

**Article title: ‘Roll back the years’: A study of grandparent special guardians’ experiences and implications for social work policy and practice in England**

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**Abstract**

Growing numbers of grandparent special guardians (GSGs) are assuming responsibility for increasing numbers of children in the care system in England. Special guardianship arrangements are increasingly used as a permanency option as they allow children to remain in their kinship networks, rather than in local authority care or be adopted; yet there

is a scarcity of research on GSG carers' experiences. This article reports a small qualitative research study where ten sets of grandparents were interviewed to explore their journey to becoming GSGs and to theorise their subsequent experiences. Two themes emerge. Firstly, experiences of the assessment process are elaborated, decisions often being made at a time of family crisis, impacting on GSGs: financial, employment, relational. Secondly, GSGs' experiences of managing often-challenging relationships and contact arrangements between the grandchildren and the parents reveal three main relationship management approaches emerging: *containing-flexible*; *containing-controlled* and; *uncontained/defeated* approaches. Anthropological concepts of affinity help theorise the GSGs' ambivalent responses to becoming carers in later life, enabling reconfigured kinship relationships in new family forms. Family policy and social work practice is critiqued as GSGs appear often left alone to 'roll back the years', to heal previous harms done to the grandchildren who end-up in their care.

**Key words: Special Guardianship, Permanency, Social Work, Kinship**

## **Introduction**

Growing numbers of grandparent special guardians (GSG) are assuming responsibility for children in the care system in England. Research shows that there have been year-on-year increases in numbers of children leaving care through Special Guardianship Orders (SGOs) with a substantial increase in Orders being made either before or during proceedings. Research in Practice (2015) found there had been a '*large increase in the proportion of*

*children leaving care through a SGO between 2010 and 2015 (5 percent in the year ending 31 March 2010 and 11 per cent in the year ending 31 March 2015) with a concomitant rise in SGOs for very young children (p7). This trend has continued to the period ending 31 March 2017 (DfE, 2017) with '3,690 (12%) [looked after children] ceased to be looked after due to a special guardianship order; up 33% from 2770 [children] in 2013' (p12). This is against a backdrop of numbers of looked after children continuing to increase over the past nine years: for example, 'at March 2017 there were 72,670 looked after children, an increase of 3% on 2016' (DfE, 2017, p1) with no reduction in this trend anticipated.*

'Permanency' is the desired living arrangement for children who cannot return to their own parents' care; a social policy, legal and practice principle which aims to ensure 'security, stability and love through their childhood and beyond' (DfE 2011 in Boddy 2011, p7) for the 'diverse and dynamic population' (Boddy 2011: p7) of children who are looked after in England, via a number of different arrangements. In the past, a greater proportion of children entering the care system were placed by local authorities with adoptive parents or with local authority funded and professionally supported 'scheme' foster carers as 'looked after children' (Wade et al 2014). Introduced to law in 2005, SG arrangements are increasing as a permanency option as they allow children to remain living within their kinship networks, under private rather than public law arrangements. Despite recent concerns about the lack of support given to SGs by local authorities, expressed by the judiciary (Stevenson, 2015) and the campaigning work of organisations like Grandparents Plus (Mervyn-Smith 2018), there is a scarcity of research on SG carers' experiences (Wilkinson & Bower et al, 2017). It is vital that the impact of this law and its application is better understood by professionals and policy makers, especially in relation to the role of

grandparents who often did not anticipate becoming primary carers at a later life stage. This article therefore reports on findings from a small qualitative research study, conducted in a large English city, where ten sets of grandparents were interviewed to explore their journey to becoming SGs for their grandchildren and to help theorise and make sense of their subsequent experiences.

The findings are divided into two main themes. First, the experience of GSGs of the assessment process is elaborated, showing how they engaged in the required decision-making regarding whether to become a GSG, often at a time of family crisis. GSGs' experiences of becoming carers at a later life stage are recounted with impacts identified in several areas: financial, employment, relational.

The second theme presents GSGs' experiences of managing the often-challenging relationships and contact arrangements sustained between the grandchildren they care for and the parents (the grandparents' own children and their partners). We focus on the accounts of the grandparents to propose that three main approaches to relationship management emerge from the data analysis: firstly *containing-flexible*; secondly *containing-controlled* and; thirdly *uncontained/defeated* approaches.

