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AN EXPLORATION OF KINSHIP CARERS' EXPERIENCES AND STORIES

Section A: Exploring formal kinship carer's perceived experiences and challenges of caring.
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Summary of Major Research Project

Section A: This literature review explored the challenges that kinship carers in formal arrangements face. Eleven eligible papers, comprising five qualitative, three quantitative, and three mixed methods studies were included and their quality was assessed by the MMAT appraisal tool. A narrative synthesis indicated six themes: transition to a restricted lifestyle, sense of increased responsivity towards troubled kinship children, deterioration of physical and mental wellbeing, managing complex family dynamics, experiences of microaggression and unfair treatment from services, and social isolation and sense of rejection. Implications for clinical practice and research are discussed, and limitations of the literature are outlined.

Section B: This empirical paper explores grandparents' experiences of being special guardians of their grandchildren and the impact of the role on their relationships with various systems around them. Eight semi-structured interviews were conducted and analysed using Interpretative Phenomenological Analysis (IPA). Three group experiential themes with subthemes emerged which included: 'a life changing experience with losses and adaptations', 'a new family structure; SGs as the family saviours' and 'rejection from the world vs inclusivity from the SG community'. Findings are discussed in relation to existing literature and theory, and clinical and research implications are outlined.

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Section A: Literature Review Paper

Section A: Exploring formal kinship carer's perceived experiences and challenges of caring.

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Abstract

Context: Kinship care for children in care has increased in the past years in many countries across the world. Formal kinship care arrangements have been favoured by children social services over unrelated foster care due to the positive child outcomes. However, research has found that kinship carers have been ‘invisible’ to social care services, facing significant difficulties. This review critiques and synthesises the existing literature exploring formal kinship carers’ experiences and perceived challenges.

Methodology: Ovid Full Text Journals, Wiley Online Library, MedLine, PsycArticles, PsycInfo, Scopus, Web of Science and Google Scolar were searched for relevant studies. Eleven eligible papers, comprising five qualitative, three quantitative descriptive, and three mixed methods studies were included in the review. The MMAT appraisal tool was used to assess their quality. Findings were then synthesised using a narrative approach, and themes were derived from the data.

Results: Eight studies explored kinship carers’ experiences and three studies investigated outcomes of depression and distress. Themes were identified from the studies: ‘transition to a restricted lifestyle’, ‘sense of increased responsivity towards troubled kinship children’, ‘deterioration of physical and mental wellbeing’, ‘managing complex family dynamics’, ‘experiences of microaggression and unfair treatment from services’, and ‘social isolation and sense of rejection’.

Implications: Recommendations are made that a package of support should be offered to all kinship carers by social care. Clinical psychologists should support this group at individual and systemic levels, by providing individual therapy, working closely with social care staff, and impacting policies. Future directions of research are also discussed.

Introduction

Kinship care is defined as the family-based care that children and young people receive from their extended families or close friends of their families known to them (Kiraly & Roff, 2023). Care arranged by a statutory child protection authority is known as formal kinship care, while care arranged between families without any statutory support is known as informal kinship care (Kiraly & Roff, 2023).

In the USA and New Zealand, kinship care in child protection can be traced to the late 1980s and in Europe in the early 1990s (O'Brien, 2012). In the UK and the USA, during the past 20 years, there has been a steady increase in the use of formal kinship care because policy and legislation have prioritised placements with relatives before any other type of placement (O'Brien, 2012). According to the Department for Education (2018), 12% of children in need of foster placement in 2005 were placed with family and friends, while this rose to 18% in 2018. Recent census data have shown that 70% of kinship care placements are informal at any given time in the USA (Washington & Mihalec-Adkins, 2023).

According to the Children Act (1989), children who cannot live with their birth parents with or without statutory support are given the status of Looked After Children (LAC). However, a recent review showed that these terms and acronyms appear depersonalising and unhelpful, and children in care is the preferred term (NSPCC, 2023). The reasons they cannot live with their birth parents are multiple and complex but commonly include neglect, abuse, domestic violence, parental substance misuse, parents’ mental health difficulties, imprisonment, and illness or death of a parent (McGrath & Ashley, 2021; Cleaver et al., 2011; Bunch et al., 2007). As a result, these may impact children’s psychosocial development, physical and mental health, educational outcomes, and behaviours (Putman, 2006; Lubit, et al., 2003; O’Higgins et al., 2015).

Children under the care of the local authority are often subject to foster care, adoption and kinship care. Foster care involves children being cared by carers unknown to them, whilst the local authorities hold the parental responsibility. Kinship carers have similar rights to foster carers, but they are known to the children as family members or friends. On the other hand, adoptive parents hold complete parental responsibility following a legal process. In addition, Special Guardianship was introduced as a new measure to provide legal permanence in cases of children that adoption was not appropriate (Munro & Gilligan, 2013). Special guardians obtain responsibility for all aspects of caring, they make decisions about children's upbringing, and they may exercise parental responsibility (Munro & Gilligan, 2013).

Kinship care has been favoured as an alternative to foster care by many English-speaking countries (Kiraly & Roff, 2023). Australia has been leading in this development, with 54% of Australian children in care having been placed in kinship care in 2021 (Kiraly & Roff, 2023). Research findings indicate that the growth in kinship care arrangements is linked with good outcomes for children (Winokur et al., 2018). One of the benefits of kinship care is that it enables children to live with people they are familiar with, and they trust. It also reduces the trauma they might experience if they are placed with unknown and unfamiliar people, while it reinforces their sense of identity and self-esteem which flows from their family history and culture (Selwyn & Nandy, 2012). Compared to foster care, children placed in kinship care experience better mental health functioning, fewer behavioural difficulties, less stigma, and more placement stability (Taylor et al., 2020; Winokur et al., 2018). However, the increase in formal kinship care has also been linked with more pragmatic reasons as it has been seen as a way of managing the shortage of foster carers and an opportunity to cut costs (Selwyn & Nandy, 2012).

In the UK, foster carers often actively choose to pursue foster care as an occupation (Taylor et al., 2020). Social services or contracted private providers assess, train, and supervise them and they compensate them financially for their caring responsibilities (Taylor et al., 2020). On the other hand, kinship carers are more likely to take up the role because of the immediate needs of their family and usually, they do not receive any professional or financial support despite the government legislation (Taylor et al., 2020).

Care provided by extended family members and friends has been common across many countries and cultures throughout history (Pitcher, 2014). In many Western societies, grandparents have been taking a leading role in the care of their grandchildren for the past 25 years (Backhouse & Graham, 2012). Also, in other cultures, it has been the norm that grandparents play an important and continuing role in the raising of grandchildren (Backhouse & Graham, 2012; Selwyn & Nandy, 2012). In England, a diverse range of carer-child relationships has been identified with approximately half being grandparents and the rest being a diverse range of other relatives, including siblings (Kiraly & Roff, 2023).

As the number of children under kinship care has increased over the years, the characteristics of kinship versus foster families have been compared by many studies, with a focus on children's outcomes. In relation to the carers' characteristics, studies have found that kinship families are typically more disadvantaged, poorer, less well-educated, and older than foster care families (Selwyn & Nandy, 2012; Hunt, 2020). In the US literature, kinship carers are commonly African American, unemployed, single grandmothers (Selwyn & Nandy, 2012), while in England they are grandparents who are mainly white and couples (Peake, 2023).

Kinship carers have described their experiences as 'uniquely challenging', often facing considerable mental and physical health difficulties and in need of support (Peake, 2023). Existing literature has focused mainly on formal kinship care because it has been challenging to identify informal kinship families (Selwyn & Nandy, 2012). Research has identified demographic, social, and psychological data for kinship families utilising surveys, outcome measures and other data. Findings from surveys on kinship families' experiences indicated that caring for a kinship child was more challenging than raising their own child, carers experienced discrimination and stigma, financial difficulties, physical health problems and/or disability (Gautier & Wellard, 2014).

Complex social identities arise in non-traditional family structures and are linked with the benefits and challenges kinship carers experience (Freeman & Stoldt, 2019). According to identity theory, the self is reflexive as it can categorise, name or classify itself adapting to other categories or classifications (Stets & Burke, 2000). This allows individuals to hold multiple identities and to adapt their behaviours according to various situations and locations (Freeman & Stoldt, 2019). Social behaviour, familial labels and role formations are connected by identity theory because the core of an identity allows the self to occupy various roles and to attribute meanings and expectations to them (Stets & Burke, 2000). Whilst in foster carer and adoptive families, roles are negotiated from the beginning, the kinship carers' construction of identity needs to be re-negotiated because the carer moves from one role to another, for example from grandparent to parent (Stets & Burke, 2000).

Rationale for this review

Given the increase in formal kinship care arrangements during the past years and the positive outcomes on children, there is a need to better understand kinship carers' experiences and the challenges they face. There are no published reviews exploring formal kinship carers' experiences and perceived challenges of caring. Understanding better this group's narratives could potentially lead to more research on what type of additional support and interventions could be offered to them and what could work better for their wellbeing. Also, exploring their needs and providing them with further support could have a positive impact on children's experiences of kinship care.

The current review aims to provide a synthesis of the available research on kinship carers' perceived experiences and challenges they face. It aims to address the following question:

-What are formal kinship carer’s perceived experiences and challenges of caring?

Methods

Literature search

The search for this literature review took place between April and September 2023. Initially, an unlimited search using the Cochrane Library and Google Scholar was conducted to establish whether there were any existing published reviews on formal kinship carers’ perceived experiences and challenges. No existing reviews were found.

Then, a scoping search on ‘kinship care’ was conducted to explore this area broadly. When the research question of this review was defined, search terms and the eligibility criteria were discussed with supervisors, and the university librarian was consulted.

The following databases were searched: Ovid Full Text Journals, Wiley Online Library, MedLine, PsycArticles, PsycInfo, Scopus, and Web of Science. Also, Google Scholar was searched for completeness. Search terms adopted were: (“kinship care*” OR "kinship carers" OR "relative care" OR “kinship placement”) AND (experience* OR challenges* OR difficulties* OR barriers* OR perceptions*). Searches were limited to peer-reviewed journal articles written in English. Studies with a focus on child outcomes were excluded. Also, studies that investigated kinship carers’ experiences through reports from professionals or children were excluded because this review aimed at carers’ perspectives and self-reports. Due to a dearth of research in the UK, international studies conducted at any time were included, as long as they were written in English. As formal and informal kinship care are defined differently across countries, this review included papers that participants were engaging with or were known to local authorities, child welfare, or child protection services. The review focused on formal care because carers’ experiences engaging with statutory services were considered important to be included. The inclusion and exclusion criteria are summarised on the table below.

Table 1

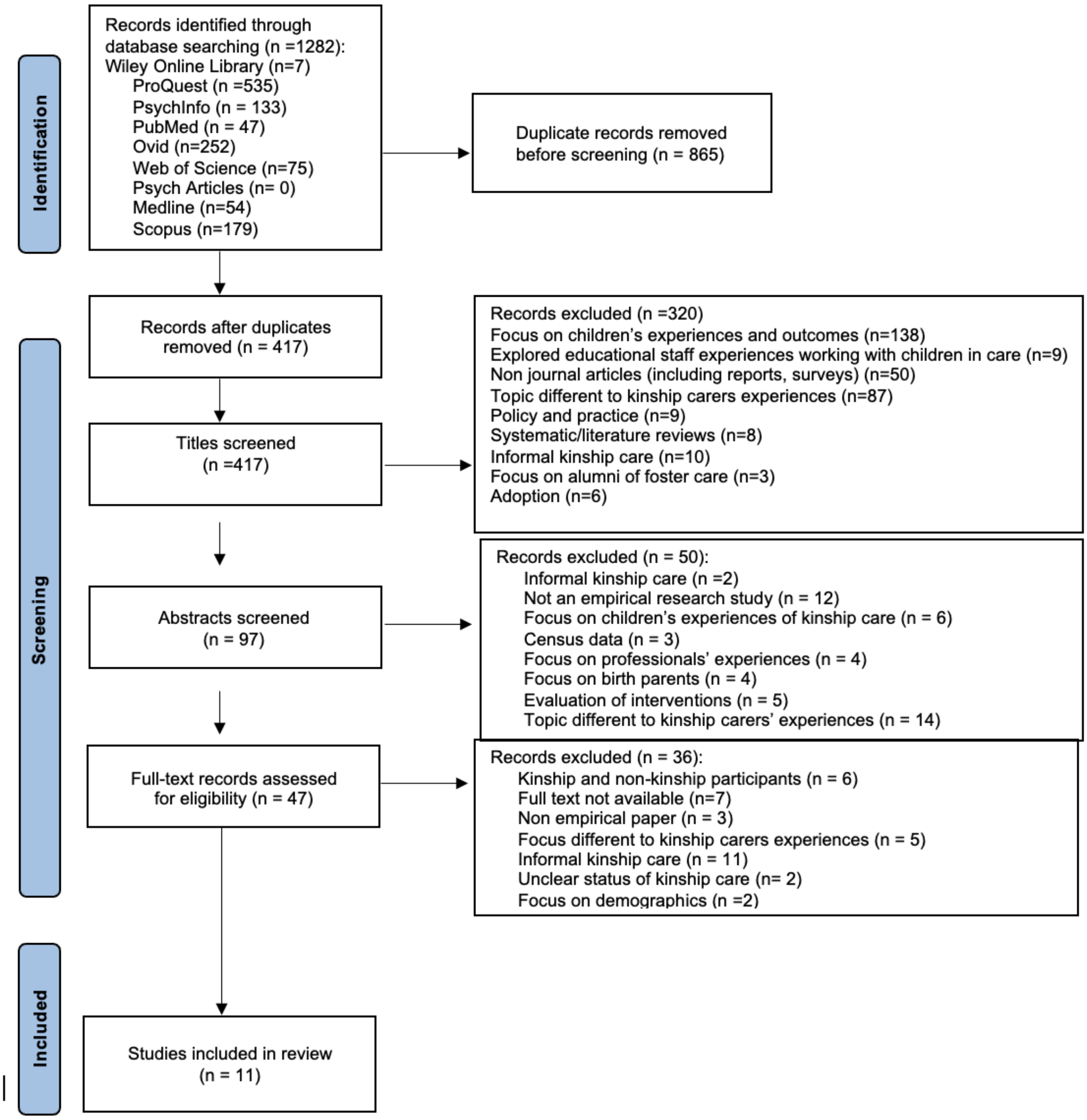
Inclusion and exclusion criteria

Inclusion criteria	Exclusion criteria
Participants were kinship carers, including special guardians	Participants were informal kinship carers
Formal/custodial arrangements were in place	Participants were adoptive carers or foster carers
Participants' experiences and outcomes were the aims of the studies	Participants whose placements terminated
Empirical papers	Papers comparing foster carers and kinship carers with no distinct outcomes for each group
Papers from any country written in English	Census data reports
Papers from any date	Review papers

Initial searches yielded 1282 results. Duplicate records were then removed, and titles and abstracts were screened, resulting in 97 studies that met the initial inclusion criteria. Full-text reviews resulted in further 36 being excluded. In total, 11 papers were included in the review. Figure 1 illustrates the screening process following PRISMA guidelines (Page et al., 2021).

Figure 1

PRISMA Flow Diagram of Search Results and Screening Process



Appraisal and synthesis

The 11 papers included in the review were assessed using the Mixed Methods Appraisal Tool (MMAT; Hong et al, 2018). The MMAT was selected as a quality assessment tool because it allows for the comparison of quality across different methodologies, including qualitative, quantitative, and mixed methods. It comprises a checklist and a number of criteria for each methodological category (see Appendix A). The quality of each study is informed by a detailed presentation of the ratings of each criterion, whilst calculating an overall score from the ratings is discouraged (Hong et al, 2018).

To synthesise the findings of the studies included in the review, a narrative approach was used due to the heterogeneity of the identified papers. This allowed findings to be summarised, and themes were identified and presented in relation to clinical implications and future research. A narrative approach groups studies into more homogenous sets and it has been successful in synthesising findings from different types of research methodologies, including qualitative and quantitative (Lucas et al., 2007).

Information was sought to answer the review question ‘What are the experiences and the challenges that kinship carers experience?’. To get familiar with the data, the papers were read and re-read and notes were taken on the main points. Data on the challenges, difficulties, and barriers carers experienced was extracted from the papers and the narrative synthesis organised them into themes. For the quantitative data, the main findings on challenges and outcomes of each paper were collated, focusing on the similarities and the differences between the papers, and following a process of transforming the quantitative findings into qualitative descriptions and themes (Popay et al., 2006; Appendix B). For the qualitative papers, Thomas and Harden’s (2008) method was utilised to thematically synthesise the results. Initially, each study was coded line-by-line, and then these codes were grouped together based on their similarities and differences which resulted in the development of descriptive themes. At a later stage, the descriptive themes were further explored going beyond the content of the original studies and more abstract or analytical themes began to emerge. This process was repeated until the new themes were sufficient to describe or explain the initial descriptive themes which resulted in the final analytic themes.

Results

Summary of study findings

The methodologies that studies in this review used can broadly be organised by design into three categories: qualitative, quantitative, and mixed methods. Table 1 presents the summaries of each of the studies.

Table 2

Characteristics of each study

Author	**Design**	**Country**	**Participants**	**N**	**Aims**	**Main findings**
Bundy-Fazioli & Law, 2006	Qualitative /Case study	USA	African American kinship carer, mid-40s	1 (female)	To explore the participant's experiences of voluntary kinship care and their interactions with child welfare services.	Four main themes: life-altering events, gaining control, daily challenges, and looking at the future. The main challenges included conflicting responsibilities, poverty, loss of employment, managing grandparents' challenging behaviours, and managing own health problems. Participant found welfare service's input helpful and supportive.
Backhouse & Graham, 2012	Qualitative	Australia	Grandparents in their late 40s to mid 70s, 32 White Australians and 2 Indigenous Australians	34 (27 females, 7 males)	To explore grandparents' experiences of parenting their grandchildren.	Challenges: financial difficulties, limited opportunities for employment legal issues with children custody that impacted their emotional well-being, perceived injustice from the legal system, limited physical and emotional health, stress related to dealing with child authorities court systems, and the children's parents, feelings of sadness, frustration, grief and loss in relation to family dynamics, concerns about the future, their own transition and adjustment of plans for the future, dissonance and role conflict between their idealized notion of grandparenting to the everyday realities of being grandparents-as parents.

Gentles-Gibbs & Zema, 2020	Qualitative /Semi-structured interviews	USA	Grandparents, white	8, including 7 individuals (5 female, 2 males) and 1 couple (male and female)	To explore grandparents' experiences of providing kinship care and the support they received from child welfare services.	The data from this study point to additional factors that impact kinship grandparents and their families, including custody status, the need to balance autonomy and supportive relationships with child welfare staff, and perceptions of unequal distribution of services and benefits in comparison to paid foster care placements. Also, fear of the grandchildren being removed and feelings of incompetence as caregivers were found.
King et al., 2009	Qualitative/ Focus groups	USA	Kinship carers, 50 to 84 years old, 73% African American, 27% white American	30, 97% female, 3% male	To explore grandparents' needs and experiences of kinship care, and to assess the impact of a national kinship care support program for carers in rural areas.	Participants reported concerns about their physical health, their own and their grandchildren's well-being and lack of physical energy needed to raise their grandchildren. Fear was a theme expressed by several grandparents in regards to their grandchildren's complex needs. Grandparents reported challenges in handling some of the complex behavioural and emotional situations of their grandchildren. Some had to give up paid employment. Support groups were reported as the most beneficial service.
Hingley-Jones et al., 2020	Qualitative	UK	SGO grandparents; 47 to 63 years old, 6 white British, 1 white Irish, 3 black British	10 sets (14 individuals)	To explore grandparents' experiences of special guardianship.	Two themes were found; First, experiences of the assessment and the decision making process and second, participants' experiences of managing difficult relationships and contact arrangements between the grandchildren and their birth parents. Three main relationship management approaches emerged: containing-flexible, containing-controlled, and uncontained/defeated approaches. Financial difficulties, delays in receiving payments, lack of information, feelings judged and criticised by social services and the transition from grandparenthood to parenthood were some of the challenges reported.

Letiecq et al., 2008	Quantitative descriptive	USA	Native American and European American grandparents, mean age 60 years old	55 (8 males, 47 females)	To explore the mental health outcomes of grandparent caregivers residing in rural communities.	Native American grandparents showed higher levels of depressive symptoms than European American grandparents. Participants who reported feeling depressed also experienced increased parental stress and limited social support.
Leder et al., 2007	Quantitative descriptive	USA	Custodial grandparents; 37 to 73 years old, 71% white, 19% black American	42 (39 females, 3 males)	To describe custodial grandparents' physical and emotional health, to identify predictors of their health status and to explore the perceived benefits of support group attendance.	Increased parenting stress was associated with lower levels of physical, social, and mental health. The unexpected re-entry into parenthood created upheaval in the lives of these grandparents. Life stress appeared to have an impact on mental health and social functioning but was not significantly related to physical health.
Xu et al., 2020	Quantitative descriptive	USA	Licensed and non-licenced kinship carers, white 68.7%, 31.3 % non-white	362, 62.4% female, 37,6% male	To examine how resilience, parenting stress, material hardship, and social support relate to the psychological distress of grandparent kinship caregivers during the COVID-19 pandemic.	More than half of grandparents reported psychological distress (58.56%) and increased parenting stress. Licensed grandparents experienced significantly more psychological distress and material hardship, had less social support and resilience than their unlicensed counterparts.
Irizarry et al., 2016	Mixed methods	Australia	child protection staff and kinship carers; 25% Aboriginal, 75% non-aboriginal	125 (81 staff, 44 kinship carers)	To explore the nuances of child protection staff and kinship carers' lived knowledge and experiences of kinship care.	Grandparent carers experienced distress due to their tense relationships within the family. Many felt misled and an 'easy option' for services, whereas foster carers received training, support, and time to prepare to take a child. Major challenges for Aboriginal kinship carers included caring for the child and maintaining a balance in familial relationships and managing children's complex needs and

						behaviours. Grandparents perceived some caseworkers as judgemental and not recognising their contributions.
McPherson et al., 2022	Mixed methods	Australia	Kinship carers, 18 to 85 years old, 54.3% White, 3.7% Aboriginal or Torres Strait Islander	510 (69% female, 30% male, 1% did not report gender)	To explore kinship carer's experiences of caring for their children and engaging with support services.	Rewards included a sense of keeping the children safe and contributing to their wellbeing and development. Challenges were developed into three dominant themes: a sense of abandonment by child protection agencies, major financial stress, and the experience of disrespect from professionals for Indigenous carers.
Woodward et al., 2021	Mixed Methods/ Q Methodology	UK	Special Guardians	10 (8 females, 2 males)	To explore carers' experiences and perceptions of special guardianship over time.	In the dark, obliged, and unsupported; participants shared feeling unprepared, unsupported, unrewarded, financially burdened, and obligated to take on the role. Lots of training opportunities and managing well; The participants in this factor had held an SGO for the shortest amount of time. The training they received prior to taking on the SGO and the contact with other carers appear to have resulted in a more positive overall experience.

Experiences and challenges

Eight studies included in the review aimed to explore participants' experiences of kinship care and challenges, psychological impact, and difficulties were discussed. Three studies explored the outcomes of depression, stress, and psychological distress of kinship carers. Five of the studies utilised qualitative methods to assess participants' experiences, including individual interviews and a focus group. Three studies utilised quantitative methods, including self-report measures and three studies used both qualitative and quantitative methods, including questionnaires, interviews, focus groups and a Q-methodology.

Critique

The criteria set out in the Mixed Methods Appraisal Tool were used to critique the studies included in this review (Hong et al, 2018). In this section, the strengths and weaknesses of the studies in regard to design, participants, data collection, and outcomes are presented. Each study's performance against the appraisal criteria of the MMAT (Hong et al, 2018) is presented in a series of tables below.

