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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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The report authors take responsibility for interpretation of the perspectives in this report, including any errors.

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Glossary

ADHD	Attention deficit hyperactivity disorder
ASD	Autistic spectrum disorder
CAMHS	Child and adolescent mental health services
CIN	Child in Need Plan
CPP	Child Protection Plan
ECHP	Education, Health and Care Plan
FASD	Fetal alcohol spectrum disorder
LA	Local Authority
NAI	Non-accidental injury
PLO	Public Law Outline
PR	Parental responsibility
RAA	Regional adoption agency
SENCO	Special educational needs coordinator
SGO	Special guardianship order

Executive summary

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 transistions 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, Dydadic 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.

1. Introduction

Adoption and Special Guardianship Order (SGO) offer permanent homes to children who cannot live with their birth families. SGOs were introduced in 2002 as an alternative to adoption. Children are placed with legal guardians with whom there are existing relationships such as grandparents, other relatives, or former foster carers. Unlike kinship foster care arrangements, special guardians gain parental responsibility for their children, and Local Authorities (LA) cease involvement. Most children who are subject of a 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.

Less than 5% of children followed up for three years after court an SGO was granted suffered neglect or abuse in their new homes, only 10% had special educational needs identified, which is lower than the national figure of 18%, although 30% had emotional and behavioural difficulties, (Harwin et al., 2019). However, for some children the harm they experience prior to SGO or adoption can result in emotional trauma and behavioural difficulties, which for some children 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. Over half of adopted children in a long-term follow-up study had diagnosed developmental difficulties or mental health problems with around 25% of adopters reported major challenges in parenting their child and lack of support (Selwyn et al., 2014). 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 focuses on families that become unsafe for whatever reason, identifying them through their experience of statutory safeguarding interventions. The study sought to highlight key systemic and individual factors which, if addressed, could improve the experience and outcomes for these children and families.

1.1 Study aims

The overall study aim was to improve long-term outcomes for children after adoption or SGO by exploring how to best to reduce safeguarding concerns such as abuse, neglect and exploitation. This was achieved by understanding 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.

This report focuses on the themes that emerged about welfare and wellbeing concerns for the children and the safeguarding and support approaches which might be most helpful to them and their families to achieve good outcomes.

1.2 Research questions

1. Are there any statistically significant associations between background factors and outcomes for SGO/adopted children with safeguarding concerns?

2. What are the relationships between background child and family factors, type of safeguarding concern, support and outcomes for SGO/adopted children with safeguarding concerns?

3. What are special guardians' and adoptive parents' experiences of their child's difficulties leading to safeguarding concerns, their reflections on the source of these difficulties, their experiences of requesting and receiving support, and their experiences of the child protection system?

4. What are professionals' experiences of responding to safeguarding in children following adoption/SGO and how this may differ from responding to concerns in birth families?

2. Methods

Full details of the methods are shown in appendix 1.

2.1 Approach and plan

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 after adoption or SGO, during 2019-22 from five local authorities both urban and rural across England and

Wales. Case files for all eligible children from these areas were studied, and follow-up data were obtained until 2024.

- 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.
- Semi-structured interviews with six safeguarding professionals from education with experience of safeguarding interventions following SGO or adoption.
- Semi-structured interviews with 10 guardians following a SGO and 10 adoptive parents with recent experience of statutory safeguarding interventions following adoption or SGO.

The statutory safeguarding interventions were defined as: being subject to a Child in Need Plan (CIN), Child Protection Plan (CPP), a Care and Support Plan (Wales) or children being taken into local authority care as a result of a voluntary accommodation agreement or a Care Order. A CIN is a multi-agency plan for children with complex needs which requires parental consent (Section 17 of the Children Act 1989). A CPP is a multi-agency plan for children at risk of significant harm which does not require parental consent (Section 47 of the Children Act 1989).

2.2 Ethics and study limitations

The study was approved University of Birimngham ethics committee. The most consequent limitation was the fact that the families who contributed to interviews were self-selecting. They were unlikely to have harmed a child and were almost all contacted via support groups which they had joined in their search for support to cope with their children's difficulties and parent the children well. The study only focused on the small minority of adopted and SGO children with safeguarding concerns, so the findings may not be relevant for the wider group of SGO and adopted children.

2.3 Conceptual model

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. The model is illustrated in figure 1.

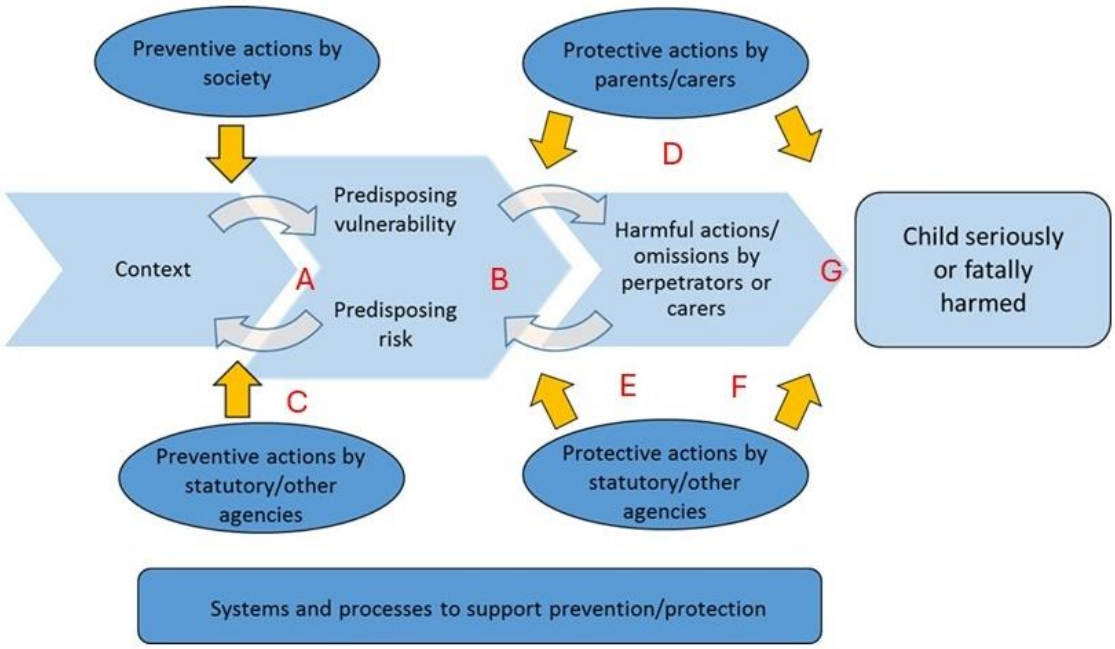

Figure 1 Pathways to Harm, Pathways to Protection model, course Sidebotham, P. et al (2016)

For the purposes of this study points A to G in the model have been interpreted as follows for children who have been adopted or are subject to SGO:

A The main harms to children (section 3.2)

B How safeguarding concerns arose (section 3.3)

C Assessment and training for parents and guardians prior to placement or SGO (section 3.4)
Support after adoption order or SGO (section 3.5)

D Barriers for adoptive parents and special guardians in seeking support (section 3.6)

E Inadequate provision of support for families (section 3.7)

F Management of safeguarding concerns (section 3.8)
Differences between safeguarding practices compared to birth families (section 3.9)

G Outcomes for children and young people (section 3.10)

The findings for the study are presented using this format.

3. Findings

This section summarises the main risks to the children, activity by all parties to prevent safeguarding concerns arising, management of safeguarding concerns by children's social care, and the outcomes for the children and their families. The children's social care professionals whose views are reported include: social workers, adoption or SGO support workers, heads of service, safeguarding team and support service managers, independent reviewing officers, child protection chairs and national or regional leaders of adoption or SGO support agencies. The divergence was in the interpretation of events and circumstances and given that the case files were written by the professionals, this was echoed in the case file findings. It is also important to note that whilst some SGO and adopted children had no additional needs, many had a range of additional needs. The parents and guardians who contributed to this study all had children whose needs were complex. The education professionals whose views are reported include those from mainstream and special educational needs primary and secondary schools. Their perspective on the way in which the SGO and adoption service and safeguarding systems operate largely aligned with that of the parents who participated in the study, however there were also critical differences.

3.1 Summary of case file findings.

There were 115 children in the case file analysis, 78 were subject to SGO and 37 were adopted. Two LA were unable to access data from their regional adoption agency (RAA), so could not identify adopted children with safeguarding concerns. In the three LA who could access RAA data, there were similar proportions of adopted and SGO children with safeguarding concerns identified.

There were no statistically significant associations between children's and families' backgrounds, abuse histories, interventions and outcomes. Key descriptors for cases are shown in appendix 2.

Cases were analysed to determine the source of the most significant source of harm to the child at the time of the statutory plan. These harms were in three groups: 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.

Outcomes were determined as good, moderate or poor, based on narratives and fixed-field data. These were based on the judgement of the research team; they included information on resolution of issues,

provision of support, acceptability and engagement with support and outcomes for children such as stability, employment or higher education. Outcome information was available for a minimum of two years after the statutory plan. In total, 36 children had good outcomes, 45 had moderate outcomes and 34 had poor outcomes.

There was no statistically significant association between the main harm and the outcome for the child.

3.2 The main harms to children

Many of the children in this study had multiple and overlapping harms. The findings from the case files and professionals reflect their experience of both the families whose care was potentially unsafe regardless of support and the families for whom support for their children's additional needs might have averted a statutory intervention. The findings from the parents only reflect their experience of needing support which might have averted a statutory intervention.

3.2.1 Harm from birth family

Findings from case files In 14 cases (12%) the main harm to the child was from their birth family, all these children were subject to SGO. For example, children had unsupervised contact with birth parents and were exposed to the same issues that had led to their earlier removal such as drug abuse, domestic violence, mental health problems and neglect. Case file narratives detailed that special guardians often did not recognise the risk that birth parents posed, although others did appreciate the risk but were unable to prevent or supervise contact. For some guardians, there may have been complex loyalties towards their own children and grandchildren, and a desire to maintain relationships between children and birth parents. Some older children left their special guardians' home and returned to their birth parents, often this was in response to conflict with their special guardians as older teenagers. Occasionally children were sexually abused and criminally exploited by adults in their birth parents' network.

Harm from contact with birth families was mentioned in several adopted children's case files but this was not the main source of harm.

Findings from professionals Children's social care professionals said that there were often concerns about SGO families' contact with birth families but that this issue was not seen in adoptive families. Key issues were that special guardians allowed children unsupervised contact with birth parents or were unable to prevent the contact. This meant that the children were exposed to the same issues, such as physical abuse or parental substance misuse which had led to their removal.