The discussion of findings considers contemporary sociological conceptualisations of 'the family'; Mason's (2008) work on kinship and affinity helps account for how GSGs give meaning to their experiences of their reconfigured families. A critical social policy perspective is also added, as writers contend that contemporary family policy and practice milieu is less than supportive (Broadhurst and Mason, 2017). GSGs who step-in to take-over care in mid and later life indicate that they are often managing highly stressful, complex family dynamics, practical and emotional needs, frequently with only minimal state welfare

and professional support; particularly during times of economic austerity and welfare cuts. By setting out these themes, we therefore begin to reveal the often-hidden contribution of grandparents who 'roll back the years' to care for vulnerable children. Recommendations for policy and social work practice therefore, are made.

## **Background**

It is usual for children in England, as in many countries, when it is not possible for them to remain living with their parents to reside with 'family and friends carers'; arrangements where a grandparent, aunt, uncle, brother, sister or family friend look after a child who cannot be cared for by their birth parents (Gov.uk, 2019). 'Kinship care' has become more common in many countries in recent years, including in USA, New Zealand and Australia (Farmer, Selwyn and Meakins, 2013; Leinaweaver, 2014; Kiraly 2015). The broad category of kinship care is the most common placement arrangement and can be informal occurring when for example, a child is placed with their grandparents if the birth parents are struggling to manage their parenting responsibilities. In this scenario, there is no requirement for local authorities in England and Wales to be made aware of these arrangements (Wijedasa, 2017) as the placement has not involved state intervention and is a safe, private arrangement. This informal arrangement changes however, if the local authority needs to provide financial support to the carers if there are safeguarding concerns so that the child remains with the carers. The placement then becomes regulated and the child becomes looked after within a 'connected persons' placement', where local authority children's services are involved. It is thought, based on the 2011 Census, that 180,000 children in the UK are living with relatives under kinship arrangements; though it is

anticipated this is an underestimate of actual figures as these data do not include those living with friends (Wijedasa, 2017).

### **The increase in numbers of looked after children and the move to SGOs**

An important backdrop to this study is the trend for increasing numbers of children 'looked after' (or in the care of the state) in England in recent years, with a 5% rise from 2012, to 70,440 in 2016 (DfE 2017a). Although most children are placed in foster placements (74%), 17% of these are fostered by a relative or friend (p8). Since 2014 data has also been gathered regarding children who have started to be looked after who had previously left care under a permanence arrangement, including adoption, SGO or child arrangements order. In the year ending March 2017, 240 children re-entered care who were previously subject to SG (DfE, 2017a, p11). Although numbers are small, they are important. SGOs are made within private law but are being used increasingly as a disposal for public law cases, as a permanent placement option for children who have been removed from the care of their parents, often following experiences of abuse and neglect (Harwin et al, 2016). Currently around 85% of children placed under SGO care are placed with a family member, however there is wide variation across local authorities on the extent of SGOs granted and where children are placed (Wade et al, 2014).

The drivers for local authorities and courts to increase rates of SG placements for children with extended family appear complex. Firstly, research shows that children placed within the wider family network have better outcomes and a greater chance of maintaining family relationships than those in unrelated care (Broad, 2001; Broad and Skinner, 2005; Farmer and Moyers, 2008; Wade et al, 2014, Brown and Sen, 2014). Secondly, the impact of court judgement 'Re B-S' has encouraged such placements as Baginsky et al (2017) show: '*the*

*rigorous application by the courts of the principles set out in case of Re B-S led to an increased number of SGOs and fewer adoption orders'* (p29). Finally, granting a SGO means children are no longer considered to be 'in care', reducing local authorities' responsibilities towards them compared to looked after children; an attractive prospect during times of financial austerity. On this final point, SGO carers are beginning to be offered greater support post-placement (DfE 2017), though it is widely accepted that this is not on a par with the support offered to families post-adoption (Harwin et al, 2016; LGSCO 2018).