Table 3

Mixed Methods Tool-Version 18 (Hong et al., 2018) Risk of Bias Criterion Ratings for qualitative methods

	Bundy-Fazioli & Law, 2006	Backhouse & Graham, 2012	Gentles-Gibbs & Zema, 2020	King et al., 2009	Hingley-Jones et al., 2020
Are there clear research questions?	Yes	Yes	Yes	Yes	Yes
Do the collected data allow to address the research questions?	Yes	Yes	Yes	Yes	Yes
1.1. Is the qualitative approach appropriate to answer the research question?	Yes	Yes	Yes	Yes	Yes
1.2. Are the qualitative data collection methods adequate to address the research question?	Yes	Yes	Can't Tell	Yes	Yes
1.3. Are the findings adequately derived from the data?	Yes	Yes	Yes	Yes	Yes
1.4. Is the interpretation of results sufficiently substantiated by data?	Yes	Yes	Yes	Yes	Yes
1.5. Is there coherence between qualitative data sources, collection, analysis, and interpretation?	Yes	Yes	Yes	Yes	Yes

Table 4

Mixed Methods Appraisal Tool- Version 18 (Hong et al., 2018) Risk of Bias Criterion Ratings for quantitative methods

	Letiecq et. al., 2008	Leder et al., 2007	Xu et al., 2020
Are there clear research questions?	No	Yes	Yes
Do the collected data allow to address the research questions?	Can't tell	Yes	Yes
4.1. Is the sampling strategy relevant to address the research question?	Can't tell	No	No
4.2. Is the sample representative of the target population?	No	No	No
4.3. Are the measurements appropriate?	Can't tell	No	Yes
4.4. Is the risk of nonresponse bias low?	Can't tell	Can't tell	Can't tell
4.5. Is the statistical analysis appropriate to answer the research question?	Can't tell	Yes	Yes

Table 5

Mixed Methods Appraisal Tool- Version 18 (Hong et al., 2018) Risk of Bias Criterion Ratings for mixed methods

	Irizarry et al, 2016	McPherson et al., 2022	Woodward et al., 2021
Are there clear research questions?	Yes	Yes	Yes
Do the collected data allow to address the research questions?	Yes	Yes	Yes
5.1. Is there an adequate rationale for using a mixed methods design to address the research question?	Yes	Yes	Yes
5.2. Are the different components of the study effectively integrated to answer the research question?	Yes	Yes	Yes

5.3. Are the outputs of the integration of qualitative and quantitative components adequately interpreted?	Yes	Yes	Yes
5.4. Are divergences and inconsistencies between quantitative and qualitative results adequately addressed?	Yes	Yes	Can't tell
5.5. Do the different components of the study adhere to the quality criteria of each tradition of the methods involved?	No	No	Can't tell

Design

Bundy-Fazioli and Law (2006), Backhouse and Graham (2012), Gentles-Gibbs and Zema (2020), King et al. (2009) and Hingley-Jones et al. (2020) implemented a qualitative approach to explore and understand their participants' experiences. The first three studies clearly stated their research questions, whilst King et al. (2009) and Hingley-Jones et al. (2020) reported their aims instead. A qualitative methodology was a suitable approach to answer the research questions and aims for each study as qualitative research is advantageous when topics involve participants' in-depth experiences and perceptions (Im et al., 2023). Bundy-Fazioli and Law (2006) utilized a single case study design to explore in depth their participant's experiences, whilst they acknowledged that the findings cannot be generalised to the wider population. Backhouse and Graham (2012) provided a rationale for implementing a narrative approach to their data analysis and clearly stated that identity theory was used to interpret the sample's narratives. Gentles-Gibbs and Zema (2020) also presented the rationale for the design choice and why grounded theory was selected. Even though King et al. (2009) and Hingley-Jones et al. (2020) clearly stated that thematic analysis was utilised, the selection of the design was not clearly justified.

Letiecq et al. (2008), Leder et al. (2007), and Xu et al. (2020) utilised a quantitative methodology, implementing surveys to gather data on participants' characteristics and outcomes related to their kinship experiences. Leder et al. (2007) and Xu et al. (2020) clearly described their research hypotheses, and their methodology allowed them to answer their questions. Letiecq et al. (2008) did not present their research questions and aims clearly, and it was not possible to decide whether their selected methodology was appropriate.

The remaining three studies implemented a mixed methods design. Irizarry et al. (2016) gathered quantitative data from a survey initially, which then informed the qualitative data collection via focus groups and interviews in phase two. They used the interpretivist paradigm to justify the collection of quantitative data and they stated that understanding participants demographic data allowed them to facilitate a deeper understanding of participants' perceptions and experiences, which were captured via qualitative data. McPherson et al. (2022) also gathered quantitative data via an online survey. Then, in-depth interviews were developed based on the survey findings. Despite the clear integration of the quantitative and qualitative data, the researchers did not provide a clear rationale for the selection of a mixed methods design. Woodward et al. (2021) selected a Q methodology, which combines both quantitative and qualitative principles. They justified the selected methodology by stating that given the limited existing research on their topic, Q methodology allowed them to explore participants’ subjective viewpoints and to quantify their relationships.

Participants/ Sample characteristics

Studies were conducted in Australia (Backhouse & Graham, 2012; Irizarry, et al., 2016; McPherson et al., 2022), the United States (Gentles-Gibbs & Zema, 2020; Bundy-Fazioli & Law, 2006; King et al., 2009; Letiecq et al., 2008; Leder, et al., 2007; Xu et al., 2020) and the United Kingdom (Woodward et al., 2021; Hingley-Jones et al., 2020). Sample sizes ranged from n= 1 to n= 510. In all studies, participants were kinship carers, except for Irizarry et al. (2016) whose sample consisted of child protection staff and kinship carers. Findings from staff were presented separately from kinship carers.

Participants’ ages ranged between 18 and 85 years old, although in Gentles-Gibbs & Zema (2020), participants’ age was not reported. The mean age of participants was 45.5 years old in five studies. In the Irizarry et al. (2016) study 56.4% of the sample aged between 41 and 60 years, in McPherson et al. (2022) 71.7% was between 46 to 65 years old, in Woodward et al. (2021) 60% was over 51 years old. In Bundy-Fazioli and Law (2006) the sample was in their mid-40s and in Backhouse and Graham (2012) participants were between late 40s to mid-70s. Across ten studies, 82.8% of the total sample were females, whilst in Hingley-Jones et al. (2020) gender mix was not described.

Regarding participants’ ethnicity, the sample was predominately white, while no information was given for Woodward et al. (2021). More specifically, in Hingley-Jones et al. (2020) 54% of the sample was white British, 23% black British, 7.6% was White Irish, and 15.4% was reported as ‘British’. In Gentles-Gibbs and Zema (2020) and Bundy-Fazioli and Law (2006) all participants were white Americans, while in Letiecq et al. (2008) 65.5% were white Americans and 34.5% were Native Americans. In Xu et al. (2020) 68.7% of the sample was white and 31.3% was recorded as ‘non white’. In Irizarry et al. (2016) 25% of participants were Aboriginal Australians, and 75% were non-aboriginals. In McPherson et al. (2022) 54.3% were white Australians, 29% were British, 3.7% were Aboriginal/ Torres Strait Islander and the remaining sample was from various parts of the world. In Backhouse and Graham (2012) 94.1% were white Australians and 5.9% Indigenous. Five studies included participants' marital status; on average 78.2% were married or in a relationship. Also, five studies recorded employment status and on average 32.6% of the participants were on full-time or part employment.

Most studies utilised purposive and convenience sampling strategies to recruit their participants, including participants accessing specific services, from online databases, or from certain geographical areas. A weakness of all quantitative studies is that they failed to use a sampling strategy that would generate findings representative of the target population. Also, studies did not address the risk of non-response bias. Even though some researchers reflected that their findings were not generalizable due to the purposive sampling strategies, they did not discuss how the desired information from the eligible population could have been obtained. Therefore, white female participants are overrepresented in the sample, and there is a high risk that members of the target population who were not included in the studies or did not respond, may differ significantly from those who did.

Data collection

From the qualitative studies, Bundy-Fazioli and Law (2006), Backhouse and Graham (2012), Gentles-Gibbs and Zema (2020), and Hingley-Jones et al. (2020) utilised interviews for data collection, while King et al. (2009) collected data from focus groups, which seemed adequate to address the research questions. Bundy-Fazioli and Law (2006) and Backhouse and Graham (2012) presented a summary of their interview schedules, and the nature and process of the interviews were clearly described. Gentles-Gibbs and Zema (2020) stated that the study’s interview protocol was developed by a consulting team and examples of the questions were provided. Hingley-Jones et al. (2020) did not provide the study’s interview protocol, but a topic guide was presented instead. A weakness of these studies was that they did not explicitly reference how they managed bias and assumption monitoring.

In terms of the quantitative studies, Letiecq et al. (2008) utilised questionnaires for the data collection. Even though variables were clearly defined, no reports on validity and reliability were included for two of the measures used, and the Parental Stress Scale was used with one of the scale items missing due to a typing error. Similarly, Leder et al. (2007) utilised questionnaires to collect their data, but no scores on reliability were provided for the Parental Distress scale and no rationale for the selection of the specific measures was provided. The variables were also clearly defined and accurately measured in Xu et al.

(2020). Their measurements were justified and appropriate for answering the research questions, while scores on validity and reliability were included. The Xu et al. (2020) study was the strongest rated among quantitative studies on this criterion.

Irizarry et al. (2016) and McPherson et al., (2022) used mixed methods, incorporating quantitative and qualitative elements, which included online surveys, interviews, and focus groups. In both studies, the quantitative parts of their analysis were weaker, as the questionnaires used were not clearly described, and validity and reliability were not commented. In Woodward et al. (2021) the development of the Q-set was described, and the rationale was explained. For the development of the statement concourse experts from various services were consulted, however, no information was provided on their roles and whether experts by experience were consulted. Also, it was not clear how data from the consultations were recorded and analysed.

Overall, the variety of data collection methods in the selected papers is a strength, as kinship carers' experiences have been collected in several ways which include both theory-driven research using questionnaires and standardised measures, and data-driven, more participant-led methods, such as interviews and focus groups.

Outcomes

The findings from all the qualitative studies sufficiently corresponded to the analysis used. Even though Gentles-Gibbs and Zema (2020) used a grounded theory approach which should result in a theory or model being developed, they only reported the themes developed. However, it is clearly stated that the study was part of a bigger scale research project which intended to generate a theory or a model. Also, in all studies, the results presented were sufficiently substantiated by the data and numerous quotes were included to support each theme. To ensure a sufficiently rigorous analysis, four investigators were involved in the analysis of the data in the King et al. (2009) study, whilst data was analysed by the co-authors in the Gentles-Gibbs and Zema (2020) study. Hingley-Jones et al. (2020) presented a summary of their findings to a kinship carers support group to gather feedback and confirm themes and interpretations of the findings. Backhouse and Graham (2012) utilised a three-phase process in their analysis and a second round of interviews was conducted to verify and confirm the emerging interpretations and stories. Only in Bundy-Fazioli and Law (2006) there were no reports on how the analysis was sufficiently rigorous.

From the quantitative studies, in Leder, et al. (2007) and Xu et al., (2020), the statistical analyses conducted were appropriate to answer the research questions, while the Letiecq et al. (2008) study was weaker on this criterion because of the lack of clear hypotheses/research questions. The findings of all three quantitative studies were influenced by the selected samples which were not representative of the target population, making their results not generalizable. Also, another weakness of the quantitative studies was the lack of information on response or nonresponse data and information regarding missing data or imputation. Missing data is a common phenomenon in questionnaire-based surveys and can allow bias (Tsiampalis & Panagiotakos, 2020).

All mixed methods studies discussed the integration of both the quantitative and qualitative components of the analysis. No divergences or inconsistencies were found between quantitative and qualitative components in the findings. In both Irizarry et al. (2016) and McPherson et al. (2022) the different components of the studies did not adhere to the quality criteria of each tradition of the methods involved. In both studies the qualitative component was stronger as the quantitative measures used were not clearly described, validity and reliability scores were not presented, and risk nonresponse bias could not be decided. Also, the samples in both studies were not representative of the population. In Woodward et al. (2021), it was not possible to comment on this criterion because of the Q-methodology which did not allow for a comparison between the quantitative and qualitative components.

Summary of the critique

The critique identified that the selected qualitative studies appeared to meet the appraisal criteria set out in the MMAT (Hong et al, 2018) better than the quantitative and the mixed methods studies. All qualitative studies reported clear research questions and aims, their qualitative approaches allowed them to answer their research questions adequately and their findings and interpretations sufficiently substantiated by their data. The mixed methods studies appeared to be the next best performers against the appraisal criteria, albeit with some methodological limitations. All quantitative studies utilized purposive or/and convenience samples which were not representative of the kinship care population and resulted in non-generalisable findings. In all of them, except for Xu et al. (2020), the selected measurements were not appropriate for answering the research questions. Also, the risk of non-response bias could not be decided because of the lack of information on response and non-response rates.

Synthesis of findings

The findings were synthesised by pulling together common themes from across the 11 papers selected. Whilst Irizarry et al. (2016) included both staff members and kinship carers as participants, the findings of each group of participants were presented separately. Similarly, the Xu et al. (2020) study compared licenced and non-licenced kinship carers outcomes, but findings for each group were separated and only the results from the licenced participants were included in the review. Therefore, the themes presented below were synthesised by the findings on participants that met the review’s inclusion criteria.

Despite the fact that the quantitative papers scored lower against the MMAT criteria, all papers were included in the final synthesis of the data. This was due to the limited previous research on the area, which in combination with the narrative approach of this review allowed for a more flexible approach. Also, all papers were included in the synthesis following the MMAT's recommendation that excluding studies with low methodological quality is discouraged (Hong et al., 2018).

Transition to a restricted lifestyle

Participants found the transition to the caring role restricting in terms of employment and financial opportunities. Some reported that they either lost their employment or they faced limited opportunities for employment because of their increased caring responsibilities (Bundy-Fazioli & Law, 2006; Backhouse & Graham, 2012; King et al., 2009; Hingley-Jones et al., 2020). A participant in McPherson et al. (2022) shared '*I tried to work but child protection said I could not leave the children with my husband. I left a great job.*'

In several studies, kinship carers reported that they were encountering financial difficulties, often unexpectedly because of taking up the caring role (Backhouse & Graham, 2012; Gentles-Gibbs & Zema, 2020; King et al., 2009; Hingley-Jones et al., 2020; Irizarry et al., 2016; McPherson et al., 2022; Woodward et al., 2021). They experienced anger at the high cost of kinship care, facing inadequate allowances or lack of any financial support, late payments, and lack of reimbursement for essential expenses. They also reported struggling to provide for their families and to participate in community activities due to limited income. In King et al. (2009) a participant stated '*It takes money to put them into camp, and most of us are on social security or pension. We just don't have the funds to give them the recreation that many of the other kids have*'. Similar findings were reported in Backhouse and Graham (2012) where a participant commented '*As he's got older the expenses have increased…all sorts of expenses in getting him to things, soccer and things like that.*'

Sense of increased responsibility towards troubled kinship children

A common challenge among kinship carers was managing their kinship children's complex needs, including mental health, physical health, and behaviour difficulties (Bundy-

Fazioli & Law, 2006; Gentles-Gibbs & Zema, 2020; King et al., 2009; Irizarry et al., 2016; McPherson et al., 2022). Findings showed that kinship children had experienced adverse early life experiences and trauma, which had impacted both their physical and mental health. In King et al., (2009) participants reported that they struggled with managing children's misbehaviours and emotional difficulties, which they attributed to the trauma they had previously experienced. A participant stated '*Mostly all of these children come from some kind of dysfunctional situation and they need help*'. Also, being unaware of the children's complex needs until they took them into their care, some carers perceived it as their sole responsibility to manage the children's needs given the minimal support from social services. A great-aunt carer in the McPherson et al. (2022) study commented '*Eventually, a parcel arrived in the mail. It was a box, about the size of a shoe box, from child protection, with a range of brochures and pamphlets in it. I went through the entire box and there was not a single service that would be appropriate for the boys…*'. Leder et al. (2007) found that most of the grandchildren under kinship care came from dysfunctional families and they were likely to present with more behavioural and emotional difficulties.

Given their perceived sense of responsibility towards their kinship children, some participants shared their concerns about the future. Backhouse and Graham (2012) found that grandparents worried about securing a future for their grandchildren and what would happen to their grandchildren when they would not be around anymore. In Bundy-Fazioli and Law (2006) a participant also reported thinking about the future, focusing on her dedication to their kinship child's care and success.

Deterioration of physical and mental wellbeing

Findings indicated that kinship carers were facing challenges with their own mental and physical health. In most studies, kinship carers were predominately grandparents over the age of 40 and they reported their concerns about their own physical health and emotional wellbeing. King et al. (2009) found that the interaction of grandparents' aging process along with the developmental stage of their kinship children resulted in the deterioration of their own physical and emotional well-being. Grandparents lacked the level of energy required to care for their grandchildren and to manage their behavioural challenges. Xu et al. (2020) suggested that carers experienced psychological distress which was associated with material hardship. Leder et al. (2007) found that grandparents' emotional health was negatively impacted by grandchildren's challenging behaviours, whilst the unexpected re-entry into parenthood impacted negatively their physical, social, and mental health.

Letiecq et al. (2008) investigated the outcomes of depression between Native American and European American grandparents. Their findings indicated that Native Americans experienced higher levels of depressive symptoms and 58% of them scored above the clinical thresholds for depression on the study's measure. Even though Native American grandparents have a long history of caring for their grandchildren, kinship grandparents might be taking up the role because of family crises and a desire to keep grandchildren out of foster care (Letiecq et al., 2008).

Additionally, increased parental stress was experienced by kinship carers (Backhouse & Graham, 2012; Letiecq et al., 2008; Leder et al., 2007; Xu et al., 2020). Xu et al. (2020) compared psychological distress between licenced and non-licenced kinship carers. Results indicated that licensed carers were at higher risk of experiencing psychological distress and parenting stress, which was aligned with the more vulnerable nature of licensed kinship care as these families were often of colour and might have had more adverse life experiences.

Another factor impacting participants' emotional wellbeing appeared to be the uncertainty about the future. Some reported their concerns about their own future given the complete change of their lifestyle following the caring role. Findings by McPherson et al. (2022) suggested that kinship carers thought about the future and adapted their plans because they felt unable to fulfil their future aspirations. A participant commented '*Before becoming carers, we had hoped to go traveling around Australia in our caravan in our retirement. Now that can never happen. The cost of raising them means that we will need to keep working.'*

Managing complex family dynamics

Another challenge that kinship carers experienced was managing complex family dynamics, especially their relationship with the children's birth parents. In the Backhouse and Graham (2012) study, grandparents reported feelings of sadness, pain, frustration, grief, and loss as they tried to balance their grandchildren's care alongside maintaining a relationship between the children and their parents. In Irizarry et al. (2016), Aboriginal participants stated that they faced challenges "*keeping the child safe while maintaining sibling and extended family contact, and cultural education*". Also, involvement of the police resulted in feelings of distrust and tension in family relationships.

In addition, findings indicated that in kinship arrangements where child protection orders and court proceedings were involved, kinship carers faced challenging and abusive behaviour from the children's parents. Hingley-Jones et al. (2020) found that participants had felt intimidated, and they had experienced verbal and physical abuse by the children's birth parents.

Experiences of microaggression and unfair treatment from services

Kinship carers expressed concerns about how they were perceived by others, especially from legal services in relation to their parenting skills and some reported a fear of having their kinship children removed because they were perceived as incompetent. Grandparents in Hingley-Jones et al. (2020) reported feeling judged by social workers as 'bad parents' to their own children and incapable of caring for their grandchildren. Similarly, kinship grandparents in Gentles-Gibbs and Zema (2020) reported a fear of being perceived as unsuitable caregivers and unable to manage the challenges of caring for their grandchildren, which stopped them from reaching out to services when they needed assistance. Similarly, King et al. (2009) found that participants shared a fear of losing their kinship children if they attended support groups.

Non-Aboriginal carers in Irizarry et al. (2016) perceived caseworkers' attitudes as 'deeply' offensive and disrespectful, implying that they had been incapable of raising their own children and as a result, they would not be able to care for their kinship children. They also experienced a lack of trust by the care system, and they felt they were treated with suspicion in relation to their dedication and love for their children.

Kinship carers not only reported feeling judged as carers, but they also reported feeling that their contributions were not appreciated by services and systems. McPherson et al. (2022) found that carers felt that professionals did not recognise their valuable role in their kinship children's lives. A participant commented *'(child protection staff) constantly lie, treat carers like dirt, and never answer phone calls, texts or emails*.' Similar experiences were shared in Woodward et al. (2021) and Irizarry et al. (2016).

In addition, a sense of unfairness and injustice in the distribution of support and resources was a common experience. Participants in Backhouse and Graham (2012) felt disadvantaged compared to the children's birth parents who received more legal aid. Similarly, in Gentles-Gibbs and Zema (2020), they shared a sense of being more disadvantaged compared to non-kinship carers who were offered more benefits. A participant in the study reported that they found the system unfairly punitive towards kinship families and commented that '*grandparents were considered free labor or cheap labor*'. Inequalities in support distribution compared to foster carers was also reported in Irizarry et al. (2016). Lack of training and limited access to resources, including information and costs of care were reported.

Carers felt misled by ‘undelivered promises’ of resources when they made the care arrangements. Carers in McPherson et al. (2022) and in Woodward et al. (2021) noticed that authorities did not provide them with critical information when the kinship arrangements were made, and support services were not provided for the children’s challenging and complex needs.

Social isolation and sense of rejection

King et al., (2009) found that unemployment and lack of social contact resulted in kinship carers facing social isolation and stigma. Some felt that they were alone and unsupported in their roles, which was prevalent in discussions about their relationships with schools. Most grandparents in Hingley-Jones et al. (2020) stated that their social life was negatively impacted since they became carers due to the increased responsibilities which led to limited time for social interactions. A participant commented ‘*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 ...*’.

Backhouse and Graham (2012) found that the shift from the grandparent role to the parent role and the loss of the grandparent identity provoked feelings of being unrecognised, misunderstood, and isolated within participants’ communities. While some grandparents felt isolated by their peers because of their caring role, a participant in the study also commented they chose to isolate themselves due to the lack of energy and their increased responsibilities despite the invites they received. McPherson et al. (2022) found that participants lost friendships because their social network did not understand the challenges they were facing as carers.

Discussion

Although the 11 studies differed in terms of methodologies utilised, the review identified common experiences between carers which are organised in six themes: *'transition to a restricted lifestyle', 'sense of increased responsibility towards troubled kinship children', 'deterioration of physical and mental wellbeing', 'managing complex family dynamics', 'experiences of microaggression and unfair treatment from services',* and *'social isolation and sense of rejection'*. In this section, findings will be discussed further, and they will be reviewed within the context of existing literature.

The findings indicated that kinship carers in formal arrangements face various practical challenges and limitations. The increased responsibilities of the caring role required participants to adapt their lifestyles and to change their plans for employment or retirement. This resulted in limited sources of funds and financial instability, which is echoed in existing literature. Purcal et al. (2014) found that regardless of participants' socioeconomic status, raising grandchildren increases financial stress to grandparent carers. Taking the unpaid caring role had a negative impact on grandparents' work trajectories and on their ability to self-fund in retirement (Purcal et al., 2014). Finance has been found to be the most significant practical challenge for kinship carers, whilst living in poverty is a real issue for grandparent carers (Hunt, 2018).

Another challenge kinship carers experienced was their perceived sense of responsibility towards the kinship children who presented with various emotional and behavioural difficulties. Previous studies have indicated that most children in need of permanent care, have experienced maltreatment, trauma and/or loss (Farmer, 2010; Hunt, 2020). As a result of the trauma and the experiences that led to kinship placements, children present with complex special needs (Langosch, 2012). Some children with chronic and severe traumas develop challenging and confusing behaviours (Howe 2005), or behaviours that may be compulsive, controlling, aggressive, or passive during stressful situations (Crittenden, 2012). Thus, even though kinship carers experience positive psychological outcomes considering the rewards of providing children with a safe and secure environment, children’s challenging behaviours increase carers’ stress (Dunne & Kettler, 2008). Also, other findings indicated that grandparents have felt overwhelmed and ill-equipped to respond to their grandchildren’s needs, whilst they were unfamiliar with support services or struggled with accessing support (Langosch, 2012).

