Special Guardianship Families in Wales: Characteristics and Care Pathways

Nuffield Foundation Report

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Author Roles

Dr Verity Bennett, CASCADE, Cardiff University. Verity worked on the development of the household dataset and the early stages of the household analysis.

Dr Ellie Mae Dorrans, CASCADE and School of Psychology, Cardiff University. Ellie led the analysis of the children's prior care and wider social care experience, as well as child and parental risk factors derived from the children's social datasets and was responsible for some coding of the datasets and contributed to the overall development of the project.

Georgia Evans, School of Psychology, Cardiff University. Georgia carried out recruitment and data collection in the Neurodevelopment Assessment Unit (discussed in our companion publication) and contributed to the overall development of the project.

Mobuolafoluwa Onayade, SAIL Databank, Swansea University. Mobuolafoluwa carried out the coding of the Cafcass Cymru and health datasets.

Dr Amy L. Paine, School of Psychology, Cardiff University. Amy was a Co-Investigator on the grant, led the work conducted within the Neurodevelopment Assessment Unit (described in our companion publication), and contributed to the overall development of the project.

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Professor Katherine Shelton, School of Psychology, Cardiff University. Katherine was a Co-Investigator on the grant, provided mentorship across the project with a focus on the work led within the Neurodevelopment Assessment Unit (described in our companion publication), and contributed to the overall development of the project.

Dr Lorna Stabler, CASCADE, Cardiff University, was the Project Principal Investigator. She developed the overall study concept and established its relevance within the existing evidence base, and she led the public involvement work.

Dr Nell Warner, CASCADE, Cardiff University. Nell led the Data Linkage work package and the overall research design. She co-ordinated the work of the other team members, contributed to data coding and was also directly responsible for some of the analysis relating to Cafcass Cymru and the household dataset.

CASCADE Infrastructure Partnership

The project was delivered through the CASCADE Infrastructure Partnership, which provides the collaborative research environment, methodological expertise, and data infrastructure needed to undertake high-quality children's social care research. The partnership brings together leading centres of excellence across Cardiff University and Swansea University, enabling interdisciplinary working across social care, psychology, trials methodology, and secure data linkage.

Ymchwil Iechyd a Gofal Cymru
Health and Care Research Wales

SAIL DATABANK

Ariennir gan Lywodraeth Cymru
Funded by Welsh Government

Cardiff University
Prifysgol Caerdydd
School of Psychology
Ysgol Seicoleg

Cardiff University
Prifysgol Caerdydd
Centre for Trials Research
Canolfan Ymchwil Treialon

Executive summary

Background

A Special Guardianship Order (SGO) is an order made by the family court that enables someone other than a child's birth parents to become their legal guardian. Introduced as a method of providing permanency to children who are not able to live with their parents, SGOs are typically granted when it is deemed there is no realistic prospect for them to return home. They are frequently granted to those known to the child, often relatives, unlike most children who are adopted, they enable a child to stay connected with their birth family. While current policy in both England and Wales supports the use of SGOs, there is limited evidence about the characteristics, circumstances, and needs of families who have an SGO, particularly in Wales. This evidence gap makes it difficult for local authorities and national government to plan provision of support and prioritise services that best meet the needs of children and special guardian families.

Methods

This report outlines the findings of a data linkage study carried out to develop a nuanced picture of which children receive SGOs. This includes their demographic characteristics and pre-care social care involvement, and variation across local authorities. We compared the households of children who have received SGOs with households of children of a similar age who do not have SGOs. We also explored data from the family courts about SGOs being granted, including the differences between SGOs that had a Cafcass Cymru Guardian and were granted through private law and those granted through public law routes.

Administrative datasets from Cafcass Cymru, Welsh children's social care and health services covering the population of Wales were used. They were accessed through the SAIL Databank, a privacy protecting secure environment based at Swansea University and were linked together to explore care pathways, and characteristics of SGO households and children. Information about the characteristics of children who receive SGO was derived both from Cafcass Cymru data and from the Looked After Children Wales datasets. These datasets also provided information about SGOs in the family courts and prior care experiences, respectively. Information about the pre-care family parental risk factors was derived from the Children Receiving Care and Support data, while information about the households they were living in following their SGOs being granted was obtained from health datasets. Findings were derived using a variety of statistical techniques including descriptive statistics and different types of regression models.

Key findings

Characteristics of children who receive SGOs

- Children identified through Cafcass data as receiving SGOs were predominantly young children, with 55.5% being aged 5 or under.
- Children from some ethnically minoritised backgrounds were less likely to receive SGOs as an exit from care. SGOs were given to 2.1% of the looked after children recorded as Black or Black British in our sample and 4.3% of the children recorded as Asian or Asian British, compared to 9.3% of those from White backgrounds.
- Disabled children were also less likely to receive an SGO, with 6.1% receiving an SGO as an exit from care compared to 9.5% of non-disabled children.

Prior experiences in care

- There was a clear link between the type of care arrangement a child was in and likelihood of an SGO being granted. Just over half (50.5%) of all children who later received an SGO were in kinship care when they first entered care, compared to 14.9% of other children. 70.3% of children were living with kinship foster carers immediately before the SGO was granted, compared to 12.9% of comparison children. Those who received SGOs had fewer moves altogether. They were more likely than other children to be placed in their local authority when they first entered care, but outside their local authority just before leaving care on an SGO.

Pre care family characteristics

- Children who received an SGO were more likely than other children to have experienced parental risk factors, with parental substance misuse and parental learning disability being more common for SGO children. This was the case despite many of the children who received an SGO entering care and being granted an SGO at an early age.

Local Authority effects

- There are some clear differences in the likelihood of SGOs being granted as an exit from care across different local authorities. These ranged from 15.6% of the looked after child population in Merthyr Tydfil exiting care through an SGO to 2.7% in Wrexham.

SGOs in the family courts

- The majority of SGOs (74.3%) arose because of applications which were not for SGOs, with a Care Order application being the most common type of public law application that resulted in an SGO.
- Linkage between Cafcass Cymru and social care datasets showed that children who received SGOs via public law and private law with a Cafcass Guardian were just as likely to have had ‘care and support’ involvement with children’s services.

Households with an SGO

- The household's children were living in three months after the SGOs were granted were larger than the typical households with children of a similar age. SGO households were more likely to have three or more children (34.4% of SGO households compared to 15.7% of comparisons) and three or more adults (41.3% of SGO households compared to 26.7% of comparisons).
- The households were also more likely to have no adult women (4.2% of SGO households compared to 2.4% of comparisons).
- The adults in SGO households were more likely to have a wide age range including more younger adults and more older adults than comparisons households.
- SGO households were more likely to contain adults with a range of mental and physical health conditions.
- Statistical models highlighted a particular likelihood of households containing an adult with learning disability or a drug misuse problem.
- SGO households were also much more likely to be in an area of deprivation, with 36.2% of SGO households being in most deprived quintile of areas compared to 22.6% of the non-SGO households.

Key recommendations

- **Address inequalities in access to SGOs.** Further review is needed to understand why disabled children and children from some ethnically minoritised groups are less likely to receive SGOs, and to ensure permanence options are explored fairly for all families.
- **Reduce local variation in practice.** The marked differences in SGO use between local authorities suggest a need for stronger national oversight, shared guidance and learning across Wales.
- **Strengthen early family network identification and preparation.** Where children can safely remain within their wider family, relatives and connected carers should be identified, assessed and supported as early as possible.
- **Recognise that support needs continue after the order is made.** SGOs should not be treated as the end of involvement. Children and carers may need ongoing help as needs emerge through childhood and adolescence.
- **Invest in better evidence and outcomes data.** Continued use of linked administrative data, alongside research with children and carers, is needed to understand long-term outcomes and what support makes the greatest difference. This includes outcomes for families in private law proceedings.

Contents

1. Introduction

1.1. Background

Special Guardianship Orders (SGOs) were introduced in England and Wales in 2005 as a permanency order for children where adoption is not appropriate. The order retains the legal relationship between children and their parents. When the SGO is granted, the special guardian and the parent share parental responsibility for the child, although the special guardian has primary responsibility for decisions about the child until they reach the age of 18.

SGOs are used extensively as a route to permanence for children who are leaving local authority care or who are already the subject of care proceedings. Where the court concludes that a child should live permanently with relatives, connected persons, or other long-term carers, it may make an SGO and, where appropriate, discharge the care order. These cases are commonly described as public law SGOs, not because the order itself is legally different, but because they arise within care proceedings or alongside the discharge of an existing public law order (Cusworth et al., 2023). The use of Special Guardianship Orders (SGOs) for children leaving care has increased since they were introduced. In Wales, publicly available data shows that in 2024, 254 children left care for adoption, and 295 on an SGO (Stats for Wales, 2025). Although many public law SGOs involve kinship carers, an SGO may also be granted to non-related former foster carers where the court considers that this offers the child the most appropriate long-term arrangement.

SGOs are also made for children who have never been subject to a care order or care proceedings. In these cases, applications are often brought by grandparents, wider family members, family friends or other existing carers seeking to secure legal authority for a child already living with them. These cases are generally referred to as private law SGOs, because they arise outside local authority care proceedings, even though they are determined under the same statutory provisions. Although a smaller proportion of SGOs are granted through this route, they are a significant proportion of SGOs granted. Between 2011 and 2025, approximately 75,412 children were made subject to SGOs in public law proceedings, compared with around 22,733 children in private law proceedings in England and Wales (Ministry of Justice, 2026).

The local authority often has a significant role in private law SGO cases. Before making an SGO, the court must receive a report dealing with matters prescribed by statute and regulations, typically prepared by the relevant local authority. That report ordinarily addresses the child's welfare needs, the applicant's suitability, family relationships, and any support services required.

Local authorities may also assess eligibility for special guardianship support, including financial, therapeutic or practical assistance (Cusworth et al., 2023).

In a smaller number of private law cases, the court may direct that the child be separately represented under Family Procedure Rules 2010, r.16.4. Where such a direction is made, Cafcass (or, in Wales; Cafcass Cymru) appoints a Children's Guardian to safeguard the child's interests and instruct a solicitor on the child's behalf. Such appointments are reserved for cases where the child's interests require separate representation beyond ordinary private law case management. The appointment of a r.16.4 Guardian does not convert the matter into public law proceedings, but it does reflect a higher level of independent scrutiny and child-focused representation (Cafcass, n.d; Family Procedure Rules 2010; Practice Direction 16A.).

1.2 Supporting families with an SGO

In England, there have been a number of recent initiatives announced aimed at better supporting families with an SGO, including trialling a financial allowance for SGO families who would not have previously been eligible for financial support (Department for Education, 2026) and maintaining the Adoption and Special Guardianship Support fund until at least March 2028 to fund therapeutic services for children. Within Wales, the Welsh government has affirmed their commitment to developing an improved and consistent needs-based approach to supporting Special Guardianship families across Wales (Senedd, 2023, p.15). There is an existing framework for Special Guardianship support services in Wales (Welsh Government, 2020). However, the lack of evidence base regarding characteristics, circumstances, and needs of these families makes it difficult for local authorities and national government to know which services to prioritise.

Children who enter care have usually experienced significant adversity which can lead to adverse outcomes including but not limited to mental health problems and lower attainment compared to the general population (e.g., Sacker et al., 2021, Lowthian et al., 2026; Oldridge et al., 2026). Recent evidence from the Family Routes study exploring the needs, experiences and outcomes of young people living in England (Ecorys UK & Rees Centre, 2026; Hamilton & Blades, 2025). found that both adopted and special guardianship young people had experienced high rates of early risk exposures, and were reported to have high rates of behavioural, mental health, and developmental challenges. Families reported struggling to access consistent, appropriate professional support in response to these needs. Such findings underscore how the pre-SGO experiences of children may impact on their later support needs.

In relation to carers themselves, there are indications that Special Guardians, like other kinship carers, may be more likely to live in deprived areas than parents in the general population (McArten et al., 2018), potentially exacerbated by increased outgoings and reduced employment associated with childcare and requirements of children's services (Hunt, 2020). Other studies identify vulnerabilities among special guardians, including being significantly older than other parenting families, having health challenges, and potentially having histories of substance misuse and domestic violence within the family (Garstang et al., 2025; Harwin et al., 2019).