### **Grandparent carers**

Trends indicate that grandparents over 65 years old are increasingly taking on roles as kinship carers for children within their family networks (Wellard & Wheatley 2010), particularly under SGOs (Wade et al 2014). A recent survey of kinship care by Grandparents Plus (Mervyn-Smith 2018) comprising 57% SG carers, supports this pattern of an older age profile for carers, the sample including 89% of respondents who were female and 79% were grandparents; the majority aged 45 to 64 years and 15% over 65 years old. In addition to the older age profile, the available research evidence on GSGs suggests that this group are more likely than their younger counterparts to have long standing health issues and less likely to be working (Wade, et al., 2014; Wellard, 2011).

Becoming a full-time guardian for a child can be challenging for some grandparents. Factors include the financial burden of raising a child and the emotional and social consequences of care giving; also, difficulties in addressing the often-complex psychological needs of grandchildren who have experienced trauma and/or abuse at a young age (Mervyn-Smith 2018; Wade, et al., 2014; Wellard 2011) and; assuming care for the child in the midst of complex multi-generational family dynamics where caring arrangements are

inverted. Research on children in kinship care also suggests they are twice as likely to have disabilities or chronic health problems and they are more likely to be living in poverty than children living with at least one birth parent (Wijedasa 2017).

### **Theorising 'family'**

The GSGs interviewed for this study have reconfigured their families by directly assuming care for their grandchildren, yet how 'family' is experienced in modern times is not straightforward. Drawing on family studies perspectives illuminates this. Ribbens McCarthy (2012) describes 'family' as a term used by people to express relationality in contemporary society; yet this is at odds with 'individualising' tendencies of Western societies which stress the idea of the autonomous self. Therefore, tensions in the ways in which individuals' (grandparents as well as children's) needs are met, or not, within families, while maintaining relatedness, deserve attention. She suggests there remains a 'powerful language of family', which may be 'a repository and expression for deep but ambivalent desires' (Ribbens McCarthy 2012:70). Citing Mason's (2004, in Ribbens McCarthy 2012: 81) 'continuum of relationality', families can be seen to offer a space in which to be different versions of the self: from highly individualised yet set within a family group ('relational individualism') to a more social sense of self ('relational inclusion & co-presence'). In this way, 'family' allows for different versions of the self to be experienced in modern society, but within a relational space. Therefore, the families in this study might be expected to 'do family' in many ways.

The way the relational space of the family is renegotiated in SG cases, can be helpfully considered further by drawing on sociological and anthropological writing on kinship. Mason (2008:32) sees kinship as comprising four dimensions of affinity, or 'different ways of



imagining and practising relatedness' within families: *fixed; negotiated; ethereal* and *sensory*.

Firstly, on *fixed* affinities, Mason looks at how this dimension of kinship is often thought to concern biology alone, in terms of 'blood' relations (a word frequently referred to by the GSGs in this study). She argues that although family provides a 'ready-made context' (Mason 2008:33) there can also be ways of 'creating fixity', through time and relationship (for example parents' friends becoming 'aunties' and 'uncles', or in this case, grandparents assuming care). Secondly, *negotiated* affinities are a dimension of kinship incorporating moral, material and reputational elements. Mason (2008:33) refers to these as family members 'working out what to do' in terms of deciding each person's responsibilities, aspects clearly relevant to the situation for GSGs. The third form of affinity is *ethereal*, often better expressed in art and literature than in academic study, Mason suggests. This refers to momentary feelings and connections which are not necessarily rational in nature.

Providing an illustrative example from Norwegian research (Howell and Marre, 2006, cited by Mason 2008:29), 'scenarios of fate' are described by parents as bringing them together with their trans-nationally adopted children. Finally, *sensory* affinities particularly relate to children's experience of kinship: the sound of special people's voices, touch and smell and other embodied aspects of relating within families which are often the stuff of memories of childhood for adults. These four ways of understanding kinship and affinity are directly relevant when considering the experiences of GSGs, as they shape and re-conceptualise family relationships with the arrival of the cared-for children.