This review also indicated that kinship carers noticed a deterioration in their physical and emotional wellbeing. Their physical health declined, whilst they also reported increased parental stress, anxiety and depression linked with their increased caring responsibilities, the lack of financial resources and the demands they faced. Similarly, Peake (2023) indicated that disability or longstanding health problems are more likely to be experienced by kinship carers than unrelated foster carers and that kinship households are more likely to contain people with chronic physical or mental health difficulties that impact their daily activities. Also, increased parenting stress linked with financial difficulties, lack of social support, role conflict and systemic barriers has been identified in kinship carers previously (Wu et al., 2020).

In addition, several studies in this review indicated that kinship carers found themselves in between tense family dynamics. They experienced a sense of obligation to protect and care for the kinship children, but simultaneously they faced birth parents’ challenging and aggressive behaviours. Maintaining a balance in relationships within the family system was another source of stress for many participants. Complicated and strained family dynamics exacerbate kinship carers’ stress of caring for trauma-affected children and conflict stemming from competing allegiances with family members has previously been reported (Pasalich et al., 2021). Similarly, special guardians in O’Sullivan-Hayes et al. (2023)

reported feelings of inadequacy, guilt and being torn between conflicted familial relationships.

Regarding carers' relationships with legal services, experiences of microaggression and a sense of unfair treatment were found. Participants shared a sense of disappointment and a feeling of having been let down by social services and legal systems as they received limited support, misinformation or lack of important information and they perceived staff's attitudes disrespectful and judgemental. Findings on microaggressions in kinship care have shown that carers' identities have been invalidated by normative categorial assumptions about their family lives, carers have experienced various challenges regarding their parental status, and they have been subjected to suspicions regarding their roles and motivations (Wilkes & Speer, 2021). Similarly, grandparents in previous studies have experienced negative beliefs and preconceptions from services in relation to their abilities to care for their grandchildren (Dunne & Kettler, 2008).

Social isolation and rejection from the community was another finding on the current review. The practical limitations such as the financial difficulties and the limited free time, combined with the increased caring responsibilities limited opportunities for socialising and engaging in social events. Additionally, societal stigma and lack of understanding by the community resulted in a sense of rejection and a sense of loneliness in participants. This is in line with findings in previous studies that indicated that taking up the kinship carer role resulted in the loss of pre-existing peer group relationships, difficulty building new links and friendships, and feeling distanced from the community and alone (Hunt, 2020).

Limitations of the review

A limitation was the lack of a review team. The review was conducted by a single reviewer which can increase the risk of bias at the screening, selection, and quality appraisal steps (Gartlehner et al., 2020). When criterion ratings could not be determined using the available data, it was recommended that authors be contacted to gather more information or clarification (Hong et al., 2018). However, this was not actioned in the present review due to a lack of resource, which is another limitation. However, this could have been addressed by expanding the research team or resources.

Another limitation was the restriction of studies by formal care arrangements as in some studies the arrangements were not clear or were not stated implicitly. This might have resulted in suitable studies having been excluded, and studies included in the review might have contained data from participants in informal care arrangements. In addition, the selected studies included samples that were predominately white and not representative of the wider kinship carer population.

The studies included in the review varied in research design and measures used which made the comparison of the findings and the quality assurance of the reviewed studies more difficult. In addition, the small number of papers included in the review alongside the participants' characteristics and the geographical locations may limit the generalisability of findings. Most studies reviewed included relatively small convenience samples from specific geographical areas which make it difficult to generalise their findings to the wider population of kinship carers. It is also worth noting that nine out the 11 studies were conducted in the USA and in Australia which limits generalisability in the UK.

A final limitation of the review is the cross-sectional design of the studies. Whilst the findings indicated a relationship between the kinship caring role and participants' challenges and wellbeing, causality is difficult to be inferred.

Clinical implications

The findings from this review indicated that kinship carers experience various challenges related to their caring roles, including practical, emotional, and relational difficulties. In terms of the practical challenges, carers struggle with a lack of resources and funds, and difficulties with managing employment and balancing their caring responsibilities. In the UK, specialist support from social care is available to kinship carers when specific needs arise, however it is not offered as a routine package as with foster carers. Findings from the review showed that some kinship carers may not be able to seek out support available from social care due to mistrust, fear of being judged as parents, and fear of children being removed from their care. Also, findings from an annual survey cohort indicated a lack of clear and accessible advice, information, and support for kinship families from local authorities (Peake, 2023). Moving forward it is suggested that a routine package of care is offered to kinship carers which will include more resources, funds, and access to specialist mental health services. Suitable training and local support, including peer groups could be included in the package of care from local authorities.

Clinical psychologists have a role in supporting kinship carers at an individual and a systemic level. At an individual level, carers may benefit from a therapeutic space where they feel safe to process their experiences with taking up the kinship role, which is often a rapid, fast process at a time of crisis for the family. Allowing them to process the transition into the role and the losses involved through a narrative approach or counselling could help them feel more empowered and validated (Etchison & Kleist, 2000; Hunt, 2020). Also, the findings indicate a need for helping them to manage and cope with mental health difficulties such as depression, stress, and anxiety via talking therapy, as well as to support them in managing the children’s complex emotional and behavioural difficulties through parenting or attachment focused interventions. At a systemic level, clinical psychologists need to work alongside social care services to make meaningful and sustainable changes for the families, supporting them in managing difficult family dynamics. Clinical psychologists can provide training, consultations, and reflective practice groups to social workers and support staff to help them recognise and meet the caregivers’ needs. This could have a positive impact on kinship carers' experiences interacting with social care and the reported feelings of mistrust, anger, and frustration, because of the perceived lack of understanding and appreciation, could be resolved. Also, there is a role for clinical psychologists in addressing systemic racism and discrimination that kinship carers experience by providing their expertise in policy making.

Research implications

A strength of the current review is the variety in the studies in terms of study design and data collection methods, and the proportion of high-quality qualitative papers. However, the sample is not representative of the wider population as it is composed mainly of white female participants from specific geographical areas. Thus, there is a need to produce more research with samples with more diverse characteristics, for example, to explore experiences amongst non-white populations. Additionally, examining kinship care from a gender lens can provide us with an understanding of how gender dynamics and inequalities impact carers' experiences.

Also, as Letiecq et al. (2008) highlighted future research should consider expanding the ecologies by examining other macro-level variables, such as social and economic policies and family laws relevant to kinship care. Including other micro-contextual variables, such as intergenerational family dynamics, in future research will provide us with a better understanding of kinship carers' experiences and needs for support.

Given that grandparents form the largest group of carers in the UK (Hunt, 2018), more research should focus on grandparents taking a formal role in grandchildren's care. Due to the expanded social and familial roles of older adults, more research is needed to understand better how child welfare services and aging service networks can work collaboratively to provide appropriate and comprehensive support to this population.

In addition, the review showed that family relationships in grandparent-headed families are complex with grandparents struggling to manage tense dynamics between family members. One area that future research should be focused is on the impact of the formal kinship care role on grandparents’ identity and position within complex dynamics.

Conclusion

The review sought to critique and synthesise the current literature on kinship carers’ experiences with a focus on the challenges and difficulties they face within their caring role. Eleven studies using quantitative, qualitative, and mixed methods were critically appraised and their findings were synthesised using a narrative approach. Six themes were identified in relation to participants’ experiences reflecting practical, emotional and relational challenges they faced. Future research should focus on further exploring kinship carers’ needs and experiences, including both micro and macro-level variables. Also, more research is needed on grandparents’ experiences, with a focus on their expanded social and familial roles as kinship carers.

References

Ainsworth, M. D. S., & Bowlby, J. (1991). An ethological approach to personality development. *American Psychologist, 46*(4), 331-341. https://psycnet.apa.org/doi/10.1037/0003-066X.46.4.333

Backhouse, J., & Graham, A. (2012). Grandparents raising grandchildren: Negotiating the complexities of role-identity conflict. *Child & Family Social Work*, *17*(3), 306-315. https://doi.org/10.1111/j.1365-2206.2011.00781.x

Bunch, S. G., Eastman, B. J., & Griffin, L. W. (2007). Examining the perceptions of grandparents who parent in formal and informal kinship care. *Journal of Human Behavior in the Social Environment*, *15*(4), 93-105. https://doi.org/10.1300/J137v15n04_06

Bundy-Fazioli, K., & Law, M. G. (2005). "I screamed for help": A case study of one grandmother's experience with voluntary kinship care. *Journal of Family Social Work*, *9*(3), 1-18. https://doi.org/10.1300/J039v09n03_01

Children Act 1989 (1989). Retrieved from https://www.legislation.gov.uk/ukpga/1989/41/contents

Cleaver, H., Unell, I., & Aldgate, J. (2011). *Children's Needs—Parenting Capacity. Child Abuse: Parental Mental Illness, Learning Disability, Substance Misuse and Domestic Violence* (2nd ed.). The Stationery Office.

Crittenden, P, M. (2012). *Raising Parents: Attachment, Parenting and Child Safety*. Oxon: Routledge.

Department for Education (2018). *Children looked after in England (including adoption) year ending 31st March 2018.* https://assets.publishing.service.gov.uk/media/5bf5342940f0b6077d792745/Children_looked_after_in_England_2018_Text_revised.pdf

Dunne, E. G., & Kettler, L. J. (2008). Grandparents raising grandchildren in Australia: Exploring psychological health and grandparents' experience of providing kinship care. *International Journal of Social Welfare, 17*(4), 333-345. https://doi.org/10.1111/j.1468-2397.2007.00529.x

Etchison, M., & Kleist, D. M. (2000). *Review of narrative therapy: Research and utility*. Sage Publications. https://doi.org/10.1177/1066480700081009

Farmer, E. (2010). What Factors Relate to Good Placement Outcomes in Kinship Care? *The British Journal of Social Work, 40* (2), 426–444, https://doi.org/10.1093/bjsw/bcp007

Freeman, J. D., & Stoldt, R. G. (2019). Grandma or mommy: Familial labels as constructs of identity in grandfamilies. *Journal of Intergenerational Relationships, 17*(4), 411-429. https://doi.org/10.1080/15350770.2019.1575782

Gartlehner, G., Affengruber, L., Titscher, V., Noel-Storr, A., Dooley, G., Ballarini, N., & König, F. (2020). Single-reviewer abstract screening missed 13 percent of relevant studies: A crowd-based, randomized controlled trial. *Journal of Clinical Epidemiology, 121*, 20-28. https://doi.org/10.1016/j.jclinepi.2020.01.005

Gautier, A., & Wellard, S. (2014). Disadvantage, discrimination, resilience: The lives of kinship families. *Grandparents Plus*. https://www.grandparentsplus.org.uk/wp-content/uploads/2020/02/Disadvantage-_discrimination-resilience_report.pdf

Gentles-Gibbs, N., & Zema, J. (2020). It’s not about them without them: Kinship grandparents’ perspectives on family empowerment in public child welfare. *Children and Youth Services Review, 108*. https://doi.org/10.1016/j.childyouth.2019.104650

Hassall, A., van Rensburg, E. J., Trew, S., Hawes, D. J., & Pasalich, D. S. (2021). Does kinship vs. foster care better promote connectedness? A systematic review and Meta-Analysis. *Clinical Child and Family Psychology Review, 24*(4), 813-832. https://doi.org/10.1007/s10567-021-00363-3

Hingley-Jones, H., Allain, L., Gleeson, H., & Twumasi, B. (2020). “Roll back the years”: A study of grandparent special guardians' experiences and implications for social work policy and practice in England. *Child and Family Social Work, 25*(3), 526-535. https://doi.org/10.1111/cfs.12718

Hong, QN., Pluye, P., Fàbregues, S., Bartlett, G., Boardman, F., Cargo, M., Dagenais, P., Gagnon, M., Griffiths, F., Nicolau, B., O’Cathain, A., Rousseau, M., & Vedel, I. (2018). Mixed Methods Appraisal Tool (MMAT), version 2018 User guide. *Education for information, 34*(4), 285-291. http://mixedmethodsappraisaltoolpublic.pbworks.com/w/file/fetch/127916259/MMAT_2018_criteria-manual_2018-08-01_ENG.pdf

Howe, D. (2005). *Child Abuse and Neglect: Attachment, Development and Intervention*. Basingstoke: Macmillan.

Hunt, J. (2018). Grandparents as substitute parents in the UK. *Contemporary Social Science, 13*(2), 175-186. https://doi.org/10.1080/21582041.2017.1417629

Hunt, J. (2020). *Two decades of UK research on kinship care: An overview.* Family Right Group.

Im, D., Pyo, J., Lee, H., Jung, H., & Ock, M. (2023). Qualitative research in healthcare: Data analysis. *Journal of Preventive Medicine and Public Health, 56*(2), 100-110. https://doi.org/10.3961/jpmph.22.471

Irizarry, C., Miller, K., & Bowden, M. (2016). Kinship care: Child safety or easy option? staff and carers' perspectives. *Journal of Family Social Work, 19*(3), 199-219. https://doi.org/10.1080/10522158.2016.1187699

Kiraly, M., & Roff, J. (2023). ‘We’re just kids as well’: The experience and support needs of young kinship carers in Australia. *Children and Youth Services Review, 150,* https://doi.org/10.1016/j.childyouth.2023.106967

King, S., Kropf, N. P., Perkins, M., Sessley, L., Burt, C., & Lepore, M. (2009). Kinship care in rural Georgia communities: Responding to needs and challenges of grandparent caregivers. *Journal of Intergenerational Relationships, 7*(2-3), 225-242. https://doi.org/10.1080/15350770902852369

Langosch, D. (2012). Grandparents Parenting Again: Challenges, Strengths, and Implications for Practice. *Psychoanalytic Inquiry, 32* (2), 163-170. https://doi.org/10.1080/07351690.2012.655637

Leder, S., Grinstead, L. N., & Torres, E. (2007). Grandparents raising grandchildren. *Journal of Family Nursing, 13*(3), 333-352. https://doi.org/10.1177/1074840707303841

Letiecq, B. L., Bailey, S. J., & Kurtz, M. A. (2008). Depression among rural native American and European American grandparents rearing their grandchildren. *Journal of Family Issues, 29*(3), 334-356. https://doi.org/10.1177/0192513X07308393

Lubit, R., Rovine, D., DeFrancisci, L., & Eth, S. (2003). Impact of trauma on children. *Journal of Psychiatric Practice, 9*(2), 128-138. https://doi.org/10.1097/00131746-200303000-00004

Lucas, P. J., Baird, J., Arai, L., Law, C., & Roberts, H. M. (2007). Worked examples of alternative methods for the synthesis of qualitative and quantitative research in systematic reviews. *BMC Medical Research Methodology, 7*(1), 4. https://doi.org/10.1186/1471-2288-7-4

McGrath, P., & Ashley, L. (2021, September). Kinship Care: State of the Nation Survey 2021. *Kinship Care*. https://kinship.org.uk/wp-content/uploads/Kinship-State-of-the-Nation-2021-FINAL.pdf

McPherson, L., Gatwiri, K., Day, K., Parmenter, N., Mitchell, J., & Macnamara, N. (2022). "The most challenging aspect of this journey has been dealing with child protection": Kinship carers' experiences in Australia. *Children and Youth Services Review, 139*.

https://doi.org/10.1016/j.childyouth.2022.106550

Munro, E. R., & Gilligan, R. (2013). The ‘dance’ of kinship care in England and Ireland: Navigating a course between regulation and relationships. *Intervención Psicosocial, 22*(3), 185-192. https://dx.doi.org/10.5093/in2013a22

NSPSS Learning. (2023, October 27). *Why language matters: why you should avoid the acronym 'LAC' when talking about children in care. https://learning.nspcc.org.uk/news/why-language-matters/looked-after-children*

O'Brien, V. (2012). The benefits and challenges of kinship care. *Child Care in Practice, 18*(2), 127-146. https://doi.org/10.1080/13575279.2012.657610

O’Higgins, A., Seba, J. & Luke, N. (2015). What is the relationship between being in care and the educational outcomes of children? An international systematic review. *Rees Centre*. https://www.education.ox.ac.uk/wp-content/uploads/2019/06/What-is-the-Relationship-Between-Being-in-Care-and-the-Educational-Outcomes-of-Children-An-International-Systematic-Review.pdf

O’Sullivan-Hayes, S. R., Melia, Y., & Nazir, F. (2023). A heavy weight, yet empowering: Grandparent Special Guardians’ lived experiences of the role and family dynamics - An Interpretative Phenomenological Analysis (IPA). *Adoption & Fostering, 47*(4), 434-452. https://doi.org/10.1177/03085759231211611

Page, M. J., McKenzie, J. E., Bossuyt, P. M., Boutron, I., Hoffmann, T. C., Mulrow, C. D., Shamseer, L., Tetzlaff, J. M., Akl, E. A., Brennan, S. E., Chou, R., Glanville, J., Grimshaw, J. M., Hróbjartsson, A., Lalu, M. M., Li, T., Loder, E. W., Mayo-Wilson, E., McDonald, S., . . . Moher, D. (2021). The PRISMA 2020 statement: An updated guideline for reporting systematic reviews. *British Medical Journal, 372*, 1-9. https://doi.org/10.1136/bmj.n71

Pasalich, D. S., Moretti, M. M., Hassall, A., & Curcio, A. (2021). Pilot randomized controlled trial of an attachment- and trauma-focused intervention for kinship caregivers. *Child Abuse & Neglect, 120*. https://doi.org/10.1016/j.chiabu.2021.105178

Peake, L. (2023). Breaking Point: kinship carers in crisis. *Kinship Care*. https://kinship.org.uk/breaking-point/

Pitcher, D. (2014). Introduction. In D. Pitcher (Ed.), *Inside kinship care: Understanding family dynamics and providing effective support* (pp. 17- 29). London: Jessica Kingsley Publishers.

Popay, J., Roberts, H., Sowden, A., Petticrew, M., Arai, L., Rodgers, M., Britten, N., Roen, K., & Duffy, S. (2006). *Guidance on the Conduct of Narrative Synthesis in Systematic Reviews. A Product from the ESRC Methods Programme*. Institute for Health Research.

Purcal, C., Brennan, D., Cass, B., & Jenkins, B. (2014). Grandparents raising grandchildren: Impacts of life course stage on the experiences and costs of care. *Australian Journal of Social Issues, 49* (4), 467–488. https://doi.org/10.1002/j.1839-4655.2014.tb00324.x

Putman, F. W. (2006). The impact of trauma on child development. *Juvenile & Family Court Journal, 57*(1), 1-11. https://doi.org/10.1111/j.1755-6988.2006.tb00110.x

Selwyn, J., & Nandy, S. (2012). Sibling kinship carers in England: Evidence from the 2001 UK population census. *Children and Youth Services Review, 34*(1), 194-199. https://doi.org/10.1016/j.childyouth.2011.09.015

Stets, J. E., & Burke, P. J. (2000). Identity theory and social identity theory. *Social Psychology Quarterly, 63*(3), 224-237. https://doi.org/10.2307/2695870

Taylor, E. P., Di Folco, S., Dupin, M., Mithen, H., Wen, L., Rose, L., & Nisbet, K. (2020). Socioeconomic deprivation and social capital in kinship carers using a helpline service. *Child & Family Social Work, 25*(4), 845-855. https://doi.org/10.1111/cfs.12763

Thomas, J., & Harden, A. (2008). Methods for the thematic synthesis of qualitative research in systematic reviews. *BMC Medical Research Methodology, 8*(45).

https://doi.org/10.1186/1471-2288-8-45

Tsiampalis, T., & Panagiotakos, D. B. (2020). Missing-data analysis: Socio-demographic, clinical and lifestyle determinants of low response rate on self-reported psychological and nutrition-related multi-item instruments in the context of the ATTICA epidemiological study. *BMC Medical Research Methodology, 20*(1), 1-148. https://doi.org/10.1186/s12874-020-01038-3

Washington, T., & Mihalec-Adkins, B. P. (2023). Kinship care supports the academic performance of children. *Child Trends*. https://doi.org/10.56417/6688s365k

Wilkes, J., & Speer, S. A. (2021). Reporting Microaggressions: Kinship Carers' Complaints about Identity Slights. *Journal of Language and Social Psychology, 40*(3), 303-327. https://doi.org/10.1177/0261927X20966356

Winokur, M., Holtan, A., & Batchelder, K. E. (2014). Kinship care for the safety, permanency, and well-being of children removed from the home for maltreatment. *The Cochrane database of systematic reviews,* (1), CD006546. https://doi.org/10.1002/14651858.CD006546.pub3

Winokur, M. A., Holtan, A., & Batchelder, K. E. (2018). Systematic Review of Kinship Care Effects on Safety, Permanency, and Well-Being Outcomes. *Research on Social Work Practice, 28*(1), 19-32. https://doi.org/10.1177/1049731515620843

Woodward, K., Melia, Y., & Combes, H. (2021). Exploring carers' experiences and perceptions of special guardianship orders (SGOs) over time, from the point of applying to now. *The British Journal of Social Work, 51*(6), 1963-1982. https://doi.org/10.1093/bjsw/bcaa086

Wu, Q., Zhu, Y., Ogbonnaya, I., Zhang, S., & Wu, S. (2020). Parenting intervention outcomes for kinship caregivers and child: A systematic review. *Child Abuse & Neglect, 106*. https://doi.org/10.1016/j.chiabu.2020.104524

Xu, Y., Jedwab, M., Wu, Q., Levkoff, S. E., & Xu, L. (2022). Risk and protective factors associated with grandparent kinship caregivers' psychological distress in COVID-19: Kinship license status as a moderator. *Child & Family Social Work, 27*(1), 41-54. https://doi.org/10.1111/cfs.12864

Section B: Empirical paper

Title: 'I'm not your tummy mummy, I'm your heart-mummy'; Grandmothers' experiences of being Special Guardians of their grandchildren.

For submission to Adoption & Fostering Journal

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Abstract

Background: Special guardianship was introduced to prevent children with adverse life experiences from entering the care system and to provide them with a safe and stable environment to flourish. Despite the positive outcomes for the children, limited research is available on special guardians and the impact of the caring role on their wellbeing. Given that the largest group of special guardians consists of grandparents, this study aimed to explore grandparents' experiences of special guardianship and its impact on their interactions with various systems.

Method: Interpretative phenomenological analysis was used to analyse semi-structured interviews with eight grandmother special guardians from two geographical areas in England.

Results: Three group experiential themes emerged from the data which included: 'a life changing experience with losses and adaptations', 'a new family structure; SGs as the family saviours' and 'rejection from the world vs inclusivity from the SG community'.

Conclusion: The findings suggested that special guardians experience various practical, emotional and relational challenges and changes that they need to navigate. Clinical implications included the need for additional individual support from trained clinicians, the offer of peer support groups, attachment-based parenting interventions and the collaboration of multiple stakeholder groups involved in the support of special guardians.

Key words: special guardians, grandparents, children in care, qualitative, relationships

Introduction

Special Guardianship

Kinship care refers to the out of home care that children receive from a relative (other than parents), a close family friend or a member of their community, in a formal or informal arrangement (McPherson et al., 2022). Special guardianship was introduced in Britain by the Adoption and Children Act 2002, with the intention to reduce the number of children, who cannot live with their parents, going into the care system (Hall, 2008). Special Guardianship Orders (SGOs) have steadily increased over the years, with more than 21.000 children having been placed in SGOs between 2010 and 2019 (Simmonds et al., 2019). SGOs aim to provide children with stability and a sense of permanence, and carers have full legal responsibility for the children's care (Department for Education, 2005).

Children enter kinship care for various reasons, including domestic abuse, parental illness or death, parental maltreatment or abandonment, substance misuse, and/or mental health problems (Birchall & Holt, 2023). Children impacted by trauma are at higher risk of experiencing mental and physical health problems, behavioural and educational difficulties, relationship and friendship difficulties and attachment difficulties (Wade et al. 2014; Howe, 2005; Baer & Martinez, 2006; Crittenden, 2013; Dinkler et al., 2017). To enable them to develop and reach their potential, safe and stable care throughout their childhood is needed (Schofield & Beek, 2005).

