	1.519
41	My home is overcrowded	0.247	-1.234	1.481
11	I have a good relationship with the child/children's birth parents	0	-1.439	1.439
7	I'm glad the child/children are on an SGO	1.248	0.095	1.153
33	The birth parents are supportive of the SGO	-1.025	-2.108	1.083
1	I feel well supported by social care services	0.636	-0.336	0.972
2	I feel well supported by my family members	0.639	-0.036	0.675
10	The child/children I care for have a good relationship with their birth parents	-0.223	-0.895	0.672
43	I feel an obligation to take on this caring role	-0.254	-0.786	0.532
14	I think the child/children are happy	1.481	1.036	0.445
13	The child/children are easy to care for	-0.416	-0.822	0.406
45	Other people around me understand what SGOs are	-0.995	-1.321	0.326
30	I'm struggling with my own mental health	-1.442	-1.477	0.035
35	Being a special guardian is rewarding	0.609	0.595	0.014
39	My social life has suffered as a consequence of my caring responsibilities	0.162	0.155	0.007
36	I think this is the best place for the child/children to live	1.503	1.537	-0.034
4	I feel well supported financially	-0.061	0	-0.061
24	I feel that the child/children receives the support they need from school	0.223	0.286	-0.063
31	I think this caring role is putting too much strain on me	-0.863	-0.691	-0.172
18	I think the child/children feel part of my family	0.639	0.881	-0.242
46	School are understanding of SGOs	-0.193	0.095	-0.288
23	I feel that the child/children receive the support that they need from mental health services	0	0.345	-0.345
22	I understand the child/children's behaviour	1.03	1.417	-0.387
5	I feel well supported by mental health services	-0.193	0.345	-0.538
28	Being a special guardian makes me feel happy	0.48	1.036	-0.556
47	I understand how what the child(ren) experienced before I cared for them may have affected them	0.254	0.844	-0.59
42	I would like to pass on the caring responsibilities to somebody else	-1.248	-0.536	-0.712
38	I know who I can call for support if I need it	0.193	0.941	-0.748
44	I'm concerned about my ability to provide long-term care	-0.965	-0.155	-0.81
21	The child/children I care for display a lot of unsettled behaviours	-1.666	-0.75	-0.916
40	My relationships have been affected by my caring responsibilities	0.393	1.499	-1.106
32	I understand what an SGO involves	0.416	1.573	-1.157
3	I feel well supported by my friends	-0.634	0.588	-1.222
25	The placement is at risk of breaking down	-2.082	-0.595	-1.487
9	Being a special guardian has put pressure on my own family	-0.609	0.881	-1.49
20	The child/children I care for display a lot of challenging behaviour	-1.43	0.124	-1.554
27	Being a special guardian makes me worry a lot	-1.055	0.631	-1.686
16	The child/children are doing well at school	-0.223	1.601	-1.824
26	Being a special guardian makes me feel stressed	-1.025	0.881	-1.906
19	I find managing the child/children's difficulties hard	-1.194	0.726	-1.92
29	Being a special guardian makes me feel angry	-1.503	1.454	-2.957

Descending Array of Differences Between Factor 5 and Factor 7				
Statement	Statement	Factor 5	Factor 7	Difference
12	I have a good bond with the child/children I care for	1.574	-0.941	2.515
30	I'm struggling with my own mental health	0.347	-1.477	1.824
15	I think the child/children feel settled	1.479	-0.19	1.669
7	I'm glad the child/children are on an SGO	1.746	0.095	1.651
2	I feel well supported by my family members	1.549	-0.036	1.585
34	A faith is important in our household	-0.476	-2.013	1.537
17	I think the child/children feel safe	0.96	-0.536	1.496
33	The birth parents are supportive of the SGO	-0.86	-2.108	1.248
21	The child/children I care for display a lot of unsettled behaviours	0.309	-0.75	1.059
37	I know what my rights are as a special guardian	-0.205	-1.131	0.926
41	My home is overcrowded	-0.343	-1.234	0.891
20	The child/children I care for display a lot of challenging behaviour	0.985	0.124	0.861
6	I often speak with other special guardians	-0.503	-1.287	0.784
13	The child/children are easy to care for	-0.077	-0.822	0.745
47	I understand how what the child(ren) experienced before I cared for them may have affected them	1.442	0.844	0.598
43	I feel an obligation to take on this caring role	-0.236	-0.786	0.55
36	I think this is the best place for the child/children to live	2.003	1.537	0.466
8	I have received sufficient training to be a special guardian	0.013	-0.286	0.299
35	Being a special guardian is rewarding	0.835	0.595	0.24
14	I think the child/children are happy	1.244	1.036	0.208
4	I feel well supported financially	0.177	0	0.177
31	I think this caring role is putting too much strain on me	-0.519	-0.691	0.172
28	Being a special guardian makes me feel happy	1.159	1.036	0.123
11	I have a good relationship with the child/children's birth parents	-1.329	-1.439	0.11
46	School are understanding of SGOs	0.059	0.095	-0.036
3	I feel well supported by my friends	0.523	0.588	-0.065
9	Being a special guardian has put pressure on my own family	0.764	0.881	-0.117
5	I feel well supported by mental health services	0.228	0.345	-0.117
1	I feel well supported by social care services	-0.504	-0.336	-0.168
45	Other people around me understand what SGOs are	-1.502	-1.321	-0.181
10	The child/children I care for have a good relationship with their birth parents	-1.137	-0.895	-0.242
18	I think the child/children feel part of my family	0.347	0.881	-0.534
26	Being a special guardian makes me feel stressed	0.113	0.881	-0.768
24	I feel that the child/children receives the support they need from school	-0.578	0.286	-0.864
39	My social life has suffered as a consequence of my caring responsibilities	-0.732	0.155	-0.887
25	The placement is at risk of breaking down	-1.595	-0.595	-1
38	I know who I can call for support if I need it	-0.121	0.941	-1.062
27	Being a special guardian makes me worry a lot	-0.476	0.631	-1.107
22	I understand the child/children's behaviour	0.286	1.417	-1.131
32	I understand what an SGO involves	0.371	1.573	-1.202
44	I'm concerned about my ability to provide long-term care	-1.378	-0.155	-1.223
19	I find managing the child/children's difficulties hard	-0.544	0.726	-1.27
23	I feel that the child/children receive the support that they need from mental health services	-0.937	0.345	-1.282
16	The child/children are doing well at school	0.048	1.601	-1.553
42	I would like to pass on the caring responsibilities to somebody else	-2.425	-0.536	-1.889
40	My relationships have been affected by my caring responsibilities	-0.437	1.499	-1.936
29	Being a special guardian makes me feel angry	-1.648	1.454	-3.102