Making a link to critical social policy perspectives, sociologists show how politicians and policy makers in recent times avoid such nuanced views of contemporary families, resulting

in social policies which at times can be seen to denigrate and/or idealise 'family' simplistically (Edwards et al 2012). Murray and Barnes (2010) uncover four discourses from their analyses of recent family policies: *the socially excluded family; the anti-social family; the responsible family and; the resourceful family*, by way of illustration. Morris et al (2017) have considered how these discourses infiltrate the ways in which practitioners, including social workers, have come to view families, at times imposing interventions which individualise social problems; resulting in unintentional blaming of parents and the lack of a social perspective within intervention. This is accompanied by what Edwards et al (2012:739) describe as the 'politics of withdrawal' as communitarian ideas about welfare provision, for example the humane touch of preventative services, are wound-down during politically neo-liberal, austere times. Broadhurst and Mason (2017) address the 'collateral' damage caused by child removal, yet the impact on grandparents who step-in to take-over care has been little focused on. The research described in this paper therefore aims to consider the experiences of GSGs who now offer a significant role in containing and supporting vulnerable children in the private setting of their homes yet with very much reduced recourse to the support (financial and professional/therapeutic) of the state (Wijedasa 2017).

### **Aims and methods**

The aim of this study is to explore the experiences of grandparents who are SGO carers for one or more of their grandchildren, using a semi-structured interview schedule. The findings draw on the qualitative data gathered from the interviews. Approval was granted by the University Health and Social Care Ethics Committee.

## **Sample**

The purposive sample comprised ten grandparents from four southern, English local authorities; two from inner city areas and two from outer city areas. Participants were recruited through social work contacts of the research team who invited two members to visit four SGO support groups and discuss the project with potential interviewees. All participants who elected to take part were interviewed. Given the small number of participants, findings cannot be generalised. However, as a small scale, exploratory qualitative study, findings are considered relevant and indicative of areas which may benefit from further research.

A topic guide was produced by the research team, including the circumstances leading to SGOs, relationships with the child's parents and wider family and, the needs (practical, psychological and social) of the grandparents and their grandchildren. Participants came from a range of local authorities and represent a spectrum of experiences, ages, ethnicities and backgrounds (Table 1). All names have been changed to protect respondents' confidentiality.

TABLE 1 ABOUT HERE.

## **Analysis**

Interview transcripts were analysed using thematic analysis (Braun and Clarke, 2006), formulating themes from codes identified from the transcripts. Summary findings were

presented an SGO support group to gather feedback and confirm themes and interpretations of the findings. The findings are presented with illustrative extracts from the interviews, representing interviewees' perceptions and our interpretations of these.

## **Findings**

### **Theme one: Experiences of becoming a GSG in mid-to later life**

#### **The assessment process**

For most participants the assessment process felt rushed, with insufficient information being given and requiring them to make large scale changes to their lives with little notice (e.g. giving up work on the day they were approved as SGO carers);

*'Questions and everything is put on you, they are putting so much onto you, all of a sudden, too fast, too quick, no time to think anything out.'* (Family J)

The family crisis that initiated the process came as a shock to some grandparents who hadn't been aware of the neglect of grandchildren or substance misuse of a parent;

*'...it's a huge family crisis we've got you know with being a guardian. So, you have to be able to deal with all of that and nobody, there is some information like the Grandparent's Association [now Grandparents Plus] are very helpful, and there is some information available online, but it is a minefield'.* (Family I)

In contrast to some accounts (see Family D, p12) some social workers were perceived to have poor skills in building rapport and there were reports of perceptions of being judged by the assessing social workers as 'bad parents' to their own children and incapable of caring for a grandchild and of feeling pressured to say yes to becoming SGO carers;

*'...horrendous- I kind of felt that the independent social worker had her agenda... And you know she kind of laboured the point well basically you're a bad parent and so it was my fault and now you want to look after this child'. (Family F)*

*'They just expect grandparents to step in...you are expected you know...they say that's alright, it's your blood, you know you can become kinship carers, you can do it'. (Family I)*

Fear was a prominent expression in describing the decision-making process to becoming a SGO carer for many participants, fear of their grandchild being brought up in the care system and/or fear of losing all contact with them;

*'...I just couldn't bear the thought of her...she may never have been adopted and she might just have gone from care home to care home, I couldn't deal with that, no way'. (Family A)*

*'...I think apart from the fact that he is family, you know the fact that if we didn't, then he would have been out the family, we'd have never seen him and never known anything about him. I think it's just wrong you know and for him, himself, never to actually, to be put outside the family and never actually know his mum or anything, or know anything about her is wrong...'. (Family H)*