Regarding the Special Guardians' (SG) relationship with the children, according to the 2011 census analysis, in the UK the largest group was grandparents: 72% in Scotland, 60% in Wales, 51% in England, 47% in Northern Ireland (Hunt, 2020). A strong pre-existing relationship between the children and the carers is linked with good safety, wellbeing and development outcomes for the children (Wade at al., 2014). Despite the positive child outcomes, kinship carers face various challenges, including difficult family dynamics, financial difficulties and social isolation (Birchall & Holt, 2023). Whilst SGs hold the responsibility of making important decisions in children's lives, they are also expected to maintain a connection between the family, which can be a complex task (Harwin et al, 2019).

Transition to grandparenthood

People experience the transition to grandparenthood differently, as they attribute different meanings and representations to it (Condon et al., 2018). Some individuals view grandparenthood negatively due to societal stereotypes of ageing, they appear apprehensive about re-engaging with childcare and revisiting a stage of life thought passed (Condon et al., 2018). Research has found that approximately one third of grandparents expressed personal difficulty with the role, disappointment, and lack of satisfaction (Condon et al., 2018). However, others experience it positively, as they consider it an opportunity to interact with, protect and nurture a child, pass on their knowledge to future generations or act as role models for their grandchildren (Condon et al., 2018; Hayslip et al., 2019).

According to Erikson's theory of psychosocial development, the transition to grandparenthood is equated with a conflict between generativity over stagnation (Condon et al., 2018). Stagnation involves isolated self-absorption, while generativity comprises care and nurturance of future generations and it derives from the desire to be needed (Condon et al., 2018; Ehlman & Ligon, 2012). Generativity has been described as the most significant factor in reaching ego integrity and it impacts wellbeing positively (Ehlman & Ligon, 2012). Several studies have adopted the construct of generativity to explain positive outcomes in grandparenthood (Ehlman & Ligon, 2012), with individuals experiencing the transition as an opportunity to improve the parenting they, themselves provided or to derive satisfaction, purpose and meaning from providing support to their families (Condon et al., 2018).

Grandparents as carers

Grandparents providing occasional grandchild care is common across the world and it is linked with positive health and psychological outcomes (Di Gessa et al., 2016). However, becoming a custodial carer requires an adjustment to an unexpected, culturally non-normative and ambiguous role, which has a significant impact on identity and lifestyle, and brings changes to the family dynamics (Hunt, 2018). Inter- and intra-family relationships become more complicated and stress-prone in kinship care arrangements as contact between parents, children and carers is common (Broad, 2007). On the other hand, becoming a parental grandparent may also be experienced as an opportunity to repair past relationship difficulties and traumas linked with their experiences as parents to their own children (Lanyado, 2019). Intergenerationally transmitted patterns of unhelpful familial relating can be resolved or addressed through their new role within the family (Lanyado, 2019).

Merton’s (1957) role theory extends the understanding of grandparents’ experiences of parenting again. A role is described as a set of expectations associated with a particular mix of "actor- other" identities, eg. grandparent-grandchildren, and each role is associated with a given identity and various activities (Burnette, 1999). People constantly adapt and negotiate new roles to fulfil normative role-related expectations, which are important for social integration and social identity (Burnette, 1999). When the grandparental role involves parental activities and responsibilities in the absence of the parent, the normative meanings and behaviors attached to each intergenerational role become obscured and result in a role-based problem related to the lack of consensus between actor and other, e.g. a grandparent and mediating parent (Burnette, 1999). Due to the conflict between the parenting role and the traditional grandparenting role, they find it difficult to reconcile their desire to be indulgent grandparents with their belief that children need firm parenting (Dolbin-MacNab, 2006).

From a family systems perspective, raising a grandchild is expected to have implications for grandparents’ immediate and extended family relationships, whilst stressors associated with custodial grandparenting may create new strains, amplify existing difficulties, or maintain ongoing problems (Hayslip et al., 2019). Family dynamics are influenced by cohesion, which refers to the emotional bond between members and the family’s way of being together and apart (Smrtnik Vitulić et al., 2023; Crittenden & Dallos, 2009). A dynamic balance in cohesion is found on well-functioning families, whilst extremely high or low family cohesion can be problematic (Smrtnik Vitulić et al., 2023). Another influence is family flexibility which refers to the family system’s ability to adapt its power structure, role relationships, and relationship rules during new circumstances (Smrtnik Vitulić et al., 2023; Crittenden & Dallos, 2009). Low family flexibility is linked with rigidness and resistance to change, whilst very high flexibility increases chaotic functioning (Smrtnik Vitulić et al., 2023).

Attachment theory is another theoretical framework that provides an understanding of the relational dynamics in SG grandparents’ families. According to the theory, parental sensitivity and responsiveness influence children’s expectations for relationships and views for themselves (Blake et al., 2023; Poehlmann et al., 2008). When grandchildren are cared permanently by their grandparents, several attachment-related transitions occur, including the disruption in the attachment with their birth parents and the adaptation or development of a new one with the grandparent (Blake et al., 2023). Another significant transition is in the pre-existing attachment between grandparents and their own children (Blake et al., 2023). Family members with secure attachment style tend to use flexible cognitive and emotional regulation strategies and to develop a balance of cohesiveness and flexibility in the family system (Smrtnik Vitulić et al., 2023). On the contrary, anxious attachment style is linked with enmeshed and rigid family relationships, whilst family members with avoidant attachment style appear more self-reliant and distant from intimate relationships (Smrtnik Vitulić et al., 2023).

Bronfenbrenner’s (2005) Bioecological Model of Human Development can be utilised to understand grandparents’ interactions and relationships with people and systems they interact daily (microsystem), with multiple interacting microsystems (mesosystem), with various interacting social networks (exosystem), with cultural and societal values and patterns (macrosystem), and with time (chronosystem). This model is a suitable framework to explore families' transition to special guardianship because adaptations during this time are complex and involve interactions among SGs, children, families' communities, legal systems, and time factors (Liao, 2016). According to the model, human development is influenced by the individuals' interactions with their environments, which occur simultaneously in various settings and with reciprocity (DeCino et al., 2022). Experience is considered a crucial element of individuals' growth and the ecological environments where people exist, consist of a series of nested systems that are interconnected and influence each other (DeCino et al., 2022).

SGOs and research

Even though kinship care arrangements are preferable to foster care placements, they are accompanied by less psycho-social support and access to services (Pasalich et al., 2021). Most literature currently available in relation to SGOs in England relates mainly to policies and guidelines (Woodward et al., 2021). Whilst the research available on foster carers, adoptive parents and kinship carers is extensive, very limited independent research has been completed on SG's experiences (Woodward et al., 2021). Existing research suggests that SG grandparents experience the emotional and social impact of taking up the role, the challenge of managing family tension and financial problems (Hingley-Jones et al., 2019). Hayslip et al. (2019) suggest various future directions for research, including a need for more process-focused work emphasizing interactions between custodial grandparents and their families to identify factors of their proximal and distal environments that influence their well-being.

Rationale for research

Existing research on SGOs shows that SGs seek help from specialist mental health services because they experience feelings of anger, stress, isolation, confusion and sadness (Woodward et al., 2021). Despite the National Institute of Clinical Excellence (NICE) guidelines that foster carers and their families (including carers who are family or friends) should receive high quality ongoing support, a clear gap in services has been identified, which needs to be addressed (Woodward et al., 2021).

Given the gap in the existing literature and the fact that grandparents comprise the largest group of SGs, this study explores grandparents' experiences of being SGs of their grandchildren, with a focus on their relationships and interactions in their proximal and distal environments. Understanding and exploring SGs' experiences is in line with the NHS values of 'improving lives' and 'commitment to quality of care' as it could give insight into how SGs can be supported from services, which could lead to more effective care and thus improved outcomes for both grandparents and children in care.

Aims of the research

The study aims to explore grandparents' experiences of being SGs of their grandchildren, focusing on the impact of the role into their relationships with their grandchildren, their children, other family members and wider systems. The research questions are:

a) How do grandparents make sense of their relationships with their grandchildren as SGs?
b) How do grandparents experience their relationships with other members of the family, including adult children, partners, and other grandchildren?
c) How do grandparents experience the impact of being SGs on their relationships with peers and social networks?

d) How do grandparents' experience interactions with various professionals and other support services?

Methods

Design

A qualitative design using Interpretative Phenomenological Analysis (IPA; Smith et al., 2022) was selected as previous literature in the area has identified several complex challenges and changes custodial grandparents face when they become SGs, but little space has been given to explore how they experience these difficulties. For example, Woodward et al. (2021) suggested a further exploration of carer's experiences using a qualitative approach to allow them the time to properly share their stories. The research utilised in-depth semi-structured interviews to allow for a detailed personal account of the participants' experiences explored. In IPA, the researcher's role is to engage in a double hermeneutic; to attempt to make sense of the participant who is trying to make sense of their experience (Smith et al., 2022). Therefore, the researcher takes on the dual role of both engaging with the participants' interpretation and interpreting that more systematically (Smith et al., 2022).

Regarding the epistemology, a social constructionist epistemological position was held where reality and knowledge are considered social constructs shaped by language, stories, histories, and narratives existed within specific interpersonal and social influences (Phillips, 2023). Social processes shape and reshape knowledge, and culture and history are fundamental in people's understanding and perspective of the world (Phillips, 2023).

Participants

Due to its idiographic nature, IPA aims to explore how particular experiential phenomena have been understood by particular people, in a particular context (Smith et al., 2022). Consequently, small, purposively selected and homogenous samples are utilised, and for doctoral studies six to ten interviews are recommended (Smith et al., 2022).

For the present study, purposive sampling was utilised to recruit grandparent SGs from an NHS Child and Adolescent Mental Health Service (CAMHS) and from a Social Care team in Essex. Eight participants were recruited. The inclusion criteria for participation included that participants were grandparents to the children, they were open to CAMHS or Social Services, they were SGs of at least one grandchild for at least a year at the time of recruitment. This ensured that they had completed a period of transition in their roles as SGs, which would enable them to reflect on their experiences.

Participants' demographic information is outlined in Table 1. All participants were females, White British and their ages ranged from 49 to 75 years old.

Table 1

Participant Demographics

Participant	Gender	Age	Number of SGO children	Ethnicity	Educational level	Marital status	Length of SGO
Amy	Female	49	1	White British	GCSE's	Married	4 years
Sarah	Female	56	1	White British	No formal qualifications	Single	4 years
Tina	Female	58	1	White British	MSc	Married	7 years
Anne	Female	58	1	White British	GCSE's	Married	10 years
Mary	Female	75	2	White British	No formal qualifications	Married	13 years
Victoria	Female	65	1	White British	MSc	In a relationship	10 years
Emily	Female	64	2	White British	A-Levels	Married	4.5 years
Polly	Female	53	1	White British	GCSE's	In a relationship	6 years

Procedure

Recruitment

A research poster (Appendix C) was sent via email to the participating organisations, who then forwarded it to potential participants. SGs who were interested in the study, contacted the researcher via email. An electronic copy of the Participant Information Sheet (PIS; Appendix D) was sent, and participants willing to proceed were then asked to complete and return a consent form prior to the start of the interview (Appendix E).

Participants recruited via the NHS site were interviewed in person at the service's premises. Participants recruited via Essex Social Care were interviewed online, via Microsoft Teams, following their preferences, as they were residing across a large geographical area and commuting to the local authority premises was challenging. Recruitment continued until enough data was collected to meet the aims of the research. All participants received an electronic voucher as a reward for their participation following the interviews.

Consultation with an Expert by Experience

A grandparent SG accessing the CAMHS service was consulted for the development of the interview schedule prior to the data collection. A draft interview schedule was discussed with them, and their feedback was incorporated into the development of the final version (Appendix F). This included the addition of a question regarding participants' relationship status as the expert by experience suggested the presence or absence of a partner impacts significantly SG's experiences. They also suggested that questions are kept open and general to allow participants to think of their experiences without manipulation. A final suggestion was that SGs' partners should also be interviewed and included in the study. Interviewing couples was beyond the scope of the present study, but it was a recommendation to be considered for future research.

Data collection

The interview schedule was developed drawing on existing literature and on IPA principles, particularly focusing on participants' meaning- making processes (Smith et al., 2022; Biggerstaff & Thompson, 2008). Semi-structured interviews were facilitated by open prompt questions used as the basis for conversations without intending to be prescriptive or to override participants' interests (Biggerstaff & Thompson, 2008).

The interviews were recorded with a dictaphone or through the video call platform and were stored into a password protected folder. Interviews lasted from 40 to 55 minutes and were transcribed verbatim by the researcher.

Data analysis

Data was analysed using Smith et al. (2022) seven-step IPA method. First, each transcript was read and re-read individually to allow the researcher to enter the participant's world and to actively engage with the data. Exploratory notes were written for more familiarity with the transcript and the way participants talked and thought about issues. Some notes were descriptive (describing the content of the stories), others were more linguistic (focused on the language used) and other notes engaged with the data in an interrogative and conceptual way (Appendix G; Smith et al., 2022). Then, experiential statements were constructed based on the exploratory notes and connections across them were searched to make sense of how these fit together. Clustered experiential statements were given a title based on their characteristics and Personal Experiential Themes (PETs) were developed (Appendix H). The process was repeated for each transcript individually committing to IPA's idiographic nature (Smith et al., 2022; see Appendix I for an example of a fully coded transcript). Then, patterns of similarity and differences across PETs were explored to generate Group Experiential Themes (GETs), which highlighted the shared and unique features of the experiences across participants (Smith et al., 2022; Appendix J).

Adhering to the double hermeneutic nature of IPA, data was analysed across various levels of interpretations. At one level, themes were clearly grounded to the text, but on another level they moved beyond the text to a more interpretative and psychological level (Smith, 2004). Participants' use of language, silences, emotions during the interviews, and the use of humour and metaphors were included into the analysis and the construction of the final themes. For example, a participant compared her experience of Special Guardianship with cancer, and the interpretation of this was that the metaphor was used to exaggerate the difficulty of the whole process in order to emphasise the lack of support and understanding from society and services. On another example, a participant's frequent silences and use of humour when talking about emotive topics during the interview was interpreted as their defence against psychic pain and vulnerability which did not align with their responsibility to rescue the family from fragmentation and to maintain the balance in the family system.

Quality Assurance

Bracketing involves a process of self-discovery and self-awareness in relation to the topic and it was utilised to manage the researcher's potential harmful effects of unacknowledged biases and preconceptions and to ensure research quality (Tufford & Newman, 2012).

Prior to data collection, a bracketing interview was completed with a fellow trainee clinical psychologist (Rolls & Relf, 2006). The researcher explored their motivations to undertake this research, their own assumptions and preconceptions about SG's experiences and grandparenthood (Appendix K). Additionally, a reflective diary was kept throughout the project to reflect on the researcher's experiences of conducting the research (Tufford & Newman, 2012; Appendix L).

Three transcripts were shared with the two supervisors and emergent themes were compared to maintain the integrity of the findings. Consensus among researchers support the proposed interpretation of the data and increases quality assurance (Stiles, 1993). Comparing the analysis of one transcript with the internal supervisor and two transcripts with the external supervisor allowed for inter-coder agreement which ensured that the identified themes were grounded in the data (Yardley, 2008). Further discussions between the coders were utilised to reach agreement and to resolve disagreements. Also, the final GETs were further discussed with both supervisors until agreement was made.

Ethical considerations

Ethical approval was granted by the Health Research Authority (HRA; Appendix M) and the Essex Council Research Governance department (Appendix N).

Consideration was given to the limits of confidentiality and participants were instructed to avoid providing any identifying information about their families and others. A clear process was in place in case of any risk or safeguarding concerns. The PIS and the consent form were provided in advance to inform participants' decision to participate in the project. At the start of the interviews, they were reminded that they could take breaks if they needed to and that they could end the interview at any point and withdraw from the study if they wished to. At the end, a debrief was offered for further comments and/or concerns. A debrief sheet with support lines and services was available in case they required urgent support (Appendix O).

Personal identifying information has been removed and pseudonyms have been used. Recordings and transcripts have been stored securely in password protected folders.

Results

The findings from the eight participants were organised into three GETs and eleven sub themes (Table 2).

Table 2

Overview of Group Experiential Themes, Sub-themes, Participant Quotes and number of participants sharing the sub-themes

Group Experiential Theme (GET)	Sub-theme	Quotes	Participants sharing the sub-themes
A life changing experience with losses and adaptations	A transformative life experience	'*…that could be seen as part of his trauma. So I try not to do that (walk away)… but just taking a deep breath*	Amy, Sarah, Tina, Anne, Mary, Victoria, Emily, Polly

		and going into trying to think back to the attachment and nurturing and trying not to question his behaviour, because I can now work out why he might behave in such a way. ’ Tina	
	Loss of an independent life	*‘But she needs to realise that I’ve literally given up, I have no life.*’ Sarah	Sarah, Tina, Anne, Mary, Victoria
	Regression to a former life stage	*‘...we're back being parents of a 9-year-old. You can't do the things all our friends are doing.*’ Tina	Amy, Sarah, Tina, Mary, Victoria, Polly, Anne
	Dissonance between the grandparent and the grandparent-as-parent role	‘*...you become parent again and you have to be and a grandparent to the others’* Anne	Sarah, Tina, Anne, Victoria, Emily, Mary
	A unique and complex relationship	‘ *‘..(grandchild) asked me once why there is not a name for us. And he thinks a ‘mum nan’ is a better name than a Special Guardian’* Anne	Sarah, Amy, Anne, Mary, Polly
A new family structure; SGs as the family saviours	Turbulence in the familial relationships	*‘Our two younger boys don’t really get on with him (oldest son) anymore and don’t really particularly want a relationship with him.*’ Tina	Amy, Sarah, Tina, Victoria, Emily, Polly, Anne
	Re-unification and reset of the family structure	‘*I kept saying to her ‘you still got to come around and see your son’...she would be coming round and she would be literally crying in my arms and we got a bond that way.’ Polly*	Amy, Polly, Emily, Sarah, Victoria, Tina
	Being the rescuer of the family	‘*...in the situation, what do you do? You let your grandchildren go into the care system? Because*	Amy, Tina, Victoria, Mary, Emily

		there's no way I could do that.' Victoria	
Rejection from the world vs inclusivity from the SG community	Isolation and lack of understanding from the society	*'…you tell people you're a SG and you get a lot of 'oh that's amazing', but I don't think people realise…until they go for it. Until you go for it, you don't know'* Amy	Tina, Amy, Anne, Mary, Victoria
	A constant battle with services	*'It was literally just me and my granddaughter fighting against the law…It's just that when I bring this up, it seems to be pushed to one side and that's irritating me, it's frustrating me.'* Sarah	Amy, Tina, Sarah, Victoria
	Connectedness with and sense of belonging in a new community	*'…but I've made up with good friends. I've got friends now (that) totally understand because they have got the same issues that I've got'* Mary	Amy, Mary, Anne, Polly, Emily Tina

A Life changing experience with losses and adaptations

Special Guardianship was a life changing event as participants had to adapt to a new way of living. Taking up this new role resulted in grandmothers making important changes in their lives prioritising the grandchildren's wellbeing, including practical adaptions related to employment and retirement, changes in their views and personalities, losses and role adaptations.

A transformative life experience

Some SGs described having to adapt and to change aspects of themselves and their personalities to cope with the challenges of the new role. Polly shared that that she always considered herself an independent and self-reliant person who was providing help and support to others. Becoming a SG and facing the financial constraints of the role, she felt that she had to learn how to accept support from others, which initially she found unsettling.

'...but they knew how stubborn I was, as well for asking for help. Because we're old school Londoners, and that came up quite a lot when I went for the special guardianship stuff, we're old school Londoners, we brought up to work and support yourself. I didn't like it at first because I felt like I was a charity case... And (then) I thought 'Why not?' 'Hello, let's help me out because I can't go to work anymore.' Polly

Similarly, other participants changed their attitudes and views towards help seeking when they faced the practical limitations and the financial demands of the role. Whilst in the past they were used to managing life challenges on their own, as SGs they had to learn how to seek help from services and social networks.

'*I don't really ask for much help because I'm more of a 'I'll do it myself' kind of thing... luckily, I went to friends and said 'please, have you got any clothes that we can have and stuff?'* Amy

Additionally, caring for grandchildren that presented with complex emotional needs, transformed participants' views and responses to children's behaviours that previously would be perceived as 'naughty' or 'challenging'. Through parenting courses participants adapted to a more sensitive and thoughtful parenting style. Grandchildren's demanding or aggressive behaviours were interpreted with an empathetic approach, with participants taking into consideration experiences of trauma that contributed to these behaviours.

'*I've done a nurturing and attachment course and other things, and once we did those, it certainly opened your eyes to a different way of thinking. And it makes you think more deeply.*' Anne

Loss of an independent life

Being a grandparent SG involved the loss of a previously independent life. Participants shared a sense of loss of control in the lives due to various restrictions and additional responsibilities. The disruption in their daily activities caused a re-organisation of their social networks as friendships and relationships could not be maintained. This caused a sense of being physically and emotionally trapped into a new life that they did not anticipate.

'...from our point of view, we've just got our lives back to ourselves and then it was snatched away again. So, we don't have that freedom that we were looking forward to…' Tina

Also, grandmothers felt constrained by the grandchildren's daily caring needs, their complex physical and mental health difficulties, and their educational commitments. A sense of loss of personal freedom was shared.

'...we can't just go and do what we want to do… my daughter and I would love to just be up and go away and do things. But we've also always got to consider who's looking after P. (grandchild)...' Victoria

In addition, SG grandchildren's complex health and emotional needs, required grandmothers to be physically and emotional available. Thus, they often had to give up or to pause pleasurable activities or to restrict their social activities.

'…Now if I go, even if I go shopping, If I'm not back by at a certain time, she's (grandchild) on the phone 'How long you gonna be there?' Well, she just needs me now.' Sarah

Regression to a former life stage

For many grandmothers the transition to the SG role was experienced as a regression to being mothers again. Participants described motherhood as a challenging and restrictive period of their lives that they thought they had left behind and they were looking forward to grandparenthood. However, becoming SGs, they felt that they regressed to this former stage of life which was even more demanding than before due to their advanced age and their grandchildren's complex needs.

'...because to be honest, my children were walking themselves to school, doing everything themselves and then when I got K. and I had to do it all again for him...' Amy

Having gone through the parental role previously, participants normalised some of their difficulties viewing them as 'natural' and expectant elements of this stage of life. Being self-reliant and showing stoicism appeared to be some of their strategies to manage the re-living of this life stage.

'...so, at the end of it, I just done what I needed to do...I am more of a carer nature...' Polly

Dissonance between the grandparent and the grandparent-as-parent role

The transition to the SG role involved a sense of confusion and frustration as roles and boundaries were unclear and difficult to be maintained.

'...I was grandma and now I'm not. I'm like mum to him…he still calls me grandma or nan' Amy

Participants shared a sense of sadness and mourning for their loss of the stereotypical grandparental role which they considered enjoyable and indulgent. Also, for some of them being grandmothers who were parenting their grandchildren was internalised as an untypical developmental life stage.

'*I don't do things that I should be doing at my age. I'm still working part time and I'm still fostering so that I can afford.*' Victoria

Instead, they found themselves in a role that mirrored a parental role that involved discipling the grandchildren and setting boundaries which resulted in tension, conflict and arguments in the relationship. Negative feelings and tension in the grandmaternal relationship was not viewed 'normal'.

'Because it's not normal, it's not normal taking him to school and getting ready, you know, having a bath or going to bed and it's not all fun.' Amy

Some participants experienced the SG role confusing as they viewed it as partly grandparental and partly parental. This confusion came up in some interviews when participants would refer to themselves unintentionally as both ‘grandmothers’ and ‘mothers’ at various points. Also, Emily described an internal split between the ‘good’ and the ‘bad’ grandmother which was linked with an inner conflict regarding her role as a grandmother and mother.

‘*…you become more of a grandmother and then you become more of a mother...they see me as mum...I’m still they’re nan... I wish I was still that nice nan’* Emily

In addition, parenting their grandchildren and prioritising their needs recreated a sense of guilt to some grandmothers towards their other grandchildren and their own children. Some of them shared a fear that they might have been unfair towards their other grandchildren, and an anxiety that they were not good enough grandmothers because they were unable to spend much time with them. Also, the need to maintain a balance between their grandchildren and their children created an internal conflict.