Factor Q-sort Values for Statements sorted by Consensus vs. Disagreement							
Statement	Statement	factor 1	factor 2	factor 4	factor 5	factor 7	Z-Score variance
46	School are understanding of SGOs	0	0	-1	0	0	0.031
36	I think this is the best place for the child/children to live	5	5	4	5	4	0.065
31	I think this caring role is putting too much strain on me	-2	0	-2	-2	-2	0.179
5	I feel well supported by mental health services	0	-2	0	1	1	0.204
39	My social life has suffered as a consequence of my caring responsibilities	-1	2	0	-2	0	0.208
24	I feel that the child/children receives the support they need from school	2	3	0	-2	1	0.231
18	I think the child/children feel part of my family	5	1	2	1	2	0.265
45	Other people around me understand what SGOs are	0	-3	-2	-4	-4	0.271
1	I feel well supported by social care services	2	1	2	-2	-1	0.285
28	Being a special guardian makes me feel happy	0	-1	1	3	3	0.289
27	Being a special guardian makes me worry a lot	-1	-1	-3	-1	1	0.299
14	I think the child/children are happy	4	0	4	3	3	0.339
3	I feel well supported by my friends	1	-2	-2	2	1	0.345
25	The placement is at risk of breaking down	-5	-2	-5	-4	-1	0.352
9	Being a special guardian has put pressure on my own family	-1	-1	-1	2	2	0.357
17	I think the child/children feel safe	3	2	3	2	-1	0.379
13	The child/children are easy to care for	-5	-4	-1	0	-2	0.388
47	I understand how what the child(ren) experienced before I cared for them may have affected them	2	-2	1	3	2	0.421
41	My home is overcrowded	-3	0	1	-1	-3	0.424
23	I feel that the child/children receive the support that they need from mental health services	1	-3	0	-3	1	0.435
38	I know who I can call for support if I need it	-1	4	0	0	3	0.491
2	I feel well supported by my family members	-1	2	2	4	0	0.499
30	I'm struggling with my own mental health	-2	-1	-4	1	-4	0.523
15	I think the child/children feel settled	3	2	5	4	-1	0.533
7	I'm glad the child/children are on an SGO	1	-1	3	5	0	0.584
44	I'm concerned about my ability to provide long-term care	-4	1	-2	-4	0	0.604
21	The child/children I care for display a lot of unsettled behaviours	0	1	-5	1	-2	0.623
16	The child/children are doing well at school	0	-2	-1	0	5	0.654
20	The child/children I care for display a lot of challenging behaviour	0	1	-4	3	0	0.667
19	I find managing the child/children's difficulties hard	-3	2	-3	-2	2	0.675
33	The birth parents are supportive of the SGO	1	-1	-3	-3	-5	0.681
42	I would like to pass on the caring responsibilities to somebody else	-4	0	-3	-5	-1	0.684
35	Being a special guardian is rewarding	4	-3	2	2	1	0.689
32	I understand what an SGO involves	-3	3	1	2	5	0.708
40	My relationships have been affected by my caring responsibilities	-1	4	1	-1	4	0.727
6	I often speak with other special guardians	-2	-4	2	-1	-3	0.735
10	The child/children I care for have a good relationship with their birth parents	3	3	-1	-3	-2	0.736
26	Being a special guardian makes me feel stressed	-4	0	-2	0	2	0.745
22	I understand the child/children's behaviour	1	-3	3	1	3	0.838
4	I feel well supported financially	2	-5	0	1	0	0.847
11	I have a good relationship with the child/children's birth parents	2	1	0	-3	-4	0.883
43	I feel an obligation to take on this caring role	1	5	-1	-1	-2	0.915
37	I know what my rights are as a special guardian	-2	3	4	0	-3	0.959
12	I have a good bond with the child/children I care for	3	4	1	4	-3	0.985
8	I have received sufficient training to be a special guardian	-2	-5	5	0	-1	1.32
29	Being a special guardian makes me feel angry	-3	0	-4	-5	4	1.331
34	A faith is important in our household	4	-4	3	-1	-5	2.202

Factor Characteristics

	factor 1	factor 2	factor 4	factor 5	factor 7
No. of Defining Variables	5	3	6	9	3
Avg. Rel. Coef.	0.8	0.8	0.8	0.8	0.8
Composite Reliability	0.952	0.923	0.96	0.973	0.923
S.E. of Factor Z-scores	0.219	0.277	0.2	0.164	0.277

Standard Errors for Differences in Factor Z-scores

	factor 1	factor 2	factor 4	factor 5	factor 7
factor1	0.31	0.353	0.297	0.274	0.353
factor2	0.353	0.392	0.342	0.322	0.392
factor4	0.297	0.342	0.283	0.259	0.342
factor5	0.274	0.322	0.259	0.232	0.322
factor7	0.353	0.392	0.342	0.322	0.392

Distinguishing Statements for Factor 1

(P < .05 : Asterisk (*) Indicates Significance at P < .01)