The challenges facing special guardians can also relate to the way in which the orders are made. The findings of the Family Routes study (Hamilton & Blades, 2025) found that many special guardians assumed their role under urgent circumstances, often with limited preparation or information about the long-term implications of the order. Participants reported feeling under-resourced and unclear about available support, particularly as children reached adolescence and behavioural or developmental needs became more pronounced. The report also identified barriers to accessing professional help, including uncertainty about service pathways and inconsistent ongoing support, highlighting the need for improved preparation and clearer routes back into services over time.

Despite a growing body of research on Special Guardianship Orders and kinship care, there remain several important knowledge gaps. There is a notable lack of research focused specifically on Wales, with much of the existing evidence drawn from England, limiting its applicability to the devolved Welsh policy and practice context. Available data are also often outdated or incomplete, making it difficult to accurately assess recent trends, especially in relation to private law SGOs. Furthermore, there is limited detailed information on the characteristics and demographics of both children and special guardians, alongside a lack of in-depth profiling of children's pre- and post-SGO experiences. These gaps constrain the ability of policymakers and practitioners to fully understand the needs of SGO families and to take an evidenced based, design targeted approach to prioritising support services.

1.3 Research using administrative data

The growing use of administrative data in children's social care research provides a unique opportunity to address some of these evidence gaps. Administrative data research is carried out using information collected routinely by public services and organisations, including social care, health, education, and the courts. When these data can provide valuable insights into children's experiences, family circumstances, service pathways, and longer-term outcomes that may be difficult to capture through traditional research methods alone.

There has been a steep increase in the use of administrative data for children's social care research due to the advantages it provides compared to collecting data specifically for individual studies (Bailey et al., 2025). There are many reasons for this. The data often covers the whole populations, enabling population-level analyses. It often has large sample sizes, allowing subgroup analysis. The data is also often collected regularly and so enables longitudinal research to be undertaken with fewer challenges related to follow-up, attrition and reporting bias that are typically associated with survey data (Hurren et al., 2017, Allnatt et al., 2022). It is also possible to link data from diverse sources together so that a wide range of research questions can be answered (Harron et al., 2017). It is also possible to link data from diverse sources together so that a wide range of research questions can be answered (Harron et al., 2017). As a result, research using administrative data in the UK has been used to explore a range of issues including which children become involved with statutory services, their pathways through care, their outcomes and evaluation of services in children's social care (Bailey et al., 2025).

In Wales, the capacity to carry out administrative data research has been enhanced by the SAIL Databank (saildatabank.com). This is a facility based at Swansea University hosting numerous anonymous administrative datasets. Data from children's social care can be linked to data from other sources such as health, Cafcass Cymru[1] and education and this has been used to answer important questions in population and social care research. This includes information about which children enter care (Melis et al., 2023; Warner et al., 2024), the social care experiences of those with protected characteristics (Jing et al., 2024; Childs et al., 2025; Warner et al., 2025), involvement of children with CAFCASS (Alrouh et al., 2022, Farr et al., 2024) and outcomes of children in the care system (Lowthian et al., 2026). The SAIL databank also contains a facility to link individuals together into households and this means that the households of those involved in children's social care can be explored (Warner et al., 2024; 2025).

We used the advantages of linked administrative data research to develop a more nuanced understanding of which children receive SGOs and the characteristics of households that become SGO households. By drawing on linked datasets across services, the study was able to examine children's prior experiences, family circumstances, and household contexts in ways that would not be possible through single-source data alone.

[1] Cafcass is an independent public body in England and Wales that represents children's interests in family court proceedings. All SGO applications are recorded within the Cafcass Cymru data, but only those with a Cafcass Guardian allocated will record a case outcome.

2. Methodology

The study was carried out as part of a multidisciplinary collaboration comprising The Children's Social Care Research and Development Centre (CASCADE) within Cardiff University School of Social Sciences, the Neurodevelopment Assessment Unit (NDAU) at the Cardiff University Centre for Human Developmental Science (CUCHDS; School of Psychology), and the Secure Anonymised Information Linkage (SAIL) Databank at Swansea University.

The study consisted of two workstreams: Work Package 1 (WP1), focused at national level on understanding characteristics and care pathways of all children under SGOs in Wales, through public and private entry routes; and Work Package 2 (WP2), focused on characterising strengths and support needs of a sample of SGO families.

The overarching research question was: What are the characteristics and support needs of carers and children with Special Guardianship Orders?

This report focuses on the findings of Work Package 1. The aim of this part of the study was to use linked data to establish individual and structural factors characterising SGO households and the child's pre-SGO care pathways across Wales by:

- Developing a nuanced picture of which children receive SGOs including their demographic characteristics and pre-care social care involvement and regional variations.
- Comparing the households of children who have received SGOs with households of children of a similar age who do not have SGOs.

Details of WP2 can be found in our companion report - Paine et al. (2026), Special Guardianship Families: Identifying Children's Strengths and Support Needs,

2.1. Study Design

Work Package 1 was conducted using linked administrative datasets to answer the following research questions:

1. How frequently are SGOs granted within Family Court proceedings in Wales, and what are the main routes to their being granted?
2. What are the demographic, birth family and social care characteristics of children who receive SGOs in Wales?

3. With whom do children who have received an SGO live following their SGO and how do the households they live in differ from the average household with children in Wales?
4. How does the likelihood of a child receiving an SGO as a route out of care vary by local authority in Wales?
5. How do those who received SGOs through public and private law with an allocated Cafcass Cymru Guardian differ in terms of their later households, and the likelihood of prior social care experience?

These questions were answered through the analysis of both linked and nonlinked administrative datasets. All datasets were held in the Secure Anonymised Information Linkage (SAIL) Databank (https://saildatabank.com), an anonymous and protected Trusted Research environment containing multiple population level datasets for Wales.

2.2. Dataset Creation

The datasets used in this study are shown in Table 2.1. These datasets were coded in five different ways:

2.2.1 Non-linked Cafcass Cymru dataset

The Cafcass Cymru[2] dataset was used to explore how SGOs arise within family court proceedings in Wales. We explored how many SGOs were granted for children leaving care through public law routes, and whether these were granted because of applications for SGOs or other types of order. We also explored how many applications for SGOs were made through private law, how many of these had Cafcass Cymru involvement until the end of the case and reported an outcome from the application.

To create this dataset Cafcass Cymru data was used to identify all applications for SGOs made between January 2011 and May 2023, as well as all applications for any type of order that resulted in SGOs in that period. Children who received SGOs were identified as the subjects of the applications resulting SGOs granted. A small number of cases with multiple children on the same application were excluded if some children on the application received an SGOs and others a care order. This was done as it was not possible to determine which child received which order

[2] All applications for an SGO are recorded in the Cafcass dataset. However, only children who are assigned a Cafcass guardian and / or have support from Cafcass until the end of the case are recorded as having an outcome within the dataset. This included children in care and children in private law where there is a welfare concern and the court appoints a Cafcass guardian under Rule 16.4.

Table 2.1. Datasets used in the study

Dataset	Description	Use in this study	Research Questions
Cafcass Cymru	Information collected from Cafcass Cymru about applications to the family court.	Children who have received an SGO, where it is private or public law and who the applicants to the SGO were.	RQs 1, 3 & 5
Looked After Children Wales	Social Services reports to Welsh Government of all children in Local Authority Care.	Children who have received an SGO as an exit from care, and all details of pre SGO care experience, including local authority.	RQs 2,4 & 5
Children in Receipt of Care and Support	Social Services reports to Welsh Government of all children with a care and support plan – annual census covering the months from January to March from 2016/2017.	To identify child and parent characteristics, and wider social care involvement.	RQs 2 & 5
Children in Need Wales	Social Services reports to Welsh Government of all children defined as being in need – annual census covering the months from January to March up till 2015/16.	To identify child and parent characteristics, and wider social care involvement.	RQs 2 & 5
Welsh Demographic Service Dataset	Register of all individuals registered with a Welsh GP, with anonymised address.	Household members living with children after the SGO, and to define comparison adults.	RQ3
Welsh Longitudinal General Practice Dataset	Clinical information for all interactions at general practices registered to share their data with the SAIL Databank.	Health-related risk factors in adults living with children.	RQ3
Patient Episode Database for Wales	All inpatient and day case activity undertaken in NHS Wales plus data on Welsh residents treated in English Trusts.	Health-related risk factors in adults living with children.	RQ3
Outpatient Database for Wales	Attendance information for all NHS Wales hospital outpatient appointments.	Health-related risk factors in adults living with children.	RQ3
Outpatient Referral	Data on Outpatient referrals from primary care.	Health-related risk factors in adults living with children.	RQ3
Emergency Department Dataset	Clinical and attendance information about all attendances at Accident and Emergency.	Health-related risk factors in adults living with children.	RQ3

To investigate changes over time, a subset of the full dataset was created using applications with final hearings between 1 April 2011 and 31 March 2023. A list of the variables derived from this dataset and what they mean is available in Appendix 1.

2.2.2 Household dataset

Some of the analysis used Cafcass Cymru data linked to health datasets to create a dataset of households where children who had received SGOs were living in three months after their SGOs were granted. Children in this dataset included those in public law who were leaving care on an SGO and those in private law who were assigned a Cafcass Guardian and therefore had the granting of an SGO as a recorded outcome. This dataset was used answer research question 3 and partially answer question 5. Linkage to health datasets was carried out to include data about the household characteristics and the health service usage of the adults in those households. Comparison households with children of similar ages were also used.

To create this dataset, children who had been identified as the recipients of SGOs through the Cafcass Cymru data were matched to the Welsh Demographic Service Dataset (WDSD) using Anonymous Linking Fields (ALFs), (Ford et al., 2009). The WDSD was used to identify the households that the children were living in three months after their SGO was granted. This was done using a Residential Anonymous Linking Field (RALF), which is an anonymous code that can link together individuals living at the same address based on their GP registration (Rodgers et al., 2009). Preliminary analysis had shown a likelihood of the children moving within the first couple of months after the SGO was granted, so the decision to use data from three months after the SGO was granted was taken in order to provide sufficient time for special guardians to register children who may have needed to move house with a GP.

Some children in the CAFCASS data did not have ALFs, and of those that do, not all have RALFs for the relevant date. Of the 2,639 children identified as subjects of applications, 508 were missing an Anonymous Linking Field (ALF) and/or a Residential Anonymous Linking Field (RALF) meaning they could not be linked to supplementary datasets. As a result, 2,131 children only were used. These children were identified as living at 1,564 different households. Where multiple children lived at the same address and received SGOs on different dates, households were defined according to the date on which the first child in that household received an SGO, to avoid duplication. Using RALFs to identify households sometimes results in the identification of residences that are not households, therefore households that had more than 10 individuals living in them or no adults were excluded, a delineation that has previously been used in children's social care (Warner et al., 2026). This left 1,521 SGO households in the dataset.

A matched comparison group of households were derived from the WDSD. To determine the date on which to match these, the median date on which SGOs were granted was calculated (12/12/2016), and a date three months after this (12/03/2017) was used. Because we wanted to explore whether the age profile of the adults in the SGO households differed from the comparison population, we created a matched comparison group, matched to SGOs households on the age of the oldest child in the household. We used the largest sample of comparison households that we could. This meant that there were 144 comparison households for each SGO household, resulting in a dataset with 220,545 comparison households.

Variables about the composition of the household were derived from the WDSD (number of adults, adult ages, whether there were male and/or female adults present). Household deprivation was also derived from WDSD, using the Welsh Index of Multiple Deprivation (WIMD) This is the Welsh Government's measure of area level deprivation based on small areas of around 1500 households each (Welsh Government, 2019). The ALFs of the adults living in the household were then linked to health datasets to identify health-related factors in those adults. This was done in several ways:

- The presence of certain health-related factors in adults in the households was derived from health datasets (GP, Inpatient and Outpatient) using published code lists. A complete set of the codes used is available in Appendix 1. For certain health-related factors (drug misuse, alcohol misuse, anxiety, depression), codes indicated if a factor had been present in the past two years. For mental health conditions or learning disability, an indication of their presence at any time was used.
- ICD-10 Chapter headings were used to derive an overall picture of health service usage for the adults. Data from GP visits was also mapped on to these chapter headings following the method outlined by Johnson et al. (2021).
- An indication of any Emergency Department visits for adults in the households.