‘*But I don’t do the individual things with the other grandchildren like I should do because my time is taken up with the others. I know that’s not fair.*’ Mary

A unique and complex relationship

Linked with the confusion regarding their roles, most participants found it difficult to describe and define the relationship with their grandchildren, which appeared to be unique, and it involved complex and conflicted feelings. Grandmothers perceived the relationship to be aligned with that of a grandparent, a parent and a friend simultaneously which made it special compared to their other familial relationships. In an attempt to label and define it, one participant used the term ‘heart-mummy’.

‘*I’ve never lied to the girls, and when we first got them and they used to call me ‘mummy’, I used to say ‘I’m not your tummy mummy, I’m your ‘heart-mummy’* Mary

The relationship was described as loving and caring, but also very challenging and demanding. Core elements of the specialness in the relationship appeared to be the mutual caring, a playfulness in the interactions, a sense of togetherness and honesty between them. At the same time, the relationship included tension, conflict, frustration and insecurity, which was attributed to grandchildren's previous psychological trauma.

'*He's (grandson) got his problems but is also adorable as well. And when I've not been well, he definitely has shown his adorable side and wants to try and help me by getting me some water or coffee…I really hated that time because he was always crying...they depend on you so much...*' Polly

A new family structure; SGs as the family saviours

This GET reflects the participants' experiences of being part of the family system. The transition to Special Guardianship appeared to be challenging and unsettling for most families. Most grandmothers viewed it as their responsibility to re-unite the family and shared a sense of obligation to save it from falling apart.

Turbulence in the familial relationships

Participants found themselves in between complex family dynamics. The process of the SGO had caused intrafamily conflict and fragmentation. Family members had opposed to participants' decision to become SGs, others distanced themselves, whilst tension was created between them and the grandchildren's birth parents.

'*And it's been really difficult to even get my husband to accept our oldest son back into our family. And I don't think the relationship is ever going to be as it was before.*' Tina

Also, a sense of resentment and jealousy towards the grandmothers was experienced by their own children who compared the grandparents' contribution to the other grandchildren.

'*I had a meeting with her once, before we took the SGO to explain to everyone what we were doing and how it might make a difference to the other grandchildren…and she (daughter) did say under her breath 'well, it's always been that way for them' meaning that they (SG grandchildren) were always the special ones to us*' Emily

Re-unification and reset of the family structure

Despite the tension and the conflict, familial relationships were re-set and re-established following a period of transition. The process of SGO was experienced as unsettling and even traumatic for some families, however overtime, relationships either improved or re-organised. Some family members distanced themselves from the SG family, whilst others re-connected.

'So, while she (daughter) was here, the situation was really bad. But now, when we go and see her, it's totally different…it is just so lovely to see to see them (daughter and grandchild) have that bond...' Polly

A shared sense of responsibility towards the SG grandchild and the involvement and consultation of the whole family in decision making appeared to have enabled families to overcome the challenges.

'*…obviously it was a big decision, so I had to speak to my family first, yeah. And we all kind of agreed it would be the best thing for K. (grandchild)*' Amy

The SGO also created opportunities for new attachments to be formed within families. For example, Emily shared that she developed a new and closer relationship with her daughter in law as they both parented children of similar ages.

'*But is has made our relationship better with the daughter in law because they (grandchildren) are all at the same school…I'm almost like her sister-in-law...*' Emily

Being the rescuer of the family

During periods of intrafamily conflict and fragmentation, grandmothers experienced a sense of responsibility to keep the family united and to keep a balance in the family system. They felt a sense of responsibility to protect and to keep the SG grandchildren safe and at the same time they perceived it as their role to look after other family members who were impacted by the SGO process. As a result, it felt like their own wishes and emotional needs were sacrificed for the whole family's wellbeing.

'...and trying to get my family to accept L. (son) has been really, really challenging... I think as a mum you bend over and backwards for your children, no matter what...I think I protect my husband quite a lot. I think I will take an awful lot more, so he can do things.' Tina

Grandmothers intervening and rescuing the grandchildren from entering the care system was a shared experience for the participants.

'*And I couldn't allow that. And if I'd have refused to take her home that day, she would have gone straight into care.*' Victoria

Rejection from the world vs inclusivity from the SG community

This theme captures SGs' experiences of connecting with their mesosystem and their exosystem. Participants expressed a sense of having been rejected by pre-existing social networks, friends and services, but they gained access to new community that provided them with a sense of belonging.

Isolation and lack of understanding from the society

Participants experienced the role of SGs as a lonely experience. They described it as a very difficult and demanding role that most people around them could not understand. This sense of lack of understanding from the society created a feeling of helplessness and for some participants led into the deterioration of their own mental health.

'*I've got to a crisis point where I just couldn't cope anymore'* Tina

In addition, participants experienced the loss of friendships and social networks because they regressed into a former stage of life which prevented them from sharing the same interests and activities with peers. The increased caring responsibilities restricted and limited their opportunities for socialising which led into a sense of isolation.

'…we lost friends because actually when we get older, people do not want to know if you've got children. Because you can't go to the pub. There are things you can't do; you can't just all go on holidays…so social life is gone' Victoria

A participant also experienced stigma and discrimination as a SG from the society due to others' assumptions about her grandson's' complex needs.

'*It's that constant fear and anxiety that you're going to be the one that's fingered…almost kind of being discriminated…they have no idea what he's (grandson) been through. How dare they make that assumption?*' Tina

A constant battle with services

Participants experienced social care services as unhelpful, inconsistent and unable to understand their experiences. Often, they felt neglected, and they thought that they needed to 'fight' for support for their grandchildren. Being skilled in negotiating, trouble shooting, and decision making were described as some of the tools required to manage the 'battle' with services.

'*Nothing prepares you for the amount of rowing and fighting that you have to do…metaphorically, I battered one woman around the office for three quarters of an hour…and I don't think they realise probably how much of a fight a lot of (special) guardians have*' Anne

Other participants described having felt judged and criticised from social services. They also experienced a sense of injustice and unfair treatment compared with foster carers when it came to the distribution of support and finances.

'…it was just stressful. You felt like you were always being judged straight away, like I just, I just felt judged all the time… to get the help we needed for him (grandchild) it was a bit shady to be honest... He had nothing apart from the clothes he was wearing.' Amy

Connectedness with and sense of belonging in a new community

Despite the rejection from the society and the battle with services, most participants gained access to the SG community. They found themselves connecting with and feeling accepted by a new group of people who were sharing the same challenges and were able to understand what's it's like to be a SG. Either attending groups or meeting individually, grandmothers felt supported by other SGs and connected with them without experiencing a sense of judgement or criticism. For some participants the loss of friendships was managed with the gain of new ones.

'*The last seven or eight years has been so much better because I met other special guardians…the conversations that we've had are about the most bizarre things…there's no judgement*' Anne

Discussion

This study explored the lived in experiences of special guardianship and three GETs with subthemes emerged. The findings are discussed in relation to the literature and the existing theory. Limitations and clinical and research implications are also reviewed.

Special guardianship was a transformative experience including significant life changes, such as re-employment, early retirement and relocation, as a response to the caring responsibilities. These findings support existing literature as grandparents in kinship care often adapt their life circumstances and their lifestyles to manage the challenges they face (Dunne & Kettler, 2008; Birchall & Holt, 2023). Participants in this research also described a sense of loss of their anticipated lives, including the dreams and aspirations for the future. Many of them experienced parenthood as a challenging stage of their lives with increased demands and responsibilities and when their children grew older, they envisioned grandparenthood as a period of independence and enjoyment. Instead, they found themselves regressing back to parenthood. This sense of changing identities (from grandparent to parent) is echoed in existing literature where an identity ambiguity has been identified (Hingley-Jones et al., 2020; Bailey et al., 2009). Bailey et al. (2009) found that some grandparents resisted letting go of their grandparent identity, whilst others appeared more passive allowing their grandchildren to define their identities for them. The dissonance between the grandparent and the grandparent-as-parent role caused an internal conflict and a sense of loss of the stereotypical grandparental role. The role conflict resulted in experiences of guilt, grief and anxiety about their identities and their positions within the family system. Previously, Backhouse and Graham (2012) identified the issue of identity conflict, where grandparents reported experiencing several paradoxes emerging from conflict between being grandparents and kinship carers of their grandchildren. Caregiving grandparents who were looking forward to entering traditional grandparenthood, experience a sense of deprivation when they become parents again (Langosch, 2012). This developmental dissonance has been described in the literature as life disordering, painful, and prolonged as grandparents shift from one role to the next (Langosch, 2012). Considering Merton's (1957) role theory, people who occupy multiple and conflicting roles within the family, may experience internal conflicts. Grandmothers in this study were acting as parents to their own children, as grandmothers to their grandchildren and as both mothers and grandmothers to their SG grandchildren. As SGs, grandmothers re-entered a parental role which involved disciplining and setting boundaries that they had previously completed, which conflicted with the indulgent grandparental role they had attributed to this stage of their lives. The conflicting roles resulted in ambivalent feelings. According to the role theory, the coexisting positive and negative feelings stem from the discrepancies between participants' perceptions and feelings and also from contradictory expectations for behavior at this stage of life (Dolbin-MacNab, 2006). Also, drawing on identity theory, the dissonance that the participants experienced can be understood as the result of the two oppositional identities they were holding which were activated at the same time (Backhouse & Graham, 2012).

Another significant finding was the unique and special relationship grandmothers developed with their SG grandchildren. What made it unique was the special bond developed between them which involved both challenges and rewards. In line with the literature, the grandparent kinship relationship is characterised by an intense emotional bond which provides a mutual sense of stability, unconditional love and dedication (Hunt, 2018). Also, in line with attachment theory (Ainsworth & Bowlby, 1991), SG grandmothers serve as a 'secure base' for their grandchildren to explore the world, whilst they are available and trustworthy. Most looked after children have experiences of multiple adversities and attachment injuries which lead to complex behavioural and emotional difficulties (Pasalich et al., 2021). Participants in the study, perceived grandchildren's behaviours as challenges they had to manage in order to maintain the bond with their grandchildren. Despite the development of this special bond, grandmothers also experienced the loss of bonds with their own children or their other grandchildren as they were less available to them.

The transition to special guardianship was impactful for most families as pre-existing difficult family dynamics were intensified, intrafamily conflict arose and some families were fragmented. Many SGs experienced conflict with close family members, however, progressively, familial relationships improved and the family systems were re-organised. Grandmothers experienced a sense of obligation to keep their families united and to save them from falling apart. In line with previous studies, conflict within the family system is a shared experience in kinship care, which increases grandparents' stress (Dunne & Kettler, 2008). To understand grandmother's sense of obligation to 'save' their families and to resolve the familial tension, Erikson’s (1963) concept of generativity can be utilised. Several grandmothers in this study referred to their children’s poor parenting skills with a sense of guilt and shame as if they were to be blamed for their children’s behaviours. Experiencing criticism and judgement as a parent and the potential of leaving a negative impact on future generations due to parenting mistakes, can lead to a crisis in generativity (Homan et al., 2020). Saving the grandchildren from entering the care system and helping the family to function again, may be experienced as a ‘second chance’ to fix their own previous mistakes and as a result, a way of managing the crisis in generativity.

Regarding experiences of connecting with the community, participants shared a sense of rejection from friends and professional systems. In line with previous findings, the increased caring responsibilities and commitments did not align with friends and peers’ lifestyles anymore, therefore kinship carers felt excluded from social gatherings and events (McPherson et al., 2022). Also, a sense of abandonment and judgment from social services and agencies has previously been identified (McPherson et al., 2022). Microagression related to kinship care presented in various forms, including intrusive questioning, recuring ignorance and questioning of parental status, that many participants in this study reported, were also found in previous studies (Wilkes & Speer, 2021). Despite the rejection, participants gained access to a new community where they felt included and accepted. Access to support groups has been found to be helpful for grandparents in caring roles (Letiecq et al., 2008). In line with Bronfenbrenner and Morris’ (1998) bioecological systems theory several inter-related contextual variables contribute to the way grandparents act as individuals and as members of systems and the way society perceives their roles (Hossain et al., 2018). In individualist societies where self-contained individualism is highly valued, the social value of grandparents may be undermined as family members focus on personal growth and development, resources are limited and they are spread out geographically (Hossain et al., 2018).

Strengths and limitations

This research provides new insight into the impact of special guardianship on grandmothers' experiences, and it adds to the limited qualitative research in this area. While the qualitative methodology allowed an in-depth exploration of participants' experiences, the generalisability of the findings is limited. Given that IPA requires a homogenous group of participants (Robinson, 2014), the grandparents of the current study were all female, white British and from two specific geographical areas in England. Thus, the results may not be generalisable to SGs living across the UK or from other cultural backgrounds. It is worth noting that whilst the grandparental role has been described as universal, the way grandparents execute the support they provide to their families, varies across cultures (Dolbin-MacNab & Yancura, 2018). Thus, participants from non-British cultures might have shared a different experience of special guardianship.

Despite the open criteria for participation, only grandmothers came forward, which could reflect the fact that there are typically more female kinship carers than males (Starks & Whitley, 2020), which in turn could be explained by grandmothers' perceived sense of responsibility to keep the family united. It has previously been suggested that grandmothers, as females are often socialised and culturally expected to care for the family throughout their lives, with their efforts often being unrecognised (Dolbin-MacNab & Yancura, 2018). A more diverse sample would have allowed for further exploration of the similarities and differences experienced by SGs from different backgrounds.

Another limitation lies in the researcher's inevitable influence on the findings. The researcher's identity as a white, male professional speaking English with a European accent, might have influenced power dynamics and participants' responses in relation to what felt safe to share and what not to. Additionally, despite the use of a reflective diary, a bracketing interview and the comparison of the themes with the supervisors, the analysis and the reporting of the findings might have been impacted by the researcher's beliefs and biases.

Reflexivity is an ongoing process throughout the research process, and it involves critical attention to personal, interpersonal, methodological, and contextual factors that influence the study (Olmos-Vega, 2023). In line with social constructionism, reflexivity involves valuing subjectivity and is viewed as part of how a researcher accounts for the importance of the intertwined factors that bring research into being (Olmos-Vega, 2023). In the present study, researcher's own experiences of having been cared by grandparents influenced their motivation to explore the current topic, the way their interacted with interviewees and their interpretation of participants' experiences.

Clinical implications

The grandmothers in the present study experienced special guardianship as a transformative and life changing event that impacted not only them but also the whole family. During that time of adjustment and change, they shared a sense of loneliness and abandonment from services and their social networks. This sense of rejection from the community was counterbalanced by connecting with other SGs with similar experiences. Thus, more opportunities to connect with grandparent SGs could lead to better wellbeing, as access to peer support groups may reduce grandparents' sense of social isolation (Starks & Whitley, 2020).

Also, providing SGs with a therapeutic space with clinicians that are able to support them to process their losses and to manage the transition would be helpful. Interventions can provide them with support, psychoeducation and validation to help grandparents build resilience and empower them in their new roles (Langosch, 2012). However, this would require clinicians to be trained to understand the challenges kinship families face, whilst information about trauma, loss, physical and mental health, and practical limitations should be gathered at the assessment stage.

Another challenge participants reported was their perceived sense of responsibility towards their grandchildren and their expectation to provide them with a stable and safe environment to flourish and to overcome the trauma experienced by their birth parents. Attachment based interventions can help young people and children, who have experienced trauma and attachment injuries, to build resilience (Pasalich et al., 2021). Parent interventions informed by attachment theory can support caregivers to better understand their children's needs and to respond to them within a safe and secure relationship (Pasalich et al., 2021). Thus, attachment-based interventions adapted to the SG relationship could help grandparents to feel more confident in their roles and able to manage the complex dynamics of their relationship with their grandchildren and other family members.

Given the multifactored challenges grandparents experience and their various responsibilities, a better coordination between mental health services, social services and local authorities is required to ensure SGs' needs are met. The concept of partnership and the collaboration of multiple and diverse stakeholder groups has previously been recommended as a necessary approach to family wellbeing (Okagbue-Reaves, 2006).

Research implications

The participants in this study were all female and white British. Future research should aim to address how intersectionality within the SG identity impacts grandparents' experiences. Furthermore, an understanding of SG grandfathers is needed, given that much of the existing literature on grandparenting focuses on grandmothers' contributions (Scraton & Holland, 2006). In addition, to support the generalisability of findings, further research with larger samples and participants from various cultural backgrounds is needed.

Following the recommendation of the expert by experience, future research could involve couple's experiences of SGOs. This would build the current study's findings on the impact of the role on family dynamics by including partners' perspectives. It would also further our understanding of the impact of companionship on the identified challenges and on overall wellbeing.

The current study's findings indicated that the whole family system was impacted and interfamily relationships were negotiated and were either re-established or lost. Further qualitative research exploring the implications of the complex SG role into SGs' relationships with other family members such as their biological children is needed. Also, research on other family members and SG children's perspectives would provide a better understanding of the experience of SGOs. In addition, participants' experiences of the lack of support from social services and the sense of injustice compared to the support foster carers receive, indicate a need for further research on social worker's perspectives and views on the available support and their understanding of SGOs. In the current study, the impact of the SG role on SG's wellbeing was found to be complicated as it was described as both challenging and rewarding. Further larger scale quantitative research on longer term outcomes for SGs' wellbeing would be beneficial.

Conclusion

This study has provided an insight into grandparents' experiences of being SGs of their grandchildren and how this role impacts their lives. Three group experiential themes were developed that captured their experiences; 'a life changing experience with losses and adaptations', 'a new family structure; SGs as the family saviours' and 'rejection from the world vs inclusivity from the SG community'. Despite the rewarding experience of caring for their grandchildren, SGs also face practical, emotional, and relational challenges with various systems around them. The study has implications for clinical practice which include providing SG grandparents with support from specialist clinicians and attachment-based parenting interventions to help them manage their role. Future research would benefit by exploring further the experiences of SG grandparents from more diverse backgrounds.

References

Ainsworth, M. S., & Bowlby, J. (1991). An ethological approach to personality development. *American Psychologist, 46*(4), 333–341. https://doi.org/10.1037/0003-066X.46.4.333

Backhouse, J., & Graham, A. (2012). Grandparents raising grandchildren: negotiating the complexities of role-identity conflict. *Child & Family Social Work, 17*, 306-315. https://doi.org/10.1111/j.1365-2206.2011.00781.x

Baer, J. C., & Martinez, C. D. (2006). Child maltreatment and insecure attachment: A meta-analysis. *Journal of Reproductive and Infant Psychology, 24*(3), 187-197. https://doi.org/10.1080/02646830600821231

Bailey, S. J., Letiecq, B. L., & Porterfield, F. (2009). Family coping and adaptation among grandparents rearing grandchildren. *Journal of Intergenerational Relationships, 7*(2-3), 144-158. https://doi.org/10.1080/15350770902851072

Biggerstaff, D., & Thompson, A. R. (2008). Interpretative phenomenological analysis (IPA): A qualitative methodology of choice in healthcare research. *Qualitative Research in Psychology, 5*(3), 214-224. https://doi.org/10.1080/14780880802314304

Birchall, J., & Holt, A. (2023). Who cares? The grandmother kinship carers shouldering the burden within a gendered care economy. *Journal of Women & Aging, 35*(5), 465-475. https://doi.org/10.1080/08952841.2022.2135339

Blake, A. J., Infurna, F. J., Castro, S. A., Webster, B. A., Dolbin-MacNab, M. L., Smith, G. C., Crowley, D. M., & Musil, C. (2023). Intergenerational patterns of attachment in custodial grandfamilies. *Journal of Family Psychology, 37*(8), 1148-1158. https://doi.org/10.1037/fam0001150

Broad, B. (2007). 'Kinship care: What works? who cares?'. *Social Work & Social Sciences Review, 13*(1), 59-74. DOI:10.1921/19629

Burnette, D. (1999). Social relationships of Latino grandparent caregivers: A role theory perspective. *The Gerontologist*, *39*(1), 49-58. https://doi.org/10.1093/geront/39.1.49

Condon, J., Luszcz, M., & McKee, I. (2018). The transition to grandparenthood: A prospective study of mental health implications. *Aging & Mental Health, 22*(3), 336-343. https://doi.org/10.1080/13607863.2016.1248897

Crittenden, P. M. (2013). *Raising parents: Attachment, parenting and child safety*. Routledge.

Crittenden, P. M., & Dallos, R. (2009). All in the family: Integrating attachment and family systems theories. *Clinical Child Psychology and Psychiatry, 14*(3), 389-409. https://doi.org/10.1177/1359104509104048

DeCino, D. A., Waalkes, P. L., & Chang, V. (2022). Gatekeeper identity development: An application of bioecological systems theory. *Counselor Education and Supervision, 61*(1), 55-70. https://doi.org/10.1002/ceas.12225

Department for Education (2005). *Special guardianship guidance. https://www.gov.uk/government/publications/special-guardianship-guidance#full-publication-update-history*

Di Gessa, G., Glaser, K., & Tinker, A. (2016). The impact of caring for grandchildren on the health of grandparents in Europe: A lifecourse approach. *Social Science & Medicine, 152*, 166-175. https://doi.org/10.1016/j.socscimed.2016.01.041

Dinkler, L., Lundström, S., Gajwani, R., Lichtenstein, P., Gillberg, C., & Minnis, H. (2017). Maltreatment-associated neurodevelopmental disorders: A co-twin control analysis. *Journal of Child Psychology and Psychiatry, 58*(6), 691-701. https://doi.org/10.1111/jcpp.12682

Dolbin-MacNab, M. L. (2006). Just like raising your own? Grandmothers' perceptions of parenting a second time around. *Family Relations, 55*(5), 564-575. https://doi.org/10.1111/j.1741-3729.2006.00426.x

Dolbin-MacNab, M. L., & Yancura, L. A. (2018). International perspectives on grandparents raising grandchildren: Contextual considerations for advancing global discourse. *International Journal of Aging & Human Development, 86*(1), 3-33. https://doi.org/10.1177/0091415016689565

Dunne, E. G., & Kettler, L. J. (2008). Grandparents raising grandchildren in Australia: Exploring psychological health and grandparents' experience of providing kinship care. *International Journal of Social Welfare, 17*(4), 333-345. https://doi.org/10.1111/j.1468-2397.2007.00529.x

Ehlman, K., & Ligon, M. (2012). The application of a generativity model for older adults. *International Journal of Aging & Human Development, 74*(4), 331-344. https://doi.org/10.2190/AG.74.4.d

Erikson, E. H. (1963). *Childhood and Society*. W. W. Norton & Company.

Hall, A. (2008). Special guardianship and permanency planning: Unforeseen consequences and missed opportunities. *Child and Family Law Quarterly, 20*(3), 359–377. Retrieved from: https://papers.ssrn.com/sol3/papers.cfm?abstract_id=1948594

Harwin, J., Alrouh, B., Golding, L., McQuarrie, T., Broadhurst, K., & Cusworth, L. (2019). *The contribution of supervision orders and special guardianship to children's lives and family justice*. Nuffield Family Justice Observatory. https://www.nuffieldfjo.org.uk/resource/the-contribution-of-supervision-orders-and-special-guardianship-to-children-s-lives-and-family-justice

Hayslip, B., Fruhauf, C. A., & Dolbin-MacNab, M. L. (2019). Grandparents raising grandchildren: What have we learned over the past decade? *The Gerontologist, 59*(3), 152-163. https://doi.org/10.1093/geront/gnx106

Hingley-Jones, H., Allain, L., Gleeson, H., & Twumasi, B. (2020). “Roll back the years”: A study of grandparent special guardians' experiences and implications for social work policy and practice in England. *Child & Family Social Work, 25*(3), 526-535. https://doi.org/10.1111/cfs.12718

Homan, K. J., Greenberg, J. S., & Mailick, M. R. (2020). Generativity and well-being of midlife and aging parents with children with developmental or mental health problems. *Research on Aging, 42*(3-4), 95-104. https://doi.org/10.1177/0164027519884759

Hossain, Z., Eisberg, G., & Shwalb, D. W. (2018). Grandparents' social identities in cultural context. *Contemporary Social Science, 13*(2), 275-287. https://doi.org/10.1080/21582041.2018.1433315

Howe, D. (2005). *Child abuse and neglect: Attachment, development and intervention.* Palgrave Macmillan.

Hunt, J. (2018). Grandparents as substitute parents in the UK. *Contemporary Social Science, 13*(2), 175-186. https://doi.org/10.1080/21582041.2017.1417629

Hunt, J. (2020). *Two decades of UK research on kinship care: an overview*. Family Rights Group.