Both the Factor Q-Sort Value and the Z-Score (Z-SCR) are Shown

Statement	Statement	Statement	factor1 Q-	factor1 Z-s	Significanc	factor2 Q-	factor2 Z-s	Significanc	factor4 Q-	factor4 Z-s	Significanc	factor5 Q-	factor5 Z-s	Significanc	factor7 Q-	factor7 Z-s	Significanc
18	I think the child/children feel part of my family	18	5	1.77		1	0.418		2	0.639		1	0.347		2	0.881	
35	Being a special guardian is rewarding	35	4	1.61	*	-3	-0.945		2	0.609		2	0.835		1	0.595	
33	The birth parents are supportive of the SGO	33	1	0.42		-1	-0.418		-3	-1.025		-3	-0.86		-5	-2.108	
43	I feel an obligation to take on this caring role	43	1	0.34		5	1.985		-1	-0.254		-1	-0.236		-2	-0.786	
45	Other people around me understand what SGOs are	45	0	0	*	-3	-1.039		-2	-0.995		-4	-1.502		-4	-1.321	
32	I understand what an SGO involves	32	-3	-0.95	*	3	1.026		1	0.416		2	0.371		5	1.573	

Distinguishing Statements for Factor 2

(P < .05 : Asterisk (*) Indicates Significance at P < .01)

Both the Factor Q-Sort Value and the Z-Score (Z-SCR) are Shown

Statement	Statement	Statement	factor1 Q-	factor1 Z-s	Significanc	factor2 Q-	factor2 Z-s	Significanc	factor4 Q-	factor4 Z-s	Significanc	factor5 Q-	factor5 Z-s	Significanc	factor7 Q-	factor7 Z-s	Significanc
43	I feel an obligation to take on this caring role	43	1	0.34		5	1.99	*	-1	-0.254		-1	-0.236		-2	-0.786	
31	I think this caring role is putting too much strain on me	31	-2	-0.76		0	0.31		-2	-0.863		-2	-0.519		-2	-0.691	
14	I think the child/children are happy	14	4	1.69		0	0.01	*	4	1.481		3	1.244		3	1.036	
29	Being a special guardian makes me feel angry	29	-3	-1.01		0	0.01	*	-4	-1.503		-5	-1.648		4	1.454	
47	I understand how what the child(ren) experienced before I cared for them may have affected them	47	2	0.62		-2	-0.51		1	0.254		3	1.442		2	0.844	
5	I feel well supported by mental health services	5	0	-0.16		-2	-0.95		0	-0.193		1	0.228		1	0.345	
35	Being a special guardian is rewarding	35	4	1.61		-3	-0.95	*	2	0.609		2	0.835		1	0.595	
22	I understand the child/children's behaviour	22	1	0.26		-3	-1.25	*	3	1.03		1	0.286		3	1.417	
8	I have received sufficient training to be a special guardian	8	-2	-0.66		-5	-1.99	*	5	1.58		0	0.013		-1	-0.286	
4	I feel well supported financially	4	2	0.5		-5	-2.09	*	0	-0.061		1	0.177		0	0	

Distinguishing Statements for Factor 4

(P < .05 : Asterisk (*) Indicates Significance at P < .01)

Both the Factor Q-Sort Value and the Z-Score (Z-SCR) are Shown

Statement	Statement	Statement	factor1 Q-	factor1 Z-s	Significanc	factor2 Q-	factor2 Z-s	Significanc	factor4 Q-	factor4 Z-s	Significanc	factor5 Q-	factor5 Z-s	Significanc	factor7 Q-	factor7 Z-s	Significanc
8	I have received sufficient training to be a special guardian	8	-2	-0.66		-5	-1.99		5	1.58	*	0	0.013		-1	-0.286	
6	I often speak with other special guardians	6	-2	-0.82		-4	-1.35		2	1.01	*	-1	-0.503		-3	-1.287	
12	I have a good bond with the child/children I care for	12	3	1.35		4	1.78		1	0.58	*	4	1.574		-3	-0.941	
40	My relationships have been affected by my caring responsibilities	40	-1	-0.5		4	1.36		1	0.39	*	-1	-0.437		4	1.499	
10	The child/children I care for have a good relationship with their birth parents	10	3	1.03		3	0.73		-1	-0.22		-3	-1.137		-2	-0.895	
20	The child/children I care for display a lot of challenging behaviour	20	0	-0.16		1	0.53		-4	-1.43	*	3	0.985		0	0.124	
21	The child/children I care for display a lot of unsettled behaviours	21	0	0.1		1	0.42		-5	-1.67	*	1	0.309		-2	-0.75	

Distinguishing Statements for Factor 7

(P < .05 : Asterisk (*) Indicates Significance at P < .01)

Both the Factor Q-Sort Value and the Z-Score (Z-SCR) are Shown

Statement	Statement	Statement	factor1 Q-	factor1 Z-s	Significanc	factor2 Q-	factor2 Z-s	Significanc	factor4 Q-	factor4 Z-s	Significanc	factor5 Q-	factor5 Z-s	Significanc	factor7 Q-	factor7 Z-s	Significanc
16	The child/children are doing well at school	16	0	-0.08		-2	-0.84		-1	-0.22		0	0.05		5	1.6	*
29	Being a special guardian makes me feel angry	29	-3	-1.01		0	0.01		-4	-1.5		-5	-1.65		4	1.45	*
27	Being a special guardian makes me worry a lot	27	-1	-0.47		-1	-0.42		-3	-1.06		-1	-0.48		1	0.63	*
17	I think the child/children feel safe	17	3	0.93		2	0.73		3	1.21		2	0.96		-1	-0.54	*
21	The child/children I care for display a lot of unsettled behaviours	21	0	0.1		1	0.42		-5	-1.67		1	0.31		-2	-0.75	
12	I have a good bond with the child/children I care for	12	3	1.35		4	1.78		1	0.58		4	1.57		-3	-0.94	*
33	The birth parents are supportive of the SGO	33	1	0.42		-1	-0.42		-3	-1.02		-3	-0.86		-5	-2.11	*

Distinguishing Statements for Factor 5

(P < .05 : Asterisk (*) Indicates Significance at P < .01)