Findings from families One special guardian had to relocate to a secret address to protect children from their birth parent who was part of a paedophile network; one adoptive family had to move house for a similar reason. Special guardians described the lack of support from the LA for managing contact with birth parents who were considered a risk to the children.

> *"I was supervising contact three times a week because they said they didn't have enough social workers to do it, because it would have to be two-to-one. It wasn't two-to-one for me. I had to do it on my own, and in my house." [SG2]*

3.2.2 Harm from special guardians or adopters

Findings from case files In 26 cases (24%) the main risk of harm to the child was from the adoptive parents or special guardians, 21 were SGO children and five were adopted children. In four cases where adopters were the main risk the issue was of physical harm from parents in the context of child-to-parent violence; for example, parents hurting children when defending themselves or parents losing control and physically retaliating to violence from children. There was one adopted child with repeated allegations of non-accidental injury (NAI) following parental marriage breakdown and custody dispute.

The issues relating to harm from special guardians were very different to those of adopters. In these 21 cases, several involved neglect, poor or inconsistent parenting, minimal school attendance and poor home conditions. Often special guardians failed to protect children from physical or sexual abuse from extended family members, at times prioritising providing homes for their birth adult children who posed significant risks to their SGO children. Some special guardians developed substance misuse and mental health problems. Children were exposed to domestic violence from new or existing partners of special guardians. Some children disclosed abuses such as, being treated differently and having no bed to sleep in; also, that they felt unhappy at home and unsafe. Some special guardians reported struggling to care for or bond with children. Older special guardians' physical health issues or bereavements contributed to them not being able to care safely for children.

Findings from professionals Children's social care professionals expressed a strong sentiment that for both special guardians and adopters' attachment or bonding issues were the underlying reason for risk of harm to the children. The youngest children were at risk of NAI or emotional abuse when adoptive parents or special guardians struggled to bond. There were also issues of adopters' parenting being adversely affected by their own significant past histories of parental violence, mental health or substance misuse problems.

> *"It would be, from my experience, concealed substance use issues that are triggered by the challenges of then adopting." Child protection conference chair 1*

Professionals described a wide range of safeguarding concerns in SGO families. These included physical neglect and poor care, substance misuse by carers, domestic violence and guardians not coping with children's complex needs.

Findings from families Several special guardians and adopters described having to physically restrain their child to protect either the child or themselves or both, from harm. They felt that social workers did not understand the risk of harm from children, nor offer adequate support around these challenging behaviours. Families felt that in these situations social workers often considered parents or guardians as a risk to children.

3.2.3 Harm from children's behaviour

Findings from case files There were 71 cases (64%) where the main harm came from children's behaviour, 40 were SGO and 31 were adopted children. The problems were similar for SGO and adopted children, often relating to early experience of abuse and neglect. This resulted in very challenging behaviour, e.g., child-to-parent violence, including towards siblings and other children, destroying property, stealing and going missing regularly. Parents felt unable to care for their children safely at home, and children were excluded from school for aggression towards other pupils and staff; many were persistent truants.

Five adopted and 15 SGO children were criminally exploited, becoming involved in gangs and knife crime, or selling drugs. Male and female children were sexually exploited either online or in person; some young teenagers became pregnant. Some children showed harmful sexual behaviour, and many had alcohol or substance misuse issues. Several children were diagnosed with attachment disorders, autistic spectrum disorder (ASD), foetal alcohol spectrum disorder (FASD) and attention deficit hyperactivity disorder (ADHD); a few also had learning disabilities. Late diagnoses, or lack of access to child and adolescent mental health services (CAMHS) contributed to difficulties.

Findings from professionals Many social care professionals described children having additional needs such as ASD, FASD or ADHD which contributed to the challenge of caring for them safely. Often children were not in school fulltime because the schools were unable to manage their behaviour, or children were excluded while awaiting specialist placement. This significantly increased the stress on special guardians and parents.

> *"For about 70% of our families we work with, the children have an education, and health care plan and work with the SEN service or are in specialist provision or alternative provision. Multiple suspensions, multiple exclusions." Social worker 1*

Access to CAMHS was described as being very difficult for many SGO and adoptive families, as challenging behaviour is rarely considered to be a mental health need irrespective of its underlying causes. This even extended to teenagers with serious self-harm. As a result, families were left without support. Long waits for CAMHS or neurodevelopmental assessments for ASD or ADHD meant that there were delays in diagnosis and treatment, increasing challenges for parents and contributing to school exclusions.

Unlike for adopters, many professionals talked about the financial challenges that special guardians faced. Many appeared to be unaware of the full long-term financial implications of the SGO role. Often special guardians did not want to ask for financial help. If special guardians had to stop work to care for children, as may happen if children were excluded from school, they could face significant hardship.

> *"So, this grandmother, she was looking after the eight year old and if he was to be excluded from school then she had to drop her job, and she was working part time. So – and she was a sole carer in the home. Yeah, so those kind of things put the families into lot of pressure." Social worker 2*

Findings from education safeguarding professionals These were similar, with education professionals reporting that many children had Education and Healthcare Plans (EHCP) for social, emotional and mental health problems, with diagnoses of ASD, ADHD, LD and FASD. However, the impact of trauma was often under-recognised.

> *"I feel that all the SGO and adopted children have some form of trauma and are continually living with that. The trauma doesn't stop just because they are with somebody that stepped up and said, 'Yes, I will care for you."* Education professional 4

Education professionals described how as children got older their understanding of what has happened to them increases, this could lead to an increase in their trauma which added with hormonal changes in puberty led to escalating situations.

> *"He is 17 now but his cognitive age is a lot younger. He's starting to have quite a few flashbacks about what happened whilst he was with his parents and he's taking them out on nan. She*

understands that it is because of the trauma that he's been through but it's very, very tiring." Education professional 6

Findings from families In several families, children displayed very challenging behaviour relating to the overlap of underlying trauma and developmental difficulties including ASD, FASD, and ADHD. These behaviours presented as children being 'out of control', controlling and defiant, aggression and showing a lack of empathy. Eight special guardians and nine adopters described experiencing child-to-parent violence and coercive controlling behaviour sometimes starting as young as six years old.

"She just abused every inch of life out of me mentally, physically… she just destroyed my home and she stole from me – my money, my jewellery went… She smashed my windows to come in the house when she'd lost her keys. She made allegations against me." Special guardian 8

The children were physically violent towards to siblings and other children, with concerns of sexual violence too. In several cases the risk to parents and other children was potentially life-threatening.

"I had to keep an eye on him, couldn't leave them alone for five minutes because she had tried to dispose of him before, so like pushing him over walls or pushing him into the road and stuff. I would have to take him with me when I went to the loo, because otherwise there was a chance that there would be a child at the bottom [of the] stairs – pushed." Adopter 8

Adoptive parents and special guardians described children being sexually exploited or exploiting other children.

3.3. How safeguarding concerns arose

Findings from professionals Children's underlying trauma and attachment issues contributed to many subsequent safeguarding concerns in adoptive families. Young children were at risk of non-accidental injury or emotional abuse, when adopters failed to bond with them. Some adolescents had major mental health problems with parents struggling to keep them safe from their self-harming behaviour. Child-to-parent violence was a common feature in teenagers, and often safeguarding referrals related to the need to safeguard younger siblings, or when parents became involved in physical altercations with adolescents. Teenagers were also at risk of criminal and sexual exploitation, seeking connections and community outside of their adoptive family.

Some adoptive parents were worn down by years of caring for children with complex behavioural needs such that they began to withdraw emotionally, which could be considered as emotional abuse.

> *"Where parents are struggling so much they experience 'blocked care'[1] – they don't have any connection, empathy for the child. They're dysregulated from years and years of trying to look after this child. Nobody goes into adoption wanting it to fail. And again, those are the cases where they're really vilified by local authority, because how can they be so cold and so cruel and not love this poor child who had a history of trauma and been placed for adoption?" Regional adoption agency manager 1*

Professionals also reported safeguarding concerns that might arise in birth families such as domestic violence or intrafamilial child sexual abuse; none reported physical neglect as a concern in adoptive families.

As with adopted children, professionals described SGO children presenting with challenging behaviours rooted in attachment problems due to their underlying trauma, neurodiversity or FASD. Older children were at risk of exploitation, and there were examples of guardians not being able to keep them safe online. In many cases it appeared that the guardians really struggled to manage children with complex needs, resorting to physical chastisement or resulting in NAI when guardians lost control.

> *"I think then that trauma is kind of shown in terms of their behaviours, and if the SGO carers aren't kind of equipped to deal with that often SGO carers do come from backgrounds that are trauma related as well. And that can be quite triggering for the SGO carers. It can be very triggering for the young child. And if those carers aren't equipped to deal with it, then we see the safeguarding concerns." Social worker 3*

Some professionals felt that special guardians did not understand the long-term nature of SGO and when things got difficult expected to hand children back to the local authority.

> *"So, what happens is, when things get tough, when the children become teenagers and being really challenging, a lot of times, the grandparents will then say, 'Well, the local authority, you can have them back.' And we explain to them, 'No, you can't hand them back, they're your children, you've got PR' [parental responsibility]'." Social worker 1*

[1] A term describing a form of compassion fatigue, which was used by both families and professionals in this study; HUGHES, D. A. & BAYLIN, J. 2012. *Brain-based parenting: The neuroscience of caregiving for healthy attachment*, WW Norton & Company.

Some of the safeguarding concerns were more typical of those seen in birth families, with physical neglect and poor care, substance misuse by carers, domestic violence and risks from family members who were not known at the time of assessment.

Professionals said that harmful contact with birth families was a feature for SGO families but not adoptive families. Some guardians allowed such unsupervised contact whilst others, who were committed to safe contact, could not prevent it. Often, they had limited support from children's social services. Support plans did not always address potential contact problems. Older teenagers could feel a real pull towards returning to their parents.

> *"They're being exposed to harm, they were specifically removed from a family, during these contacts, and of course there's no support from the local authority regarding managing the contact." Social care manager 2*

Professionals said some special guardians thought that they could return children to their birth families once the SGO was granted.

> *"I saw a couple of cases where the special guardianship order was made and it seems they'd conspired with the family member who was going to look after the child to just send the child back home… The child had just returned home and was exposed to the same issues." Social care manager 2*

Findings from education safeguarding professionals Most reported that the safeguarding concerns they saw in SGO families were very similar to those in birth families, they had fewer concerns for adoptive families as they felt they had access to more support. Notably, they considered that most safeguarding concerns occurred because of lack of support for families caring for children with complex needs who had suffered significant trauma.