Langosch, D. (2012). Grandparents parenting again: Challenges, strengths, and implications for practice. *Psychoanalytic Inquiry, 32*(2), 163-170. https://doi.org/10.1080/07351690.2012.655637

Lanyado, M. (2019). Repair and legacy: The 'grandparental' role in today's kinship care families, and beyond. *Journal of Child Psychotherapy, 45*(3), 308-322. https://doi.org/10.1080/0075417X.2019.1703119

Letiecq, B. L., Bailey, S. J., & Kurtz, M. A. (2008). Depression among rural native American and European American grandparents rearing their grandchildren. *Journal of Family Issues, 29*(3), 334-356. https://doi.org/10.1177/0192513X07308393

Liao, M. (2016). Factors affecting post-permanency adjustment for children in adoption or guardianship placements: An ecological systems analysis. *Children and Youth Services Review, 66*, 131-143. https://doi.org/10.1016/j.childyouth.2016.05.009

McPherson, L., Gatwiri, K., Day, K., Parmenter, N., Mitchell, J., & Macnamara, N. (2022). ‘The most challenging aspect of this journey has been dealing with child protection’: Kinship carers’ experiences in Australia. *Children and Youth Services Review, 139*. https://doi.org/10.1016/j.childyouth.2022.106550

Merton, R. K. (1957). The Role-Set: Problems in Sociological Theory. *The British Journal of Sociology, 8*(2), 106–120. https://doi.org/10.2307/587363

Okagbue-Reaves, J. (2006). Kinship care: Analysis of the health and well-being of grandfathers raising grandchildren using the grandparent assessment tool and the medical outcomes trust SF-36 TM health survey. *Journal of Family Social Work, 9*(2), 47-66. https://doi.org/10.1300/J039v09n02_03

Olmos-Vega, F. M., Stalmeijer, R. E., Varpio, L., & Kahlke, R. (2023). A practical guide to reflexivity in qualitative research: AMEE guide no. 149. *Medical Teacher, 45*(3), 241-251. https://doi.org/10.1080/0142159X.2022.2057287

Pasalich, D. S., Moretti, M. M., Hassall, A., & Curcio, A. (2021). Pilot randomized controlled trial of an attachment- and trauma-focused intervention for kinship caregivers. *Child Abuse & Neglect, 120*. https://doi.org/10.1016/j.chiabu.2021.105178

Phillips, M. J. (2023). Towards a social constructionist, criticalist, foucauldian-informed qualitative research approach: Opportunities and challenges. *SN Social Sciences, 3*(10). https://doi.org/10.1007/s43545-023-00774-9

Poehlmann, J., Park, J., Bouffiou, L., Abrahams, J., Shlafer, R., & Hahn, E. (2008). Representations of family relationships in children living with custodial grandparents. *Attachment & Human Development, 10*(2), 165-188. https://doi.org/10.1080/14616730802113695

Robinson, O. C. (2014). Sampling in interview-based qualitative research: A theoretical and practical guide. *Qualitative Research in Psychology, 11*(1), 25-41. https://doi.org/10.1080/14780887.2013.801543

Rolls, L., & Relf, M. (2006). Bracketing interviews: Addressing methodological challenges in qualitative interviewing in bereavement and palliative care. *Mortality, 11*(3), 286-305. https://doi.org/10.1080/13576270600774893

Schofield, G., & Beek, M. (2005). *Attachment handbook for foster care and adoption*. BAAF.

Scraton, S., & Holland, S. (2006). Grandfatherhood and leisure. *Leisure Studies, 25*(2), 233-250. https://doi.org/10.1080/02614360500504693

Simmonds, J., Harwin, J., Brown, B., & Broadhurst, K. (2019). *Special guardianship: a review of the evidence. Summary report*. Nuffield Foundation. https://www.nuffieldfjo.org.uk/wp-content/uploads/2021/05/NuffieldFJO-Special-Guardianship-190731-WEB-final.pdf

Smith, J. A. (2004). Reflecting on the development of interpretative phenomenological analysis and its contribution to qualitative research in psychology. *Qualitative Research in Psychology, 1*(1), 39-54. https://doi.org/10.1191/1478088704qp004oa

Smith, J. A., Flowers, P., & Larkin, M. (2022). *Interpretative phenomenological analysis: Theory, method and research.* (2nd ed.). SAGE.

Smrtnik Vitulić, H., Gosar, D., & Prosen, S. (2023). Attachment and family functioning across three generations. *Family Process, 62*(2), 775-794. https://doi.org/10.1111/famp.12787

Starks, L., & Whitley, J. (2020). *An evaluation of kinship connected for grandparents plus. Final report.* Grandparents Plus. https://kinship.org.uk/wp-content/uploads/Kinship-Connected-Evaluation-FINAL-Sept-2020-1.pdf

Stiles, W. B. (1993). Quality control in qualitative research. *Clinical Psychology Review, 13*(6), 593-618. https://doi.org/10.1016/0272-7358(93)90048-Q

Tufford, L., & Newman, P. (2012). Bracketing in qualitative research. *Qualitative Social Work: QSW : Research and Practice, 11*(1), 80 96. https://doi.org/10.1177/1473325010368316

Wade, J., Sinclair, I. A. C., Stuttard, L., & Simmonds, J. (2014). *Investigating special guardianship: Experiences, challenges and outcomes.* Department for Education. https://explore.openaire.eu/search/publication?articleId=core_ac_uk__::958112393223a0f81586bbf9f5d51879

Wilkes, J., & Speer, S. A. (2021). Reporting microaggressions: Kinship carers' complaints about identity slights. *Journal of Language and Social Psychology, 40*(3), 303-327. https://doi.org/10.1177/0261927X20966356

Woodward, K., Melia, Y., & Combes, H. (2021). Exploring carers' experiences and perceptions of special guardianship orders (SGOs) over time, from the point of applying to now. *The British Journal of Social Work, 51*(6), 1963-1982. https://doi.org/10.1093/bjsw/bcaa086

Yardley, L. (2008). Demonstrating validity in qualitative psychology. In J. A. Smith (Eds.), *Qualitative psychology: A practical guide to methods* (pp. 235-251). Sage.

Section C: Appendices of supporting material

Appendix A Mixed Methods Appraisal Tool (Version 18; Hong et al., 2018) Qualitative, Quantitative Descriptive and Mixed Methods Study

This has been removed from the electronic copy.

Appendix B Initial themes extracted from the quantitative and mixed methods papers

Author	Design	Themes
Letiecq et al., 2008	Quantitative descriptive	Increased mental health difficulties; depression, high parental stress, hopelessness Social isolation
Leder et al., 2007	Quantitative descriptive	Carers' increased parental stress associated with increased physical, social, and mental health difficulties Carer's wellbeing is impacted by children's behavioural and emotional difficulties Carer's poorer social functioning
Xu et al., 2020	Quantitative descriptive	Material and resource hardship Psychological distress High parental distress Lack of social support Increased vulnerability in licensed kinship caregivers compared to unlicenced carers
Irizarry et al., 2016	Mixed methods	Tense family dynamics and sense of responsibility to maintain a balance in the family system Sense of injustice and mistreatment from social services Responsibility to manage the children's complex emotional and behavioural needs Access to limited support and resources
McPherson et al., 2022	Mixed methods	Lack of support from social services Limited financial support Sense of mistreatment from professionals Responsibility to manage complex family dynamics Difficulties in relation to managing children's emotional and behavioural needs
Woodwardet al., 2021	Mixed Methods/ Q Methodology	Sense of mistreatment and lack of support from services Increased parental stress, anger and confusion related to the kinship carer role

Appendix C Research poster

Exploring grandparents' experiences of being special guardians of their grandchildren

Canterbury
Christ Church
University

Are you a grandparent who has had special guardianship of at least 1 grandchild for at least 1 year?

My name is Alex Tsefos and I am a Trainee Clinical Psychologist. I am speaking to grandparents about their experiences of taking up this role and its impact on their relationships with others.

Interviews last approximately 1 hour and take place at a convenient time in person or remotely.

You will be reimbursed £10 for your time.

If you would like more information or you wish to take part, please email me: [redacted]
or contact me on [redacted]

Appendix D Participant Information Sheet (PIS)

Canterbury
Christ Church
University

Salomons Institute for Applied Psychology
One Meadow Road, Tunbridge Wells, Kent TN1 2YG

www.canterbury.ac.uk/appliedpsychology

Information about the research

IRAS ID: [redacted]

Study title: Grandparent special guardians' experiences caring for their grandchildren; implications on their relationships in their proximal and distal environments.

Hello. My name is Alex Tsefos and I am a trainee clinical psychologist at Canterbury Christ Church University. I am part of a research team (with Dr Alex Hasset and Dr Isabelle Lensvelt) and we are conducting a research study that I would like to invite you to take part. Before you decide whether to take part, it is important that you understand why the research is being done and what it would involve for you. Please read this sheet and feel free to ask me or another member of the study team any questions. Please also feel free to share this information sheet with other people and talk to them about your decision to take part in the study.

What is the purpose of the study?

- To find out more about the experiences of grandparents who have special guardianship for their grandchildren.
- To learn more about grandparents' relationships with others.
- To understand more about how grandparents' relationships with others impact their wellbeing.

Why have I been invited?

You have been invited to take part in this study because we are hoping to interview grandparents who are special guardians of at least one grandchild. We are advertising this study via posters in the Looked After Children / Edge of Care / Adoption Team in Greenwich Child and Adolescent Mental Health Service (CAMHS). We will be inviting up to 10 grandparents to take part in this study.

Do I have to take part?

It is up to you to decide whether you want to take part on the study or not. If you agree to take part, I will then ask you to sign a consent form.

You are free to withdraw from the study at any time, without giving a reason and you are also free to decide not to take part at all. This will not affect any care you receive from CAMHS in any way.

What will happen to me if I take part?

If you take part in the study, we will meet for an one off interview, which I will record. The interview will take place in a room in Greenwich CAMHS. At the interview, I will ask you some demographic questions and then a few questions about your experience as a special guardian.

The interview will last between 45 to 70 minutes.

I will audio record the face-to-face interviews so that I am able to transcribe and analyse them later. I will record them using a small recording device (dictaphone) that I will have on me during our meeting. After the interview I will transfer the audio file to a secure computer which can only be accessed by myself and the study team.

The online interviews will be conducted via Microsoft Teams. Online interviews will be video recorded and automatically transcribed by Microsoft Teams. After the interview I will check the accuracy of the transcript and I will then delete the video recording. The transcript and the recording will be stored to a secure computer which can only be accessed by myself and the study team.

I will type up the interview and will look at this to identify themes in your interview and those of other special guardians.

If you decide during the interview that you no longer wish to take part, you are free to stop the interview at any point and withdraw. You may also decide after taking part in the interview that you would like to withdraw from the study. You are free to do this at any time in the 4 weeks following the interview.

If you decide to withdraw, I will destroy the audio recording and any transcript of your interview which has been made. If you withdraw 4 weeks after the interview, then I will do my best to delete your recording and transcript, however in some cases your data may already have been included in the analysis and not be possible to remove.

Expenses and payments

You will receive a £10 reward for your contribution to the study that you may use as reimbursement of travel expenses for attending an interview or in any other ways you wish.

What will I be asked to do?

You will be asked to attend a meeting with me where I will be asking you some questions about your experiences being a special guardian. These questions will focus on your new role and its impact on your relationship with your family and other people around you. You will be free not to answer or skip any questions during the interview and will also be free to take a break from the interview at any time. If you change your mind during the interview and you do not want to take part any longer, you are free to stop at any time and withdraw your information.

What are the possible disadvantages and risks of taking part?

We do not expect that taking part in the interview will be an upsetting experience. However, some people may find talking about certain emotions, thoughts or memories distressing. In this event, you are free to pause the interview and talk to me about your reaction if you would like to. You would also be free to take a break from the interview or completely stop the interview.

What are the possible benefits of taking part?

We cannot promise that the interview will have positive effects, but many people who take part in research find talking about their experiences to be a pleasant or rewarding activity. We also hope that the long-term outcomes of the research will be to develop and improve services for special guardians and children.

What if there is a problem?

If you have any complaint about the way you have been dealt with during the study or any possible harm you might suffer, you can let me know during the interview. Also, If you want to speak to a different member of the research team or a member of the university who is not

part of the study, I will provide you with their contact information at the end of this information sheet.

Will information from or about me from taking part in the study be kept confidential?
Yes. We will follow ethical and legal practice and all information about you will be handled in confidence. There are some rare situations however in which information would have to be shared with others, please see the description below:

- Confidentiality during the interview
If we are concerned about your safety or the safety of others then we may have to break your confidentiality. I will speak with the research team about this matter in the first instance. If these concerns are significant, I may contact the CAMHS team. Wherever possible, I will raise these concerns with you during the interview and I will let you know if I need to speak to anyone else.

-Confidentiality after the interview
Paper forms that you fill in during the interview (consent and demographics forms) will be scanned into a secure computer drive at the earliest opportunity after your interview. The audio-recording of your interview will also be added to this drive. These files will be stored separately from any identifiable data about you and will only be able to be accessed by the research team or by official auditors of the research department in the event of a study audit. This data will be stored by the university for 10 years after the study has been completed. The data will be pseudonymised; this means that names will be changed and each participant will be given a code.
After your interview, I will transcribe your audio recording word for word. At this stage any identifiable information will be changed so that this transcript is anonymous.
In the write-up of the study we may use quotes from your interview. These quotes will always be anonymised so that anyone reading a report of the study should not be able to identify you.

This completes part 1.
If the information in Part 1 has interested you and you are considering participation, please read the additional information in Part 2 before making any decision.

Part 2 of the information sheet
What will happen if I don't want to carry on with the study?
If you change your mind and you do not want to carry on with the study, this is absolutely fine. If you decide during the interview that you no longer wish to take part, you are free to stop the interview at any point and withdraw. You may also decide after taking part in the interview that you would like to withdraw from the study. You are free to do this at any time in the 4 weeks following the interview. If you decide to withdraw, I will destroy the audio recording and any transcript of your interview. If you inform me that you would like to withdraw after 4 weeks have passed then I will do my best to honour this, however in some cases your data may already have been included in the analysis and not be possible to remove. Withdrawing at any point of the study, will not have any consequences on you.

Concerns and Complaints
If you have a concern about any aspect of this study, you should ask to speak to me and I will do my best to address your concerns. You can contact me by leaving a message on the 24-hour voicemail phone number [redacted] If you remain dissatisfied and wish to complain formally, you can do this by contacting Dr Fergal Jones, Clinical Psychology Programme Research Director, Salomons Institute for Applied Psychology – [redacted]

What will happen to the results of the research study?
I will transcribe all interviews and I will analyse them to identify themes. I will use these themes to write the study report and I will use some anonymised quotes from interviews. The written report will form part of my thesis in fulfilment of a Doctorate in Clinical Psychology. After I complete this thesis, I will submit a paper describing the study to an academic journal for publication.
At conclusion of the study, I will give participants a summary of the findings, if they would like to have this. On the study consent form you will be asked to indicate which, if any, of these reports you would like to receive.

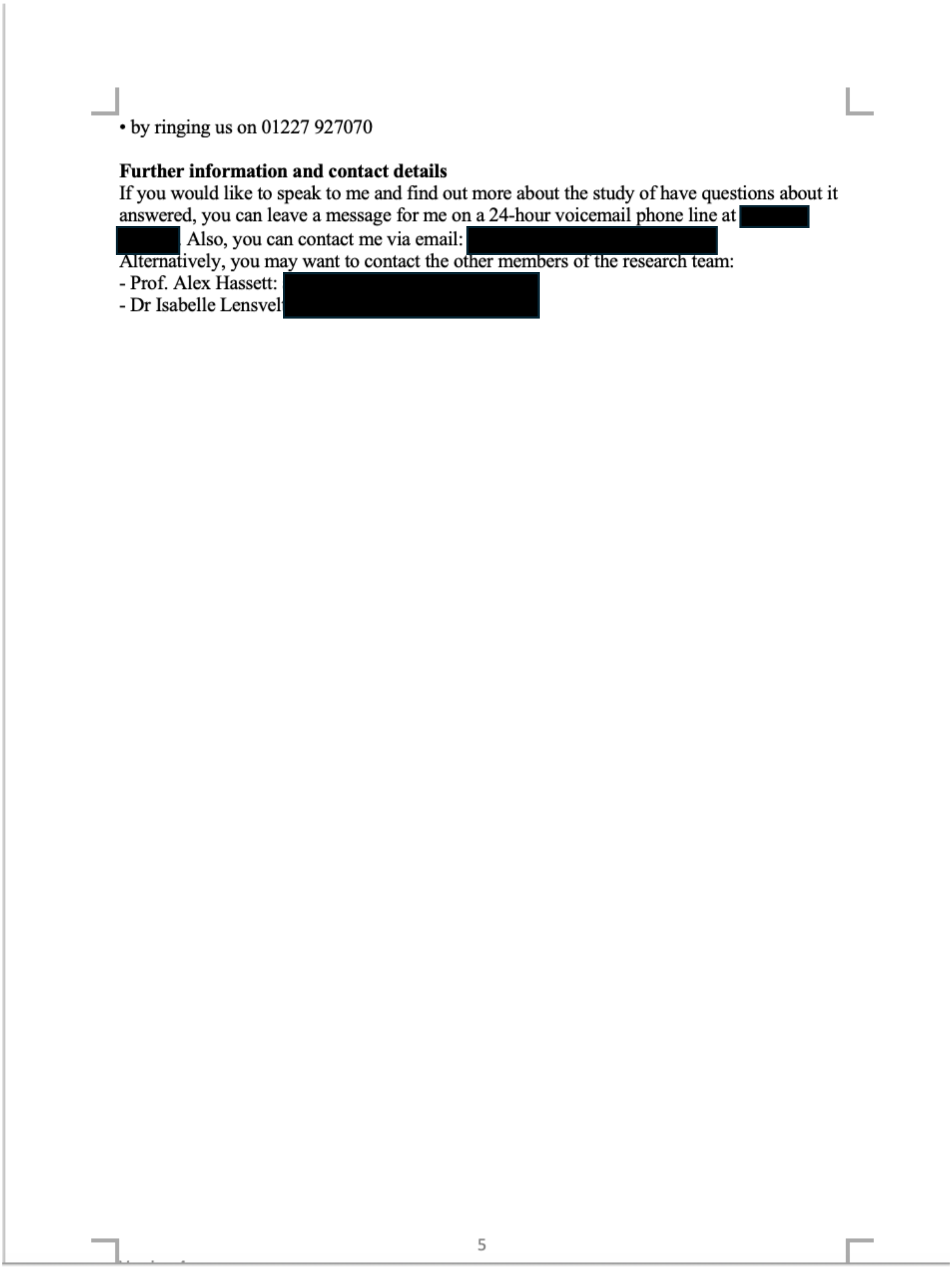
Who is sponsoring and funding the research?
The research study is being organised and funded by Canterbury Christ Church University.

Who has reviewed the study?
All research in the NHS is looked at by an independent group of people, called a Research Ethics Committee, to protect your interests. This study has been reviewed and given favourable opinion the NHS Research Ethics Committee. Also, the London – Camberwell St Giles REC has reviewed and approved the study.

How will we use information about you?
We will need to use information from you for this research project.
This information will include your name, contact details, age, sex, ethnicity, and educational level. People will use this information to do the research or to check your records to make sure that the research is being done properly.
People who do not need to know who you are will not be able to see your name or contact details. Your data will have a code number instead.
We will keep all information about you safe and secure.
Once we have finished the study, we will keep some of the data so we can check the results.
We will write our reports in a way that no-one can work out that you took part in the study.

What are your choices about how your information is used?
- You can stop being part of the study at any time, without giving a reason, but we will keep information about you that we already have.
- We need to manage your records in specific ways for the research to be reliable. This means that we won't be able to let you see or change the data we hold about you.

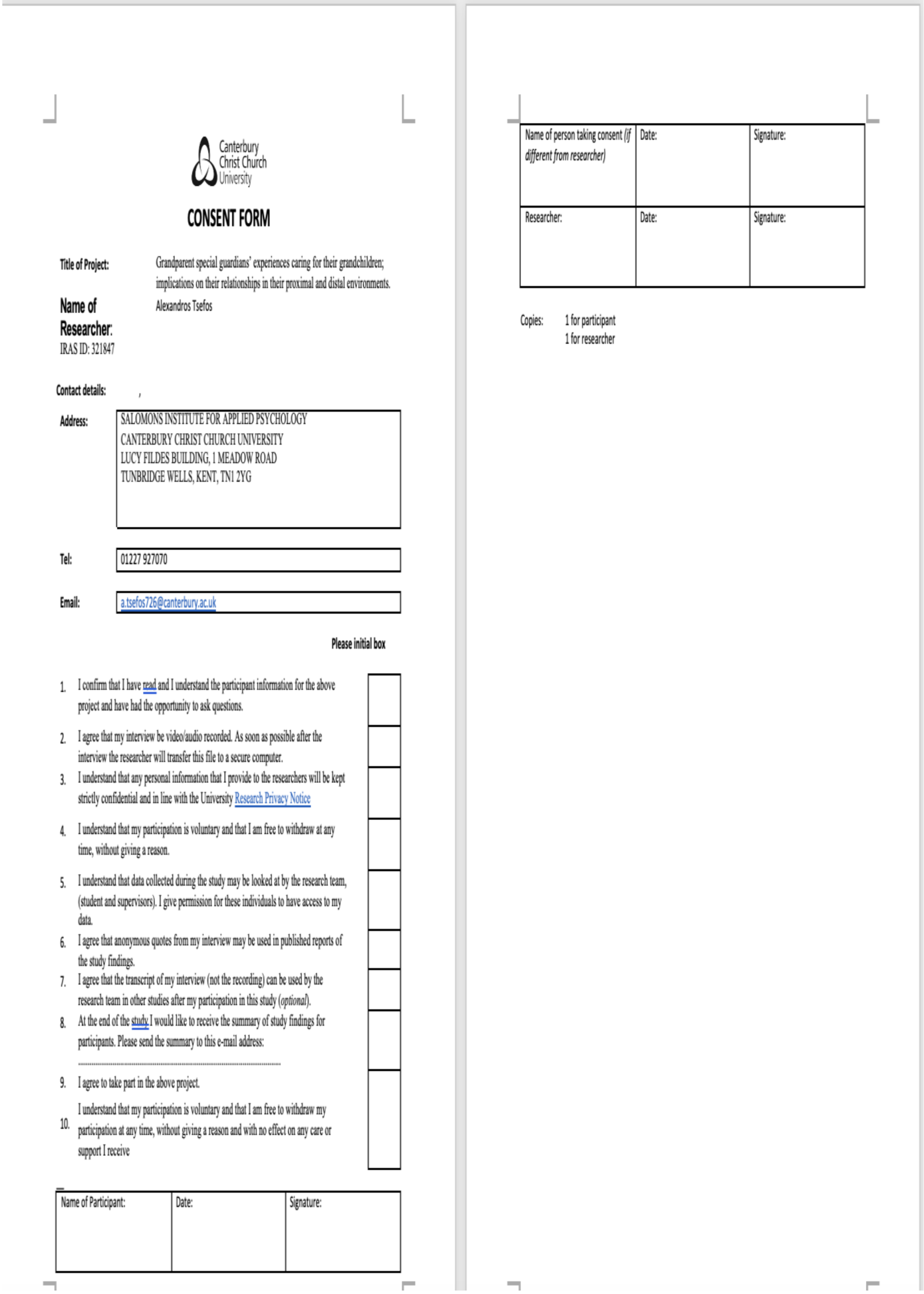
Where can you find out more about how your information is used?
You can find out more about how we use your information
- at www.hra.nhs.uk/information-about-patients/
- our leaflet available from https://www.hra.nhs.uk/planning-and-improving-research/policies-standards-legislation/data-protection-and-information-governance/gdpr-guidance/templates/template-wording-for-generic-information-document/
- by asking one of the research team
- by sending an email to the Data Protection Officer at dp.officer@canterbury.ac.uk or



- by ringing us on 01227 927070

Further information and contact details
If you would like to speak to me and find out more about the study of have questions about it answered, you can leave a message for me on a 24-hour voicemail phone line at [redacted] [redacted]. Also, you can contact me via email: [redacted]
Alternatively, you may want to contact the other members of the research team:
- Prof. Alex Hassett: [redacted]
- Dr Isabelle Lensvel

Appendix E Consent form



Canterbury Christ Church University

CONSENT FORM

Title of Project: Grandparent special guardians' experiences caring for their grandchildren; implications on their relationships in their proximal and distal environments.