Both the Factor Q-Sort Value and the Z-Score (Z-SCR) are Shown

Statement	Statement	Statement	factor1 Q-	factor1 Z-s	Significanc	factor2 Q-	factor2 Z-s	Significanc	factor4 Q-	factor4 Z-s	Significanc	factor5 Q-	factor5 Z-s	Significanc	factor7 Q-	factor7 Z-s	Significanc
2	I feel well supported by my family members	2	-1	-0.52		2	0.72		2	0.64		4	1.55		0	-0.036	
34	A faith is important in our household	34	4	1.47		-4	-1.68		3	1.44		-1	-0.48	*	-5	-2.013	
19	I find managing the child/children's difficulties hard	19	-3	-1.19		2	0.53		-3	-1.19		-2	-0.54		2	0.726	
24	I feel that the child/children receives the support they need from school	24	2	0.6		3	0.84		0	0.22		-2	-0.58	*	1	0.286	
42	I would like to pass on the caring responsibilities to somebody else	42	-4	-1.45		0	0		-3	-1.25		-5	-2.42	*	-1	-0.536	

Consensus Statements -- Those That Do Not Distinguish Between ANY Pair of Factors

All Listed Statements are Non-Significant at P > 0.01, and Those Flagged with an * are also Non-Significant at P > 0.05)

Statement Nun	Significance	Statement	Statement Nun	factor1 Q-SV	factor1 Z-score	factor2 Q-SV	factor2 Z-score	factor4 Q-SV	factor4 Z-score	factor5 Q-SV	factor5 Z-score	factor7 Q-SV	factor7 Z-score
36		I think this is the best place for the child/children to live	36	5	2.11	5	1.985	4	1.5	5	2.003	4	1.537
46	*	School are understanding of SGOs	46	0	-0.08	0	0.324	-1	-0.193	0	0.059	0	0.095

	Relative Ranking of Statements in factor 1						
			Consensus				
	Highest Ranked Statements	factor 1	Distinguishing	factor 2	factor 4	factor 5	factor 7
36	I think this is the best place for the child/children to live	5	C	5	4	5	4
18	I think the child/children feel part of my family	5	D	1	2	1	2
	Positive Statements Ranked Higher in factor 1 Array than in Other Factor Arrays						
14	I think the child/children are happy	4		0	4	3	3
35	Being a special guardian is rewarding	4	D*	-3	2	2	1
34	A faith is important in our household	4		-4	3	-1	-5
10	The child/children I care for have a good relationship with their birth parents	3		3	-1	-3	-2
17	I think the child/children feel safe	3		2	3	2	-1
1	I feel well supported by social care services	2		1	2	-2	-1
11	I have a good relationship with the child/children's birth parents	2		1	0	-3	-4
4	I feel well supported financially	2		-5	0	1	0
23	I feel that the child/children receive the support that they need from mental health services	1		-3	0	-3	1
33	The birth parents are supportive of the SGO	1	D	-1	-3	-3	-5
45	Other people around me understand what SGOs are	0	D*	-3	-2	-4	-4
46	School are understanding of SGOs	0	C*	0	-1	0	0
	Negative Statements Ranked Lower in factor 1 Array than in Other Factor Arrays						
9	Being a special guardian has put pressure on my own family	-1		-1	-1	2	2
40	My relationships have been affected by my caring responsibilities	-1		4	1	-1	4
2	I feel well supported by my family members	-1		2	2	4	0
38	I know who I can call for support if I need it	-1		4	0	0	3
31	I think this caring role is putting too much strain on me	-2		0	-2	-2	-2
32	I understand what an SGO involves	-3	D*	3	1	2	5
19	I find managing the child/children's difficulties hard	-3		2	-3	-2	2
41	My home is overcrowded	-3		0	1	-1	-3
26	Being a special guardian makes me feel stressed	-4		0	-2	0	2
44	I'm concerned about my ability to provide long-term care	-4		1	-2	-4	0
	Lowest Ranked Statements						
13	The child/children are easy to care for	-5		-4	-1	0	-2
25	The placement is at risk of breaking down	-5		-2	-5	-4	-1

	Relative Ranking of Statements in factor 2						
			Consensus				
	Highest Ranked Statements	factor 2	Distinguishing	factor 1	factor 4	factor 5	factor 7
36	I think this is the best place for the child/children to live	5	C	5	4	5	4
43	I feel an obligation to take on this caring role	5	D*	1	-1	-1	-2
	Positive Statements Ranked Higher in factor 2 Array than in Other Factor Arrays						
12	I have a good bond with the child/children I care for	4		3	1	4	-3
40	My relationships have been affected by my caring responsibilities	4		-1	1	-1	4
38	I know who I can call for support if I need it	4		-1	0	0	3
24	I feel that the child/children receives the support they need from school	3		2	0	-2	1
10	The child/children I care for have a good relationship with their birth parents	3		3	-1	-3	-2
39	My social life has suffered as a consequence of my caring responsibilities	2		-1	0	-2	0
19	I find managing the child/children's difficulties hard	2		-3	-3	-2	2
44	I'm concerned about my ability to provide long-term care	1		-4	-2	-4	0
21	The child/children I care for display a lot of unsettled behaviours	1		0	-5	1	-2
46	School are understanding of SGOs	0	C*	0	-1	0	0
31	I think this caring role is putting too much strain on me	0	D	-2	-2	-2	-2
42	I would like to pass on the caring responsibilities to somebody else	0		-4	-3	-5	-1
	Negative Statements Ranked Lower in factor 2 Array than in Other Factor Arrays						
14	I think the child/children are happy	0	D*	4	4	3	3
9	Being a special guardian has put pressure on my own family	-1		-1	-1	2	2
28	Being a special guardian makes me feel happy	-1		0	1	3	3
7	I'm glad the child/children are on an SGO	-1		1	3	5	0
47	I understand how what the child(ren) experienced before I cared for them may have affected them	-2	D	2	1	3	2
3	I feel well supported by my friends	-2		1	-2	2	1
16	The child/children are doing well at school	-2		0	-1	0	5
5	I feel well supported by mental health services	-2	D	0	0	1	1
35	Being a special guardian is rewarding	-3	D*	4	2	2	1
23	I feel that the child/children receive the support that they need from mental health services	-3		1	0	-3	1
22	I understand the child/children's behaviour	-3	D*	1	3	1	3
6	I often speak with other special guardians	-4		-2	2	-1	-3
	Lowest Ranked Statements						
8	I have received sufficient training to be a special guardian	-5	D*	-2	5	0	-1
4	I feel well supported financially	-5	D*	2	0	1	0