In contrast other experiences showed social workers, particularly Children's Guardians, expressing compassion and empathy. They seemed more able to stand back and assess thoughtfully, perhaps as they were not employed by the local authorities involved and may have more experience of the rigours of care proceedings deadlines. They showed skills in

building rapport and in understanding how the carers might be able to care for their grandchildren, as one GSG described;

*'...so many people said what a horrible experience it was, but it wasn't, I thought she was great. I remember she came in, took her shoes off, put her feet up on the sofa, we drank coffee, we had croissants'. (Family D)*

### **Practical and social implications of this new role**

Almost all spoke about the financial difficulties they encountered, often unexpectedly, since taking on guardianship of their grandchildren, as one showed;

*'Because to be honest with you we were of an age that we'd done all that struggling...So we've done that struggling and now we're back struggling even harder' (Family B)*

This was exacerbated by delays in receiving payments they were entitled to, a lack of information about how to find financial support and being compelled to give up work at short notice for the SGO to be granted, as one described;

*'For the SGO they do give you...a payment every month, which I never got until last year...I was told I would get it and kept putting in a financial form that they asked me to fill out and I just never got it...' (Family A)*

For some grandparents the change in role from being grandparent to parent was a difficult adjustment to make and left them feeling they were missing out on the more positive aspects of grand-parenting, as one reported:

*'...now it's Nanny all the time, you know I've got to do the discipline and everything else all the time...So that's changed and I do feel I miss out sometimes, yeah. I do*

*miss that, just having them for the weekend and making a big fuss of them and then they go home.'* (Family C)

Most of the grandparents spoke about how becoming a carer had negatively impacted on their wider social life both now and in the future;

*'I haven't got time for a social life with an 8 year old...We're at the time of life where really we should be out doing whatever we want to do. And all of a sudden we've got to roll back the years and go right back to the beginning again...'* (Family H)

*'So that's it, I'm only 54, I'm not dead from the neck downwards....I don't hold out much hope of a relationship with anyone in the future and also I think once C reaches a certain age that will be it and then it will be just me and then what?'* (Family I)

Mixed with the difficulties, aspects of the grandparents' accounts were much more positive as they reflected on the opportunity to parent in a different and better way with the benefit of experience, as two describe;

*'...you parented very differently in those days [as a parent for the first time] ...I was very grateful that I had a second chance in life.'* (Family I)

*'I've enjoyed it, because I had taken a year off work when I first had her. So that was really quite lovely, because I mean I love babies and so it was one way of having a baby in your life without actually having a baby! (Laughs.) I suppose kind of for me it's like all the things that you think to yourself, oh I could have done that a bit better.'* (Family F)

## **Theme two: Contact and managing relationships**

All the children in this study came to be living under SGO arrangements stemming from child protection concerns, usually involving court proceedings, and there are many examples of GSGs describing challenging behaviour in relation to contact with the children's parents, including abusive and punitive language, threats and actual physical violence. Six of the ten grandparent carers describe feeling intimidated at times, facing abusive language from birth parents (their own children and/or their partners). One grandmother described having been physically attacked by her daughter, the birth parent. Many families described having to assert themselves strongly with the birth parents around contact arrangements and two mentioned calling the police on at least one occasion. Table 2 shows the number of families who have arrangements in place for contact with various family members.

#### TABLE TWO ABOUT HERE

Domestic abuse in the birth parent relationships is described in some accounts as spilling over into the caring families; exemplified by coercive attempts to control grandparents' behaviour around contact arrangements in two examples and an ex-partner (birth mother) arranging for a birth father to be assaulted in another. Other concerns include resentful attitudes and letting children down around contact arrangements; one birth father refused to acknowledge his parentage of a child cared for by his own mother, the GSG, despite a positive DNA test; an example of stealing from a GSG and a child and; withholding passports, child benefit and/or permission to make reasonable changes to care arrangements (schooling, medical care).

Four families described birth parents as having mental health issues, learning disabilities or ADHD; each condition impacting on the birth parents' presenting behaviour. In a further



four families, substance use or alcohol problems were referred to. Two families described one of the birth parents as spending time in prison.