> *"[Grandmother] took on three children, each with trauma and additional SEND needs that were all very, very different. She was promised ongoing support for her but that didn't materialise... In the end her mental health collapsed and we [the school] made a referral to social services. She had taken on the children thinking the issue was the trauma they'd been through. But the children had serious SEND needs which she had not been told about or supported with."* Education professional 2

Findings from families From the families' descriptions of their experiences leading up to safeguarding interventions, there appear to have been three key influencing factors: children's behaviour related to early trauma and developmental difficulties, the families' need for expert support to help manage their children, and the lack of available support.

A view from the special guardians which contrasted with that held by some professionals was that unlike adoption, SGO is not 'long term'. Some guardians mentioned the fact that the children were only 'theirs' until the child turned 18, others were concerned about birth parents exercising their right to request that the children are returned to them.

> *"I was taken back to court twice by their father. He was on benefits so his application was free. I had to attend or send a legal representative, otherwise I'd have been in contempt for not answering. The children struggled as well because they don't want to go back to their parents." Special guardian 4*

3.4 Assessment and training prior to SGO or adoption

Findings from professionals Most professionals considered that adoption assessments and training needed to be improved. Adoption assessments were described as 'over-optimistic', with social workers under pressure to find adopters. Although parents' childhoods and experiences of being parented were explored in detail, the trauma of infertility, pregnancy and child loss were not usually considered which could significantly impact on their parenting.

> *"Their journey to become parents is often complex. It often includes loss, if not multiple losses, and we need to understand that better, to think about how that impacts… we need to understand that that's part of this whole journey, for both the child and the adopter. And I think that would inform us with matching as well." Senior leader 1*

Professionals felt that prospective adopters needed to be more aware of potential challenges and the difficulties their children may face; and have more in-depth training, tailored to the specific issues of attachment and trauma anticipated for the child they are going to adopt. They said this was important because when potential difficulties were explained in some detail in general preparation training, adopters did not want to hear these in their desire to become parents. Others were concerned that too much negative information would deter adopters.

> *"You need to be very open and clear about the expectations and the types of children who are looking for placements or needing homes. But it's that balance– we don't want to put too many people off." Regional adoption agency manager 2*

Professionals all thought that assessments for potential special guardians should be improved. Several described SGO assessments that were superficial and optimistic, not considering safeguarding concerns in the wider family, and approving guardians who would not be considered suitable as kinship foster carers.

> *"When I used to do the SGO assessments, and that is, on several occasions, the safeguarding social workers have looked at the safeguarding concerns with birth parents but haven't looked at the safeguarding concerns with the family members and have almost wanted to take children out of the frying pan and put them into the fire." Social worker 1*

Professionals described some special guardians feeling pressurised by their extended family to take on the children to prevent them being taken into care.

> *"Something I often hear from special guardians who I'm assessing is that the primary motivation is that they don't want the child to go to a stranger – they often worry about what that means for them because why they say it is almost as if we're going to place the child with people who are going to harm their child...." Social worker 5*

Social workers said they often felt under pressure to approve placements that they thought were sub-optimal. The tight timescales, due to the case being in the court arena and pressure to make a decision, contributed to challenges in conducting in-depth assessments. Many potential guardians were already caring for the children while assessments were being undertaken. This limited their ability to attend training or to have the time to reflect and consider the long-term impact of caring for the children.

> *"The court were very keen to get special guardianship assessments completed and would give very short time scales for that. So, at that time, I saw a lot of safeguarding concerns where assessments sort of rushed through and the safeguarding issues were not given the due time to analyse and consider the impact on a child." Social care manager 2*

SGO support plans were described as tending to be superficial and generic. Professionals said there is a view that because special guardians know the children and have a strong connection with them, they have more awareness than adopters of the children's difficulties when taking them in. However,

professionals said special guardians are rarely informed of potential future problems so are unable to prepare for these. They described guardians often not fully understanding the long-term nature of SGO and not being equipped with the skills to manage the trauma-related challenges that the children would bring over the longer term. They said that guardians usually did not receive the training needed to address this. Some local authorities had developed training packages for potential special guardians or offered them foster care training. Others had commissioned nationally available training for guardians but referred relatively few families to this service.

Findings from families All the adoptive parents felt that pre-adoption assessments were generic and not tailored to individual children and not sufficiently in-depth, with limited information about the child's experience in their birth family. There was little detail on the potential impact of the child's experiences, their prognosis or any other issues specific to the individual child. Criteria included that adopters should have a network of family and friends for support, but when children had challenging behaviours, parents said that family and friends retreated, leaving them isolated.

> *"I had an assessment with the woman who then became my post-adoption social worker, and then I was matched. There was no preparation for my child at all – just a very general training thing. I'm not sure I learned a huge amount." Adopter 8*

Even when adoptive parents noted concerns about child development at the time of adoption, they felt that their concerns were not acknowledged

> *"I'd seen the story of his life, but after about six months, I thought there's something more than what they've told me. So, I asked for some help and didn't get it. They assessed him as very difficult, but they didn't and wouldn't offer support… ." Adopter 3*

In contrast to the adopters' experience of a period of assessment and preparation, however generic, the special guardians described a two-step process in which the first step was the children coming to them with almost no notice.

> *"They said they would be looking to take steps to take him into Care unless I was prepared to take him. I said I would, so it was a case of, 'Go and get him now, then.' So, I fetched him, with a carrier bag of clothes, and that was it, just like that." Special guardian 1*

The second step in the process involved assessment for SGO. Experiences of this varied considerably, however, common themes were pressure, from children's social care, to accept an SGO rather than

long-term fostering; and assessments which were superficial and focused primarily on the carers rather than the needs of the children.

> *"They need to focus more on what they're going to do for the child, rather than, you know, who my past partners have been, and whether or not my property is safe, even though the child has been living here for a year." Special guardian 1*

Special guardians also described experiencing a relatively quick switch from support to suspicion by children's social services if they questioned decisions or were too insistent in asking for help. In some cases, matters were resolved by the guardian submitting a formal complaint or a judge ruling in their favour.

3.5 Support after adoption order or SGO

Findings from professionals Many professionals spoke of the need for pro-active trauma-informed adoption support and assessment ongoing throughout childhood, anticipating the challenges that families may face before problems became entrenched. Some suggested having an annual check-in with families or offering further training on adolescent challenges once children were around 10 years old. Support was often only available short-term when many needed ongoing therapeutic support for several months or years. However, many reported long waits for support and services being unable to meet needs.

> *"Because over the years what we see is that traumatic adults are dealing with traumatised children and it just – and it becomes unmanageable" Social worker 2*

Professionals described parents often being left to navigate diverse support services when a more holistic approach was needed.

> *"So, as parents, we often find ourselves trying to navigate post-adoption support and mental health support, and education and educational psychologists, OTs, all these different perspectives, and what might be driving the needs we're seeing in our young people, and we're trying to unpick that ourselves." Senior leader 1 and adoptive parent*

Professionals said that post-adoption support was aimed at parents' needs, with the focus less on children. They also thought that parent's wariness of social care meant that it could be difficult to get a clear understanding of family life as parents did not have to allow professionals to talk to children or to schools.

> *"But I think it's that getting in the house, so important, that gets missed just in the way that we work really." Social worker 1*

The professionals thought life-story work was important as a way of helping prevent future safeguarding concerns, for both adopted and SGO children. A lack of openness about children's past experiences could contribute to difficulties.

> *"We see it more in the adoption cases because of the nature of it, that work not having been done with that young person or that openness not there within the family about where they've come from and how they've come to where they are, and that family history. I think that that is a big risk…" Social care manager 1*

Professionals described both special guardians and adopters often wanting practical support such as respite foster placements. These were very rarely available but could be effective in preventing adoption breakdowns.

> *"So, I know of only one case where the respite has been used and been successful with that adoption not breaking down. And that child used to go one weekend every three weeks to a foster family. And he did that for a couple of months… and that salvaged things and turned things around massively." Regional adoption agency manager 1*

All professionals spoke of the need for more targeted and ongoing support particularly for special guardians. Many felt that special guardians were not aware of the support services available to them; several LA now have SGO support teams and are promoting awareness and running SGO peer support networks, although there were issues with SGO families not meeting thresholds for support. Some professionals suggested that there should be a requirement that guardians should have an annual check-in with the SGO support team to identify problems early, in a similar way to the annual check for children in kinship foster care. Others recognised that many guardians wanted to be 'normal' families and not have any contact with LA or RAA support.

> *"I think for a lot of special guardians the feedback has always been we've never had any support. A lot of them didn't know that our SGO support team existed, some had been asking and asking and asking for support and just never got any." Social worker 6*

The professionals wanted SGO families to have rapid access to expert behaviour support, and for support services to continue beyond the typical six-week period if needed. They felt that special

guardians and adopters often needed therapy to overcome their own trauma if they were to care for their traumatised children.

> *"I think my wish list for adoptive families and SGO families and all the other families I work with would be the same, and that is that to have real therapeutic repairing relationships with people, to repair the loss and the trauma and the problems of their lives, what you need is quality time and quality relationships." Social worker 7*

Some professionals were concerned that SGO support services focused on the needs of the special guardians, and that children were not always 'seen'.

> *"It's hard, because what I'm looking at here is – on my side of the service, we're working with adults, we're not working with the children per se, you know, the adult is the door in… ." Social care manager 2*

Some professionals thought that SGO families tend to have extended family networks who could support special guardians in caring for their children, which differed from adoptive families. In some cases, birth parents were able to overcome their difficulties and provide help to guardians.

> *"Whereas perhaps SGO wise, facing the same problem, they seem to have more resources... They might have support within the wider family group, who all have that kind of same connection, which isn't shared perhaps as in adoption breakdowns." Social care manager 3*

Findings from educational safeguarding professionals Education professionals talked about children having really complex behaviours and that special guardians and adopters did not know how to manage the children's dysregulation, flashbacks and the trauma. A general view was that,

> *"It's not about the children, it's about the support around the family, that is the problem. The parents and carers do it out of goodness, but they're not given the strategies"* Education professional 3

Professionals were shocked by the lack of aftercare for SGO families, with special schools filling this gap by running sessions for families on trauma informed therapeutic thinking and practice and helping families develop therapeutic plans for children.

> *"The children maybe under an SGO or adopted, but that doesn't mean the trauma has gone away. That responsibility lands with the carer. And then that creates pressure which can then sometimes lead to a breakdown."* Education professional 4

Findings from families Some adopters had good immediate and ongoing support plans for the child however the majority said that there had been no offer of a support plan. Adopters who requested support for parenting described offers of generic parenting courses, or therapies which did not meet their child's needs.

> *"There was nothing other than Theraplay, which was this bonding type of play, which we carried on with her but she was too shut down and frightened." Adopter 7*

Special guardians described a lack of support from social care. They fought for support plans which were 'on paper only' and did not provide any actual practical support. There was also a lack of goodwill.