	Relative Ranking of Statements in factor 4						
			Consensus				
	Highest Ranked Statements	factor 4	Distinguishing	factor 1	factor 2	factor 5	factor 7
15	I think the child/children feel settled	5		3	2	4	-1
8	I have received sufficient training to be a special guardian	5	D*	-2	-5	0	-1
	Positive Statements Ranked Higher in factor 4 Array than in Other Factor Arrays						
14	I think the child/children are happy	4		4	0	3	3
37	I know what my rights are as a special guardian	4		-2	3	0	-3
17	I think the child/children feel safe	3		3	2	2	-1
22	I understand the child/children's behaviour	3		1	-3	1	3
6	I often speak with other special guardians	2	D*	-2	-4	-1	-3
1	I feel well supported by social care services	2		2	1	-2	-1
41	My home is overcrowded	1		-3	0	-1	-3
	Negative Statements Ranked Lower in factor 4 Array than in Other Factor Arrays						
46	School are understanding of SGOs	-1	C*	0	0	0	0
9	Being a special guardian has put pressure on my own family	-1		-1	-1	2	2
3	I feel well supported by my friends	-2		1	-2	2	1
31	I think this caring role is putting too much strain on me	-2		-2	0	-2	-2
27	Being a special guardian makes me worry a lot	-3		-1	-1	-1	1
19	I find managing the child/children's difficulties hard	-3		-3	2	-2	2
20	The child/children I care for display a lot of challenging behaviour	-4	D*	0	1	3	0
30	I'm struggling with my own mental health	-4		-2	-1	1	-4
	Lowest Ranked Statements						
21	The child/children I care for display a lot of unsettled behaviours	-5	D*	0	1	1	-2
25	The placement is at risk of breaking down	-5		-5	-2	-4	-1

	Relative Ranking of Statements in factor 5						
			Consensus				
	Highest Ranked Statements	factor 5	Distinguishing	factor 1	factor 2	factor 4	factor 7
36	I think this is the best place for the child/children to live	5	C	5	5	4	4
7	I'm glad the child/children are on an SGO	5		1	-1	3	0
	Positive Statements Ranked Higher in factor 5 Array than in Other Factor Arrays						
12	I have a good bond with the child/children I care for	4		3	4	1	-3
2	I feel well supported by my family members	4	D	-1	2	2	0
47	I understand how what the child(ren) experienced before I cared for them may have affected the	3		2	-2	1	2
28	Being a special guardian makes me feel happy	3		0	-1	1	3
20	The child/children I care for display a lot of challenging behaviour	3		0	1	-4	0
9	Being a special guardian has put pressure on my own family	2		-1	-1	-1	2
3	I feel well supported by my friends	2		1	-2	-2	1
30	I'm struggling with my own mental health	1		-2	-1	-4	-4
21	The child/children I care for display a lot of unsettled behaviours	1		0	1	-5	-2
5	I feel well supported by mental health services	1		0	-2	0	1
46	School are understanding of SGOs	0	C*	0	0	-1	0
13	The child/children are easy to care for	0		-5	-4	-1	-2
	Negative Statements Ranked Lower in factor 5 Array than in Other Factor Arrays						
40	My relationships have been affected by my caring responsibilities	-1		-1	4	1	4
1	I feel well supported by social care services	-2		2	1	2	-1
31	I think this caring role is putting too much strain on me	-2		-2	0	-2	-2
24	I feel that the child/children receives the support they need from school	-2	D*	2	3	0	1
39	My social life has suffered as a consequence of my caring responsibilities	-2		-1	2	0	0
23	I feel that the child/children receive the support that they need from mental health services	-3		1	-3	0	1
10	The child/children I care for have a good relationship with their birth parents	-3		3	3	-1	-2
44	I'm concerned about my ability to provide long-term care	-4		-4	1	-2	0
45	Other people around me understand what SGOs are	-4		0	-3	-2	-4
	Lowest Ranked Statements						
29	Being a special guardian makes me feel angry	-5		-3	0	-4	4
42	I would like to pass on the caring responsibilities to somebody else	-5	D*	-4	0	-3	-1

	Relative Ranking of Statements in factor 7						
			Consensus				
	Highest Ranked Statements	factor 7	Distinguishing	factor 1	factor 2	factor 4	factor 5
16	The child/children are doing well at school	5	D*	0	-2	-1	0
32	I understand what an SGO involves	5		-3	3	1	2
	Positive Statements Ranked Higher in factor 7 Array than in Other Factor Arrays						
40	My relationships have been affected by my caring responsibilities	4		-1	4	1	-1
29	Being a special guardian makes me feel angry	4	D*	-3	0	-4	-5
22	I understand the child/children's behaviour	3		1	-3	3	1
28	Being a special guardian makes me feel happy	3		0	-1	1	3
9	Being a special guardian has put pressure on my own family	2		-1	-1	-1	2
26	Being a special guardian makes me feel stressed	2		-4	0	-2	0
19	I find managing the child/children's difficulties hard	2		-3	2	-3	-2
27	Being a special guardian makes me worry a lot	1	D*	-1	-1	-3	-1
5	I feel well supported by mental health services	1		0	-2	0	1
23	I feel that the child/children receive the support that they need from mental health services	1		1	-3	0	-3
46	School are understanding of SGOs	0	C*	0	0	-1	0
	Negative Statements Ranked Lower in factor 7 Array than in Other Factor Arrays						
15	I think the child/children feel settled	-1		3	2	5	4
17	I think the child/children feel safe	-1	D*	3	2	3	2
31	I think this caring role is putting too much strain on me	-2		-2	0	-2	-2
43	I feel an obligation to take on this caring role	-2		1	5	-1	-1
12	I have a good bond with the child/children I care for	-3	D*	3	4	1	4
37	I know what my rights are as a special guardian	-3		-2	3	4	0
41	My home is overcrowded	-3		-3	0	1	-1
45	Other people around me understand what SGOs are	-4		0	-3	-2	-4
11	I have a good relationship with the child/children's birth parents	-4		2	1	0	-3
30	I'm struggling with my own mental health	-4		-2	-1	-4	1
	Lowest Ranked Statements						
34	A faith is important in our household	-5		4	-4	3	-1
33	The birth parents are supportive of the SGO	-5	D*	1	-1	-3	-3

