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

Abstract

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 SGOs, and the impact that they have.

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.

7 factors emerged from the Factor Analysis but only five were found to be significant (Eigen values above 1.0). The factors reflected variance in Special Guardian’s perceptions of preparation for and understanding of their role, role-reward, obligation to take on the role, levels of support, relationship with the birth family, and their bond with the child(ren) in their care.

This study provides an insight into the experiences of carers granted SGOs. The similarities and differences in these viewpoints are discussed. The findings suggest that more time and preparation is needed to ensure that carers are better prepared to manage any difficulties that may arise.

Keywords: Looked after Children, Q-Methodology, Special Guardianship Orders.

**Introduction**

On 31st March 2018, 75,420 children were in the care of local authorities in England (Department for Education, 2018) and were defined as being ‘looked after.’ 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 (SGOs) 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. SGOs 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).

Research highlights that an increasing number of children are now cared for under an SGO (Harwin et al, 2016), however to date, very little independent research relating to carers experiences of SGOs has been completed. The majority of the available literature currently available in relation to SGOs in England, relates mainly to policies and guidelines with one of the key documents being ‘special guardianship guidance’ published by the Department of Education (2017, p11). The guidelines 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.

Hingley-Jones et al. (2019) looked at the experiences of grandparent special guardians and concluded that they often feel a sense of emotional pressure to take on the role, and the decision to do so is often made at a time of crisis. They also make reference to the complexities of managing contact within difficult family dynamics. 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 there are now an increasing number of children being cared for under an SGO, there is an implication for us to better understand the needs and experiences of special guardians.

*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.

*Research Question*

What are Special Guardian’s perceptions of SGO’s, and do those perceptions change over time?

**Methodology**

*Ethical Approval*

Ethical approval for this study was granted by Staffordshire University Research Ethics Committee. HRA and REC approval was also granted from Coventry and Warwickshire Research Ethics Committee.

*Design*

Due to the limited amount of existing research in this area, it seemed appropriate to select a design which would be exploratory in nature such as Q-methodology. Q Methodology is a unique way of combining both quantitative and qualitative principles. It explores subjective viewpoints, and allows the relationship between them to be quantified (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. 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 SGOs specifically it was not possible to limit research to this topic area only. Consultations also took place with experts in the field 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 SGOs in particular. A total of 47 statements were included in the final concourse.

*Recruitment*

Purposive sampling was used to recruit participants. Two sites were involved in recruitment: a specialist Looked after Children’s Child and Adolescent Mental Health Service (CAMHS) and a Local Authority, both based in the Midlands. Information relating to the study, the inclusion criteria and opt in information was provided to all special guardians from the two recruitment sites via professionals working with them. 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. If carers felt they met the inclusion criteria and were happy to take part they then made contact with the lead researcher.

*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.

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 |

Three of the carers who opted into the study and were interviewed were not directlyrelated to the child in their care. However, they considered themselves to have a ‘familial’ relationship with the child and had known the children for five to six years each. No specific definition was provided of ‘familial relationship’ in the recruitment materials as it was assumed this would be self-explanatory, however participants volunteered who classified themselves as having a familial relationship yet were previously known to the child as a foster carer or a family friend.’

 *Procedure*

Each participant met with the lead researcher at a mutually agreed time and location. The confidentiality procedure was explained, written consent was gained, and a demographic questionnaire was completed.

Each participant was presented with the research question and the shuffled Q-set statements. 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. 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. During the sort, verbal feedback was welcomed from the participants. A series of 5 questions relating to why each participant had sorted the cards as they had was also asked at the end of the sort. These answers were recorded on a response sheet by the lead researcher and were used to support the quantitative data.



*Figure 1: Q-Distribution grid*

**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*

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 some participants did qualitatively report that their view of the SGO changed over time, these were not necessarily common changes observed across all participants.

Table 2: Correlation Matrix

*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. For the purpose of this data set, a centroid method was applied to generate separate factors. As seen in Table 3 each factor also produced an Eigenvalue and percentage of variance. By looking at these numbers it is possible 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 met 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 in order to maximise the variance of the loadings on all variables.

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 |

*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 cumulatively 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, representing the viewpoints of each participant‘s results that significantly loaded onto that particular factor. These factor arrays are further discussed in the following section.

*Findings*

The identified five factors represent a variety of different perspectives about SGOs 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 (participants 5 & 10). 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 SGOs. 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 SGOs 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 (participant 8). 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 SGOs, 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 (participants 3 & 4). 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 (participants 6, 7 & 9) 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 (participant 1). 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.

**Discussion**

This study set out to retrospectively explore carers’ experiences and perceptions of SGOs over time. Whilst there are published guidelines available advising how SGOs should be implemented, and how carers should be supported, there is limited literature currently available 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; Hingley at al, 2019). 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 represented a significant 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 significant 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, 1979). 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).

*Practice 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 issues 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 SGOs 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 explored the experiences faced by special guardians in the caring role that they undertake, however, there is definite scope for further research in this field. 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 carers, exploring long-term outcomes of children placed under an SGO, exploring children’s perspectives of SGOs, 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*

The results are based on ten individual carers and it is therefore 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 one geographical location only, and therefore we cannot discount that carers may have differing experiences in other geographical locations.

A learning point from the research was the implication of not including an explicit definition for participants of what the researchers meant by a familial relationship in the inclusion criteria. This meant participants volunteered who were not family members or relatives of the children for whom they had a SGO, yet conceptualised themselves as having a familial relationship. It may be that there are differences in perceptions of SGOs based on whether Special Guardians are familiarly-related to the child(ren) in their care or unrelated foster carers. The final group of participants was reasonably heterogeneous in respect to the nature of their relationship with the child in terms of closeness of relationship, for example, biological distance or likely pre-existing relationship prior to the SGO (e.g., distant relative vs grandparent) which may have been important in the range of perceptions of SGOs reflected in the final model.

**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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Tables

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