> *"Because the judge placed the children against the local authority's wishes, the social workers came with a solicitor every time. It was a case of us proving to them that we were capable. That went on for two years." Special guardian 5*

A key issue raised by all the special guardians was the need for financial support; with financial challenges exacerbating children's behavioural difficulties. Many had overcrowded living arrangements and limited parenting time due to having to work. This led to anxiety over family finances, and lack of opportunities for family trips out or children's after school activities. Some described being promised financial support from the local authority which did not materialise.

> *"I used my birthday money to buy nappies and things… She needed a car seat that kept her elevated to prevent her stopping breathing and I couldn't afford one." Special guardian 7*

Other issues described by all the special guardians included the need for timely, expert assessment of the child's additional needs and then long-term support. Some guardians received help when this was mandated by courts.

> *"It was really hard for me because I'd had no knowledge of foetal alcohol syndrome or training on how to manage him. I knew there was something when he first came because of certain features, but I looked it all up myself." Special guardian 9*

3.6 Barriers for adoptive parents and special guardians in seeking support

Findings from professionals There were several barriers to adopters seeking and receiving support for safeguarding issues. Professionals reported that many adopters have a strong sense of shame and guilt in that they feel they have failed as parents when there is a safeguarding referral. In their adoption journey parents will have learned about the harm done to their children by birth parents and worry they are viewed in the same way. Parents are given the message in pre-adoption assessments that they are good parents, who will cope with the challenges that lie ahead; they don't want to be seen as unable to cope. These same issues also prevented some parents from seeking support early, prior to any safeguarding concerns being raised.

> *"And I think there's a real stigma around asking for help, whether you're an SGO, adopter or a birth parent. So that fear of asking potentially means that by the time you have asked what could have been provided earlier, we've almost gone past that point." Social care manager 4*

Similarly, if a young person from an adopted home disclosed abuse or neglect, some professionals thought the young person may not be believed because adoptive parents have passed parenting assessments so are considered 'good parents'.

Parents with poor experiences with social care during the adoption process, such as delays or being given inadequate information, can find it difficult to trust that these same services will provide them with support.

> *"Some of them have had bad experiences during the adoption process with local authorities. Delays, not keeping their promises, not being given all the information, change of social workers... It's people being disappointed and not trusting, I think." Senior leader 1*

Professionals frequently spoke of adoptive parents viewing the difficulties as purely due to the child, almost describing their children as 'damaged'; and with 'unrealistic expectations' that if the right therapy could be found, their child would be 'fixed'. They were unable to accept that they themselves may need to change too, and support was therefore less effective.

> *"They almost sort of come to a view of, well this is because they're adopted, this is because of an issue they've inherited from their biological parents. And struggle to see how there couldn't be any other contributing factors that have gotten them to where they are… working with*

adopters it can be difficult to get them to accept that there's maybe more that they could be doing, or that they could be doing something differently." Social care manager 1

However, many professionals also commented that post-adoption support was overwhelmed with demand, with routine waiting times for assessment of several months, meaning that difficulties had escalated by the time families received support. The ability to change reduces as stress levels increase.

The barriers to support for SGO families were similar in some respects to those for adoptive families. Special guardians feared being judged as poor parents by children's social services, again because they had been assessed as suitable carers. In consequence many guardians presented to safeguarding services with long-standing difficulties that may have been easier to resolve sooner.

"I think that they're kind of -have been through the system, they've been assessed, they've had social workers, they have had kind of scrutiny, and I think that there is an element of fear, that if I say this isn't going well, or this is going wrong, that that will just come straight back at them." Senior leader 2

Special guardians were also concerned about negative comeback from birth parents or the extended family if they were seen as not coping; they felt they would be blamed if children returned to local authority care. Professionals felt that children may be reluctant to disclose abuse as they would not be believed as their guardians had been approved as carers. Others felt that if children had previously trusting relationships with social workers, they may feel more able than children in birth families to disclose abuse.

As with adoptive parents, some professionals said some special guardians viewed difficulties as purely due to children's issues, although this was a less common view. Other professionals thought that in some cases guardians were very accepting of the children's challenging presentations and behaviours, and did not seek support when other families might.

Findings from education safeguarding professionals The education professionals all recognised that SGO and adoptive families tend to be very wary of engaging with professionals, attributing this lack of trust to having spent years perhaps dealing with other services and other schools. The primary school professionals in particular talked about working hard to show parents that professionals were trustworthy and supportive. Special guardians could be ashamed of the fact that their grandchildren had to be removed from their parents' care, and reluctant to discuss this with schools, limiting schools understanding of children and their ability to support them.

Findings from families Parents and special guardians also described being judged as not being 'good enough' and feeling threatened by safeguarding interventions when they sought help.

> *"You're told you need to parent better and you need to go on parenting courses. They tell you that you're not resilient. You need to be resilient. They tell you, you may need to go to the GP and that maybe you need antidepressants. These were things that were told to us when we requested help. However, as a social worker, if I say I'm burnt out, people say, 'There, there.' You have such a heavy caseload; you're off work for six months and everything is normal." Special guardian 4*

Often parents and guardians avoided social care for as long as possible because either they had had a negative experience and no longer trusted them, or their children were extremely frightened of social workers from their experience relating to their birth families.

> *"I'm thinking, 'I don't want to go to them.' You know? I found out that we probably would be entitled, because we've been on the breadline since taking the boys on, and we should've had more financial support. But we are that wary of them. We've lost that trust." Special guardian 5*

3.7 Inadequate provision of support for families

Findings from families Special guardians and adopters described similar difficulties in getting support to manage their children's needs.

In terms of support from social care, the key themes were that parenting support is not sufficiently specialist or tailored to the individual child, that help is very difficult to access, if available at all, and that the process of getting help is too slow to address interrupt escalating needs or offer timely support for children's development.

> *"You contact them, you say, 'I need help.' They would say they reacted well, because they offered you a parenting course, and then they came round and they did an assessment. And then, a bit further down the line, they offered you a support worker. And what you're saying is that they were sort of vaguely goodwilled about it, but none of it was actually specialist enough to help you." Special guardian 6*

When it came, support was described as narrowly focused on the child, inexpert and not taking into account the family and wider associative context.

> *"We had an adoption support worker doing Life Story work with him. She did do one or two sessions but his behaviour was escalating as we'd never seen it. We had to call the police quite a few times because we were both scared of him. He threw the table at me and other things and he threatened me with a knife. The adoption support worker said, she thought his behaviour was escalating because of the memory of his childhood. So, she just went away… ." Adopter 6*

Both special guardians and adopters said that they ended up struggling with isolation and exhaustion.

> *"I was just exhausted by it, you know. I just felt like I needed a break from her defiance and controlling all the time. It's hard to kind of think your way out of that – you need support." Adopter 1*

Special guardians and adopters all described significant challenges with health services and getting appropriate mental health support to help them manage their children's additional needs. There were long waiting times for CAMHS assessments and interventions. Commonly, help was not available for challenging behaviours associated with trauma or attachment issues; and there was a lack of access to neurodevelopmental assessments. Families felt unsupported, and children fell between services as they were considered too complex.

> *"We got access to CAMHS through the school but they just said no because he's far too complex for them. So, we were just expected to deal with it on our own." Adopter 5*

Often families could only access short-term support for children despite their long-term needs. This is particularly relevant for children with traumatic attachment issues and who struggle to build trust. Parents and special guardians described working extremely hard to prepare children for each session, and children refusing to participate or disengaging quickly, or the therapy offered being inappropriate. Some parents reported having to cope with escalating dysregulated behaviour from their child when work was undertaken by inexperienced professionals with insufficient care to contain the triggering aspects of the therapeutic work. Special guardians and adopters summarised their experience of CAMHS as there being an apparent lack of understanding of emotional and psychological trauma, and the behaviours which go with it, in children.

> *"The therapist recommended Sensorimotor Psychotherapy but despite me sending them countless emails explaining the difference CAMHS gave him an art therapist. It was nowhere near the level of understanding of trauma that was necessary." Adopter 9*

Some children were seen by community paediatricians, parents described their lack of expertise in recognising assessing and supporting FASD. However, most felt their GP was supportive of them and their children, particularly in getting access to CAMHS.

Special guardians and adopters' felt that schools were ill-equipped to respond well to the task of nurturing children with the level of additional needs that their children had, together with the added challenges of adoption or SGO. In the main, difficulties escalated as the children moved from primary to secondary school. In many instances mainstream schools did not have the expertise or the resources to manage the children's behaviours. Difficulties tended to escalate further for children who went to college due to increased freedom for students, and less staff oversight.

As with social workers, adoptive parents and special guardians felt that teachers did not understand the way in which children adapted their behaviours to fit in, similar to how a child with ASD may mask their difficulties. Masking can be exhausting for children, who consequently had escalating and aggressive behaviour at home. Teachers also sometimes gave children responsibility for managing their own distress.

> *"He was struggling to stay emotionally regulated in class so they gave him a little card he could raise if he felt overwhelmed and he could take himself off to the special needs people to calm down. But he wasn't able to recognise when things were getting to him so he would already have made the outburst before he recognised the problem." Adopter 4*

Where parents were not personally known to school staff, particularly in secondary school, special guardians and adopters described being seen primarily as the cause of their children's behaviour and the children's allegations against them taken at face value.

> *"The school didn't take adoption into account so we were just constantly being referred to social services – sometimes twice a week. It wasn't like that at the primary school because the teachers knew me." Adopter 8*

Parents and guardians described many instances of good support from schools including obtaining ECHP or developing part-time timetables. However often the school seemed antagonistic to special guardians or adopters considering them too demanding.

> *"I got to speak to the SENCO and she said, 'The problem is they think that you're like this because she's not as bright as you think she should be and it's all about you.' It wasn't." Special guardian 3*

Parents and guardians spoke favourably about special school provision, though some special schools could not manage children's behaviours. This led to conflict with LA when attempting to find suitable alternatives, with children often receiving only a few hours of education each week.

> *"His special school asked for him to stay at home. It's only until the last three months or so that he had an activity put in place. It's two and a half hours at a farm school – well, it's not a school, it's an alternative provision." Special guardian 10*

Findings from education safeguarding professionals These supported parents and special guardians accounts of lack of support, barriers in accessing CAMHS and difficulties in getting diagnoses. They described how schools tried to help families when no other services were available or when families had lost trust in other services.

> *"She's learnt to be able to come and say 'I'm not coping.' She brings it here because there's nowhere else to go with it. There was no counselling available for her, unless she wants to pay privately, which she can't afford because she's raising five children."* Education professional 4

The education professionals described being unable to get social care support for families who appeared to be at crisis point. Some professionals noted that social workers did not recognise the seriousness of the referrals because they did not have therapeutic training, others attributed the rejection of referrals to social services being overwhelmed. Often referrals were considered to be below threshold, leading to a cycle of lack of support.