Appendix K: Author Guidelines

Instructions and Notes for Authors and other Contributors

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Chapter 3: Executive Summary

Exploring carers experiences when granted Special Guardianship Orders (SGOs)

Word Count: 1,660

Exploring carers experiences when granted Special Guardianship Orders (SGOs)

Executive Summary

Katie Woodward

April 2019

Background to the study

- On 31st March 2018, 75,420 children were in the care of local authorities in England, up 4% on the previous year and continuing the increase which has been seen over recent years (1).
- Most of the children entering the care system in England are placed in foster care (73%), however, more recently the number of children looked after by family and friends foster carers has begun to rise (1).
- Research has found that those children placed in foster care in particular, are likely to be at risk of numerous placement moves (2), which is known to be associated with psychological distress, including feelings of confusion, fear, loss, sadness, and anxiety (3). It also means they are less likely to experience continuity of care, permanence, and the secure attachments these may confer.
- Unlike foster care, however, kinship care (being placed with family or friends) does not show a significant association with placement breakdown (4). Studies have also demonstrated that those children in kinship care have fewer behavioural and emotional problems (5), are more likely to rate themselves as “happy” or “very happy,” and are more likely to say that they “always felt loved” (6).
- In 2005, Special Guardianship Orders came into law in England (7). Unlike fostering, this enabled carers to take full responsibility for all aspects of a child’s care, providing a foundation to build a life-long permanent relationship, as well as being legally secure.

Why was the study carried out?

- Whilst a lot is known about the experiences of foster carers and kinship carers, very little is known about the experiences of special guardians.
- Given that research would suggest permanency can have a more positive impact on the mental health needs of children in care, and permanency is more likely when children are placed with family members or friends, there is an implication for us to better understand the needs and experiences of carers granted SGO’s.

What did the study involve?

Ethical approval was received from the Staffordshire University Ethics Committee and the NHS to undertake the research.

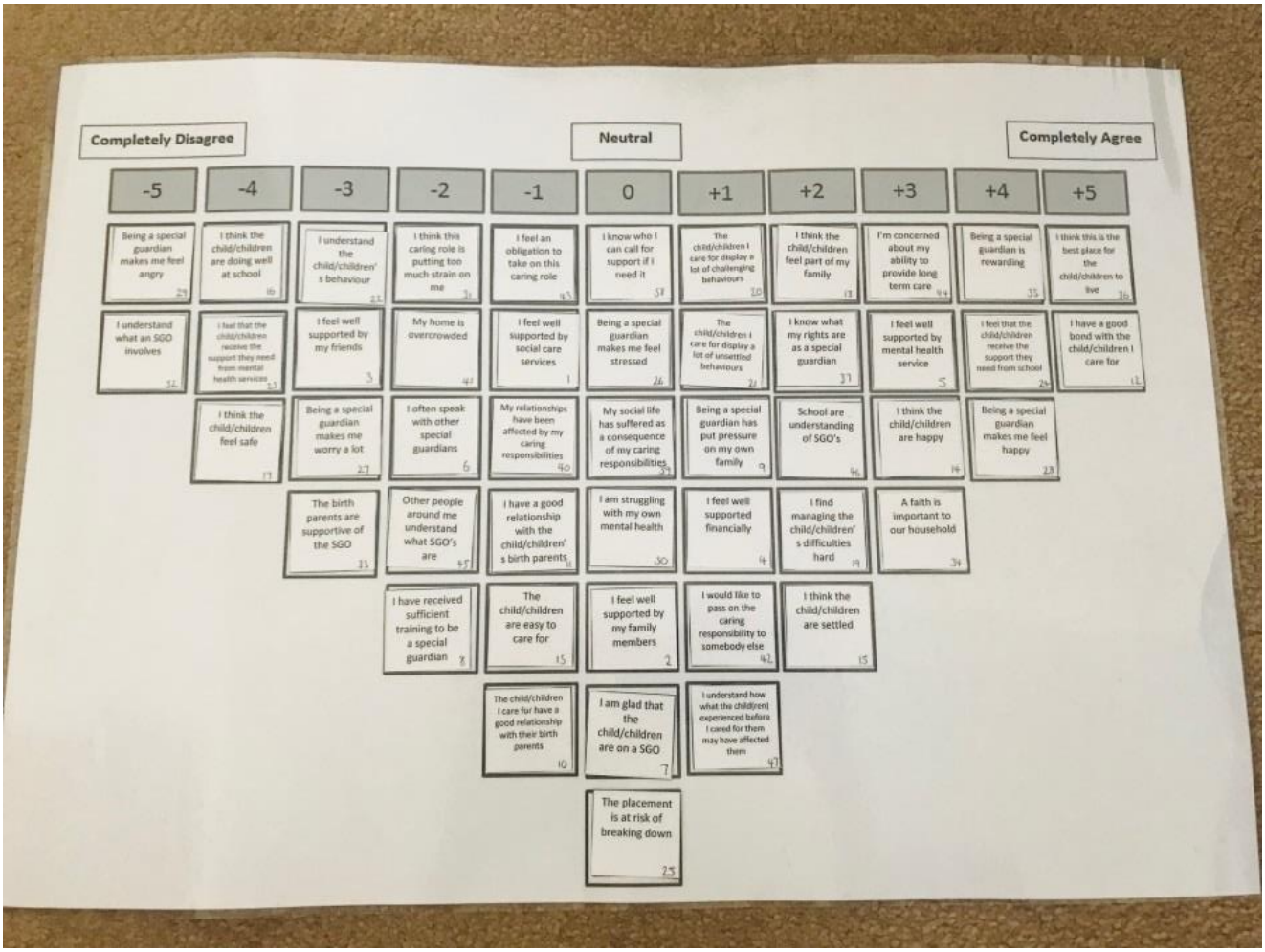
Procedure

Q-methodology, which involves the ranking of statements, was used to explore the experiences of carers who had been granted an SGO.