All these variables were derived for each individual adult in the household and then aggregated at a household level to indicate if any adult in the household had a risk factor.

2.2.3 Non-linked Looked After Children Dataset

The Looked After Children Wales (LACW) dataset (not linked to any other dataset) was used to identify the prior care experiences and demographic characteristics of children who receive an SGO as a route out of care, and to compare them with children in care who do not receive SGOs. This was used to answer research question 4 and partially answer research question 2.

This dataset was used to identify children who had entered care in Wales between 2005 and 2021. Children who had been in care for a period of short breaks only for respite reasons (Under Part 6 section 76 of the Social Services and Well-being (Wales) Act 2014) were excluded, as were unaccompanied asylum-seeking children. This left a sample of 26,779 children. Variables describing the young person's demographic information and care experience were derived from the data. Details of the variables can be found in Appendix 1.

2.2.4 Cafcass Cymru dataset linked to Social Care datasets

Children who received SGOs, as identified through the Cafcass Cymru dataset, were linked to the social care datasets to identify how likely those receiving SGOs through private law routes who received Cafcass Cymru support (usually through the allocation of a Cafcass Guardian acting as a legal representative for a child) were to have prior social care experience. This contributed to answering question 5.

The children identified through the analysis of the non-linked Cafcass Cymru dataset (described in section 2.21) were linked social care datasets:

- LACW data indicating any child who had been looked after at any time from 1 April 2002.
- A data set indicating wider social care involvement, which was derived from the Children in Need Census (covering the period from April 2002 to March 2016) combined with data from the Children in Receipt of Care and Support Census (covering April 2016 to March 2021)[3].

Since the social care data was only available to 2021, linkage from the Cafcass cohort was restricted to children who had received an SGO before this date and had an ALF (*n* = 1,841)

2.2.5 LACW data linked to CINW/CRCS datasets

To address research question 2, the analysis of these linked datasets considered additional child factors and pre-care family characteristics.

The children identified through the analysis of the non-linked LACW dataset described above were linked to the dataset indicated winder social care involvement derived from the Children in

[3] The change from Children in Need Wales (CINW) data to Children in Receipt of Care and Support data (CRCS) in April 2016, coincides with the Social Services and Well-Being (Wales) Act 2014 coming into force. Prior to this Act, children in Wales who had been assessed by a social worker and found to be in need of help and protection and who received support from social services were defined as a child in need. However following the enactment of the Act these children are now defined as children in receipt of care and support.

Need Census and Children in Receipt of Care and Support Census. Analysis was limited to only those with ALFs in both datasets who linked (n = 15,790). Variables relating to child and parent needs were derived from CRCS/CINW using their earliest record to understand the factors that initially contributed to social care involvement and predated the SGO being given. The variables are shown in Table A1.4, Appendix 1.

2.3 Analysis

Binary logistic regression models were used to look at the relative impact of different factors on the likelihood of both households and children having an SGO. For households, unadjusted odds ratios, and odds ratios adjusted for the number of adults in the household are presented with 95% confidence intervals, and a series of binary logistic regression models used to look at the impact of a measure of cumulative health when adult number, deprivation and adult age were controlled for.

To identify the effects of child and social care characteristics on the likelihood of children receiving an SGO, various regression models were used. Because the dataset was used to follow children over different time periods Kaplan Meier curves were plotted to identify the likelihood of an SGO over the whole time period. A subsample of the dataset containing only children who had three years of follow up time following entry into care was created. This was used to carry out multilevel binary logistic regression models (with children nested in local authorities) to look at child demographic factors and placement information to predict whether a child received an SGO during that three-year period. An additional set of multilevel binary logistic regression models was then used to explore the impacts of child age and ethnicity and additional parental and child factors when controlling for placement information during a three year follow period.

Descriptive statistics and graphs are provided with appropriate statistical tests being used to indicate statistical significance when required for interpretation, and a heat map used to explore the prevalence of SGOs over local authorities.

2.4. Ethical considerations

Permission to carry out the study was obtained from the SAIL Internal Governance Review Panel. Since it was carried out using existing administrative datasets, all outputs from the SAIL databank were reviewed to ensure that they are not disclosive. Because of this in reporting cell counts numbers below 5 have been suppressed.

2.5. Public involvement

The need for the study arose from talking to kinship carers, special guardians and practitioners who work with them. They highlighted in consultation sessions the significant gaps in the current evidence base, and the lack of recognition that carers experienced when trying to get support for the children in their care. The inclusion of those with lived and practice experience of kinship care was essential to ensure that the project was relevant, responsive and viable.

We took a multipronged approach to public involvement. This included:

- Working with a consultant with lived experience throughout the study, and particularly to shape key messages from the findings.
- Including three people with experience of being kinship carers and / or Special Guardians, and two practitioners on the advisory group to input into key decisions and guide the study.
- Meeting four times during the study with a kinship care research and policy consultation group facilitated by Adoption, Fostering, Kinship Association Cymru (AFKA Cymru) with members with lived experience of being kinship and special guardianship carers.
- Attending events with kinship families and practitioners to talk about the study and hear people's views and attending social work team meetings to get feedback on the study.

Public involvement informed our interpretation of the analysis, and in particular shaped our understanding of the private law routes to SGOs, and the limitations of the CAFCASS data for understanding private law SGOs more generally.

Importantly, public involvement with carers and practitioners highlighted the importance of the research, but also a need to understand outcomes from SGOs, which was beyond the scope of this study.

3. Findings

3.1 SGOs in the Cafcass Cymru Data

This section examines SGOs identified within the Cafcass Cymru dataset, before the dataset was linked to any other dataset. The analysis was carried out to better understand how SGOs arise within family court proceedings in Wales, and answer research question 1: How frequently are SGOs granted within Family Court proceedings, and what are the main routes to their being granted?

It begins by examining applications for SGOs and the proportion of these applications that result in an SGO being granted. It then considers the legal context in which SGOs are made, before exploring the age of children who receive an SGO. Across this section, differences between applications made through public and private law routes are examined contributing to answering research question 5 concerning the differences between public and private law.

3.1.1 SGO Applications

The Cafcass dataset contained of 87,613 applications made between 2011 and 2023, of which 886 were applications explicitly made for Special Guardianship Orders (SGOs). Just over half of these SGO applications were initiated through public law proceedings (56.88%, *n* = 504), with the remainder arising from private law proceedings (43.12%, *n* = 382). Within public law, 61.9%, (*n* = 312) resulted in an SGO being granted, with around a third (32.5%, *n* = 288) not resulting in an SGO, and 12.2% (*n* = 108) not recording an outcome. For private law, outcomes are only reported for those who were appointed a Cafcass Guardian due to welfare concerns. From the data, 46.6% (178) SGO applications were recorded as having resulted in an SGO being granted, indicating that for nearly half of the private law applications, Cafcass remained involved in the case and recorded an SGO as an outcome.

3.1.2 Applications that Result in SGOs

In addition to SGOs granted because of applications for SGOs, many SGOs are granted following other types of application. The data shows a total of 1,938 SGO applications granted. We had to exclude 28 of these from further analysis due to missing information. This was either because of missing information in the indexing variable, preventing identification of unique applications, or in the variable indicating if it was a public or private law application. This left a sample of 1,910 applications which resulted in SGOs.

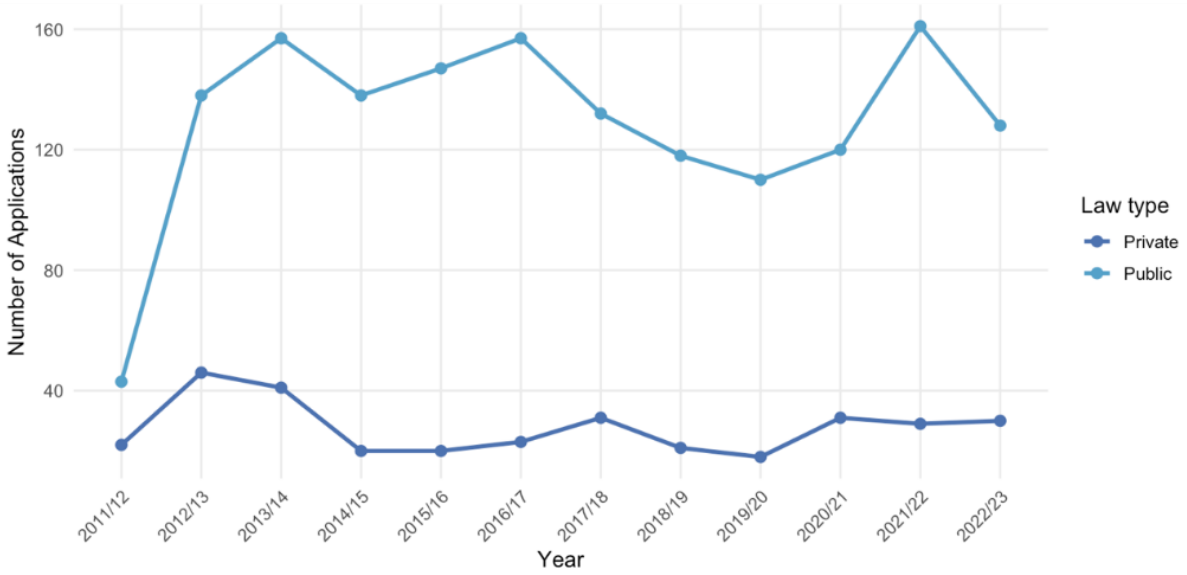
Of the 1,910 SGOs recorded as granted, 336 resulted from of private law proceedings, whereas the majority (82.40%, *n* = 1,574) were granted within public law proceedings (see *Table 3.1*). However, in interpreting this we must remain mindful that we only have outcome data for private law applications where a Cafcass guardian has been appointed. The majority of SGOs (73.35%, *n* = 1420) were granted in proceedings initiated for alternative arrangements.

Table 3.1. SGOs Granted by Law Type, Frequencies

	Private Law with Cafcass involvement	Public Law	Total
SGOs recorded as granted from SGOs applications, %(n)	53.0% (178)	19.8% (312)	25.7% (490)
SGOs recorded as granted from other applications, %(n)	47.0% (158)	80.2% (1,262)	74.3% (1,420)
Total SGOs recorded as granted	336	1,574	1,910