> *"The safeguarding team refers it to Early Help and the Early Help teams say it needs to go to safeguarding, and then the safeguarding team will look at it and say, 'school to support'."* Education professional 6

3.8 Management of safeguarding concerns

Findings from professionals Few staff reported that these were well managed in adoptive families, and all described multiple difficulties once safeguarding procedures started. Adoptive parents were hugely distressed by safeguarding investigations, as this was an entirely new experience

for them, and they often felt profound shame and guilt; they were also sometimes blamed by professionals.

> *"Often there's a really unhelpful narrative from professionals... 'Oh, I just can't believe this has happened'… 'Oh this poor child, its birth parents failed them, they've been in God knows how many foster placements, we thought that this was going to be forever, and like how dare these adopters – how could they fail this child so much?'" Regional adoption agency manager 3*

Social workers based in RAAs described the difficulties they faced when referring a child to social care with safeguarding concerns. They talked about often having to make repeated referrals as their assessment of the severity of the difficulties was not accepted. The referrals were deemed not to meet the threshold for a safeguarding response and social care expected the RAA to continue supporting the family. The RAA social workers felt that their expertise as social workers was not respected by children's social care. These issues were compounded by poor communication and separate IT systems so that records could not be shared. RAA staff often did not hear the outcomes of safeguarding referrals. There was a lack of clarity over what ongoing support should be provided by the RAA once children's social services were involved.

> *"If we've worked with this family for so long and if we now say to you, 'We're getting to a point where we cannot support or patch it up anymore now, this family needs to go into the safeguarding arena', they have to trust that we are all qualified social workers, we all know what we're doing." Social worker 1*

Professionals said they frequently felt that safeguarding social workers did not understand the complexities of adoptive families, attachment and trauma, although it was still important that basic safeguarding practices were followed.

> *"I think one of the barriers is the lack of close working between post-adoption social workers and safeguarding social workers, Child in Need, Child Protection social workers… training and perceptions are very different. Types of families that they work with are very different. So, a social worker who has been working in child protection, their experience of working with families can be very different to a post-adoption social worker." Senior leader 1*

Professionals said that by the time adoptive families required a safeguarding response they were usually in crisis and near to adoption breakdown. They already had intensive post-adoption support that was ineffective and had complex, entrenched difficulties requiring multi-disciplinary solutions.

Safeguarding teams often went back to the basics with standard parenting support offers which families found unhelpful, so they frequently disengaged.

> *"So, adopters, where they're reaching the point of breakdown and there's rejection in the mix, and requests for accommodation, when it comes into a safeguarding team, we start with, 'Oh, let's put some family support in.' And you'll get the response, 'We've been here. We've done that, we've done it, we've done it, we've done it.' So, I think we waste time with the repeat offers…" Child protection conference chair 1*

Professionals described similar boundary and communication issues between SGO support teams and safeguarding teams as with adopted children.

> *"We make referrals to children's services, but they don't meet the thresholds anymore. They're very difficult to push through, it's got to be those sorts of contextual cases that you're talking about, where it's harm because the kinship carers can't keep children safe from external influences." Senior leader 2*

As with adoptive families, there could be enormous distress and pain for special guardians when safeguarding concerns were raised, and these needed to be managed sensitively.

> *"It feels to me that almost the first hurdle to get over in working out what to do when things go wrong…is pretty much accepting and empathising with the situation for our kids' and our families' woe. How bad does this feel, and isn't that awful for you, and just kind of sitting with that for a bit. Because I think that might break down a lot of barriers rather than feeling like we're going to come and break down your door with a baton and take the child that you thought you were keeping." Independent reviewing officer*

As with adopters, some professionals said there were 'higher expectations' of special guardians because they had been assessed as suitable carers. Some professionals were keen to avoid SGO breakdowns as they were concerned about further trauma to the children. Others described the challenge of maintaining placements they felt were unviable despite maximum support because courts had mandated them.

> *"As the children got older… the guardian wasn't coping, she was drinking. So, we must have gone back and forth, trying to keep below the threshold, peaking at child protection, bringing*

it back down… I think it felt like we'd invested too much for it to fail. It wasn't our Plan, but it is there now... what else can we provide?" Child protection conference chair 1

Findings from education safeguarding professionals They also reported their frustration with safeguarding thresholds and having to escalate cases for intervention. Schools felt that social care tended not to recognise the value of the school's relationship with a family. They described families experiencing many different social workers, repeating assessments and narratives which re-traumatised children. This lack of continuity was difficult for children who needed time to feel safe enough to engage with new social workers and complex issues could not be explored quickly.

Findings from families The special guardians all requested, got and fought to retain, Child in Need (CIN) plans because although they did not have regular contact with a local authority social worker, they thought having a plan in place would ensure access to support when needed. The adopters' CIN plans were initiated by social care, Child Protection Plans for adopted children followed from parents' requests for support. Adoptive parents felt that plans attributed them as responsible for their child's violence towards them.

Many of the special guardians and adopters said they were subjected to repeated and unnecessary child protection investigations. In most cases these investigations were not completed, or resulted in no further action when it was recognised the parents or guardians were not a risk to the child. Several families made formal complaints about child protection investigations. It is worth noting that those parents or guardians who may have posed a risk to their children would have been unlikely to take part in the study. These issues were not noted in the case file analysis.

The special guardians and adopters all asked for help as their parenting difficulties escalated, they felt that they largely received an inadequate response resulting in them reaching crisis point and managing their child inexpertly or inappropriately; or asking for a voluntary accommodation agreement. Some children made allegations directed at adoptive parents or guardians, some of them of very serious. One adopted child reported that her adoptive father had tried to strangle her but later retracted this. Families described wide variation in communication with them about the allegations.

"The Section 47 report was the first and only time that I realised what I've been accused of... There was no further action because I hadn't done anything wrong and the children were perfectly alright." Adopter 8

Families all said the safeguarding social workers did not have an existing personal relationship with them. Almost all described social workers not seeking sufficient information from other professionals such as Adoption Support social workers or child psychologists who were familiar with the family or not including information offered by them.

The families all felt that safeguarding teams did not have the expertise to make correct assessments given the complexities of their children's symptoms and behaviours arising from developmental difficulties and trauma; the circumstances and challenges involved in parenting after SGO or adoption parenting.

> *"My wife was struggling with 'blocked care' because he [our son] had written a letter saying that he wanted to rape and kill her mother. A safeguarding social worker met with our son and he said, 'It's because my mum doesn't love me'. After that all of the meetings became that my wife was the problem, not him and his behaviour." Adopter 2*

Families reported that safeguarding teams did not have effective post-investigation options available within social care or partner services, which could support the family and help prevent future crises. When a parent called for help because her child had sexually assaulted her, she said,

> *"A social worker came to the house, she saw his keyboard and she said, 'Oh, perhaps we could give him music therapy.' And I just thought, 'No, he needs therapy therapy.' You know?" Adopter 10*

The lack of earlier engagement with the families meant that many of the safeguarding investigations seemed unnecessary or drastic and created accumulated defensiveness and isolation for the families.

> *"The children have been with us for 11 years and in that time, we've had probably at least 13 or 14 safeguarding incidents." Adopter 3*

Families whose children's behaviour required police involvement spoke largely favourably about both the crisis and ongoing support they got from the police.

> *"The police were brilliant. They managed the allegations he made against me well. Those are things other people just don't understand, but that's normal for some of these children. It's horrible, but it's normal." Adopter 8*

3.9 Differences in safeguarding practices compared to birth families

Findings from professionals Professionals described how safeguarding practice was different for adoptive families. There was a different pattern of abuse, with emotional harm most frequent. Children were frequently more complex than those in birth families, the emotional harm often related to their earlier traumatic experiences and abuse from birth parents rather than from their adoptive parents.

Birth families were considered more straightforward to work with, they were less distressed by children's social services safeguarding involvement. Professionals thought that birth families were generally more willing to recognise their need to change, unlike adopters who were more defensive about their parenting and viewed the difficulties as all relating to the child.

> *"I think when we're working with parents who are having those issues with their birth children, it is easier to get them to a place where they can acknowledge that their parenting can influence the behaviour and make a situation better." Social care manager 1*

There were particular challenges when young, adopted children apparently disclosed abuse, as sometimes this related to previous abuse by birth parents; this led to lengthy safeguarding investigations.

> *"And the eldest child went into school and talked about – and made an allegation of domestic violence taking place. And what we were finding hard to distinguish – he was delayed with his speech as well, was this disclosure relating to the adopters or his lived experience when he was living with his birth parents?" RAA manager 3*

Some professionals felt that adopters were treated more harshly when safeguarding concerns were investigated as there were 'higher expectations' of them.

> *"It's just in that scenario the prospective adoptive dad was then asked to move out whilst an investigation was undertaken... I'm not sure we would have expected the birth father to leave home for three months to wait for the children to be interviewed by a specialist police officer." Regional adoption agency manager 3*

Other professionals felt that as adopters were often middle-class professionals from similar backgrounds to social workers, it was much easier to empathise with them, making it more difficult to challenge adoptive parents.

"So, on many levels they don't present as a family where people might have, you know, concerns around safeguarding. Financially they're fine, the child presents well, they're engaged parents, all of those things, but underneath that, there can be some real relationship struggles, that can create those tensions for both the child and the parent… ." Senior leader 3

Professionals thought that SGO and adopted children's issues were often more complex than those of children in birth families. Notwithstanding, some professionals felt that there were higher expectations of guardians compared to birth families because they had been assessed as suitable carers and 'should have known what they were getting into' when taking in the children. Others considered that adopters were treated as 'higher status' when working with the local authority and guardians were not because they were 'ordinary people'. Some professionals thought special guardians should be viewed as 'unsung heroes'.

As SGO families were often previously involved with local authorities, there was generally more known about them when safeguarding practices started. Professionals felt that prior experience could also be a risk as guardians could know what to say to falsely reassure them and social workers not recognising this. Families could be supported by SGO teams alongside CP work, enabling greater support than might be available for birth families. Some professionals were worried that the focus could be too much on supporting risky placements to avoid breakdown, so that they lost objectivity.

"People being invested in keeping it going when actually it should be, "No, this isn't good enough," rather than just throwing everything at it." CP chair 2

Findings from families The parents felt that they were treated with more suspicion than were birth families by schools and the safeguarding teams. As detailed already, they described safeguarding teams' lack of understanding of the complexities faced by their children due to their early experiences and developmental difficulties.

