



# THE POOR RELATION

The brutal and tragic deaths of Keegan Downer and Ellie Butler put the spotlight on special guardianship orders, for very different reasons. **Bernadette Podmore**, a social worker in a local authority special guardianship team, says a lack of time afforded to do this specialist area of work is creating risks that must be addressed

It was harrowing to read about Keegan Shi-Anne Downer. Keegan was removed from her heroin-addicted parents at birth. After a period in foster care, she was placed with Kandyce Downer, the ex-partner of a cousin of Keegan's parents, under a special guardianship order (SGO). Eight months later, she was dead from horrific injuries caused by the very person supposed to be caring for her.

Over the past three years, I have assessed numerous special guardianship carers. The majority have been grandparents, aunts and uncles but some were friends and family members with no biological link. The decision-making process is not easy – you are making a recommendation about the future life of a child and no social worker is

presented with a crystal ball when they finish their training. Essentially, the question every practitioner will ask during the assessment is whether it's better for a child to remain within their family network under special guardianship in what is sometimes just good enough care, or to be placed in long-term foster care or even adoption.

## A flawed process

Special guardianship is a relatively new way of providing permanence for a child having only been around since 2005. Last year, 3,520 orders were issued.

Special guardianship assessments must adhere to the Public Law Outline framework, which means a permanence outcome for a child should be completed within 26 weeks.

This in effect means at best SGO teams have 12 weeks to complete their assessments.

In reality, the assessing social worker often has much less time due to bureaucratic processes and family members coming forward at the last minute. To prevent delay to the final hearing, the local authority is often ordered by court to produce a special guardianship assessment in as little as three to six weeks.

The process under which social workers are expected to assess is flawed. Due to this, the quality of the assessment upon which a decision is made about the life of a child is often substandard.

A full special guardianship assessment not only requires information about the applicant, but a host of checks which should inform this and the final recommendation.

I have to take into account third party information gathered from a variety of sources, not just from the individuals that I am assessing. Obtaining references is required of every special guardianship assessment. I have interviewed excellent referees who changed the course of some of my decision-making, sharing information that I would not otherwise have had. Everyone has a duty to protect children and this should be made explicit to every referee that provides an interview.

Through visits you observe, you listen and you talk. As an assessing social worker you place yourself in the shoes of a child, asking the key question: What would it be like to live here? You gather and analyse information to decide whether a child will be safe and well cared for in that home.

With each assessment you become a part of that family's life, learning everything there is to know about them in order to determine how they may care for a child in the future.

But with a short time frame, there is a rush to obtain required medicals and references, often removing focus from the actual assessment and essential relationship building.

During this frenzy, there is little opportunity to fully understand the living reality of the prospective carer. Just how much information can be gleaned about the way a family functions in three weeks?

**Difficulties in assessing the quality of relationship**

Assessing the relationship between the prospective special guardianship carer and the child is difficult. New regulations that came into force in February (the Special Guardianship (Amendment) Regulations 2016) placed more emphasis on the quality of the previous and likely future relationship between the child and the prospective carer. But how do you assess a relationship when there isn't any, as is the case for a growing number of special guardianship assessments and was the situation with Keegan?

Special guardians are often undertaking a role not dissimilar to adopters and the level of risk where there is no prior relationship or biological link is akin to stranger adoption. For these reasons, special guardianship assessments should at least be as thorough as that of adoption assessments. But sadly they are not given the same value or the time needed. It is, therefore, little wonder

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that cases like Keegan's have arisen.

Lack of biological link does not, of course, mean a placement will not work. I have completed several special guardianship assessments where there is no biological link or prior relationship and made a recommendation for a placement. As far as I am aware, they continue to do well.

One case involved a set of twins aged five placed with their step-aunt. The special guardianship carer, her stepsister and the children's mother had grown up together, but they were not related.

Another case involved two half-brothers placed with the biological father of one of the brothers. This meant the special guardianship carer had no blood link to one of the children.

Each case needs to be assessed on merit. While absence of biological tie may increase the vulnerabilities of a placement, this must be balanced within a reasoned analysis. Recommendations should be based on whether there are enough positives to indicate the child would be well cared for and safeguarded.

**Lack of post order support**

Another key distinction between adoption and special guardianships is that adopters receive ongoing support in the crucial first year of placement while the support for special guardians is limited. In Keegan Downer's case, Birmingham failed to follow its own guidelines that children placed under SGOs should be seen at least once a month for the first six months. Because special guardianship falls under private law, local authorities often see fit to step away post order, saving themselves thousands of pounds in the process. The case is closed, new cases are allocated and the process starts again.

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But the only way to ensure the continued safety of a child under special guardianship is to incorporate a support plan similar to that in adoption, which ensures continued social work visits for at least the first year after placement.

**Lack of resources to ensure the quality of assessments**

Special guardianship is still a developing area and social workers are refining their skills in this specialist form of assessment. But there is still a distinct lack of guidance. Fostering and adoption have developed an array of tools and approaches over the years and in this respect special guardianship can only be seen as the poor relation. There is little training and literature for social workers to use or to guide them. The courts are vague in what they ask social workers to provide information on and in the rush to produce a report, practitioners can miss vital clues about how the family functions.

Social workers need to have time to reflect on information gathered and make sense of what this means for a child. Every SGO recommendation is making a judgement of risk but, again, how can you make such an assessment in three to six weeks, especially in cases where there is no established relationship or even a biological link?

Could ongoing social work visits have saved baby Keegan? Could follow up visits have ensured she was safe until the placement was settled, or does the fact that Kandyce Downer showed little or no remorse, tried to blame her 17-year-old son and disposed of a mattress with Keegan's blood all over it mean no amount of assessment and follow up visits would have saved this precious life?

The pressures facing special guardianship and connected persons teams are immense. Change is needed so that practice is guided by the needs of each case and not led by ever-decreasing completion timescales. We must remember that there is a child behind every recommendation and not be rushed into making the wrong decision.

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