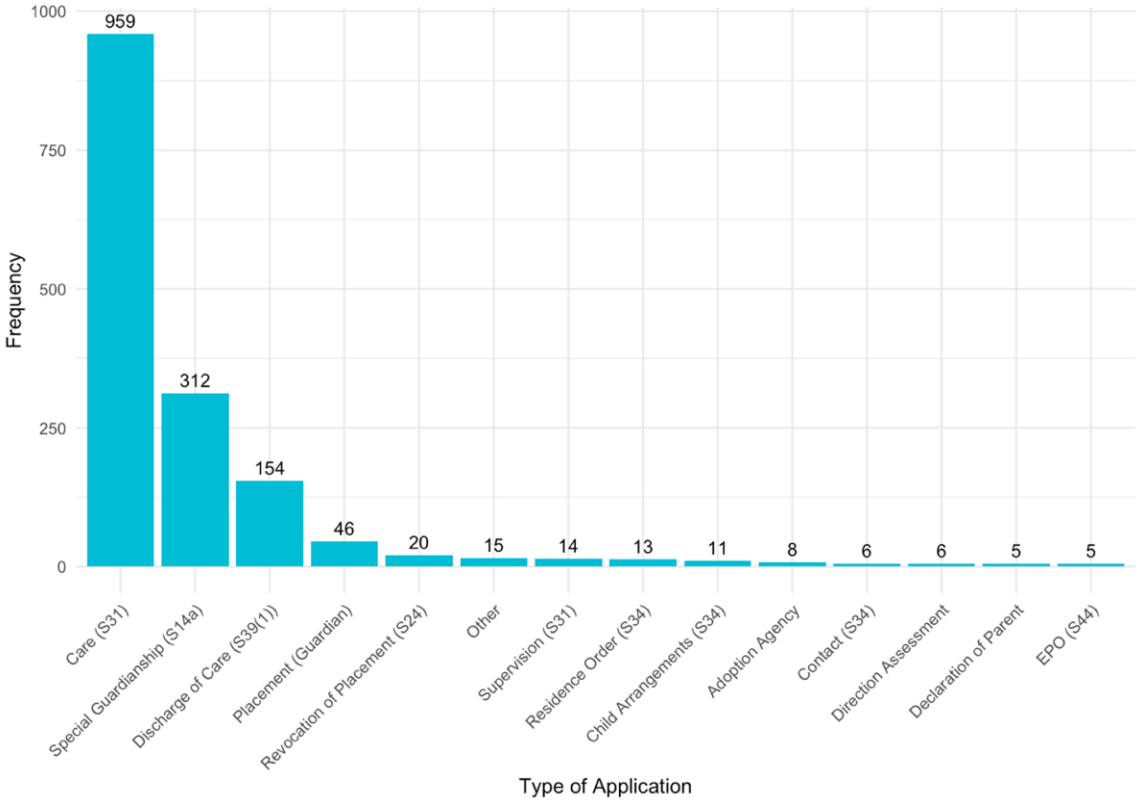
The final hearings for the SGO applications that were granted took place between the beginning of 2011 and early May 2023. *Figure 3.1* shows the annual frequencies of SGOs granted through private and public law proceedings (see Table A2.1, Appendix 2). To ensure that this related to whole years only, this analysis was restricted only to cases with final hearings between 1 April 2011 and 31 March 2023 (*n* = 1881).

Figure 3.1. Frequencies of Private and Public Law Applications Resulting in SGOs by Year



As previously mentioned, the majority of SGOs were a result of court proceedings for alternative arrangements, and to explore this further *Figure 3.2* shows the types of public law applications that resulted in SGOs. Only 19.8% of these SGOs were granted following applications explicitly made for SGOs. The most common pathway was via Care Order applications, which accounted for 60.9% of SGOs, with a further 9.8% granted following applications to discharge a Care Order (see *Table A2.2, Appendix 2*).

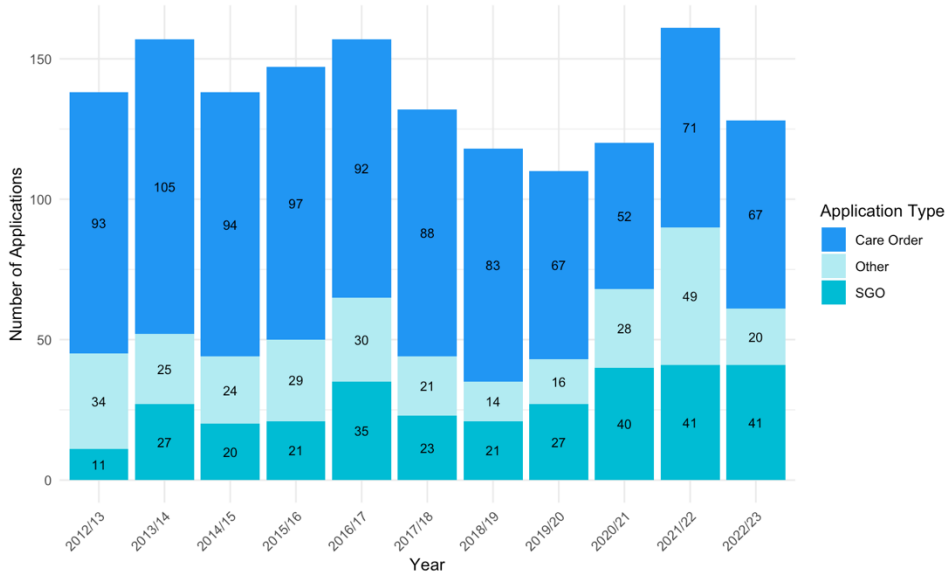
Figure 3.2. Public Law Applications resulting in SGOs, frequencies



Note: 'Other' includes Discharge or Variation of Special Guardianship Orders, Inherent jurisdiction, Placement (RO) (R69), Removal from Jurisdiction (S33(7b)), Supervision Extension(S31), Terminate Contact (S3) and Other, 'Adoption Agency' includes Guardian (R59) and RO (R69) applications

Figure 3.3 (see *Table A2.3; Appendix 2*) shows how the types of public law applications resulting in an SGO have changed over time. Data for 2011/12 were excluded due to low cell counts, and all categories other than SGO and Care Order applications have been grouped into 'other'. The figure demonstrates an increase over time in the number of SGOs granted following applications explicitly made for SGOs, alongside a decrease in the proportion granted through Care Order applications.

Figure 3.3. Frequency of Application Types resulting in SGOs over time



Over half of private law SGOs (53.0%) are recorded as followed applications explicitly made for SGOs, however there are a 23.8% were made following a Rule 16.4 application see *Table A2.4, Appendix 2*. This is associated with a Cafcass guardian being appointed to the application, so in these cases we cannot really be clear what the original application was for. There were however 23.2% of applications for an order other than an SGO with the most common being applications for Child Arrangements or Residence/Contact order (18.5%).

3.1.3 Children subject to applications resulting in SGOs

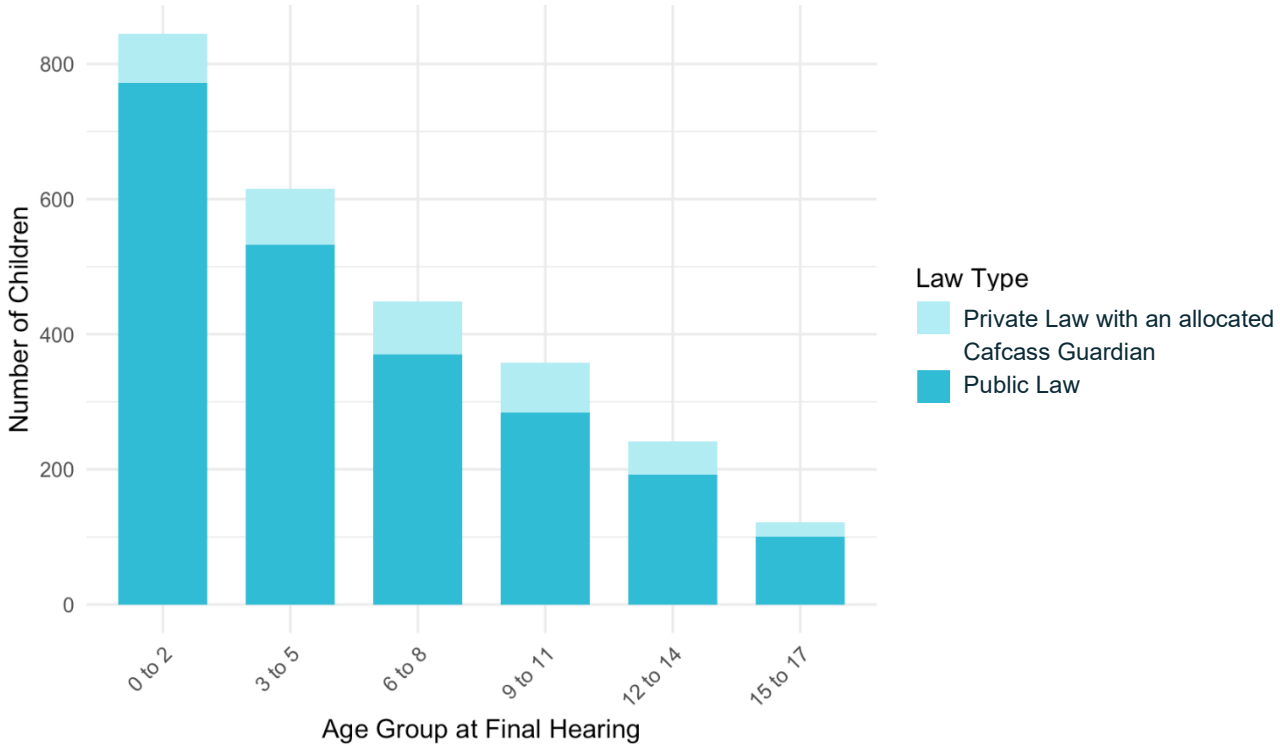
Between March 2011 and May 2023, 2,639 children were subjects of applications that were recorded as resulting in SGOs. Of these, 380 (13.40%) resulted from private law applications[4] and 2,258 (85.56%) from public law applications.

Figure 3.4 (see *Table A2.5, Appendix 2*) shows the age of children at the time of the final hearing by law type. Children subject to public law applications were younger overall, with 34.3% aged 0–2 years at final hearing, compared with 19.3% in private law proceedings. In contrast, private law SGOs were more evenly distributed across age groups and included higher proportions of older children. Children subject to SGOs granted within public law proceedings were younger overall,

[4] Note that private law applications only have a recorded outcome in Cafcass Cymru data if the case remains open to Cafcass involvement throughout – i.e. with an allocated Guardian to represent the child, whereas all public law applications record an outcome.

with over one-third aged 0–2 years at final hearing, whereas private law SGOs were more evenly distributed across childhood.

Figure 3.4. Age groups for Subjects of Applications in which SGOs were granted, by law type



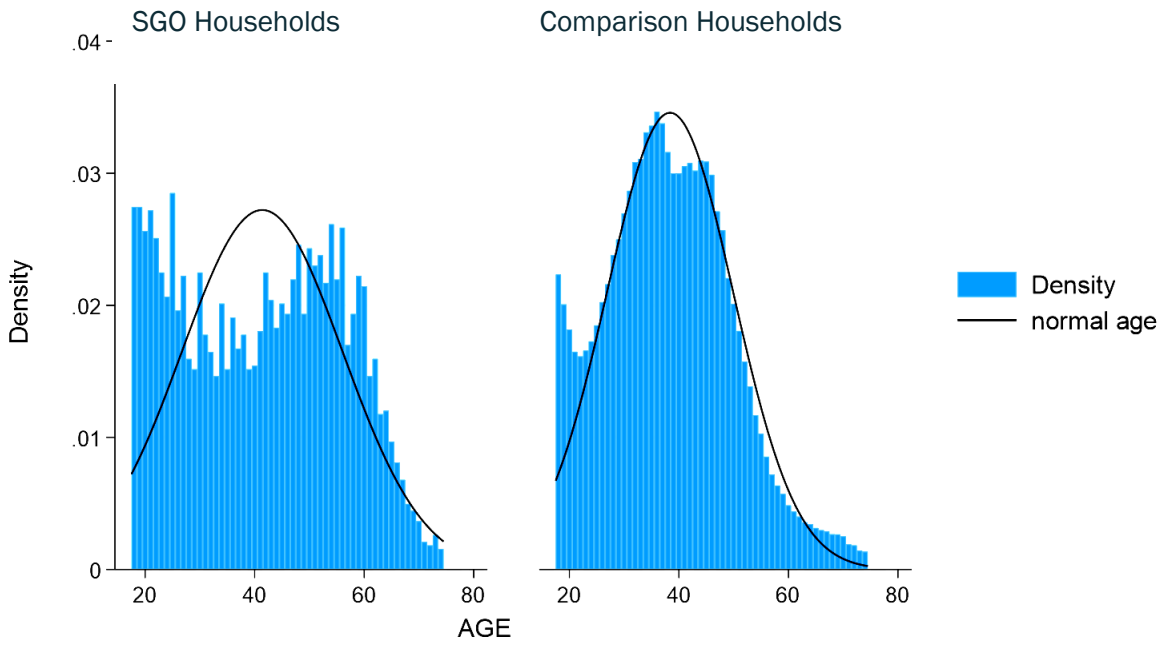
3.2. The Households of Children with SGOs

This section examines the households that the children identified as subjects of SGOs were living in three months after the SGO was granted. It includes the households of subjects of SGOs granted through both public and private law routes and compares those households with comparison households with children of a similar age drawn from the rest of the population. The aim is to determine whether SGO households differ from comparison households in terms of composition, area level deprivation, and adult health characteristics, and answer research question 3: With whom do children who have received an SGO live following their SGO and how to the households they live in differ from the average household in Wales? The final part of this section compares the households of those who received SGOs through public and private law routes, contributing to answering research question 5.