Name of Researcher: Alexandros Tsefos

IRAS ID: 321847

Contact details: ,

Address:
SALOMONS INSTITUTE FOR APPLIED PSYCHOLOGY
CANTERBURY CHRIST CHURCH UNIVERSITY
LUCY FILDES BUILDING, 1 MEADOW ROAD
TUNBRIDGE WELLS, KENT, TN1 2YG

Tel: 01227 927070

Email: a.tsefos726@canterbury.ac.uk

Please initial box

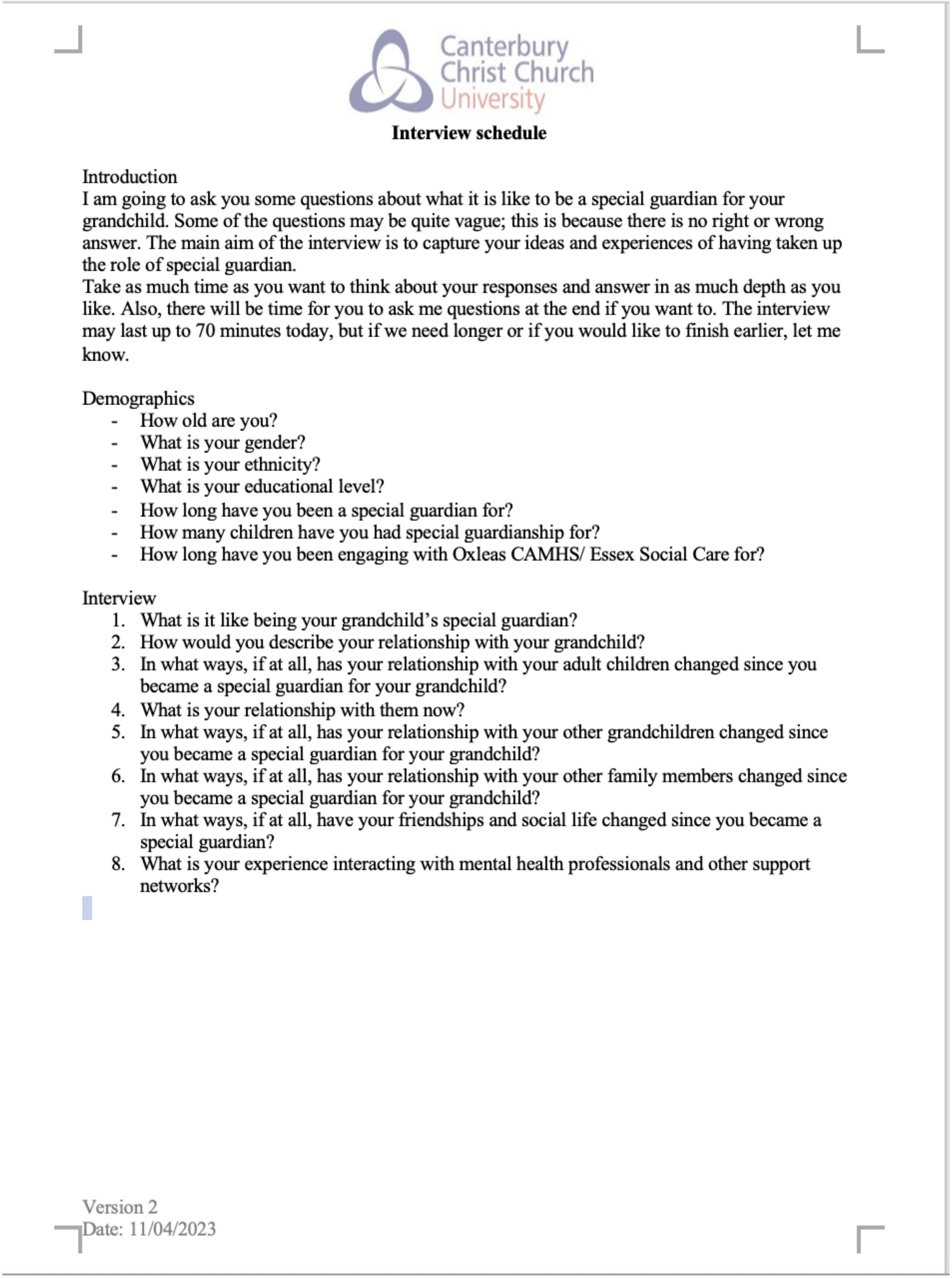
1. I confirm that I have read and I understand the participant information for the above project and have had the opportunity to ask questions.
2. I agree that my interview be video/audio recorded. As soon as possible after the interview the researcher will transfer this file to a secure computer.
3. I understand that any personal information that I provide to the researchers will be kept strictly confidential and in line with the University Research Privacy Notice
4. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason.
5. I understand that data collected during the study may be looked at by the research team, (student and supervisors). I give permission for these individuals to have access to my data.
6. I agree that anonymous quotes from my interview may be used in published reports of the study findings.
7. I agree that the transcript of my interview (not the recording) can be used by the research team in other studies after my participation in this study (*optional*).
8. At the end of the study I would like to receive the summary of study findings for participants. Please send the summary to this e-mail address:
   ……………………………………………………………………………
9. I agree to take part in the above project.
10. I understand that my participation is voluntary and that I am free to withdraw my participation at any time, without giving a reason and with no effect on any care or support I receive

Name of Participant:	Date:	Signature:

Name of person taking consent (*if different from researcher*)	Date:	Signature:
Researcher:	Date:	Signature:

Copies: 1 for participant
1 for researcher

Appendix F Interview schedule



Canterbury Christ Church University

Interview schedule

Introduction
I am going to ask you some questions about what it is like to be a special guardian for your grandchild. Some of the questions may be quite vague; this is because there is no right or wrong answer. The main aim of the interview is to capture your ideas and experiences of having taken up the role of special guardian.
Take as much time as you want to think about your responses and answer in as much depth as you like. Also, there will be time for you to ask me questions at the end if you want to. The interview may last up to 70 minutes today, but if we need longer or if you would like to finish earlier, let me know.

Demographics

- How old are you?
- What is your gender?
- What is your ethnicity?
- What is your educational level?
- How long have you been a special guardian for?
- How many children have you had special guardianship for?
- How long have you been engaging with Oxleas CAMHS/ Essex Social Care for?

Interview

1. What is it like being your grandchild's special guardian?
2. How would you describe your relationship with your grandchild?
3. In what ways, if at all, has your relationship with your adult children changed since you became a special guardian for your grandchild?
4. What is your relationship with them now?
5. In what ways, if at all, has your relationship with your other grandchildren changed since you became a special guardian for your grandchild?
6. In what ways, if at all, has your relationship with your other family members changed since you became a special guardian for your grandchild?
7. In what ways, if at all, have your friendships and social life changed since you became a special guardian?
8. What is your experience interacting with mental health professionals and other support networks?

Version 2
Date: 11/04/2023

Appendix G Example of exploratory notes for Amy

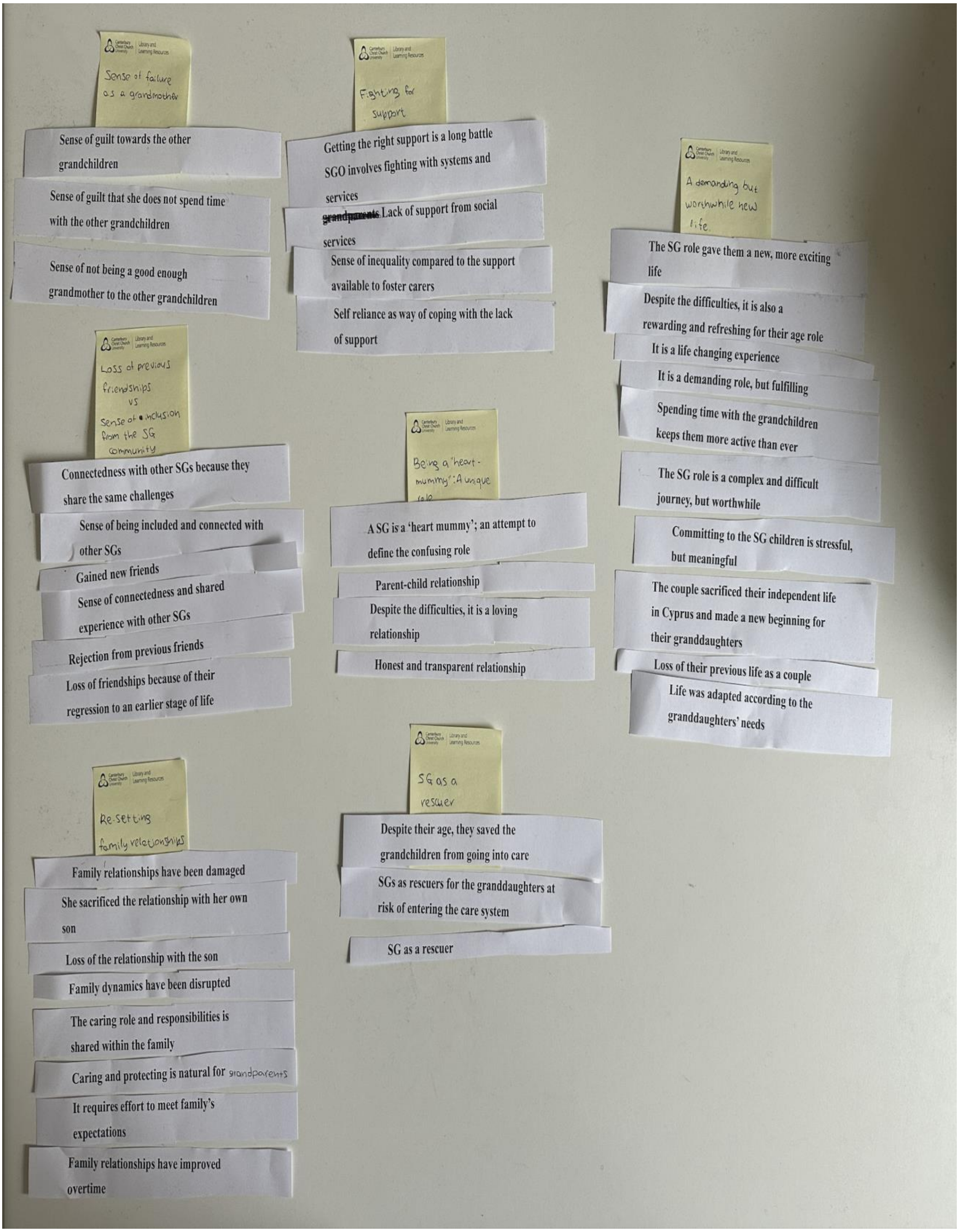
Distinction between grandchild and children (descriptive)
Loss of grandparent role (conceptual)
Grandmother vs mother (descriptive)
Confusion regarding the role (conceptual)
Discipline is part of the parenting role (descriptive)
Rewarding-Positive (descriptive)
Need to ‘fix’ him-sense of responsibility (conceptual)
Challenge-the grandchild was mean, difficult child (conceptual)
SG experienced verbal abuse by the grandchild (descriptive)
No relationship previously- they were unfamiliar with each other (descriptive)
Distinction between paternal and maternal grandmother (descriptive)
Parents’ arguments lead to no contact with him (descriptive)
Conflict between adults/Child was used as a weapon (conceptual)
Complicated arrangements(descriptive)
Confusing (conceptual)
Difficult to articulate her thoughts: lack of memory or lack of understanding during that time or feeling uncomfortable to talk about that period? (conceptual)
Conflict with mother (descriptive)
Unsettling for the whole family (descriptive)
Son nominated mother- passive position? (conceptual)
Expectation from social services added pressure (descriptive)
Big decision (descriptive)
Whole family was consulted (descriptive)
Fighting from mother (descriptive)
Mother vs family (conceptual)
Child as an award for the family (linguistic)
Avoidance in answering the question? (conceptual)
Perceived as her own child rather than grandchild/ parent rather than grandparent (conceptual)
Being a parent involves setting up routines (descriptive)
Judgement for mother? (conceptual)
Routine, getting him out of the streets vs imprisoning him (restricting, controlling) (conceptual)
Sibling relationship; arguing and having fun (conceptual)
‘3 children’ did not include grandchild to the children (linguistic)
Discipline, looking after (linguistic)
‘hurt’-interesting work -hurt himself physically or emotionally? (linguistic/ conceptual)
Psychological understanding (descriptive)
Judgement for mother (descriptive)
Impact from the past (descriptive)
Obligation to change him (conceptual)
Grandchild vs child-being a grandmother vs being a mother (conceptual)
Being a parent means that you can tell your children off (conceptual)
Rewarding (conceptual)
Children being treated the same (descriptive)
‘Knock their nose’ (linguistic)
Grandchild took over the baby status, what does that mean? (conceptual)
Daughter distanced herself from mother (descriptive)

He cannot be changed (linguistic)
Competition->rejection from daughter? (conceptual)
Whole family became parents towards the child (descriptive)
Role conflict caused friction between the family (conceptual)
Parenting = discipline (conceptual)
Past experiences/judgement towards biological parents? (conceptual)
Siblings got to the parenting role/ ‘get him to the right direction’ (conceptual)
Changed overtime (descriptive)
Roles became clearer (descriptive)
Spoiled, overfed child (linguistic)
Saying no, setting boundaries (conceptual)
Different parenting styles (descriptive)
Bossy (grand)mother vs fun (grand)father (descriptive)
Bossy: always disciplines (linguistic)
Disagreements on parenting style (descriptive)
Husband punishes her through children (conceptual)
One’s parenting decisions are impacting the other one (conceptual)
‘Terrible’-shame? Forbidden? (linguistic /conceptual)
SGO=strain on the relationship (conceptual)
Invasion of family’s privacy (conceptual)
Feeling judged from services (conceptual)
Arguments between the couple (descriptive)
Mother causing arguments within the family (descriptive)
Mother as an obstacle for the child (descriptive)
Opposite personalities (descriptive)
Different parenting style (descriptive)
She is the ‘moody’ one and husband is ‘fun’, but strict (linguistic/ descriptive)
‘always’ answers-always available (linguistic /conceptual)
Granddad does not listen (descriptive)
It was difficult at the beginning, during the transition (descriptive)
Change in the position towards SGO (descriptive)
SGO was viewed as a way of helping the child (conceptual)
Not satisfied with the level of support or with the observed change in the child’s behaviour? (conceptual)
Not frequent contact with the other grandchildren (descriptive)
Curiosity or jealousy? (conceptual)
Can’t tell because of the distance, she does not know them well (descriptive)
Being a grandparent means that she does not have to discipline them (conceptual)
Grandparents don’t do the ‘rubbish’ jobs (linguistic)
As a grandparent she gets cuddles and kisses, it’s fun whilst parenting is stressful (conceptual)
Limited contact (descriptive)
Fun times (descriptive)
Being parental grandparent is not normal (conceptual)
Indulgent (descriptive)
Dad is the most important member of the expended family (conceptual)
Her father did not agree with the SGO because of the complexity of the role (descriptive)
He blames the child’s mother (descriptive)
She understands son’s position, she acknowledges his difficulties (conceptual)
Grandchild is a bad combination of his mother and father (conceptual)

‘Lovely’ boy-contradiction with previous statement (linguistic /conceptual)
Ambivalence: lovely vs hard work (conceptual)
Her father does not agree with SGO (descriptive)
Son was her ‘naughtiest’ child (linguistic)
Experience with son was difficult, this is now repeated with the grandson (descriptive)
No impact on friendships (descriptive)
Friends treat him as if he is one of the children in the family (descriptive)
No impact on her social life (descriptive)
Regression to an earlier stage of life (conceptual)
She maintained her parental role, which was meaningful to her, part of her identity (conceptual)
Loss of the parenting role makes her feel lost (conceptual)
She feels more prepared this time (conceptual)
Helped with family dynamics (descriptive)
The child made things in the family home more lively->more refreshing for the family (conceptual)
She is self-reliant (conceptual)
Nothing helps because being naughty is part of his personality-Defence regarding her ability to make change? (conceptual)
Nothing could be done, she could nothing to change him (descriptive)
Powerlessness as a parent? (conceptual)
Mixed experience of social services, their involvement was stressful and caused arguments, fear of saying the wrong thing (descriptive)
Stressful (descriptive)
Felt judged as a parent (conceptual)
Resentment towards social services (conceptual)
Lack of care (conceptual)
She feels discriminated against biological mother (conceptual)
Felt pressured to make a decision (descriptive)
assertiveness (conceptual)
whole family was involved (descriptive)
Had to be resourceful (conceptual)
No resources or financial support provided (descriptive)
Uncertainty about the SGO (conceptual)
Felt misled (conceptual)
Talking therapy provided by CAMHS was not helpful (descriptive)
Need to fix things, and talking therapy does not fix things (descriptive)
Disappointment (descriptive)
Wish for things to be fixed magically (conceptual)
CAMHS were helpful (descriptive)
Lack of understanding from people on what it means to be a SG (descriptive)
Parallelism of SGO with cancer (conceptual/linguistic)
She gets praised by others around, sense of being admired but they don’t understand what’s it’s really like to be a SG (descriptive)
Recognises the improvement (descriptive)
Sense of pessimism-‘he will never be fixed’ (conceptual/linguistic)
Feels defeated and hopeless (conceptual)
Very difficult (linguistic)
Dad’s role has shifted to being a brother (descriptive)
‘Strange’ non normative relationship (linguistic)

Feels hurt by biological mother linguistic (conceptual)
Sense of abandonment (conceptual)
Responsibility has been transferred to her to complete biological mother’s tasks (conceptual)
Child’s best interests are important to her (conceptual)

Appendix H Example of Personal Experiential Themes for Mary



Sense of failure as a grandmother

Sense of guilt towards the other grandchildren

Sense of guilt that she does not spend time with the other grandchildren

Sense of not being a good enough grandmother to the other grandchildren

Loss of previous friendships
vs
Sense of inclusion from the SG community

Connectedness with other SGs because they share the same challenges

Sense of being included and connected with other SGs

Gained new friends

Sense of connectedness and shared experience with other SGs

Rejection from previous friends

Loss of friendships because of their regression to an earlier stage of life

Re-setting family relationships

Family relationships have been damaged

She sacrificed the relationship with her own son

Loss of the relationship with the son

Family dynamics have been disrupted

The caring role and responsibilities is shared within the family

Caring and protecting is natural for grandparents

It requires effort to meet family's expectations

Family relationships have improved overtime

Fighting for support

Getting the right support is a long battle

SGO involves fighting with systems and services

~~grandparents~~ Lack of support from social services

Sense of inequality compared to the support available to foster carers

Self reliance as way of coping with the lack of support

Being a 'heart-mummy': A unique role

A SG is a 'heart mummy'; an attempt to define the confusing role

Parent-child relationship

Despite the difficulties, it is a loving relationship

Honest and transparent relationship

SG as a rescuer

Despite their age, they saved the grandchildren from going into care

SGs as rescuers for the granddaughters at risk of entering the care system

SG as a rescuer

A demanding but worthwhile new life

The SG role gave them a new, more exciting life

Despite the difficulties, it is also a rewarding and refreshing for their age role

It is a life changing experience

It is a demanding role, but fulfilling

Spending time with the grandchildren keeps them more active than ever

The SG role is a complex and difficult journey, but worthwhile

Committing to the SG children is stressful, but meaningful

The couple sacrificed their independent life in Cyprus and made a new beginning for their granddaughters

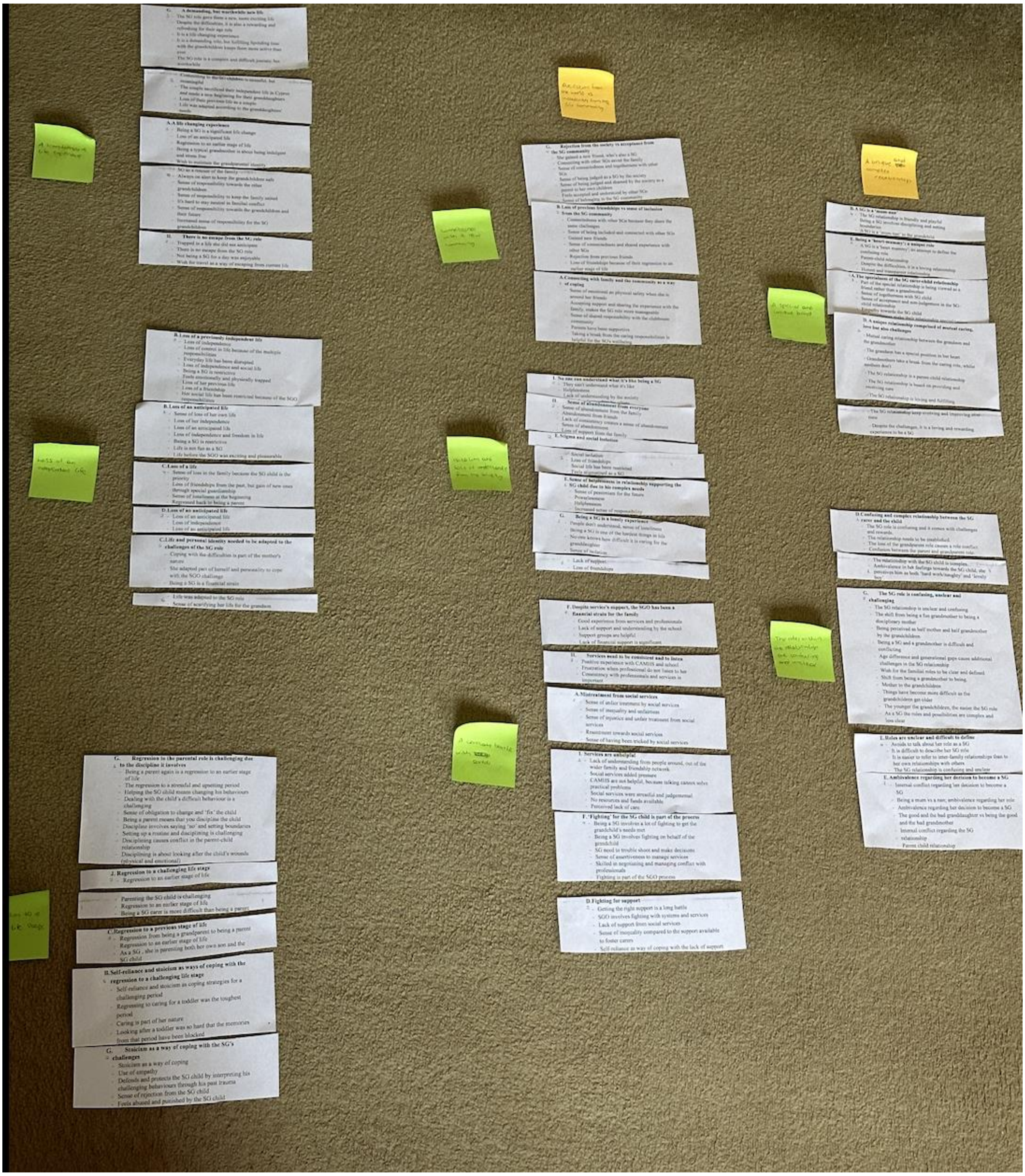
Loss of their previous life as a couple

Life was adapted according to the granddaughters' needs

Appendix I Example of a coded transcript with exploratory notes, experiential statements and PETs Anne

This has been removed from the electronic copy.

Appendix J Example of developing Group Experiential Themes (GETs)



Appendix K Bracketing interview

This has been removed from the electronic copy.

Appendix L Excerpts of research diary

This has been removed from the electronic copy.