All available literature about the experiences of carers was analysed in order to generate 47 separate statements which should represent as many possible viewpoints of carers. These were then validated by clinical psychologists working with Looked after Children and university tutors familiar with Q-methodology. Example statements included:

Being a special guardian is rewarding	*Being a special guardian makes me feel happy*	*The placement is at risk of breaking down*

Q-methodology: Each of the 47 statements were printed onto a small card and initially carers were asked to put each statement into 3 piles of agree, neutral, and disagree in order to simplify the sorting process. Carers were then asked to place each statement onto a grid, depending on whether they agreed or disagreed with the statement (see picture).



Carers were asked to sort the statements in respect to 3 distinct time periods: when applying for the SGO, when the SGO was granted and the present time. This was done in order to see whether carer's viewpoints about SGO's changed over time.

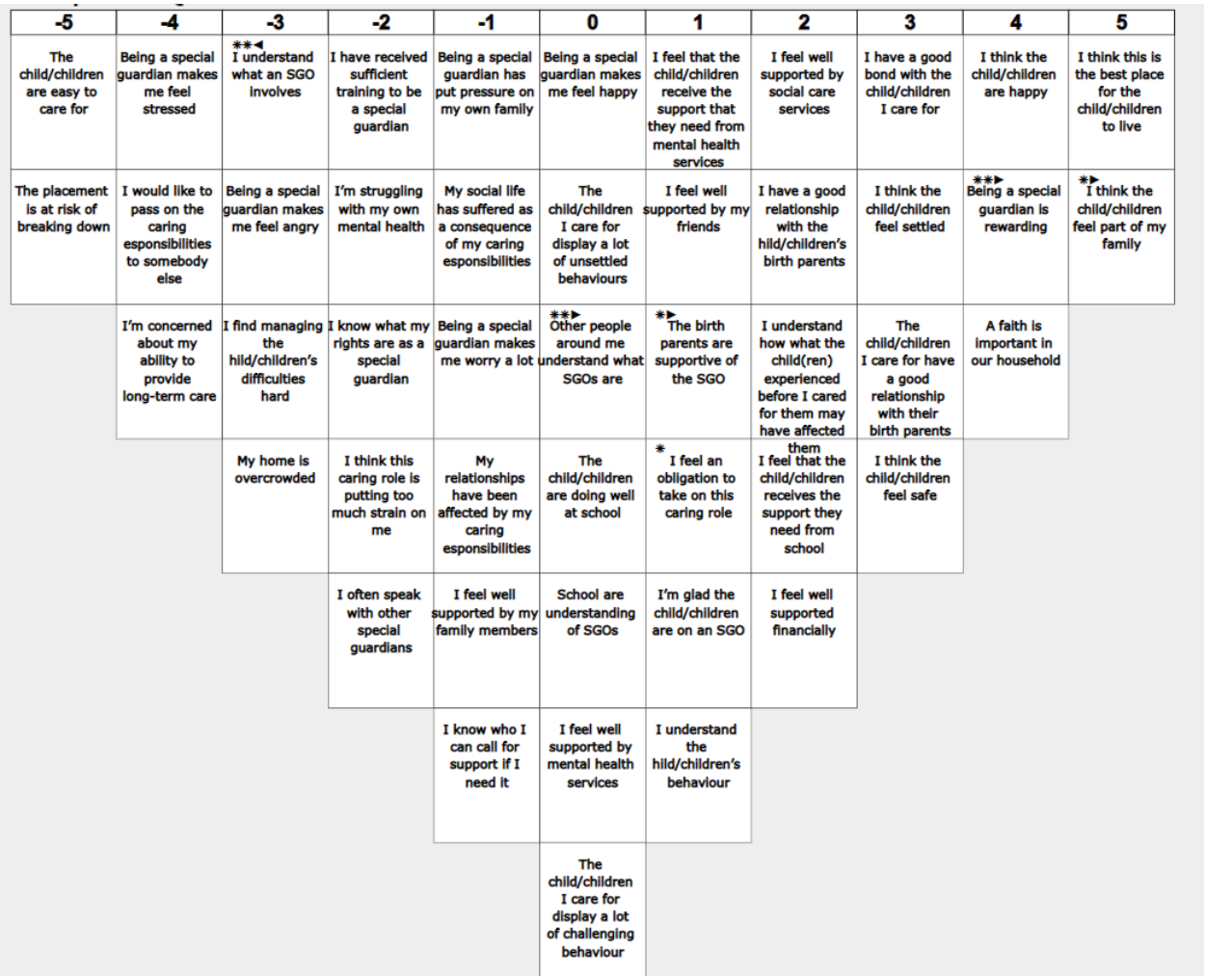
Once they had sorted the cards, participants were asked to comment on why they had completed the sort in the way they had.

Participants

Ten carers volunteered to take part in the study. Two male carers and eight female carers took part. They were aged thirty one years and above and had varying relationships with the children. Three carers were grandparents, one was an aunt, three had distant familial relationships, two were un-related foster carers, and one was a family friend. Seven carers reported having one child in their care, three carers reported caring for two children each, and one carer had five children in their care under an SGO.

Analysis

Each completed sort represents a carer's viewpoint on SGO's, and by comparing the sorts completed by each carer we were able to identify common view points and see whether those viewpoints changed over time.