3.2.1 Age of adults in household

The 220,545 households identified through linkage between the CAFCASS Cymru and WDSD datasets, contained 484,097 adults. Of these 3,876 adults were in SGO households and 480,221 adults were in comparison households. *Figure 3.5* presents histograms of the age distribution of those adults. Households with adults aged 75 and older have been excluded to avoid disclosure of small numbers. Both histograms show many individuals in their late teens- particularly in the SGO group, however the pattern after that age is distinctly different between the two groups. The comparison households display an approximately normal distribution, with a mode of 36 years. The SGO group displays a bimodal distribution, with a relatively high concentration of adults in their 20s, followed by a dip in individuals in their 30s, and a second concentration among adults over 40.

Figure 3.5. Histograms showing the age distribution of all adults aged under 75 in SGO and comparison households.



3.2.3. Household structure and socioeconomic characteristics

Descriptive statistics summarising the household characteristics, such as the number of adults and children in the households and their ages, and area level deprivation across households with SGOs and comparison households are shown in *Table 3.2*. Across multiple indicators, SGO households differed significantly from comparison households, suggesting a distinct household profile associated with SGOs.

Table 3.2. Descriptive statistics Household Variables

	SGO Households	Comparison Households
Child Number, %(n)		
1	34.5% (524)	46.7% (102,243)
2	31.2% (474)	37.6% (82,339)
3	34.4% (523)	15.7% (34,442)
Adult Number, %(n)		
1	20.2% (307)	22.2% (48,647)
2	38.5% (586)	51.2% (112,014)
3 or more	41.3% (628)	26.7% (58,363)
No men present, %(n)	22.4% (340)	23.9% (52,253)
No women present, %(n)	4.2% (64)	2.4% (5,168)
Age oldest adult, M(SD)	50.1 (12.9)	43.4 (11.9)
Age youngest adult, M(SD)	33.9 (13.6)	32.9 (9.6)
WIMD Quintile, %(n)		
1	36.2% (550)	22.6% (49,495)
2	24.7% (376)	20.6% (45,159)
3	17.0% (259)	18.7% (40,903)
4	13.6% (207)	18.9% (41,283)
5	8.5% (129)	19.3% (42,147)

SGO households were significantly more likely to contain larger numbers of children, $\chi^2(2) = 396.87$, $p < .001$. Over one-third (34.4%) of SGO households had three or more children, compared with 15.7% of comparison households. In contrast, non-SGO households were more likely to contain only one child (46.7% vs 34.5%).

There were also significant differences in relation to the number of adults in the household, $\chi^2(2) = 170.94$, $p < .001$. While the proportion of single-adult households did not significantly differ across SGO (20.2%) and non-SGO (22.2%) comparison households, SGO households were far more likely to include three or more adults (41.3% vs. 26.7), whereas comparison households were more likely to consist of two adults (51.2% vs. 38.5%). There was no statistically significant difference in the proportion of households with no adult men present across SGO (22.4%) and comparison (23.9%) groups, $\chi^2(1) = 1.88$, $p < .170$. However, SGO households were significantly more likely to have no adult women present (4.2%) compared to non-SGO comparison households (2.4%; $\chi^2(1) = 22.28$, $p < .001$). Clear differences were also observed in the age profile of adults in the households. The oldest adult in SGO households was significantly older (M

= 50.1 years, SD = 12.9) than in comparison households (M = 43.4 years, SD = 11.9; $p < .001$). In contrast, there was only a marginal difference observed in the age of the youngest adult in the household across SGO (M = 50.1 years, SD = 12.9) and comparison households (M = 50.1 years, SD = 12.9; $p < .001$).

SGO households were disproportionately located in more deprived areas. Over one-third (36.2%) were situated in the most deprived WIMD quintile, compared to 22.6% of comparison households, $\chi^2(4) = 250.21$, $p < .001$. Conversely, in the least deprived quintile, SGO households were markedly underrepresented (8.5%) when compared to the sample of non-SGO households (19.3%).

3.2.4. Health characteristics of SGO households

We also considered the health characteristics of adults in SGO households with those in comparison households, and this showed that the SGO households had significantly higher levels of adult health service contact and health related conditions, as can be seen in *Table 3.3*. The recorded rates of mental health difficulties were significantly overrepresented within adults of SGO households, with nearly half (49.0%) of SGO households including at least one adult with a recorded indication of depression, compared to 34.1% of matched comparison households, $\chi^2(1) = 151.80$, $p < .001$. A similar pattern of overrepresentation was seen with anxiety (24.3% of SGO households vs 17.4% of matched comparison households; $\chi^2(1) = 51.09$, $p < .001$) and severe mental health conditions (4.4% of SGO households vs 2.4% of matched comparison households; $\chi^2(1) = 25.14$, $p < .001$). SGO households were also significantly more likely to have an adult with learning disabilities (6.2%) compared to non-SGO households (1.1%), $\chi^2(1) = 347.15$, $p < .001$.

Indicators of substance misuse were more prevalent in SGO households, with 5.4% of households having at least one adult with drug misuse issues, compared to 1.7% in non-SGO households, $\chi^2(1) = 120.84$, $p < .001$, and 3.8% of SGO households having alcohol misuse issues compared to 1.7% in matched comparison non-SGO households, $\chi^2(1) = 44.87$, $p < .001$. Adults from SGO households (60.9%) were also significantly more likely to have attended Accident and Emergency (A & E) services within the two years prior to an SGO being granted, compared with 47.8% of comparison households, $\chi^2(1) = 102.80$, $p < .001$.

Table 3.3. Descriptive Statistics Adult Health Related Factors

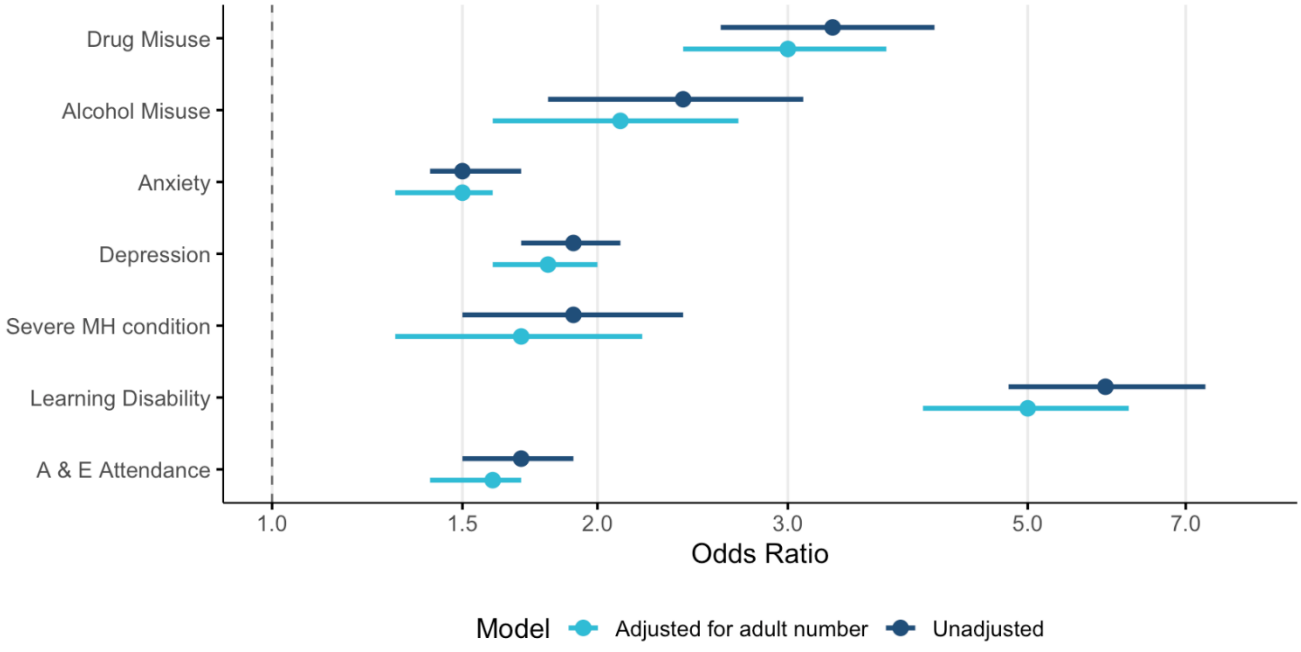
	SGO Households	Comparison Households
Drug Misuse, %(n)	5.4% (82)	1.7% (3,732)
Alcohol Misuse	3.8% (58)	1.7% (3,614)
Anxiety	24.3% (370)	17.4% (38,008)
Depression	49.0% (746)	34.1% (74,603)
Severe MH condition	4.4% (67)	2.4% (5,296)
Learning Disability	6.2% (95)	1.1% (2,455)
A & E Attendance	60.9% (926)	47.8% (104,799)
ICD-10 Chapter Headings		
Blood	4.1% (63)	3.7% (8,085)
Circulatory	20.4% (311)	13.5% (29,495)
Congenital	6.8% (104)	4.4% (9,717)
Digestive	27.5% (419)	22.8% (49,857)
Ear	1.0% (15)	0.8% (1,736)
Eye	3.0% (45)	2.1% (4,641)
Genitourinary	28.5% (434)	28.3% (61,885)
Infectious	23.0% (350)	20.4% (44,626)
Injury	25.0% (380)	18.6% (40,738)
Mental	56.3% (856)	52.3% (114,468)
Metabolic	24.4% (371)	12.9% (28,331)
Morbidity/Mortality	9.8% (149)	5.9% (13,020)
Musculoskeletal	46.2% (702)	38.4% (84,177)
Neoplasms	9.2% (140)	9.0% (19,764)
Nervous	31.2% (475)	27.5% (60,130)
Respiratory	44.3% (673)	40.0% (87,512)
Skin	35.8% (545)	33.5% (73,411)
Cumulative ICD-10 Codes, M(SD)	4.0 (2.8)	3.3 (2.5)

The mean number of cumulative ICD-10 code groupings recorded per household was significantly greater in SGO households (M = 4.0, SD = 2.8) than in comparison households (M = 3.3, SD = 2.5), $p < .001$. Results for the ICD-10 Chapter headings are also presented to give an illustration of overall health services use across all health conditions, and they show that they were consistently more prevalent in SGO households than in comparison households, however only some of these were statistically significant (see Table A2.6, Appendix 2).

These findings indicate that SGO households are characterised by higher levels of recorded adult health need. Figure 3.6 illustrates the impact that each of these health indicators has on the odds of a child having an SGO, However, because the health indicators were calculated at a household level and because we know that SGO households were more likely to have a higher number of adults than non-SGO households we calculated the these odds in two ways, firstly we calculated them with on their own (the unadjusted Odds Ratios), and secondly we calculated them taking into account the number of adults in the household (Adjusted for Adult Number; see *Table A2.7, Appendix 2*).

The odds of households with an adult that had a recorded learning disability being an SGO household were nearly six times greater than those without (OR = 5.90, 95% CI [4.80, 7.30]). Drug misuse was associated with more than threefold increased odds (OR = 3.30, 95% CI [2.60, 4.10]), and alcohol misuse with more than twofold increased odds (OR = 2.40, 95% CI [1.80, 3.10]). Mental health concerns were associated with a comparatively smaller increase in odds, adults with anxiety, depression or severe mental health conditions were 1.5-2 times more likely to be in an SGO household.

Figure 3.6. Odds Ratios for health-related issues on the likelihood of being an SGO house, unadjusted and adjusted for number of adults in the household.



All the adjusted odds ratios are significantly suggesting that the impact of these indicators cannot be explained purely by larger household size.