### **Characteristics of contact arrangements**

Despite the extent of these challenges, the interviews revealed most of the GSGs describe their great efforts to support contact between the children and the birth parents, siblings and extended families. All children have contact with at least one parent; also, often with siblings and extended family in addition to their GSG (see Table 2). To consider how this comes about, thematic analysis of GSGs' accounts of contact suggested that three main approaches are in operation; now presented with illustrative interview extracts:

- a. Containing-flexible contact/relationship management (3 families)
- b. Containing- controlling contact/relationship management (6 families)
- c. Non-containing- defeated contact/relationship management (1 family)

#### ***a. Containing-flexible contact/relationship management***

The accounts of this sub-group of GSGs are characterised by a high degree of reflection on the situation they are in as carers, but also the position facing the SG children, the birth parents and the wider extended families. They may be thought of as good 'mentalizers' (Midgley and Vrouva, 2012) as they narrate the stories and issues facing each party in the families involved, with great empathy. They also appear to be managing contact in often difficult circumstances, with little support from professionals described.

In one family, a six-year-old girl ('Jane') has very severe learning and physical disabilities. The GSG takes time to set out all the elements of Jane's special needs and the care she

requires, also empathising with the birth mother (her son's ex-partner), encouraging her to visit and to be involved:

*'...the mum at first didn't want her to come to me; she wanted to have Jane and couldn't understand why they wouldn't let her have Jane. All I got from her was like you just want to be her mum. I said I brought up three kids of my own, I said I'll never be her mum and I don't want to be her mum, I'm her Nan and I will never, ever take that away from you.'* (Family A)

In another family, the GSGs also demonstrate empathy for the different parties involved, despite their own son refusing to accept paternity for 'Alison' and disappointment that the maternal extended family have not visited:

*'I had a text on my phone when Alison was three to say 'wish her happy birthday, when can we meet up', and I said 'oh that's fine we can do it next week'.....um, so that was due for the following Sunday at three; at one o'clock on that Sunday she text and said she can't make it and she'll be in touch and I've never heard anything since.'* (Family B)

A third family describe an exceptional ability to manage complex family dynamics and often competing, angry relationships. Despite a high level of demand on them, they speak warmly about the different parties involved. These paternal grandparents are caring for a grandson 'John', but also a step-grandson 'Ian' (brother to their grandson) who they described as resentful and testing of them as carers when he first came to them. They host not only their own son's contact, the birth mother and her family, but also the step-grandson's family, including family lunches and even facilitating a holiday for extended family. There have

been many instances of abuse, threats and resentment expressed while managing contact and relationships, according to their account, but they remain in touch with all, expressing empathy for the position of each party:

*'Yes, because they are strong people and they've all got their massive problems and you want them to be able to still have a relationship with them, but in a safe environment and that has been very difficult for us to do. We are not used to dealing with people who have got mental health problems, dealing with people who are in and out of prison and family that can get quite aggressive has been quite difficult for us and for me to keep on ... with them. Actually, it's a miracle that I'm still on good terms with everyone. I'm sure it's only because I'm quite good with people that um that's happened, anybody else it would have gone down the pan.'* (Family E)

**b. Containing- controlled contact/relationship management**

In this sub-group, GSGs also show how they work to facilitate relationships, though the degree to which their accounts include a highly reflective, empathic element appears less than the first group, above. This may be due to the extent of the challenges and difficulties: some parents described as angry and aggressive, variously experiencing mental health issues, substance use, alcohol problems and learning difficulties. Sophisticated relationship-building skills are required to build trust and maintain contact in these circumstances, beyond the ordinary skills required of grandparents and in most cases, carers are doing this alone without support from professionals. For some families it appears that the relationships between grandparents and birth parents are enmeshed and unresolved, old disputes and resentments surfacing in several cases. In these examples, GSGs describe attempting to take control of contact arrangements quite firmly. One GSG describes a birth

father's attempts to coercively control her by trying to persuade her to allow overnight contact with the children, even though his abusive behaviour towards the birth mother has continued. The GSG describes taking an assertive stance, controlling contact firmly in this case with the help of a social worker. From the account, the grandmother-carer and her daughter/birth mother of the child, appear unable to communicate with each other, the grandmother feeling betrayed by her daughter:

*'Yeah, sometimes I've had to say no. She, sometimes they want to come, I said not every week, not really every fortnight, you know let's stick to the plan, because the children, it's nice for them to have contact with the children, it sort of eases their guilt, but it's the children who have got to adapt to it, isn't it?'* (Family C)

The GSG in another family is caring for a child 'Angela', who has serious, chronic health problems and she describes a difficult, volatile relationship between the three generations. The GSG's way of managing the situation is for contact to take place at another relative's home, to avoid confrontations between them. Relationships between grandmother and birth mother/daughter are tricky:

*'And she'll do horrendous things like if she does come here, she'll do things like, she's stolen Angela's pocket money. She wrote some quite abusive thing on the bathroom door. So I don't like her in my house...'* (Family D)

Other GSGs describe parental mental health difficulties, substance use and learning difficulties impacting on relationships, with birth parents acting in verbally abusive and intimidating ways, sometimes leading to the police being called. As GSGs, they describe taking control of contact arrangements assertively, as one illustrated:

*'In a way my daughter is all appreciative for what I'm doing when she's okay. But when she's... been drinking, you tell her... don't come home; she becomes a bit intimidating: oh, I want to see my son and all that. So that's when...certain times, I've called the police to take her back home because I don't want Paul [grandson] seeing what's going on.'* (Family G)

**c. Non-containing- defeated contact/relationship management**

One final sub-group that emerged during the interviews is illustrated by just one GSG who describes a chaotic history with her daughter (the birth mother); struggling with her, the courts and Social Services over who should care for the two children. There is an intense narrative of their history, with the children moving from birth mother to grandmother's care at different stages:

*'But it's very difficult to give of yourself for somebody else, it does take a mental discipline, a really steel mental discipline and to not take it ... as I said I used to be a very shouty, smacky, reactionary parent, I've had to change...'* (Family I)

The birth mother/daughter has been involved with substance use and has spent time in prison; grandmother herself describes her own struggle with mental health difficulties. There is an account of the GSG's efforts to support her grandchildren, helping them to manage difficult behaviour. In the end however, she describes how the older boy returned to live with his birth mother when he reached 18 years old and the younger boy now visits his birth mother most days. Left alone with this difficult situation, she has, in effect, stopped trying to control or to manage contact:

*'So, she's not sticking to the contact... I'm the only one, it only works if we all work to it... he doesn't stay over at mum's, he's not allowed to. I could enforce the contact and go to the police and say you know blah, blah, blah, but I just don't want to you know, so it's you know, basically she's fit enough to have unsupervised contact.'* (Family I)

## **Discussion**

Theme one suggests that GSGs often experience a degree of emotional pressure to take on the SG role, sometimes during a crisis of discovery about the extent of the problems their grandchildren faced while living with parents involved in substance use, domestic abuse and other difficult circumstances. It was felt that court timescales and social workers put pressure on GSGs to make life-changing decisions, often at short notice, while they are dealing with a complex set of emotions. GSGs' accounts often hint at conflicted, ambivalent feelings about the role. Alongside expressing the negative personal impacts (financial, career and relational), some mention the benefits of parenting 'second time around'. Mason's (2008) discussion of kinship helps to make sense of this apparent ambivalence. The GSGs are confronted by the problems facing their children and grandchildren, often late-on during care proceedings, or at pre-court case conference stages. Despite the plans grandparents may have had in place for their own later middle age or retirement, social workers are required, as part of their role in care proceedings, and in accordance with legislation, to seek out grandparents as potential substitute parents, stimulating the relatives' feelings about the 'rightness' of their becoming involved. Fixed affinities ('blood' and emotional ties) and negotiated affinities (the ways in which families 'work out what to do') are awakened. Mason's work stresses the moral and reputational (shame-avoiding) aspects involved in maintaining kin relationships. It is therefore easy to see why

grandparents seem to feel compelled to step into the role quite readily, despite the ensuing complications. Balanced with the challenging feelings are aspects relating to ethereal and sensory forms of affinity. In relation to the former, one GSG described how the child was like a 'missing jigsaw piece', as though there was a sense of 'rightness' and completeness in the child coming to live with them. The intimate accounts of some GSGs describing having a baby to care for once more, stress embodied, sensory dimension to affinity too, as a form of compensation for the more tiring, negative aspects of the GSG role.