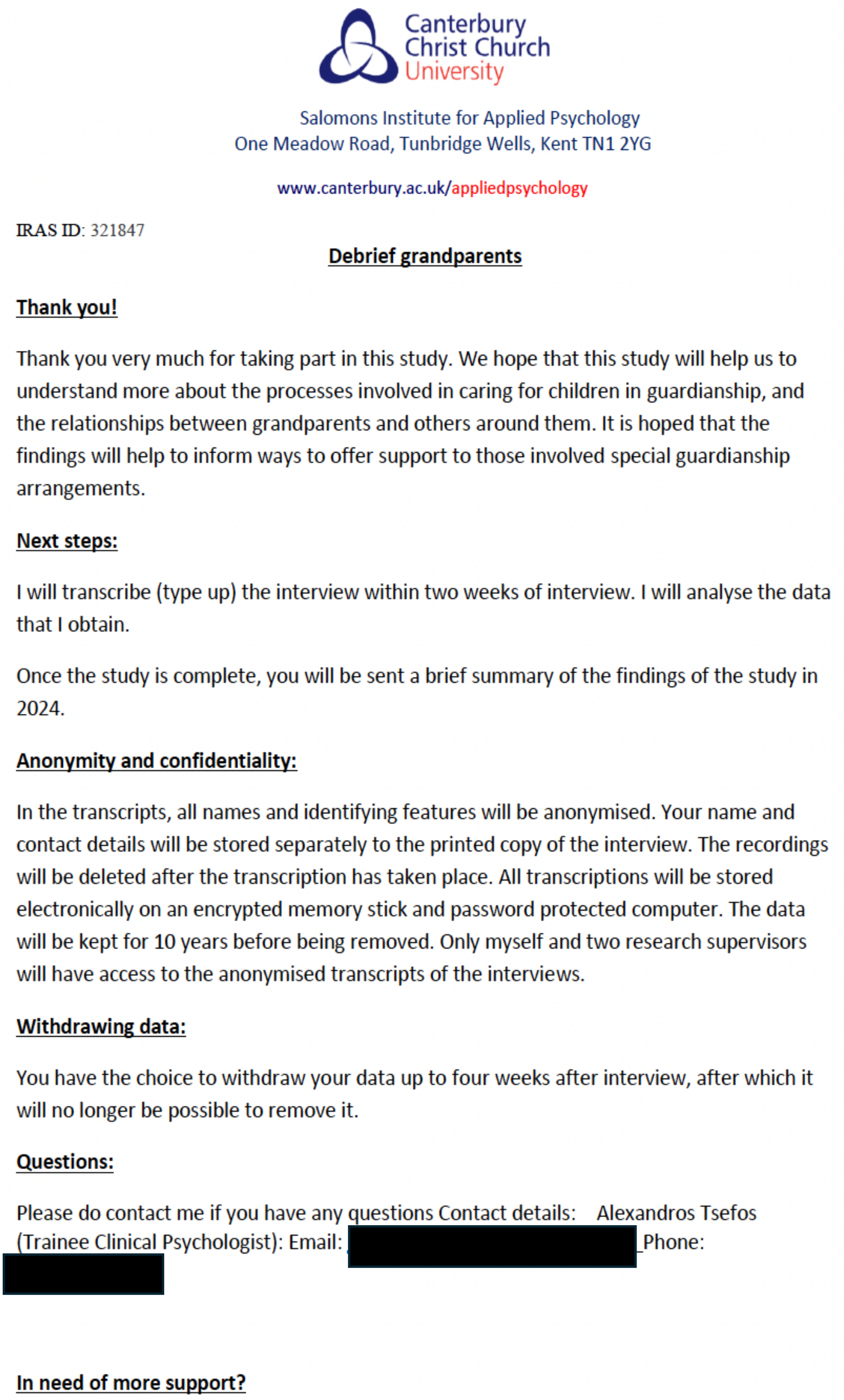
Appendix M Health Research Authority (HRA) ethical approval letter

This has been removed from the electronic copy.

Appendix N Essex Council Research Governance approval letter

This has been removed from the electronic copy.

Appendix O Debrief sheet



Canterbury
Christ Church
University

Salomons Institute for Applied Psychology
One Meadow Road, Tunbridge Wells, Kent TN1 2YG

www.canterbury.ac.uk/appliedpsychology

IRAS ID: 321847

Debrief grandparents

Thank you!

Thank you very much for taking part in this study. We hope that this study will help us to understand more about the processes involved in caring for children in guardianship, and the relationships between grandparents and others around them. It is hoped that the findings will help to inform ways to offer support to those involved special guardianship arrangements.

Next steps:

I will transcribe (type up) the interview within two weeks of interview. I will analyse the data that I obtain.

Once the study is complete, you will be sent a brief summary of the findings of the study in 2024.

Anonymity and confidentiality:

In the transcripts, all names and identifying features will be anonymised. Your name and contact details will be stored separately to the printed copy of the interview. The recordings will be deleted after the transcription has taken place. All transcriptions will be stored electronically on an encrypted memory stick and password protected computer. The data will be kept for 10 years before being removed. Only myself and two research supervisors will have access to the anonymised transcripts of the interviews.

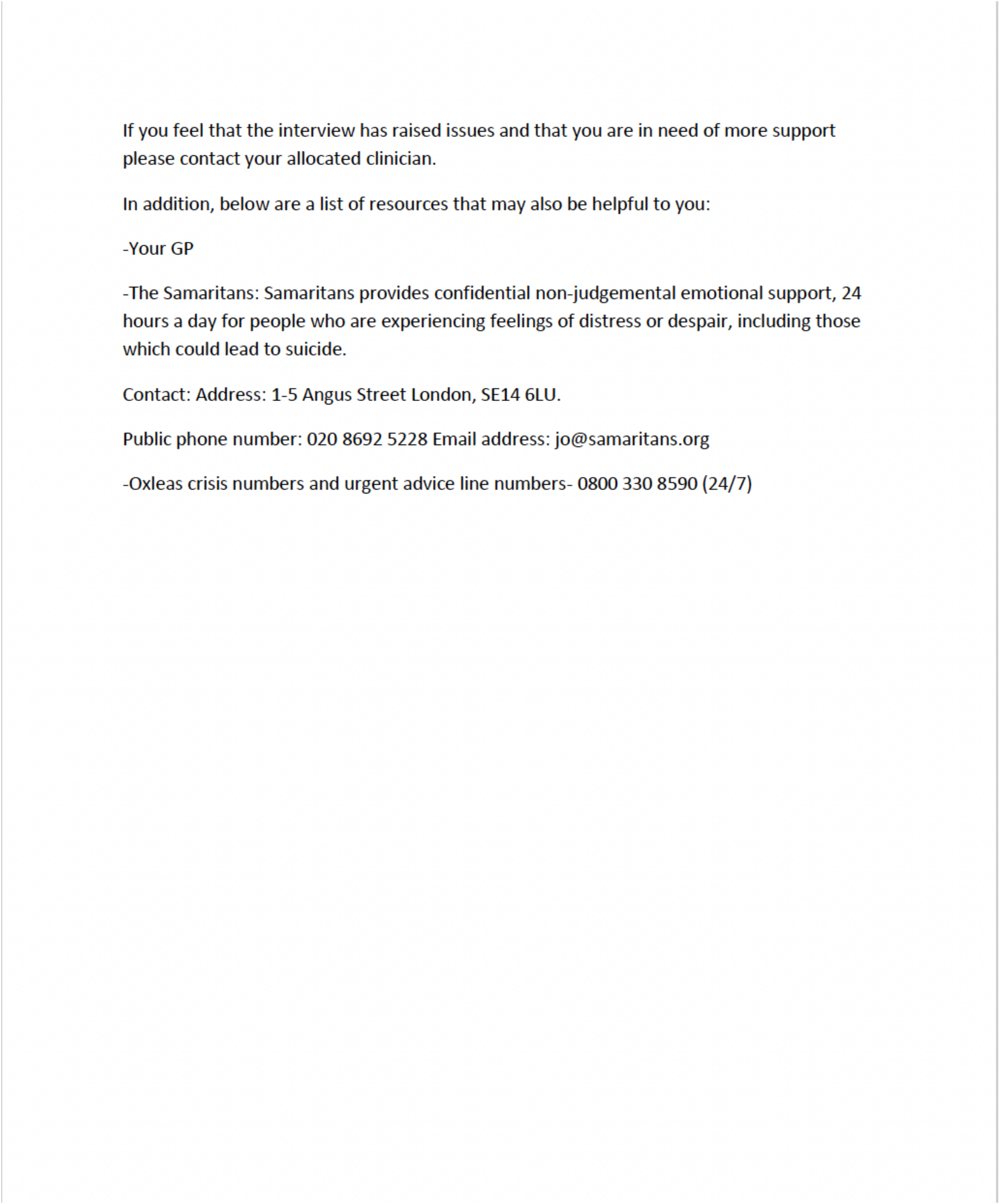
Withdrawing data:

You have the choice to withdraw your data up to four weeks after interview, after which it will no longer be possible to remove it.

Questions:

Please do contact me if you have any questions Contact details: Alexandros Tsefos (Trainee Clinical Psychologist): Email: [redacted] Phone: [redacted]

In need of more support?



If you feel that the interview has raised issues and that you are in need of more support please contact your allocated clinician.

In addition, below are a list of resources that may also be helpful to you:

-Your GP

-The Samaritans: Samaritans provides confidential non-judgemental emotional support, 24 hours a day for people who are experiencing feelings of distress or despair, including those which could lead to suicide.

Contact: Address: 1-5 Angus Street London, SE14 6LU.

Public phone number: 020 8692 5228 Email address: jo@samaritans.org

-Oxleas crisis numbers and urgent advice line numbers- 0800 330 8590 (24/7)

Appendix P End of Study Summary Letter to Participants

Dear [participant],

Re: A qualitative exploration of grandparents' experiences of special guardianship and its impact on their relationships with others.

Thank you for taking part in this study and for sharing your stories and experiences. I am writing to update you that the research has now been completed, and as agreed, I am providing you with a summary of the findings.

The aims of this research were to gain an in-depth understanding of grandparents special guardians' experiences, to learn more about their relationships with others, and to understand more about how these relationships impact grandparents' wellbeing.

Eight grandmothers with special guardianship of at least one grandchild for at least a year were interviewed. The interviews were transcribed and analysed using a method called Interpretative Phenomenological Analysis (IPA). IPA aims to explore how people understand and make sense of their experiences and their lives. Also, in IPA, the researcher takes an active role in the analysis as he tries to make sense of the participants making sense of their experiences.

From the analysis, three overall themes and eleven subthemes emerged. These are outlined in the table below and described further, along with anonymised quotes.

Group Experiential Theme (GET)	**Sub-theme**
A life changing experience with losses and adaptations	A transformative life experience
	Loss of an independent life
	Regression to a former life stage
	Dissonance between the grandparent and the grandparent-as-parent role
	A unique and complex relationship
A new family structure; SGs as the family saviours	Turbulence in the familial relationships
	Re-unification and reset of the family structure
	Being the rescuer of the family
Rejection from the world vs inclusivity from the SG community	Isolation and lack of understanding from the society
	A constant battle with services
	Connectedness with and sense of belonging in a new community

A life changing experience with losses and adaptations

Special Guardianship was a life changing event as participants had to adapt to a new way of living. Taking up this new role resulted in grandmothers making important changes in their lives prioritising the grandchildren's wellbeing, including practical adaptions related to employment and retirement, changes in their views and personalities, losses and role adaptations and forming a special relationship with their grandchildren.

'we're old school Londoners, we brought up to work and support yourself. I didn't like it at first because I felt like I was a charity case... And (then) I thought 'Why not?' 'Hello, let's help me out because I can't go to work anymore.'

A new family structure; SGs as the family saviours

This theme reflects the participants' experiences of being part of the family system. The transition to Special Guardianship appeared to be challenging and unsettling for most families as familial conflict arose, and relationships were re-organised. Most grandmothers viewed it as their responsibility to re-unite the family and shared a sense of obligation to save the family from falling apart.

'*And it's been really difficult to even get my husband to accept our oldest son back into our family. And I don't think the relationship is ever going to be as it was before.*'

Rejection from the world vs inclusivity from the SG community

This theme captures special guardians' experiences of connecting with their social networks and professional services. Participants expressed a sense of having been rejected by pre-existing social networks, friends and services, but they gained access to new community that provided them with a sense of belonging, the special guardian's community.

The findings have implications for clinical and research practice. These include clinicians being aware of the challenges grandparent special guardians experience and appropriately trained to help them to manage these, and also to support them process the losses and adaptations they experience. Also, it is recommended that peer support groups are available to them to connect with others with similar experiences, whilst attachment-based parenting interventions should be offered to help them manage relational difficulties. Better coordination between mental health services, social services and local authorities is recommended to ensure grandparents' needs are met. Research implications include the recommendation for further research with larger samples and grandparents from various cultural and geographical areas across the country is needed.

To further share the research, I plan to submit a paper for publication in an academic journal which can be accessed by professionals and researchers working in the field of special guardianship, foster care and adoption.

I hope that this summary has been interesting reading. If you have any comments or

questions, please do not hesitate to contact me via email: a.tsefos726@canterbury.ac.uk

Thank you again for your participations to the study and your valuable contributions.

With best wishes,

Alexandros Tsefos

Trainee Clinical Psychologist

Appendix Q End of Study Summary Letter to the Ethics Committee and Participating Organisations

Dear [Research Ethics Committee/ Research & Citizen Insight/ Oxleas Research and Development department],

Re: A qualitative exploration of grandparents' experiences of special guardianship and its impact on their relationships with others.

I am writing to inform you that the above research project has now been completed. A summary of the research has been included below for your information.

Background and Aims

There has been a steady increase on Special Guardianship Orders the past decades. Despite the positive outcomes for children, there has been limited literate on outcomes on special guardians. Given that the largest group of special guardians consists of grandparents, the aims of this research were to gain an in-depth understanding of grandparent special guardians' experiences, and the impact of the role on their relationships with various systems.

Method

Eight grandmothers with special guardianship of at least one grandchild for at least a year were interviewed. The interviews were transcribed and analysed using Interpretative Phenomenological Analysis (IPA).

Results

From the analysis, three overall themes and eleven subthemes emerged. These are outlined in the table below and described further, along with anonymised quotes.

Group Experiential Theme (GET)	Sub-theme
A life changing experience with losses and adaptations	A transformative life experience
	Loss of an independent life
	Regression to a former life stage
	Dissonance between the grandparent and the grandparent-as-parent role
	A unique and complex relationship
A new family structure; SGs as the family saviours	Turbulence in the familial relationships
	Re-unification and reset of the family structure
	Being the rescuer of the family
Rejection from the world vs inclusivity from the SG community	Isolation and lack of understanding from the society

	A constant battle with services
	Connectedness with and sense of belonging in a new community

A life changing experience with losses and adaptations

Special Guardianship was a life changing event as participants had to adapt to a new way of living. Taking up this new role resulted in grandmothers making important changes in their lives prioritising the grandchildren's wellbeing, including practical adaptions related to employment and retirement, changes in their views and personalities, losses and role adaptations.

'we're old school Londoners, we brought up to work and support yourself. I didn't like it at first because I felt like I was a charity case... And (then) I thought 'Why not?' 'Hello, let's help me out because I can't go to work anymore.'

A new family structure; SGs as the family saviours

This theme reflects the participants' experiences of being part of the family system. The transition to Special Guardianship appeared to be challenging and unsettling for most families as familial conflict arose, and relationships were re-organised. Most grandmothers viewed it as their responsibility to re-unite the family and shared a sense of obligation to save the family from falling apart.

'*And it's been really difficult to even get my husband to accept our oldest son back into our family. And I don't think the relationship is ever going to be as it was before.*'

Rejection from the world vs inclusivity from the SG community

This theme captures special guardians' experiences of connecting with their social networks and professional services. Participants expressed a sense of having been rejected by pre-existing social networks, friends and services, but they gained access to new community that provided them with a sense of belonging; the special guardian's community.

The findings have implications for clinical and research practice. These include clinicians being aware of the challenges grandparent special guardians experience and appropriately trained to help them to manage these, and also to support them process the losses and adaptations they experience. Also, it is recommended that peer support groups are available to them to connect with others with similar experiences, whilst attachment-based parenting interventions should be offered to help them manage relational difficulties. Better coordination between mental health services, social services and local authorities is recommended to ensure grandparents' needs are met. Research implications include the recommendation for further research with larger samples and grandparents from various cultural and geographical areas across the country is needed.

Dissemination

A written summary has been shared with participants, and I also plan to submit a paper for publication in the Adoption & Fostering Journal.

With best wishes,

Alexandros Tsefos

Appendix R Submission guidelines for Adoption and Fostering: SAGE Journals

Manuscript Submission Guidelines:

This Journal is a member of the Committee on Publication Ethics

Please read the guidelines below then visit the Journal’s submission site http://mc.manuscriptcentral.com/aaf to upload your manuscript. Please note that manuscripts not conforming to these guidelines may be returned. Remember you can log in to the submission site at any time to check on the progress of your paper through the peer review process.

Only manuscripts of sufficient quality that meet the aims and scope of Adoption & Fostering will be reviewed.

There are no fees payable to submit or publish in this Journal. Open Access options are available - see section 3.3 below.

As part of the submission process you will be required to warrant that you are submitting your original work, that you have the rights in the work, that you are submitting the work for first publication in the Journal and that it is not being considered for publication elsewhere and has not already been published elsewhere, and that you have obtained and can supply all necessary permissions for the reproduction of any copyright works not owned by you.

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1.1 Aims & Scope
1.2 Article types
1.3 Writing your paper
Editorial policies
2.1 Peer review policy
2.2 Authorship
2.3 Acknowledgements
2.4 Funding
2.5 Declaration of conflicting interests
2.6 Research ethics and patient consent
2.7 Clinical trials
2.8 Reporting guidelines
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Publishing policies
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3.4 Plain Language Summaries
Preparing your manuscript
4.1 Formatting
4.2 Artwork, figures and other graphics
4.3 Supplementary material
4.4 Reference style
4.5 English language editing services
Submitting your manuscript
5.1 ORCID
5.2 Information required for completing your submission
5.3 Permissions
On acceptance and publication
6.1 Sage Production

6.2 Online First publication
6.3 Access to your published article
6.4 Promoting your article
Further information
1. What do we publish?
1.1 Aims & Scope

Before submitting your manuscript to Adoption & Fostering, please ensure you have read the Aims & Scope.

1.2 Article Types

Articles may cover any of the following: analyses of policies or the law; accounts of practice innovations and developments; findings of research and evaluations; discussions of issues relevant to fostering and adoption; critical reviews of relevant literature, theories or concepts; case studies.

All research-based articles should include brief accounts of the design, sample characteristics and data-gathering methods. Any article should clearly identify its sources and refer to previous writings where relevant. The preferred length of articles is 5,000-7,000 words excluding references.

Contributions should be both authoritative and readable. Please avoid excessive use of technical terms and explain any key words that may not be familiar to most readers.

Letters to the Editor. Readers' letters should address issues raised by published articles or should report significant new findings that merit rapid dissemination. The decision to publish is made by the Editor, in order to ensure a timely appearance in print.

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When writing up your paper, think about how you can make it discoverable. The title, keywords and abstract are key to ensuring readers find your article through search engines such as Google. For information and guidance on how best to title your article, write your abstract and select your keywords, have a look at this page on the Gateway: How to Help Readers Find Your Article Online.

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Sage does not permit the use of author-suggested (recommended) reviewers at any stage of the submission process, be that through the web-based submission system or other communication.
Reviewers should be experts in their fields and should be able to provide an objective assessment of the manuscript. Our policy is that reviewers should not be assigned to a paper if:

The reviewer is based at the same institution as any of the co-authors
The reviewer is based at the funding body of the paper
The author has recommended the reviewer
The reviewer has provided a personal (e.g. Gmail/Yahoo/Hotmail) email account and an institutional email account cannot be found after performing a basic Google search (name, department and institution).

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All parties who have made a substantive contribution to the article should be listed as authors. Principal authorship, authorship order, and other publication credits should be based on the relative scientific or professional contributions of the individuals involved, regardless of their status. A student is usually listed as principal author on any multiple-authored publication that substantially derives from the student's dissertation or thesis.

Please note that AI chatbots, for example ChatGPT, should not be listed as authors. For more information see the policy on Use of ChatGPT and generative AI tools.

2.3 Acknowledgements

All contributors who do not meet the criteria for authorship should be listed in an Acknowledgements section. Examples of those who might be acknowledged include a person who provided purely technical help, or a department chair who provided only general support.

Please supply any personal acknowledgements separately to the main text to facilitate anonymous peer review.

2.3.1 Third party submissions

Where an individual who is not listed as an author submits a manuscript on behalf of the author(s), a statement must be included in the Acknowledgements section of the manuscript and in the accompanying cover letter. The statements must:

- Disclose this type of editorial assistance – including the individual's name, company and level of input
- Identify any entities that paid for this assistance
- Confirm that the listed authors have authorized the submission of their manuscript via third party and approved any statements or declarations, e.g. conflicting interests, funding, etc.

Where appropriate, Sage reserves the right to deny consideration to manuscripts submitted by a third party rather than by the authors themselves.

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Adoption & Fostering requires all authors to acknowledge their funding in a consistent fashion under a separate heading. Please visit the Funding Acknowledgements page on the Sage Journal Author Gateway to confirm the format of the acknowledgment text in the event of funding, or state that: This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

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Adoption & Fostering encourages authors to include a declaration of any conflicting interests and recommends you review the good practice guidelines on the Sage Journal Author Gateway.

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3. Publishing Policies

3.1 Publication ethics

Sage is committed to upholding the integrity of the academic record. We encourage authors to refer to the Committee on Publication Ethics' International Standards for Authors and view the Publication Ethics page on the Sage Author Gateway.

3.1.1 Plagiarism

Adoption & Fostering and Sage take issues of copyright infringement, plagiarism or other breaches of best practice in publication very seriously. We seek to protect the rights of our authors and we always investigate claims of plagiarism or misuse of published articles. Equally, we seek to protect the reputation of the journal against malpractice. Submitted articles may be checked with duplication-checking software. Where an article, for example, is found to have plagiarised other work or included third-party copyright material without permission or with insufficient acknowledgement, or where the authorship of the article is contested, we reserve the right to take action including, but not limited to: publishing an erratum or corrigendum (correction); retracting the article; taking up the matter with the head of department or dean of the author's institution and/or relevant academic bodies or societies; or taking appropriate legal action.

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If material has been previously published it is not generally acceptable for publication in a Sage journal. However, there are certain circumstances where previously published material can be considered for publication. Please refer to the guidance on the Sage Author Gateway or if in doubt, contact the Editor at the address given below.

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3.4 Plain Language Summaries

A plain language summary (PLS) must be provided for all article types that require an abstract. The plain language title (approx. 50 words) and plain language summary (approx. 300 words) should describe the article using non-technical language, making it accessible to a wider network of readers. More information and guidance on how to write a PLS can be found on our Author Gateway.

The PLS publishes directly below the scientific abstract and are open access making it available online for anyone to read. Peer review of the PLS will be conducted following our PLS reviewer guidelines. When submitting, authors should enter their plain language title and plain language summary into the box provided in the submission system. The PLS does not need to be provided in the manuscript text or as a separate file. Manuscripts without a PLS, or a PLS which is a direct copy of the scientific abstract, will be returned. If the article type does not require an abstract and therefore does not require a PLS please enter “N/A” in each box.

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4. Preparing your manuscript for submission

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The preferred format for your manuscript is Word. LaTeX files are also accepted. Word and (La)Tex templates are available on the Manuscript Submission Guidelines page of our Author Gateway.

4.2 Artwork, figures and other graphics

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5. Submitting your manuscript

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IMPORTANT: Please check whether you already have an account in the system before trying to create a new one. If you have reviewed or authored for the journal in the past year it is likely that you will have had an account created. For further guidance on submitting your manuscript online please visit ScholarOne Online Help.

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You will be asked to provide contact details and academic affiliations for all co-authors via the submission system and identify who is to be the corresponding author. These details must match what appears on your manuscript. At this stage please ensure you have included all the required statements and declarations and uploaded any additional supplementary files (including reporting guidelines where relevant).

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7. Further information

Any correspondence, queries or additional requests for information on the manuscript submission process should be sent to the Adoption & Fostering editorial office as follows:

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