To further assess whether health differences reflected socioeconomic context or the age of adults in the household, binary logistic regression models were run in four stages. These models predicted the likelihood of being in an SGO household based on the cumulative number of ICD-10 health codes, then with the number of adults in the household, their overall deprivation, and the age of the oldest adult in the household. Odds Ratios and CIs (Lower and Upper Bounds) for these are shown in *Table 3.4*.

Table 3.4. Binary Logistic Regression Models showing the odds of being an SGO household.

	Model 1			Model 2			Model 3			Model 4		
	OR	CI		OR	CI		OR	CI		OR	CI	
Cumulative ICD-10	1.10	1.08	1.12	1.07	1.05	1.09	1.05	1.03	1.08	1.03	1.01	1.05
Adult Number				1.18	1.12	1.23	1.19	1.14	1.25	0.94	0.89	0.99
WIMD Quintile							0.75	0.72	0.77	0.72	0.69	0.74
Age Oldest Adult										1.04	1.04	1.05
Constant	0.00	0.00	0.01	0.00	0.00	0.00	0.01	0.01	0.02	0.00	0.00	0.00

In Model 1, cumulative ICD-10 burden was significantly associated with SGO household status (OR = 1.10, 95% CI [1.08, 1.12]), indicating that each additional ICD-10 code was associated with a 10% increase in the odds of being an SGO household. After adjusting for the number of adults in the household (Model 2), the association remained significant (OR = 1.07, 95% CI [1.05, 1.09]), indicating that multimorbidity effects were not solely attributable to the number of adults in the household. In Model 3, area-level measure of multiple deprivation (WIMD Quintile Score) was added. Higher deprivation was associated with 15% decrease in odds of SGO household status (OR = 0.75, 95% CI [0.72, 0.77]), reemphasising the clear socioeconomic differences observed in previous sections of this report. Importantly, in Model 3, cumulative ICD-10 burden remained independently associates with SGO household status after accounting for deprivation, OR = 1.05, 95% CI [1.03, 1.08]. In the final model, the age of the oldest adult was also included and was independently associated with SGO household status (OR = 1.04, 95% CI [1.04, 1.05]). In this final model, cumulative ICD-10 burden remained statistically significant (OR = 1.03, 95% CI [1.01, 1.05]).

Taken together, these models indicate that elevated adult health burden in SGO households persists after accounting for household size, deprivation, and age of oldest adult. However, it also needs to be noted that the impact on the odds of an SGO is very small after accounting for all these things.

3.2.5. Comparison of SGO Households from Private and Public Law Proceedings

This section considers whether the characteristics of SGO households differed according to whether SGOs were granted through public law, or private law proceedings with an allocated Cafcass Guardian. Both descriptive and comparative analysis were conducted to determine whether the pathway to receiving an SGO was associated with distinct patterns of prior social care involvement, household composition, or adult health burden.

Among the 1,521 households in which the children with SGO were living as discussed in the section above, 1,282 were associated with SGOs resulting from public law applications and 239 were associated with SGOs resulting from private law application where a Cafcass Guardian had been allocated. A small number of households had experienced both application types; to avoid disclosure and ensure mutually exclusive categories, these were classified as public law households. Consequently, the private law category refers to households where SGOs arose exclusively from private law applications and not from public law proceedings. *Table 3.5* presents the descriptive profile of private and public law SGO households, comparing household characteristics and health related factors.

Table 3.5. Household Characteristics and Health Related Factors, Public and Private Law SGO Households Compared

	Private Law SGO Households	Public Law SGO Households
Child Number, %(n)		
1	38.9% (93)	33.6% (431)
2	31.8% (76)	31.1% (398)
3	29.3% (70)	35.3% (453)
Adult Number, %(n)		
1	21.8% (52)	19.9% (255)
2	33.1% (79)	39.5% (507)
3 or more	45.2% (108)	40.6% (520)
No men present, %(n)	22.2% (53)	22.4% (287)
No women present, %(n)	4.2% (10)	4.2% (54)
Age oldest adult, M(SD)	52.5 (13.9)	49.7 (12.6)
Age youngest adult, M(SD)	34.4 (14.5)	33.8 (13.5)
WIMD Quintile, %(n)		
1	35.1% (84)	36.3% (466)
2	23.8% (57)	24.9% (319)

3	18.4% (44)	16.8% (215)
4	15.1% (36)	13.3% (171)
5	7.5% (18)	8.7% (111)
Health Factors, %(n)		
Drug Misuse	5.4% (13)	5.4% (69)
Alcohol Misuse	5.9% (14)	3.4% (44)
Anxiety	24.7% (59)	24.3% (311)
Depression	52.7% (126)	48.4% (620)
Severe MH condition	6.7% (16)	4.0% (51)
Learning Disability	9.6% (23)	5.6% (72)
A & E Attendance	56.5% (135)	61.7% (791)
Cumulative ICD-10 Codes, M(SD)	4.3 (3.0)	3.9 (2.7)

Overall, household composition appeared broadly similar across the two law types. There were no statistically significant differences in the number of children in the household, $\chi^2(2) = 3.816$, $p = .148$. In both groups, households commonly contained multiple children, with approximately 65% containing more than one child (60.1% of private law households and 66.4% of public law households). Similarly, the distribution of the number of adults in the households did not differ significantly between groups, $\chi^2(2) = 3.816$, $p = .166$. Households with three or more adults were common in both private law (45.2%) and public law (40.6%) households, reflecting a higher number of households living with adult children, or with grandparents.

Some differences, however, did emerge in the age of the adults in the household. The mean age of the oldest adult was significantly higher in private law households (M = 52.5 years, SD = 13.9), compared with public law households (M= 49.7 years, SD = 12.6; $p = .002$). However, no such difference was found in the age of the youngest adult between private (M= 34.4 years, SD = 14.5) and public law (M = 33.8 years, SD = 13.5) households, $p = .718$. The presence of adult men or women in the household also did not differ between groups. Households with no adult men were present in approximately one fifth of both private (22.2%) and public law households (22.4%), $\chi^2(1) = .001$, $p = .942$. Similarly, the proportion of households without adult women was identical across private and public law households (4.2%), $\chi^2(1) = .000$, $p = .984$.

Area-level deprivation did not significantly differ across law types, $\chi^2(4) = 1.23$, $p = .874$. Across both groups, the proportion of households residing in the most deprived (35.1% private law vs 36.3% public law proceedings) and the least deprived (7.5% private law vs 8.7% public law proceedings) areas in Wales remained similar.

Overall, patterns of health-related characteristics were broadly similar across private and public law SGO households. There was no significant difference between emergency room attendance between these groups (56.5% private law vs 61.7% public law; $\chi^2(1) = 2.30$, $p = .129$. Rates of drug misuse were identical across groups (5.4%; $\chi^2(1) = .000$, $p = .971$). But alcohol misuse was somewhat more prevalent in private law SGO households (5.9%) than public law households (3.4%), although this difference did not reach statistical significance, $\chi^2(1) = .001$, $p = .072$. There were small differences in the prevalence of mental health difficulties between private and public law SGO households, although again, none of these crossed the of significance. The prevalence of anxiety in these households was similar across private (24.7%) and public (24.3%) law households, $\chi^2(1)= .020$, $p = .888$, whereas there was slightly more variation in the experience of depression in private (52.7%) and public (48.4%) law SGO households, although this difference was non-significant, $\chi^2(1) = 1.53$, $p = .216$. A much smaller proportion of households had adults with recorded severe mental health difficulties, with 6.7% of private law SGO households and 4.0% of public law households, $\chi^2(1) = 3.53$, $p = .060$. The only health-related characteristic to significantly differ between the two types of law proceeding was the prevalence of learning disabilities among adults in the household. Learning disabilities were recorded more frequently in private law SGO households (9.6%) than public law SGO households (5.6%; $\chi^2(1) = 5.52$, $p = .019$). The overall cumulative health burden, measured using the number of ICD-10 diagnostic chapters recorded for adults in the household, was slightly higher in private law households (M = 4.3, SD = 3.0) than in public law households (M = 3.9, SD = 2.7). However, this difference was not statistically significant ($p = .076$).

Taken together, these findings suggest that households in which SGOs arise through private law and have Cafcass involvement throughout, and those in public law are broadly similar in terms of household composition, their deprivation profile, and overall adult health burden. The most notable differences observed were the age of the oldest adult in the household, being older in private law households, and the prevalence of learning disability being more common in private law households

3.3 The Characteristics of Children who receive an SGO

This section examines the characteristics of children who receive an SGO, focussing on their demographic and family characteristics as well as their prior involvement with social care services. The analysis begins by exploring the proportion of children identified through the Cafcass Cymru data who had previous contact with social care services. This was done to compare how likely those who had received SGOs through private law routes with a Cafcass Guardian were to have had prior involvement with children's social care.

The section then focuses specifically on children who had been looked after, as identified through the LACW. Within this group children who received an SGO are compared with those who do not. The objective is to determine whether children who exit care through SGOs differ from other looked-after children in Wales. This data is then linked to wider social care data (CINW/CRCS) to explore how additional child and family characteristics are associated with the likelihood of an SGO. This section seeks to provide answers to Research Question 2: What are the demographic, birth family and social care characteristics of children who receive SGOs?

3.3.1. Matching to Social Care datasets

Linkage to social care datasets was done in two stages. First, the CAFCASS Cymru data were linked to the Looked After Children (LACW) dataset to identify how many children who received an SGO had previously been looked after. In the second stage, the CAFCASS data were linked to Children Receiving Care and Support/Children in Need Wales (CRCS/CINW) datasets to identify children who had received support from local authority children's services but may not have entered formal care. It was anticipated that children who received SGOs through public law proceedings would be more likely to have prior involvement with children's social care services. However, the extent to which children receiving SGOs through private law proceedings had previous contact with social care services was less certain.

LACW data were available up to 31 March 2021, and the CAFCASS cohort was therefore restricted to children who had received an SGO before this date and had an ALF (*n* = 1,841). Where children appeared more than once in CAFCASS data, only the first SGO application was retained. Of these 1,841 children, 1,557 (84.6%) were associated with public law applications, and 284 (15.4%) were associated with private law applications. After excluding unaccompanied asylum seekers, and short-term respite placements, the LACW sample consisted of 36,020 children in care between 1 April 2002 and 31 March 2021, of whom 22,013 (61.1%) had an ALF.

Of the 1,841 children in the CAFCASS data with ALFs, 1,286 (69.9%) matched to children in the LACW data. A match was defined as a care episode beginning before the final SGO hearing date or within one month after (to allow for minor recording discrepancies). The match rates for public and private law cases shown in *Table 3.6*. As expected, children whose SGOs were granted via public law proceedings were substantially more likely to have recorded care episodes with an ALF than those granted via private law, with 74.7% being found in the LACW data. However, the 43.3% of those who received an SGO via a private law route also matched to the LACW dataset. Since some of the children in both the CAFCASS Cymru and LACW datasets do not have ALFs and therefore may not match across datasets because of missing ALFs, these figures should be

considered the minimum estimates of the true level of overlap. So that rather than saying 43.3% of those that received SGOs through the private law route were in care, we know that ***at least*** 43.3% were in care.

Table 3.6. Matching of CAFCASS SGO Subjects to LACW Data by Law Type

	Public Law SGO	Private Law SGO	Total
Found in LACW data, %(n)	74.7% (1,163)	43.3% (123)	69.9% (1,286)
Not found in LACW data, %(n)	25.3% (394)	56.7% (161)	30.1% (555)
Found in CINW/CRCS data, %(n)	62.6% (975)	63.7% (181)	62.8% (1,156)
Not found in CINW/CRCS data, %(n)	37.4% (582)	36.3% (103)	37.2% (685)
Total	1,557	284	1,841

Matching to the CRCS/CINW datasets presents additional challenges as this data is collected through an annual census rather than continuously recorded episodes. These datasets provide information about children who had been receiving care and support from local authorities between January and March from 2010-2021 (2022 was excluded for consistency with the LACW sample). Across these years, 81,052 children appeared in the CRCS/CINW dataset, 56,334 of whom had an ALF (69.5%). Of the 1,841 children identified in the CAFCASS data with an ALF, 1,223 (66.4%) matched to CRCS/CINW. There were 1,156 (62.8%) with a date of first support before the final hearing date for the SGO application, meaning these children were known to social services prior to the SGO application. While this overall percentage is counterintuitively lower than the LACW dataset this might be because of the annual census nature of the data.