-5	-4	-3	-2	-1	0	1	2	3	4	5
The child/children are easy to care for	Being a special guardian makes me feel stressed	**◄ I understand what an SGO involves	I have received sufficient training to be a special guardian	Being a special guardian has put pressure on my own family	Being a special guardian makes me feel happy	I feel that the child/children receive the support that they need from mental health services	I feel well supported by social care services	I have a good bond with the child/children I care for	I think the child/children are happy	I think this is the best place for the child/children to live
The placement is at risk of breaking down	I would like to pass on the caring esponsibilities to somebody else	Being a special guardian makes me feel angry	I'm struggling with my own mental health	My social life has suffered as a consequence of my caring esponsibilities	The child/children I care for display a lot of unsettled behaviours	I feel well supported by my friends	I have a good relationship with the hild/children's birth parents	I think the child/children feel settled	**► Being a special guardian is rewarding	*► I think the child/children feel part of my family
	I'm concerned about my ability to provide long-term care	I find managing the hild/children's difficulties hard	I know what my rights are as a special guardian	Being a special guardian makes me worry a lot	**► Other people around me understand what SGOs are	*► The birth parents are supportive of the SGO	I understand how what the child(ren) experienced before I cared for them may have affected them	The child/children I care for have a good relationship with their birth parents	A faith is important in our household	
		My home is overcrowded	I think this caring role is putting too much strain on me	My relationships have been affected by my caring esponsibilities	The child/children are doing well at school	* I feel an obligation to take on this caring role	I feel that the child/children receives the support they need from school	I think the child/children feel safe		
			I often speak with other special guardians	I feel well supported by my family members	School are understanding of SGOs	I'm glad the child/children are on an SGO	I feel well supported financially			
				I know who I can call for support if I need it	I feel well supported by mental health services	I understand the hild/children's behaviour				
					The child/children I care for display a lot of challenging behaviour					

This part of the study was done using a specialised computer programme. Each of the 30 sorts (three from each of the 10 carers) were compared with each other and example Q-sorts, which represented the shared viewpoints of the carers, were generated (see image).

What did the study show?

It does not appear that the carers viewpoints changed over time. However there were 5 common viewpoints generated from analysing the data.

Viewpoint 1: The child is part of the family: positive experience despite limited knowledge

Reflected by the views of two female carers who each had a child in their care whom they had known since birth.

Important Factors:

- ✓ *Feeling like the child is part of the family*
- ✓ *Feeling that the caring role is rewarding*
- ✓ *Some sense of obligation to take on the role, but not overwhelming*
- ✓ *Birth parents are somewhat supportive of the SGO*
  - *Unsure about what an SGO involves*
  - *Unsure if other people understand what an SGO is*

There was little obligation to take on the role and despite not having a great understanding of what it involved the carers found the role rewarding and saw the child as being a part of their family

Viewpoint 2: In the dark, obliged and unsupported

Reflected by the views of one carer who holds an SGO for her two granddaughters

Important Factors:

- *Feeling a strong obligation to take on the caring role*
- *Not feeling well supported financially*
- *Not feeling well supported by mental health services*
- *Not receiving sufficient training to be a special guardian*
- *Not finding the role rewarding*
- *Being unsure if the children are happy*
- *Not understanding the children's behaviour*
- *Not understanding how the children's past experiences may have affected them*
- *Being unsure if the caring role is causing too much strain*
- *Being unsure if the role evokes feelings of anger*

Generally feeling unsupported both financially and by services. Feeling a strong obligation to take on the role, not knowing if the children are happy, and struggling to understand their behaviour.

Viewpoint 3: Lots of training opportunities and managing well

Reflected by the views of two carers - a couple who had held an SGO for two distant family members for approximately 6 months.

Important Factors:

- ✓ *Received sufficient training to be a special guardian*
- ✓ *Often speak with other special guardians*
- ✓ *Have a good bond with the children*
- ✓ *The children do not display challenging or unsettled behaviours*
- *Relationships have been affected by the caring responsibilities*
- *The children do not have a good relationship with their birth parents*

Receiving sufficient training and having contact with other special guardians appears to result in a generally positive outcome and outweigh some of the negatives.

Viewpoint 4: Giving up the caring role is not an option… but having a supportive family is helpful

Reflected by the views of three carers; one un-known foster carer and two biological grandmothers

Important Factors:

- ✓ *Feeling well supported by family members*
- ✓ *Not wanting to pass on the caring role to anybody else*
- ✓ *Not finding the child's behaviour hard to manage*
- ○ *Not feeling like the child receives the support they need from school*

Despite not feeling supported by educational services, having a supportive family is extremely beneficial. They do not struggle to manage the child's behaviour and they would not want to pass on the caring role.

Viewpoint 5: Confused, angry and don't know who to trust

Reflected by the views of one carer who holds an SGO for her great nephew

Important Factors:

- ✓ *The child is doing well at school*
- ✓ *The child doesn't display a lot of unsettled behaviours*
- ○ *Feeling angry as a result of being a special guardian*
- ○ *Not believing that the child feels safe*
- ○ *Not having a good bond with the child*
- ○ *Birth parents not being supportive of the SGO*

Despite the child doing well at school and not demonstrating unsettled behaviours, the poor bond with the child and the lack of support from the birth parents is potentially causing feelings of anger and confusion.

However… In all of the viewpoints, carers felt strongly that their home was the best place for the child/children to live.

Recommendations

Clinical

- Provide carers with more tailored information about what it means to be a special guardian.
- Consider the benefits of psychological assessments to measure the bond between a carer and a child before the placement is agreed.
- Offer training prior to taking on an SGO – specifically around attachment and how a child's past experiences can impact on their behaviour.
- Encourage carers to interact with other special guardians and seek peer support. Routinely assess their level of support and other potential areas of strain during the application stage.

Further Research Ideas

- Use a more qualitative approach to allow carers to tell their stories in more detail.
- Explore the differences in the experiences of carers who have a close biological relationship with a child compared to those carers who were initially un-known foster carers.
- Explore the long term outcomes for children who are placed under an SGO.
- Explore how children and biological parents think about SGOs.
- Explore the impact of interventions such as training and/or role preparation.
- Explore the impact of special guardians' attachment styles.

Limitations

This study provides a good start to looking at the experiences of special guardians, however; it is only based on the experiences of 10 carers in one similar geographical area, some of the viewpoints were only based on one carer's experiences, and the statements that participants had to sort may not have covered all possible experiences that special guardians may encounter.

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