3.10 Outcomes for children and young people

Cases were coded at analysis for the child's outcome as good, moderate or poor, to reflect the data entry field 'to what extent were issues resolved with support'. Outcomes were based on what happened to the child in the longer term; for example, issues may not have been resolved, and a child became looked after but still had a good outcome if the child did well in Care and went on to employment or higher education.

There was no significant difference between the proportion of SGO and adoption cases by outcome. Children in all outcome groups had similar backgrounds. However, the children with good longer-term outcomes tended to have less entrenched, complex difficulties and received support from several different services. Children with poor outcomes often presented or their guardians and adopters received a response to their requests for help, too late for meaningful intervention. In many of these cases the special guardians and adoptive parents had already decided they could not continue to care for their children. SGO families received less help prior to the statutory plan than adoptive families.

Outcomes are summarised in table 1.

Table 1 Summary of children's outcomes from analysis of case file data

		Total number (% of all adopted or SGO children)	Number placed before 5 years	When concerns started after placement	Median (range) mentions of safeguarding in referrals prior to statutory plan	Number remaining in adoptive or SGO home
Good outcome	Adopted children	9 (24%)	9	4-12 years	0 (0-8)	8
	SGO children	27(35%)	15	1-13 years	2 (0-7)	21
	Adopted & SGO children combined	36 (31%)	24			
Moderate outcome	Adopted children	14 (38%)	10	3 months to 15 years	1 (0-7)	12
	SGO children	31 (40%)	16	3 months to 11 years	2(0-5)	15
	Adopted & SGO children combined	45 (39%)	26			

Poor outcome	Adopted children	14 (38%)	10	2 to 16 years	3(0-17)	3
	SGO children	20 (26%)	4	1 to 13 years	3(0-21)	5
	Adopted & SGO children combined	34 (30%)	14			

3.10.1 Good outcomes

The presenting issues for adopted children included very challenging behaviour and child-to-parent violence, criminal and sexual exploitation, substance misuse and children showing harmful sexual behaviour towards other children. Some parents had resorted to physical violence in response to their child's violent behaviour. Some parents felt that they could no longer care for their children due to these challenges.

Unlike the cases with moderate or poor outcomes, those with good outcomes commonly had single issues, for example the concerns were about exploitation or challenging behaviour but not both. All had support from RAAs prior to the referral with safeguarding concerns; this involved Life Story work, trauma-based therapy and Early Help from social care.

After the statutory plan, families received support from multiple different services. Several children were referred for assessment of ASD or ADHD. Children's special educational needs were supported through EHCPs and more tailored school placements. Most families had at least two services involved, with up to six for some. These children seemed to have most extensive support provided to them compared to children with other outcomes. All but one family engaged with the RAA afterwards, who then provided additional support.

Most, although not all parents engaged well with support offered, most children engaged with support, but it required persistence from workers to achieve this.

For SGO children, some issues were the same as for adoptive children: challenging behaviour, child-to-parent violence, substance misuse, exploitation and harmful sexual behaviour. Other concerns related to contact with birth parents exposing children to the same risks that led to the SGO originally, such as intrafamilial child sexual abuse, parental drug misuse, physical and emotional abuse. Some

grandparents struggled to care for children after bereavements, leading to neglect. Situations were often more complex than for adopted children with good outcomes although some were single issues.

Half of families had support prior to the referral leading to the statutory plan from Early Help, schools, or CAMHS. None had received help from SGO support services. Support was generally reported as limited or focused on a single issue such as contact with the birth family, rather than taking a holistic view of the families' needs.

After the statutory plan SGO families were offered support from several services, but typically there were fewer services involved than for the adoptive families with good outcomes. Birth parents were supported to address their mental health and substance misuse issues if they had begun caring for children again. Only four families were offered help from SGO support teams. The support was generally well matched to families' needs and both families and children engaged well with it.

3.10.2 Moderate outcomes

The problems for adopted children were similar to those with good outcomes but in addition included children with FASD, parental marriage breakdown with allegations of coercion or domestic abuse and non-accidental injury, unsupervised contact with birth families, and early teenage pregnancy. There was a high risk of adoption breakdown. Problems were more complex and combined issues, such as children with trauma or attachment issues, challenging behaviour, mental health problems or ADHD, and exploitation.

All but two families had support prior to safeguarding concerns, eight families had help from adoption support services. Although some families received significant support it was not always targeted correctly or was provided too late. Others had inadequate support with isolated responses to referrals.

Following the statutory plan, most families received support from several different services and four families received support via the RAA. Services were generally well matched to families' needs and parents engaged well, but children less so; five children did not really engage in any meaningful way. Often problems were so entrenched that interventions stabilised situations but did not really improve them and children continued to have significant challenges.

For SGO children, the problems were more complex than those with good outcomes. Children had similar emotional and behavioural difficulties, exploitation and substance misuse as previously described relating to underlying attachment and trauma, as well as ASD, FASD, ADHD and learning disabilities. Birth families posed a risk from unsupervised contact. There were concerns about special

guardians physical and mental health, poor home conditions, substance misuse, parenting abilities and emotional harm. Special guardians' new partners posed risks to children. Frequently children's difficulties exceeded guardian's capacity to cope, particularly when they had health or other family problems.

Most had support prior to statutory plan however only three families had support from the SGO team. Eight families had no support. In many cases this support was short-term and limited in scope, with families not engaging well with it. For others it was well matched and extensive but not enough to stop prevent escalation to a statutory plan.

Similar services were offered after the statutory plan with the addition of respite and housing support. Again, this was well matched, but in many cases was not enough or too superficial to address the underlying issues. There was variable engagement by children, some were very engaged, others not at all. Eight families were supported by SGO teams post-Plan.

3.10.3 Poor outcomes

The nature of problems for adopted children were similar to those with better outcomes, but the difficulties were multiple, severe and entrenched. Eight families had been supported by adoption support services prior to the statutory plan. Most families had considerable support prior to the statutory plan; the quality of the support varied, some was good but others limited and short-term. Parents engaged well with the support offered.

After the statutory plan, more intense but similar support was offered, but for most it was too late to have any impact, it was clear that the adoption had broken down by time of safeguarding referral. Children largely did not engage with support. The RAA supported all families following the statutory plan.

SGO children had multiple and complex problems, similar to those described with moderate outcomes. Many families were supported prior to a statutory plan by a wide range of services Ten families were offered no help prior to safeguarding referral. Families often found it difficult engage with support.

Families were provided with intensive support after the statutory plan from several services. This support was not always well matched and received by special guardians. Some services that were recommended did not take place or address the underlying issues. Children were difficult to engage. There was little impact of support particularly when children returned to birth parents. Only three families were supported by specialist post-SGO teams.

3.10.4 Outcomes according to families

Using the same outcome definitions as for the case file analysis the outcomes for all but one of the SGO families were good, although families with poorer outcomes may been less likely to participate. The children were either still living at home or had left at 18 appropriately. The poor outcome was for a Care Leaver who is no longer in contact with the special guardians. For five of the adoption families the outcome was good because the children were still living at home, two had moderate outcomes; one child went into Care but remained in contact with their adoptive parents and one child left home negatively but is now at university. However, for five adoptive families, outcomes were poor with children arrested, homeless or loss of contact.

A critical caveat to the definition of 'good' is that it focuses on an end-point and does not take into account the process. It is not to be expected that the families' perspectives and the detail of their efforts to parent their children would be recorded in the case files, however, the parents' descriptions shine a light on the extraordinarily difficult and traumatising day-to-day family lives of the SGO and adoption families whose children have complex needs, and who become engaged with statutory safeguarding interventions.

> *"At that point, everybody, the school, SENCO, the SGO support worker, the therapist, were all so concerned about us. I'd got so close to breaking point, that I was, in 2021, suicidal. Because I was so tired, no support, nothing. Yeah." [SG6]*

> *"Believe me, it's been a battle – eight years of battling and we're on our knees at the moment …although we keep rallying, don't we?" [SG10]*

4. Discussion and recommendations

4.1 Summary of findings.

This study included findings from 115 case files of adopted or special guardianship children with safeguarding concerns, interviews with 20 adoptive parents and special guardians, 60 interviews with social care professionals including national leaders in adoption and kinship care and six school safeguarding professionals.

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.

Adoption and SGO training and assessments were considered as over-optimistic and not focused on the individual needs of complex children. 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.

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 long waits 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.

When safeguarding investigations took place, there was limited joint working or information sharing between RAA, SGO support teams and safeguarding social workers. 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. Professionals considered that safeguarding for adoptive or SGO children is more complicated than for children in birth families, often with entrenched difficulties. Most of the children in the case file analysis had moderate or good outcomes following safeguarding concerns; however, achieving these outcomes may be hugely stressful and traumatising for families.

4.2 Discussion

It is important to remember the context of this project; it has focused solely 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 the children in this project. These families may have had good experiences of support, preventing a safeguarding response, which we will not have captured.

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 wanting to make things better for children. Services that worked well for families were those that understood the specific challenges faced after adoption or SGO families such as specialist post adoption or SGO support; or services targeting distinct issues such as harmful sexual behaviour or criminal exploitation. CAMHS and neurodevelopmental assessments were helpful although often they were difficult to access. Effective support was often multi-agency and long-term. This final 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 of which may be genetic. These children present with behavioural problems which can make parenting them very complex, demanding and stressful. Parental stress can in turn impede the child's chances of thriving (Morgan et al., 2005). The critical issue here is to understand the dynamics and direction of causation of the family's problems, and that in these circumstances the children and parents are responding to issues neither are responsible for creating.

Safeguarding teams need to have the knowledge, skills and resources to distinguish between parents who are struggling with their children's additional needs and parents who are malicious or uncaring. The parents described by professionals and in the case files reflected this mix while the parents who participated in this study were all struggling. In this latter group, whilst not all families might have been ultimately able to achieve good outcomes for their children, with better support more families would have had a chance of doing so. Importantly, support which relieved stress for the parents, 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 till they were 18, but over their lifetime.

Crucially, the children's trauma needs to have been recognised and expertly supported early both in the child's life and in the trajectory of escalating of family distress. It should also be ongoing 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 and adulthood. To be effective the support should 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 and the family (HM Government, 2023). In this study the findings from the professionals highlight inconsistencies in this approach from the local authorities, and the parents' descriptions were that this approach was rare rather than being the norm.

The professionals and some parent's described situations where it appeared that even with timely, competent support a safeguarding intervention would likely to have 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 could be addressed by working in true partnership with families from the beginning and taking a holistic approach to understand the child's daily life, including what is happening for parents and siblings. This includes gathering information from a wide range of sources about what has happened and is happening in and outside the home .