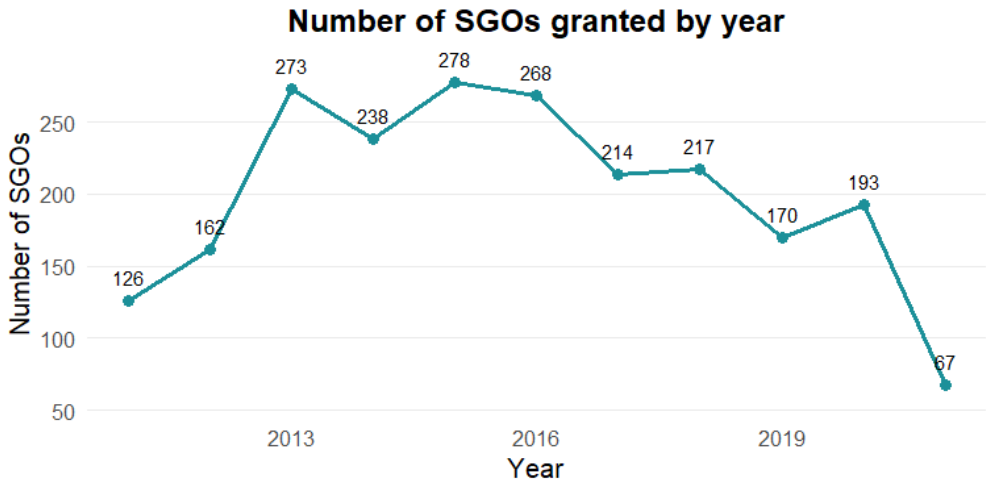
Unlike LACW linkage, CINW/CRCS match rates did not differ significantly by law type, ($p = .721$). This suggests that children receiving SGOs through private and public routes were similarly likely to have had prior contact with local authority support services, when those private law cases had a Cafcass Guardian appointed. However, formal care experience was substantially more common among public law cases. Taken together, these findings indicate that prior involvement with social services is common among children who receive SGOs and have Cafcass Guardians, regardless of whether the order arises through public or private law proceedings.

3.3.2. The Characteristics of Children who Receive an SGO

This section examines the social care experiences of children who subsequently received an SGO, comparing them with a sample of care-experienced children who did not. The objective is to determine whether children who exit care through SGOs differ systematically from other looked-after children in Wales.

The analysis was based on 26,779 children who had entered care at any time from April 2005, and of these 2,380 (8.9%) had received an SGO at some point before the end of March 2021. The number of SGOs granted per year within the sample is shown in *Figure 3.7*, this graph starts at 2011 to account for the suppression of small values.

Figure 3.7. The number of SGOs granted by year in the full LACW sample



Descriptive statistics summarising demographic characteristics and the care experiences of the 26,779 children in the LACW sample, as well as the specific profiles are shown in *Table 3.7*.

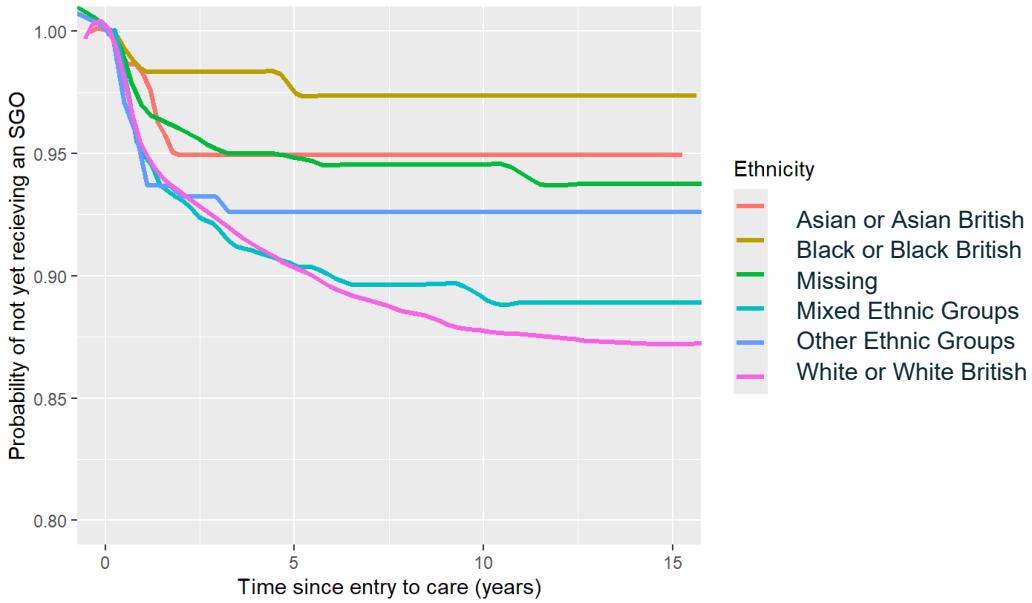
There were no significant differences between the SGO and non-SGO groups by sex with both the SGO and non-SGO group presenting a roughly even split between males and females, $\chi^2(1, 26{,}768) = 1.24$, $p = .27$. However, the groups differed significantly by ethnicity, $\chi^2(5, 26{,}054) = 54.35$, $p < .001$, and by disability status, $\chi^2(2, 24{,}048) = 69.47$, $p < .001$. Children with an SGO were more likely to be recorded as White (93.61%) than the non-SGO group (89.56%), however all other recorded ethnicities were underrepresented in the SGO group.

Table 3.7. Summary of descriptive information about children in the LACW sample, and across SGO and non-SGO groups.

	Total (N=26,779)	SGO (N=2,380)	Non-SGO (N=24,399)
Demographic Characteristics			
Sex, %(n)			
Male	51.7% (13,833)	50.6% (1,203)	51.8% (12,630)
Female	48.3% (12,935)	49.4% (1,176)	48.2% (11,759)
Missing	0.04% (11)	0.04% (1)	0.04% (10)
Ethnicity, %(n)			
White	89.9% (24,079)	93.6% (2,228)	89.6% (21,851)
Mixed ethnic groups	2.9% (785)	2.8% (66)	3.0% (719)
Asian or Asian British	1.8% (485)	0.9% (21)	1.9% (464)
Black or Black British	1.4% (380)	0.3% (8)	1.5% (372)
Other ethnic group	1.2% (325)	0.9% (21)	1.3% (304)
Missing*	2.7% (725)	1.5% (36)	2.8% (689)
Disability, %(n)			
Disabled	6.4% (1,710)	4.4% (104)	6.6% (1,606)
Not Disabled	83.4% (22,338)	89.5% (2,129)	82.8% (20,209)
Unknown	10.2% (2,731)	6.2% (147)	10.6% (2,584)
Care Experience			
Age at care entry, M(SD)	6.4 (5.8)	3.2 (3.8)	6.7 (5.8)
Experienced respite care, %(n)	2.8% (752)	2.1% (49)	2.9% (703)
Aged out of care, %(n)	30.9% (8,271)	0% (0)	33.9% (8,271)
No of placements till SGO or end of study			
All children, M(SD)**	2.5 (2.4)	1.6 (1.0)	2.5 (2.4)
All children excluding those that aged out, M(SD) ***	2.3 (1.8)	1.6 (1.0)	2.4 (1.8)
First Placement			
Foster care friend/relative in LA	15.5% (4,150)	44.9% (1,069)	12.6% (3,081)
Foster care friend/relative outside LA	2.6% (687)	5.6% (132)	2.3% (555)
Other foster care in LA	49.9% (13,356)	32.4% (770)	51.6% (12,586)
Other foster care outside LA	14.1% (3,763)	8.7% (206)	14.6% (3,557)
Placed for adoption	0.1% (29)	0.0% (0)	0.1% (29)
Other*	17.9% (4,794)	8.3% (203)	18.8% (4,591)
Last Placement			
Foster care friend/relative in LA	14.4% (3,865)	58.3% (1,387)	10.2% (2,478)
Foster care friend/relative outside LA	3.5% (930)	12.0% (286)	2.7% (644)
Other foster care in LA	30.7% (8,219)	20.4% (486)	31.7% (7,733)
Other foster care outside LA	10.9% (2,918)	6.1% (146)	11.4% (2,772)
Placed for adoption	15.4% (4,110)	0.0% (0)	16.8% (4,110)
*Other**	25.2% (6,737)	3.2% (75)	27.3% (6,662)

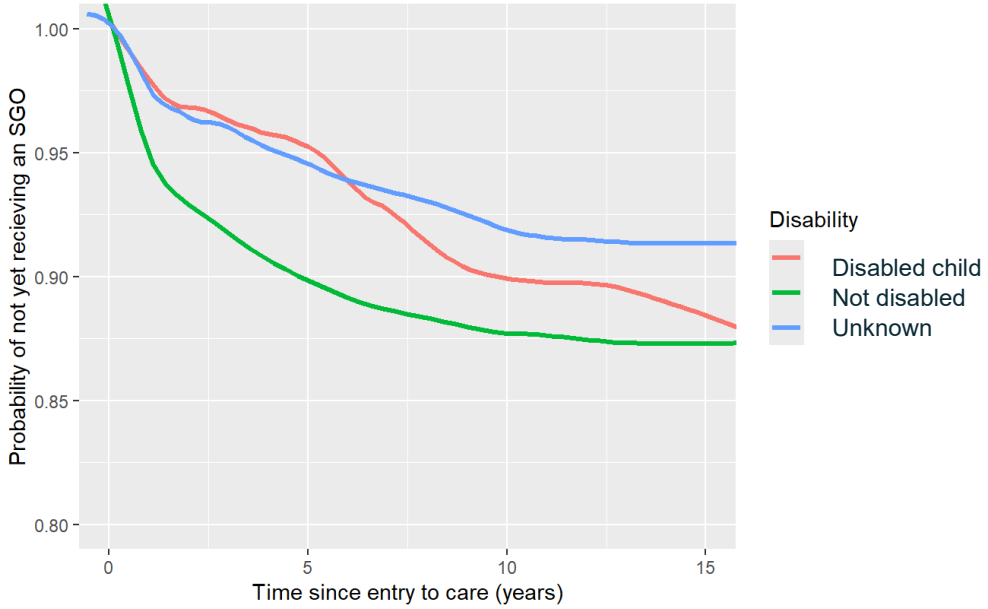
* Other placements include: placed with parents, other community placements, residential children's homes, secure accommodation, hostels and supportive residential settings, other residential settings and schools, missing from placement and any other settings

Figure 3.8. Survival curves depicting the probability of not yet receiving an SGO across ethnicity subtypes.



Children who received an SGO (4.37%) were also less likely to be recorded as disabled compared to those without an SGO (6.58%). A small but significant difference was also observed for respite care experience, $\chi^2(1, 26{,}779) = 5.08$, $p = .024$, with non-SGO children slightly more likely to have experienced respite placements alongside their wider care history.

Figure 3.9. Survival curves depicting the probability of not yet receiving an SGO across disability subtypes



When considering care experience, children who received an SGO entered care at a significantly younger age ($M = 3.20$, $SD = 3.76$) than those who followed alternative pathways through care ($M = 6.70$, $SD = 5.83$), $t(3608.13) = -40.84$, $p < .001$, $d = -0.62$. Consistent with these

patterns, children in receipt of an SGO experienced significantly fewer care placements over the whole study period (M = 1.63, SD = 0.96) compared to non-SGO children (M = 2.54, SD = 2.44), $t(6113.78) = -36.47$, $p < .001$, $d = -0.39$. These figures included all placements that the children had in all care periods, so if children came in and out of care multiple times it could have related to multiple care periods. Some of the children who did not receive an SGO aged out of the study before the end of the study date, but even when excluding these children these differences remained significant when excluding children, fewer placements, $t(5389.90) = -29.97$, $p < .001$, $d = -0.42$.

