

Special Guardianship and Adoption

Practice and outcomes for special guardianship and adoptive families with safeguarding issues: A mixed methods study.

“The social worker said, ‘I’m sure you can use all your magic to nurture and that will sort it out for them’ ...but that’s not true.

It’s really not true.” [Special Guardian 10]

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Research Team: Dr Joanna Garstang, Dr Christine Christie, Prof Katy Burch, Prof Keith Moultrie, Dr Nutmeg Hallett, and Professor Julie Taylor

Project lead: Dr Joanna Garstang

Please address all queries to j.garstang@bham.ac.uk



Executive Summary

Improving safeguarding practice and outcomes for children after adoption or SGO

University of Birmingham

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Introduction

Most children who are subject of a Special Guardianship Order (SGO) or are adopted do very well; and families are able to promote their children's social, emotional development and achievement with and without support from professionals. However, for some children the harm they experience prior to SGO or adoption can result in emotional trauma and behavioural difficulties, which can be extreme. Some also have underlying developmental difficulties including Autistic Spectrum Disorder (ASD), Attention Deficit Hyperactivity Disorder (ADHD), Fetal Alcohol Spectrum Disorder (FASD) and Learning Disability, and for some the process of removal itself was traumatic. Children with additional needs and their families will often need a greater level of support to help the children flourish, compared to children in birth families or those without extra needs. Ineffective or lack of support may lead to some families not being able to keep children safe, while others become unsafe regardless of support. This study focused on families that become unsafe for whatever reason, identifying them through their experience of a statutory safeguarding intervention.

The aim of this study was to improve long-term outcomes for children after adoption or SGO by exploring how best to reduce safeguarding concerns such as abuse, neglect and exploitation. The study considered how safeguarding issues arise, how support is provided, whether this support is accessible and acceptable to families, how local authorities (LA) respond to concerns and how this differs from the response to birth families.

Methods

The study was developed with special guardians, adoptive parents and local authorities. Using a mixed methods approach four information sources were accessed:

- Case files for SGO or adopted children with statutory safeguarding interventions (Child in Need Plan, Child Protection Plan, Care and Support Plan (Wales), or return to LA care) after adoption or SGO, during 2019-22 from five LA in England and Wales. Follow-up data were available until

2024. Case file data were analysed using descriptive statistics and thematic analysis of free text information.

- Semi-structured interviews with 60 safeguarding professionals from children's social care, SGO and adoption agencies, and national leaders in adoption and SGO support services, these were analysed using a Framework Approach (structured Thematic Analysis).
- Semi-structured interviews with six safeguarding professionals from education with experience of safeguarding interventions following SGO or adoption, these underwent Thematic Analysis.
- Semi-structured interviews with 10 special guardians and 10 adoptive parents with recent experience of statutory safeguarding interventions following adoption or SGO, these underwent Thematic Analysis.

The conceptual model for the study was the 'Pathways to Harm, Pathways to Protection' model (Sidebotham et al., 2016). The model focuses attention on the actions or inactions by all parties, including how deeper systems issues contribute to outcomes. In this study the systems were those designed to protect children, help them manage the legacy and trauma relating to their birth family experiences and support them and their SGO or adoptive families to promote their development and wellbeing.

Results

There were 115 children in the case file analysis, 78 were subject to SGO and 37 were adopted. Three of the five LA were able to access data from their regional adoption agency (RAA), so could identify adopted children with safeguarding concerns. We did not identify any statistically significant associations between children's and families' backgrounds, abuse histories, interventions and outcomes. Children's outcomes were determined as good, moderate or poor, based on narratives and fixed-field data at least two years after the statutory plan. In total, 36 children had good outcomes, 45 had moderate outcomes and 34 had poor outcomes. However, for families, achieving these outcomes may be hugely stressful and traumatising.

Harm to children and how safeguarding concerns arise

The most significant source of harm to the child at the time of the statutory plan was identified; these were defined as harm from birth family, harm from Special Guardians or Adopters, and harm from children's own behaviour including exploitation. Many children had multiple and overlapping risks for harm. The main harms to adopted children were from their own behaviour. This was related to previous traumatic experiences combined with developmental difficulties such as ADHD, ASD, FASD and LD; this typically was displayed as challenging behaviour, aggression, mental health problems and child exploitation. Children subject to SGO experienced the same pattern of difficulties relating to trauma and developmental difficulties but in addition some faced risks of harm from contact with birth parents, or had more typical safeguarding concerns of neglect, abuse and domestic violence. Safeguarding concerns generally arose when families despite their best intentions were unable to meet the demands of caring for challenging, traumatised children with complex needs; this was compounded by a lack of support for these vulnerable families.

Assessment, training and support for adoption and SGO

Adoption and SGO training and initial assessments were considered by families and professionals as over-optimistic and not focused on the individual needs of complex children; adoptive parents and special guardians were not offered in-depth training on attachment or trauma. There were further challenges for SGO assessments as usually children were already placed with their potential special guardians prior to the assessment, making it more difficult for them to reflect and consider the long-term needs of the children and the rest of the family. Support plans after SGO were often limited and generic, offering little meaningful help to families.