The analysis presented in theme two is limited in terms of the size of the sample of GSGs interviewed and the fact that it is based only on the GSGs' accounts, however it succeeds in revealing the complexities entailed in managing tricky intergenerational contact relationships, post-placement, of children living with their grandparents under SG arrangements. This adds another layer to the first theme of the paper, considering the impact the assessment process on the GSGs who become carers, often unexpectedly, at a later stage of the life course. Both layers of analysis indicate that becoming a GSG is an experience that is not resolved and settled immediately post-placement, there being significant implications for grandparents, in many dimensions, for years afterwards.

### **Conclusions and recommendations for policy and practice**

In this study, findings indicate the significant impact on GSGs of second-time round parenting. They experience pressure to become GSGs, often with little time to comprehend the full financial, social and emotional impact of the decision and with little ongoing professional support. Their accounts describe the complexities of negotiating relationships and contact between birth parents and children in a context where little rehabilitative support is on offer (Broadhurst and Mason 2017). While the GSGs are undoubtedly

performing an invaluable role in caring for their vulnerable grandchildren, continuing reflection is required on the policy and practice assumptions which underlie these caring arrangements to ensure that the needs of GSGs as well as the children involved are not neglected. A critical perspective on family policy suggests that 'family' may be idealised and denigrated in turn by policy makers and practitioners; family is simplistically identified as the place where damage is done to children, but also where everything may be put right. The danger for GSGs is that they must bear both the guilt of feeling at least partially involved in causing the grandchildren's problems (perhaps they feel responsible for their own children's 'bad parenting'), while they are also the 'natural' place where all these problems may be put right. Without a more sympathetic, psychosocial and systemic perspective on what causes children's abusive experiences and rehabilitative work offered, the grandparents are therefore left largely on their own to 'roll back the years'; to have to deal with practical, financial, emotional and relational dimensions of parenting in such difficult circumstances. The 'withdrawal of the state' is particularly evident in these situations as GSGs often, to us, expressed surprise that so little support had been offered them post-placement, despite the enormous challenges they faced. The situation facing GSGs, along with other kinship carers is gradually being challenged (for example by organisations like Grandparents Plus) and more support is being offered linked to the Adoption Support Grant funding (currently only for children on SGOs who were previously 'looked after' by the state for a period). However, this research highlights the need for ongoing family support to secure 'real permanency' for children and grandparents living in special guardianship families.



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**Table 1: Demographic information on grandparent special guardian interviewees**

<b>ID</b>	<b>Single/Couple</b>	<b>Age and Ethnicity of Carer</b>	<b>Child gender and age</b>	<b>Child additional needs</b>	<b>Maternal or paternal grandparent</b>
A	Single	52, White British	Female, 6 years	Severe learning and physical disabilities	Paternal
B	Couple	50 & 47, White British & Black British	Female, 3 years	None	Paternal
C	Single	47, White British	Male and Female, 5 and 4 years	None	Maternal
D	Single	57, White British	Female, 5 years	Chronic health problems	Maternal
E	Couple	52 & 49, White British	2 x Male, 3 and 9 years	None	Paternal
F	Single	Age unknown, Black British	Female, 10 years	None	Paternal
G	Single	63, Black African/British	Male, 8 years	None	Maternal
H	Couple	57 & 55, British	Male, 8 years	None	Maternal
I	Single	54, White British	2 x Male, 18 and 15 years	None	Maternal
J	Single	Age unknown, White Irish	2 x Female, 8 and 6 years	None	Paternal

**Table 2: Number of SGO families where children have contact with their birth families (in addition to grandparent carer)**

Party with whom child has contact	Number of families where child/ren has contact with this party	Frequency of contact			
		Approximately weekly contact	Approximately monthly contact	Irregular contact	No contact
Birth Mother	9	4	5	0	1
Birth Father	6	1	5	0	4
Siblings (living elsewhere)	4	0	4	0	3
Extended family (in addition to grandparent carer family)	7	0	4	3	3