The findings from the professionals in this study indicated that there are times when SGO and adoption families are treated differently from birth families. As previously explained, some SGO and adoption 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 have not captured children's voices; we only interviewed parents and guardians. The findings have been discussed with care experienced and adopted young people all of whom emphasised the lack of recognition and support they had received for the early trauma they had experienced. 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.

4.3 Putting findings in context

We found that the greatest risk to adopted children arose from their own challenging behaviour arising from their previous traumatic experiences in combination with developmental difficulties; this is reflected in the findings from Selwyn et al. (2014) which included a survey reporting that 25% of adopted families described mental health problems in their adopted teenagers. Early identification of additional needs for both adopted and SGO children is vital to enable prompt support, but the recent SEND review (Sinclair and Zaidi, 2023) found that the two-year-old progress checks are not done consistently, practitioners needed training on the early identification of SEND needs; and that education, social care and health professionals needed SEND training to improve support for families.

In the case file analysis, we identified that some SGO children experience safeguarding concerns such as neglect, physical abuse or exposure to domestic violence similar to children in birth families, this fits with our earlier scoping review (Hallett et al., 2023) suggested that children in kinship care may be at increased risk of neglect. A similar risk of harm for SGO children from contact with birth families was identified by Harwin et al. (2019).

We identified concerns that SG assessments were not as robust as adoption assessments, and guardians lacked preparation and training opportunities, and managing contact with birth families was difficult. All these findings reflect those of Harwin et al. (2019), Wade et al. (2014) research into SGOs. Best practice guidance for SGO (Public Law Working Group, 2021) states that if there are concerns about the suitability of a potential special guardianship placement, that children could be placed with these potential guardians under as family or friend foster carers, with the LA maintaining parental responsibility; we have reiterated this point in our recommendation 2.

We noted the financial challenges faced by special guardians, the Independent Review of Children's Social Care (MacAlistair, 2022) reported that over 70% of guardians were experiencing financial distress; 44% had given up employment entirely, and a further 20% are forced to reduce their working hours to provide care; similar difficulties were noted by Harwin et al. (2019), Wade et al. (2014).

The difficulties in accessing CAMHS services is well known, Wade et al. (2014) reported similar challenges for SGO children and families obtaining CAMHS assessment and treatment. The Children's Commissioner's report (2024) on children's mental health services found similar issues with lack of access to CAMHS. It highlighted that 39% of referrals to CAMHS were closed without children receiving any assessment, support or treatment; it is not clear though why these referrals were closed. The report recommended research to identify and close gaps in children's mental health provision.

The need for a more cohesive approach to safeguarding adopted and SGO children reflects the findings of the Independent Review of Children's Social Care (MacAlistair, 2022). This identified a need for a fundamental shift in the way children's social care responds to families moving away from assessing, referring and monitoring families, towards building deep relationships with them. This is central to identifying risks early and preventing problems escalating until unnecessary, damaging and more costly interventions are required. The review's findings included that assessments needed to be 'whole-family' focused and that safeguarding social workers were not equipped to assess or respond to child-to-parent violence. Furthermore, that the result was that families were left feeling blamed, demoralised and unsupported. These issues directly resonate with our conclusions.

Our findings, resonate with the Adoption England Strategy (2024), this identified the increasing demand for support after adoption, lack of resources and long waiting times, along with a need to better understand the impact of early childhood trauma and loss, and for all adoption support to be trauma informed. Their vision is for adopted people and their families get tailored help and support when they need it.

4.4 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 transistions 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 exploitationand 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, Dydadic 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.

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Appendix 1 Methods

This was a mixed methods project aiming to answer the following research questions:

1. Are there any statistically significant associations between background factors and outcomes?

2. What are the relationships between background child and family factors, type of safeguarding concern, support and outcomes for SGO/adopted children with safeguarding concerns?

3. What are special guardians' and adoptive parents' experiences of their child's difficulties leading to safeguarding concerns, their reflections on the source of these difficulties, their experiences of requesting and receiving support, and their experiences of the child protection system?

4. What are professionals' experiences of responding to safeguarding in children following adoption/SGO and how this may differ from responding to concerns in birth families?

Stakeholder and advisory groups

The project team was informed by stakeholder and advisory groups. The stakeholder group consisted of national leaders in adoption, kinship care, Department for Education, Nuffield Foundation and other senior academics working in the same field. There were two advisory groups one for special guardians and one for adopters. The groups met online several times during the project, advising on research design, case file data extraction, qualitative interview questions and emerging results. They also reviewed this report and contributed to writing the recommendations. The final report was also reviewed and discussed with four young adults who were adopted or had experience of kinship care.

There were four work packages (WP).

WP1: Quantitative and qualitative analysis of local authority case files

We recruited five Local Authorities (LA) across England and Wales, representing urban and rural areas. These LA were known to the research team from previous projects or approached through the stakeholder group. A standardised case file data extraction template was created using Microsoft Excel.

Each LA provided a social worker to work alongside our researchers to access case file data from electronic records. Adopted and SGO children with statutory safeguarding plans during 2019-2022

were identified by cross-referencing a dataset of all children who became subject to a Child in Need or Child Protection Plan/Care & Support Protection Plan (Wales), voluntary accommodation (section 20) or who were taken into LA Care during; with a dataset of children known to SGO or adoption support services from 2001 onwards. Two LA were unable to obtain data on adopted children from their Regional Adoption Agency (RAA) so could not identify adopted children with safeguarding concerns, only identifying SGO children. We attempted to access all cases files for eligible children in each LA.

Data extracted included children's backgrounds prior to adoption or SGO, their adoptive or SGO families, process of adoption or SGO, nature of problems leading to the statutory plan, details of statutory plans, support provided before and after the statutory plan, how acceptable the support was to families and children, how they engaged with support, and outcomes following the safeguarding intervention. Data were extracted for each child until 2024 to allow a minimum of two years follow-up data. Data consisted both of fixed field items, numerical data and free text. Data extraction took place between April and November 2024.

Data sheets were cleaned and data entered into Statistical Package for the Social Sciences (SPSS) (IBM, 2024). Children were placed in three groups according to the main source of harm at the time of safeguarding referral: harm from birth parents, harm from adopters or special guardians, and harm from children's own behaviour including exploitation. This determination was based on the judgement of the researchers, all cases were coded by two researchers and disagreements solved following discussions.

Children's outcomes were categorised as good, moderate or poor. Outcomes were based on what happened to the child in the longer term based on all the data in the case file; for example, issues may not have been resolved, and a child became looked after but still had a good outcome if the child did well in Care and went on to employment or higher education. Again, these were based on the subjective determination of the research team.

Descriptive statistics were used to illustrate frequencies of descriptive characteristics and outcomes. Mean, median, mode and interquartile ranges were used to for numerical data. Chi-squared tests were carried out to check for associations between characteristics and outcomes, although a few were significant at $p<0.05$ we were very cautious about interpretation of these due to the large number of

associations tested. Due to the lack of clearly significant associations, it was not possible to conduct logistic regression.

WP2: Interviews with special guardians and adoptive parents.

Special guardians and adoptive parents were recruited through national support groups including Adoption UK, Kinship and POTATO (Parents of Adopted Traumatised Teens Organisation), and with the help of our advisory groups. Parents and guardians had to have had experience of safeguarding interventions after their child moved to live with them.

Participants took part in online semi-structured in-depth interviews; these were recorded and transcribed. Interview transcripts were analysed using Thematic Analysis (Braun and Clarke, 2021) supported by NVIVO software version 14 (Lumivero, 2023). Transcripts were coded by CC, the coding structure was discussed and revised with JG and JT. The findings of the analysis were discussed with the respective adoptive parent and special guardian advisory groups, although we did not check transcripts with interviewees. All interviews were conducted by CC during June to October 2024.

WP3: Interviews with social care safeguarding professionals

Professionals were recruited for interviews at the five LA sites taking part in WP1, along with their associated RAA. Professionals included child protection conference chairs, social workers and their managers, independent reviewing officers and post-adoption or SGO support workers; all were required to have with experience of working with SGO or adopted children with safeguarding concerns since 2018. We also interviewed national leaders in adoption and kinship care from organisations such as CORAM BAAF (British Adoption and Fostering), Kinship and Adoption UK.

A total of 60 participants took part in online semi-structured in-depth interviews; these were audio recorded and transcribed. The interviews took place between May and November 2024 and were conducted by KM and KB. Interview transcripts were analysed using Framework Analysis (Gale et al., 2013) supported by NVIVO software version 14 (Lumivero, 2023). A layered approach to analysis was undertaken, with 20 interviews fully coded and analysed, with the remaining interviews read and any new information coded. We used a framework based on the Pathways model, and using this reached data saturation by 15 interviews; we defined data saturation as when no new information relevant to

the framework was identified. The 20 interviews fully coded included all those from national leaders, and a selection of interviews from the different professional roles. The interview analysis was undertaken by JG, with the framework reviewed and discussed with JT and CC.

WP4: Interviews with education safeguarding professionals

Education safeguarding professionals were recruited from schools across England for interviews about their experiences of safeguarding adopted or SGO children. There was a mix of special educational needs (SEN) and mainstream primary and secondary schools.

Interviews took place online; these were audio recorded and transcribed. The interviews took place between November 2024 and April 2025 and were conducted by CC. Interview transcripts were analysed using Thematic Analysis (Braun and Clarke, 2021) supported by NVIVO software version 14 (Lumivero, 2023). Transcripts were coded by CC, the coding structure was based on the Pathways model already used for analysis of parents' and other professionals' interviews.

Appendix 2 Key descriptors for case file analysis.