Many professionals spoke of the need for adoptive and SGO families to have pro-active trauma-informed support and assessment ongoing throughout childhood, anticipating the challenges that families may face before problems became entrenched. SGO families were often unaware of support services that were available. Families needed expert behavioural and therapeutic support to be provided for as long as required, rather than limited by funding timescales. Adoptive parents felt that support was often generic rather than tailored to their child's specific needs; many special guardians struggled with financial difficulties.

Barriers in seeking support

Professionals were worried that adopters and special guardians could feel shame when seeking support for their children. They are given the message in pre-adoption assessments that they are good parents, who will cope with the challenges that lie ahead so they don't want to be seen as unable to cope. This could prevent some parents and special guardians from seeking support early, prior to difficulties becoming entrenched and safeguarding concerns being raised. Similarly, adoptive parents and special guardians described feeling judged and threatened by safeguarding interventions when they sought help, or had lost faith in LA services so would not ask for support.

Inadequate provision of support

Adoptive parents and special guardians described a lack of specialist psychosocial support for their children when they faced difficulties. Children often could not access CAMHS services as their issues were considered behavioural rather than mental health problems, despite their underlying traumatic early experiences. Many families had a long wait for neurodevelopmental assessments. Schools were unable to meet the needs of many children leading to part-time attendance and school exclusions; this placed more pressure on families as children were home all day. Some schools however provided the only support available for families, particularly those who did not want LA services or were not deemed to meet thresholds for LA support.

Management of safeguarding concerns and differences compared to safeguarding in birth families

When safeguarding investigations took place, there was limited information sharing between RAA, SGO support teams and safeguarding social workers, and little joint working. Families felt that safeguarding social workers had little knowledge of the impact of trauma or attachment difficulties for their children, so could not really understand their situations fully, and treated them with suspicion. Professionals considered that safeguarding for adoptive or SGO children is often more complicated than for children in birth families, often with entrenched difficulties.

Conclusion

It is important to remember the context of this study; it has focused only on children with safeguarding concerns after adoption or SGO; these represent only a small minority of adopted or SGO children. Many adopted or SGO children will have suffered significant trauma and have developmental

difficulties and have challenges similar to those children in this study. These families may have had good experiences of support, preventing a safeguarding response, which we will not have captured in this study. Even with safeguarding concerns many of the children in the case file analysis achieved good outcomes. Adoptive parents and special guardians talked about appropriate support and intervention where they had received it, as well as speaking frankly about the challenges they had faced in caring for their children and working with services. Similarly, staff and partners who participated in the study spoke about what is working, as well as what is not. From the interviews with professionals there was a strong sense of their desire to make things better for children. This report focusses on those areas of a system or practice that could potentially be done better.

It should be acknowledged that whilst many SGO and adopted children develop and achieve in ways similar to children who have not had such a disrupted start in life, for others negative early life experiences, including those in-utero, may have a lasting trauma. This can be compounded by developmental difficulties, some which may be genetic. These children present with behavioural problems which can make parenting them very complex, demanding and stressful. It is crucial to recognise and understand the dynamics and direction of causation of the family's problems, and that in these circumstances the children, parents and guardians are responding to issues neither are responsible for creating.

Safeguarding teams need to have the knowledge, skills and resources to distinguish between parents or guardians who are struggling with their children's additional needs and those who are malicious or uncaring. The parents and guardians described by professionals and in the case files reflected this mix while those who directly participated in this study were struggling. In this latter group, whilst it is not possible to say that all families would have ultimately achieved good outcomes for their children, this study suggests that with better support more families would have had a chance of doing so. Significantly, support which relieved stress for parents and guardians, regardless of outcomes, would have raised the quality the family's day-to-day experience; and in doing so, would have had the potential to enhance the children's resilience, not just until they were 18, but over their lifetime.

Importantly, support needs to be expert and early both in the child's life and in the trajectory of escalating of family distress and in some circumstances, long-term. This would reflect an approach informed by knowledge about child development, for example, anticipating and managing a child's transitions into adolescence and secondary school, college, adulthood and beyond. Critically support

also needs to address the needs of all members of the family and the family circumstances and extra-familial context, not just focus narrowly on the children. Finally, assessment and support need to be a collaborative endeavour between children's social services, other agencies including health and the family. In this study the findings from the professionals highlight inconsistencies in this approach from the local authorities, and parents' and guardians' descriptions were that collaborative approaches were rare.

The professionals, parents and guardians described situations where it appeared that even with timely, competent support a safeguarding intervention would have likely been needed. There were also descriptions of families being wary of engagement with the local authority and presenting too late for support. In both these scenarios the problems with service delivery raised by professionals and parents or guardians could have been addressed by working in true partnership with families and taking a holistic approach to understand the child's daily life, including what was happening for parents, guardians and siblings.

The findings from the professionals in this study indicated that there were times when SGO and adoptive families were treated differently from birth families. As previously explained, some SGO and adoptive families are coping with lasting trauma and developmental difficulties, for their children. They often also have additional stressors, such as special guardians managing contact with birth parents. These families could really benefit from an additional level of expertise and care in both support and safeguarding, reflecting their extra level of vulnerability.

A limitation of this study is that we did not capture children's voices; we only interviewed parents and guardians although the findings have been discussed with care experienced and adopted young people. Although the children in the case file analysis had suffered from a wide range of harms, none were serious enough to result in a Child Safeguarding Practice Review (CSPR); there have been several CSPR relating to adopted and SGO children suffering significant harm and even being killed by their adoptive parents or special guardians. The data in the case files represents professionals' views of children and families, and families' actual experiences may differ from what was recorded in the files.

Recommendations

To achieve the goal of improving long-term outcomes for children after adoption or SGO by reducing safeguarding concerns such as abuse, neglect and exploitation we have set out five key issues to be

addressed with recommendations for actions to achieve these. It is beyond our scope to propose specific actions for different stakeholders, but these recommendations have implications which will need to be considered by national policymakers, regional adoption services, local authorities, Integrated Care Boards and educational services.

Assessments for potential adopters and special guardians should include in-depth exploration of their own experiences of trauma throughout their life.

Recommendation 1. All prospective adopters and special guardians should have an Adult Attachment Interview assessment as part of their prospective adopter or special guardianship assessment. This is an evidence based assessment and would identify attachment patterns, and potential unresolved trauma around fertility and loss. It might also lead to more effective matching once adopters are approved and waiting to be matched with a child; and better awareness of potential challenges for special guardians in developing attachments with their children.

Special guardianship assessments and preparation should be as detailed and robust as adoption assessments, particularly where children are potentially at risk from contact with birth families.

Recommendation 2. If assessments identify concerns about long-term suitability of relatives as potential special guardians, Local Authorities should consider children remaining as children in care, so that placements can be monitored and carers provided with ongoing support and training.

Recommendation 3. Special guardians should be offered more intensive training and support during their assessment so that they understand better the requirements of the role and its long-term implications for themselves and their family.

Recommendation 4. All children placed with potential SGO carers should have a Life Journey work undertaken so that children have a coherent narrative of the decisions made about them and why.

Training and support for potential adopters and special guardians should include in-depth work to understand how childhood trauma may present through challenging behaviours, and how to manage behaviours that challenge.

Recommendation 5. Potential adopters should be offered an in-depth opportunity to work with professionals such as a Child Appreciation Meeting, to gain a clearer understanding of specific children's early experiences and potential difficulties as part of the matching process.

Recommendation 6. Potential adopters and special guardians should be offered specific training on childhood trauma, how this may present at different ages and the impact of key transitions such as from primary to secondary school.

Recommendation 7 Potential adopters should be offered opportunities to volunteer in children's homes to gain experience of supporting children with challenging behaviours.

Recommendation 8. Adoptive parents and special guardians should be offered parent training and support for managing the challenges of adolescence following childhood trauma, including risks of exploitation and unplanned contact with birth families. This should be provided from age 10 to help families prepare for transition to secondary school.

Professionals working with adopted and SGO children should have a clear understanding of the impact of early childhood trauma and how this can subsequently present.

Recommendation 9. All professionals working with adoptive and SGO families should have training on childhood trauma, the principles of Trauma Informed Practice and how they apply specifically to the circumstances of these families.

Offers of support for adoptive and special guardianship families should be pro-active, specialist and when needed, long-term.

Recommendation 10. All adoptive and special guardianship families should be offered an annual check-in with the RAA or SGO support team to update support needs, and to help normalise the need to ask for help.

Recommendation 11. There should be joint working arrangements between RAA, SGO support teams and Early Help to extend the range of adoption and SGO support services available; this could improve access to services such as Non Violent Resistance, Dyadic Developmental Practice and specialists in adolescent behaviour.

Recommendation 12. When specialist psychological support is required, the duration of support should be determined by clinical need, rather than by standard timescales.

Safeguarding investigations for adopted or special guardianship children may require a different approach to children living with birth families.

Recommendation 13. There should be joint working arrangements between RAA, SGO support teams and child protection teams when safeguarding concerns arise following adoption or SGO.

Recommendation 14. The social care workforce should be developed to include further training, pre and post qualification, on the long term impact of early life trauma, attachment difficulties and how these impact on parenting as an adopter or special guardian.

Safeguarding concerns due to children's own behaviour, such as child to parent or sibling violence, or exploitation require a different child protection approach compared to children who are being harmed by family members.

Recommendation 15. There needs to be further exploration of how the social care response to safeguarding referrals of adopted and SGO children can be developed including a multidisciplinary approach. The importance of health and education in this collaborative response to children with complex issues should be recognised.