Appendix table 1. Descriptive characteristics of children in case file analysis

	All children		Adopted children		SGO children	
Variable	**Number with available data**	**Frequencies – number and %**	**Number with available data**	**Frequencies – number and %**	**Number with available data**	**Frequencies – number and %**
Site	115	LA 1 (n = 25, 21.7%) LA 2 (n = 18, 15.7%) LA 3 (n = 18, 15.7%) LA 4 (n = 27, 23.5%) LA 5 (n = 27, 23.5%)	37	LA 1 (n=12, 32.4%) LA 3 (n=1, 2.7%) LA 4 (n=10, 27.0%) LA 5 (n=14, 37.8%)	78	LA 1 (n=13, 16.7%) LA 2 (n=18, 23.1%) LA 3 (n=17, 21.8%) LA 4 (n=17, 21.8%) LA 5 (n=13, 16.7%)
Child gender at birth	115	Female (n = 57, 49.6%) Male (n = 58, 50.4%)	37	Female (n=17, 45.9%) Male (n=20, 54.1%)	78	Female (n=40, 51.3%) Male (n=38, 48.7%)
Child's ethnicity	115	White (n = 91, 79.1%) Asian Pakistani (n = 4, 3.5%) Black African (n = 2, 1.7%) White and Asian (n = 2, 1.7%) White and Black African (n = 1, 0.9%) White and Black Caribbean (n = 6, 5.2%) White Other (n = 2, 1.7%) Black Other (n = 2, 1.7%) Black Caribbean (n = 5, 4.3%)	37	White (83.8%) Black African (2.7%) White and Asian (2.7%) White and Black African (2.7%) White and Black Caribbean (2.7%) White Other (2.7%) Black Other (2.7%)	78	White (76.9%) Asian Pakistani (5.1%) Black African (1.3%) White and Asian (1.3%) White and Black Caribbean (6.4%) White Other (1.3%) Black Other (1.3%) Black Caribbean (6.4%)

Main reason for care leading to adoption or special guardianship	111	Emotional abuse (n=7, 6.3%) Neglect (n=82, 73.9%) Physical abuse (n=13, 11.7%) Sexual abuse (n=2, 1.8%) Other (e.g. child's parent died) (n=7, 6.3%)	33	Emotional abuse (n=2, 6.1%) Neglect (n=26, 78.8%) Physical abuse (n=3, 9.1%) Sexual abuse (n=1, 3.0%) Other (e.g. child's parent died) (n=1, 3.0%)	78	Emotional abuse (n=5, 6.4%) Neglect (n=56, 71.8%) Physical abuse (n=10, 12.8%) Sexual abuse (n=1, 1.3%) Other (e.g. child's parent died) (n=6, 7.7%)
Child disability or additional needs at the point of adoption order or SGO	115	No (n=73, 63.5%) Yes (n=23, 20.0%) Unclear (n=15, 13.0%) Other (n=4, 3.5%)	37	No (n=17, 45.9%) Yes (n=9, 24.3%) Unclear (n=9, 24.3%)	78	No (n=56, 71.8%) Yes (n=14, 17.9%) Unclear (n=6, 7.7%)
Adopter or Special Guardian parent/carer composition at placement	115	Female & Female (n=3, 2.6%) Female & Male (n=78, 67.8%) Single Female (n=32, 27.8%) Single Male (n=2, 1.7%)	37	Female & Male (n=34, 91.9%) Single Female (n=3, 8.1%)	78	Female & Female (n=3, 3.8%) Female & Male (n=44, 56.4%) Single Female (n=29, 37.2%) Single Male (n=2, 2.6%)
If SGO, what was the nature of the adults' relationship to the child?					78	Maternal aunt/uncle (n=12, 15.4%) Grandparent(s) (n=30, 38.5%) Sibling (n=2, 2.6%) Foster carer (n=8, 10.3%)
If SGO, did the local authority support the making of a Special Guardianship Order?					78	Yes (n=72, 92.3%) No (n=1, 1.3%) Unclear (n=5, 6.4%)

Were any financial difficulties for adoptive parent(s)/special guardian(s) raised at any point pre or post-Order?	114	No (n=76, 66.7%) Yes (n=12, 10.5%) Unclear (n=26, 22.8%)	36	No (n=28, 77.8%) Yes (n=2, 5.6%) Unclear (n=6, 16.7%)	78	No (n=48, 61.5%) Yes (n=10, 12.8%) Unclear (n=20, 25.6%)
Type of the first (or only) POST ORDER statutory safeguarding plan regarding this child	112	Child in Need (n=79, 70.5%) Child Protection Plan (n=22, 19.6%) Looked After Plan (n=11, 9.8%)	36	Child in Need (n=28, 77.8%) Child Protection Plan (n=7, 19.4%)	76	Child in Need (n=51, 67.1%) Child Protection Plan (n=15, 19.7%) LAC (n=10, 13.2%)
During the relevant period, was the child subject to any Child Protection plans?	115	No (n=81, 70.4%) 1 (n=29, 25.2%) More than 1 (n=5, 4.3%)	37	No (n=27, 73.0%) 1 (n=8, 21.6%) More than 1 (n=2, 5.4%)	78	No (n=54, 69.2%) 1 (n=21, 26.9%) More than 1 (n=3, 3.8%)
During the relevant period, was the child subject to any Child Looked After plans?	114	No (n=78, 68.4%) 1 (n=28, 24.6%) More than 1 (n=5, 4.4%)	37	No (n=25, 67.6%) 1 (n=9, 24.3%) More than 1 (n=3, 8.1%)	77	No (n=53, 68.8%) 1 (n=19, 24.7%) More than 1 (n=5, 6.5%)

Main safeguarding concern during relevant period	114	Parent/guardian to child abuse or neglect (n=24, 21.1%) Parent/guardian's partner or other family member abuse or neglect (n=5, 4.4%) Sexual exploitation (n=12, 10.5%) Criminal exploitation (n=12, 10.5%) Risks from first parent contact (n=6, 5.3%) Child-related concerns (n=48, 42.1%) Other (n=7, 6.1%)	37	Parent/guardian to child abuse or neglect (n=4, 10.8%) Parent/guardian's partner or other family member abuse or neglect (n=2, 5.4%) Sexual exploitation (n=5, 13.5%) Criminal exploitation (n=3, 8.1%) Child-related concerns (n=22, 59.5%) Other (n=1, 2.7%)	78	Parent/guardian to child abuse or neglect (n=20, 25.6%) Parent/guardian's partner or other family member abuse or neglect (n=3, 3.8%) Sexual exploitation (n=7, 9.0%) Criminal exploitation (n=9, 11.5%) Risks from first parent contact (n=6, 7.7%) Child-related concerns (n=26, 33.3%) Other (n=6, 7.7%)
What happened next overall (e.g., child remained with parent/guardian, became looked after)?	115	Remained living with parent(s)/guardian(s) (n=66, 57.4%) Looked after - foster care (n=15, 13.0%) Looked after - residential/specialist care (n=12, 10.4%) Looked after - kinship care (n=7, 6.1%) Living in semi-independent accommodation with LA support (n=5, 4.3%) Other (n=10, 8.7%)	37	Remained living with parent(s)/guardian(s) (n=22, 59.5%) Looked after - foster care (n=7, 18.9%) Looked after - residential/specialist care (n=4, 10.8%) Living in semi-independent accommodation with LA support (n=1, 2.7%) Other (n=3, 8.1%)	78	Remained living with parent(s)/guardian(s) (n=44, 56.4%) Looked after - foster care (n=8, 10.3%) Looked after - residential/specialist care (n=8, 10.3%) Looked after - kinship care (n=7, 9.0%) Living in semi-independent accommodation with LA support (n=4, 5.1%) Other (n=7, 9.0%)

Abuse source	115	Birth family (n=14, 12.2%) SG/Adopted family (n=27, 23.5%) Child (n=74, 64.3%)	37	Birth family (n=0, 0%) SG/Adopted family (n=6, 16.2%) Child (n=31, 83.8%)	Birth family (n=21, 26.9%) SG/Adopted family (n=14, 17.9%) Child (n=43, 55.1%)
Family composition at placement Single/Couple	115	Couple (n=81, 70.4%) Single (n=34, 29.6%)	37	Couple (n=34, 91.9%) Single (n=3, 8.1%)	78 Couple (n=47, 60.3%) Single (n=31, 39.7%)
Were siblings placed in a group?	113	No (n=56, 49.6%) Yes (n=57, 50.4%)	37	No (n=19, 51.4%) Yes (n=16, 43.2%)	78 No (n=37, 47.4%) Yes (n=41, 52.6%)
How sufficient was the post-referral support?	114	Not very (n=28, 24.6%) Quite (n=57, 50.0%) Very (n=29, 25.4%)	37	Not very (n=10, 27.0%) Quite (n=16, 43.2%) Very (n=11, 29.7%)	77 Not very (n=18, 23.4%) Quite (n=41, 53.2%) Very (n=18, 23.4%)
How acceptable was the post-referral support to child/young person?	109	Not very (n=14, 12.8%) Quite (n=49, 45.0%) Very (n=46, 42.2%)	36	Not very (n=7, 19.4%) Quite (n=14, 38.9%) Very (n=15, 41.7%)	73 Not very (n=7, 9.6%) Quite (n=35, 47.9%) Very (n=31, 42.5%)
How acceptable was the post-referral support to the parent(s) or guardian(s)?	113	Not very (n=15, 13.3%) Quite (n=43, 38.1%) Very (n=55, 48.7%)	37	Not very (n=4, 10.8%) Quite (n=19, 51.4%) Very (n=14, 37.8%)	76 Not very (n=11, 14.5%) Quite (n=24, 31.6%) Very (n=41, 53.9%)
Overall outcome	115	Poor (n=34, 29.6%) Moderate (n=45, 39.1%) Good (n=36, 31.3%)	37	Poor (n=14, 37.8%) Moderate (n=14, 37.8%) Good (n=9, 24.3%)	78 Poor (n=20, 25.6%) Moderate (n=31, 39.7%) Good (n=27, 34.6%)

Appendix table 2. Numerical findings from children in case file analysis

	All children		Adopted children		SGO children	
Variable	**Number with available data**	**Median (IQR) Mean (SD)**	**Number with available data**	**Median (IQR) Mean (SD)**	**Number with available data**	**Median (IQR) Mean (SD)**
Age at placement	109	5.67 (0.00-16.08) 5.89 (3.93)	32	3.46 (0.00-10.17) 3.99 (2.69)	77	5.92 (0.00-16.08) 6.67 (4.11)
Child age at entering care/separated from birth parents	112	3.00 (0.00-16.00) 4.17 (3.82)	34	1.00 (0.00-7.00) 2.06 (2.19)	78	4.00 (0.00-16.00) 5.09 (4.01)
Length of abuse (history) affecting this child	106	3.00 (0.50-15.00) 3.49 (3.17)	33	1.00 (0.50-7.00) 2.11 (1.89)	73	3.00 (0.50-15.00) 4.12 (3.43)
Total number of placements before adoption/SGO	94	1.0 (0.00-2.00) 1.07 (1.13)	30	2.00 (1.00-2.25) 1.93 (1.14)	64	0.00 (0.00-1.00) 0.67 (0.87)
Number of other mentions of safeguarding concerns between the Order and this statutory plan	111	2.00 (0.00-21.00) 2.59 (3.63)	35	2.00 (0.00-17.00) 2.69 (3.48)	76	2.00 (0.00-21.00) 2.55 (3.71)

Number of further statutory plans during the relevant time period	111	1.00 (0.00-7.00) 1.13 (1.59)	36	1.00 (0.00-6.00) 1.36 (1.64)	75	1.00 (0.00-7.00) 1.01 (1.56)
Number of siblings (if any)	57	1.00 (1.00-3.00) 1.46 (0.60)	16	1.00 (1.00-2.00) 1.13 (0.34)	41	2.00 (1.00-3.00) 1.59 (0.63)