Children's first and last placements differed markedly between SGO and non-SGO groups with the overall distribution of placement types differed significantly between groups for both first placements, $\chi^2(5, 26{,}779) = 1{,}895.20$, $p < .001$, and final placements, $\chi^2(5, 26{,}779) = 5{,}076.10$, $p < .001$. At first placement, SGO children were far more likely to be in foster placements with friends or relatives (50.47%), the majority of these remaining within their local authority (44.92%), compared to non-SGO children (14.9%), the majority of which were in alternative foster care placements (66.17%). This pattern became even more pronounced for the final placement, with 70.30% of SGO children's last placements being kinship care, compared to 12.80% for non-SGO children (see Figure A1, Appendix 2). When last placement only is considered SGO children are more likely to be placed outside of LA compared to non-SGO children (see Figure A2, Appendix 2).

This pattern of results suggests that children who receive an SGO have distinctly different demographic and care profiles compared to other looked-after children in Wales. No differences in sex were reported, but these children are likely to be White and not disabled, patterns which may reflect underlying differences in how permanency options are assessed and accessed across groups. SGO children also tend to enter and exit care at younger ages, spend less time in care, and experience fewer placement changes, suggesting a comparatively shorter and more stable pathway through the care system. SGO children also were more likely to be placed in kinship placements when they enter, and even more move into kinship placements during their time in care.

3.3.2.1. Predictors of Receiving an SGO

Because of some of the factors examine the relative contribution of these child and placement level characteristics, while accounting for clustering within local authorities, a multilevel binary logistic regression was conducted.

To ensure that all children in the analysis had adequate time to be considered for an SGO, a subsample was created. Inspection of the sample indicated that 84.2% of SGO placements occurred within three years of a child entering care, with the mean number of years in care for SGO children being 1.96 years (SD = 2.13). Therefore, the subsample only included children who (a) entered care prior to 2018, and (b) entered care aged 15 years or younger. This produced a sample of *n* = 16,488 children used in the regression models, n = 2005 of which had received an SGO

A multilevel binomial logistic regression was then conducted to predict the likelihood of a child receiving an SGO, accounting for potential community effects by local authority (see *Table 4.10*). The model demonstrated acceptable fit (*AIC* = 8574.8, *BIC* = 8636.4). Model-level variance estimates indicated that fixed effects accounted for approximately 30% of the variance in SGO likelihood (R^2m = .30), while the full model (including random effects) explained 36% (R^2c = .36).

Table 3.8. Multilevel Binary Logistic Regression Model

			95% CI	
	OR	p	LB	UB
Intercept	0.05	<.001	0.03	0.07
Age at care entry	0.89	<.001	0.87	0.9
Ethnicity (White)	1.16	0.235	0.91	1.5
Sex (Female)	1.09	0.134	0.97	1.22
Disability (Not disabled)	1.19	0.174	0.93	1.53
Kinship last placement	16.06	<.001	14.3	18.04
Last placement outside LA	1.29	0.001	1.11	1.5

Note. Model fit: AIC = 8574.8, BIC = 8636.4, logLik = −4279.4. Random effect variance (local authority) = 0.25. OR = odds ratio; CI = confidence interval

After accounting for clustering by local authority and individual demographics, last placement characteristics emerged as the strongest predictors of SGO receipt. Kinship placement was the strongest predictor of SGO receipt, with an OR of 16.06 (95% CI [14.30, 18.04]). This indicates that children placed with relatives or family friends were approximately 16 times more likely to receive an SGO compared to those in other types of placements. Age at care entry additionally predicted SGO receipt, with an odds ratio of 0.89 (95% CI [0.87, 0.90]). This indicates that for each additional year older a child was when entering care, the likelihood of receiving an SGO decreased by approximately 11%.

A last placement outside the local authority boundary was also a significant predictor, OR = 1.29 (95% CI [1.11, 1.50]), suggesting that children placed beyond their local area were approximately 29% more likely to receive an SGO than those placed within their local authority of origin. This may mean that geographic flexibility in placement may increase the likelihood of finding a suitable long-term guardian. In contrast, ethnicity, sex, and disability status were not significant predictors once last placement context was considered, indicating that demographic factors alone do not independently predict SGO outcomes.

3.3.3. Child and Parental Risk Factors Associated with Receiving an SGO

Additional information about child and parental circumstances relating to their need for care involvement was obtained through linkage additional social care datasets (CINW/CRCS). Of the 26,779 children in the LACW sample, 15,790 children were then successfully linked across the CINW/CRCS and LACW datasets. Where cases did not link, this was primarily due to children not having an ALF in one or other dataset, or because children in the LACW dataset did not appear in the CINW/CRCS data, as this dataset captures service involvement during a three-month census period each year. Of the 15,790 children who successfully linked across datasets, 1459 (9.3%) later exited care with an SGO as identified through the LACW dataset.

The demographic and social care characteristics of this subset of the data are shown in Table A2.8, Appendix 2. The pattern of findings closely mirrored those observed in the full LACW sample. Children who went on to receive an SGO were more likely to be from a White ethnic background and less likely to be recorded as disabled than those who did not receive an SGO. In addition, children in the SGO group entered at younger ages and experienced fewer placements. They were also substantially more likely to be placed in kinship care and to remain within their local authority boundary. *Table 3.10* presents the additional child and family characteristics available for this subset of children through linkage with the CINW/CRCS datasets.

Table 3.10. Summary of indicators of risk, across the whole sample and the SGO and non-SGO subgroups.

	Total (N = 15,790)	SGO (n = 1,459)	Non-SGO (n = 14,331)
Disability, %(n)			
Disabled	8.8% (1,390)	5.4% (78)	9.2% (1,312)
Mobility Impairments	1.6% (245)	2.1% (31)	1.5% (214)
Dexterity Impairments	1.5% (237)	1.9% (28)	1.9% (209)
Physical Coordination Impairments	1.8% (281)	1.8% (26)	1.8% (255)
Continence Impairments	1.60% (252)	1.7% (25)	1.6% (227)
Lift/Carry Objects Impairments	1.0% (151)	0.8% (11)	1.0% (140)
Speech, Hearing or Sight Impairments	3.3% (525)	2.8% (41)	3.4% (484)
Memory Impairments	2.8% (443)	1.6% (23)	2.9% (420)
Perception of Risk Impairments	3.6% (566)	2.3% (33)	3.7% (533)
Not Disabled	81.8% (12,935)	88.3% (1,288)	81.3% (11,647)
Unknown	9.3% (1,465)	6.4% (93)	9.6% (1,372)
Youth Indicators, %(n)			
Youth Offending	3.5% (548)	0.3% (5)	3.8% (543)
Youth Substance Misuse	5.7% (906)	2.2% (32)	6.1% (874)
Youth Mental Health Issues	7.5% (1,180)	2.1% (31)	8.0% (1,149)
Youth Autism Spectrum Condition	2.8% (435)	0.9% (13)	2.9% (422)
Youth Immunisations	77.3% (12,205)	77.8% (1,135)	77.3% (11,070)
Youth Dental Check	53.0% (8,374)	44.1% (643)	54.0% (7,731)
Parental Indicators, %(n)			
Parent Substance/Alcohol Misuse	32.6% (5,150)	43.9% (640)	31.5% (4,510)
Parent Learning Disability	7.1% (1,124)	9.2% (134)	6.9% (990)
Parent Mental Health Issues	30.6% (4,825)	35.2% (514)	30.1% (4,311)
Parent Physical Illness	10.8% (1,699)	9.1% (133)	10.9% (1,566)
Parent Domestic Abuse	30.3% (4,791)	37.2% (542)	29.7% (4,249)

The analysis of the standalone LACW data presented in the previous section indicated that disabled children were less likely to receive an SGO than non-disabled peers. The CRCS/CINW data provide an opportunity to look in more detail by considering the specific types of disability recorded and how this may relate to the likelihood of an SGO being granted. Overall, 8.80% of the linked sample were recorded as having a disability. Consistent with findings from the full LACW sample, children in the SGO group were significantly less likely to be categorised as disabled compared to the non-SGO group, $\chi^2(2) = 44.37$, $p < .001$. The most prevalent subcategory of disability was 'impairment in the perception of the risk of physical danger'; 40.7% of all disabled children in the sample, and 42.3% of disabled SGO children, indicating that difficulties in accurately perceiving or understanding risks in everyday situations were commonly recorded among disabled children in the social care system. A series of chi-square tests examined whether the prevalence of specific disability categories differed by SGO status. Two categories differed across SGO status: memory impairment, $\chi^2(1) = 8.42$, $p = .003$, and impairment in the perception of the risk of physical danger, $\chi^2(1) = 7.72$, $p = .006$, both of which are documented significantly less often in SGO children. All other disability categories (mobility, manual dexterity,

physical coordination, continence, lifting/carrying, and speech/hearing/vision impairments) did not differ significantly by SGO status. In interpreting this however it is important to be mindful that the percentages of many of the disability categories were lower in the SGO sample and that a lack of statistical significance could be due to the lower prevalence of certain conditions rather than the differences in the likelihood of children receiving SGOs.

SGO children showed consistently lower rates of individual child-level risks. Compared with non-SGO children, they had markedly lower rates of youth offending (0.34% vs. 3.79%; $\chi^2(1) = 45.92$, $p < .001$), youth mental health issues (2.13% vs. 8.02%; $\chi^2(1) = 65.57$, $p < .001$), youth substance misuse (2.19% vs. 6.10%; $\chi^2(1) = 36.57$, $p < .001$), and autism spectrum conditions (0.89% vs. 2.94%; $\chi^2(1) = 20.09$, $p < .001$). Preventative health indicators also differed: SGO children were less likely to have had a recent dental check (44.07% vs. 53.95%; $\chi^2(1) = 51.44$, $p < .001$), whereas immunisation rates did not differ significantly between groups ($\chi^2(1) = 0.20$, $p = .658$). These differences should be interpreted considering the notable age differences between groups. SGO children were substantially younger at entry to care, which likely contributes to the lower observed rates of diagnoses such as ASD and mental health difficulties, as well as reduced exposure to risk behaviours typically emerging in adolescence. Considering this, SGO children tended to present with lower child-level complexity but higher levels of parental adversity, a pattern that may help explain their greater likelihood of achieving family-based permanence through an SGO.

Parental Indicators of risk at the point of entry into care provide important context for understanding why a child entered care and help to shape professional decisions about the most appropriate permanence pathway, including whether an SGO is viable. Across the sample, several indicators differed significantly between children who received an SGO and those who did not. SGO children were more likely to have experienced parental risk factors, including parental substance/alcohol misuse (43.87% vs. 31.47%; $\chi^2(1) = 92.01$, $p < .001$), domestic abuse (37.15% vs. 29.65%; $\chi^2(1) = 34.89$, $p < .001$), parental mental health difficulties (35.23% vs. 30.08%; $\chi^2(1) = 16.30$, $p < .001$), and parental learning disability (9.18% vs. 6.91%; $\chi^2(1) = 10.04$, $p = .002$).

Preliminary analysis highlights that children who receive an SGO markedly differ from those who follow other pathways within the care system. These differences emerge when examining demographics, child risk factors, their care experiences, and parent risk factors, as well as the local authority responsible for a child's care. To understand which of these factors may significantly contribute to a child's likelihood of receiving an SGO, a multilevel binary logistic regression was conducted.

To ensure that all children within this multivariate analysis had adequate time to be considered for an SGO, a subsample was created to be used in further analysis. Children who received an SGO had an average duration of 2.40 years (*SD* = 2.40), 84.9% of children who had received an SGO had left care by 3 years, because of this a subsample who (a) entered care prior to 2018, and (b) entered care aged 15 years or younger. This consisted of 10,910 children, n = 1270 of whom had received an SGO,

A multilevel binomial logistic regression was then conducted to predict the likelihood of a child receiving an SGO, controlling for potential community effects by local authority (*see Table 3.11).* This regression involved three steps, and model fit improved significantly at each step of the analysis (see *Supplementary Information*; *Table S3*). Step 1 included demographic information about their ethnicity and their age at care entry. Step 2 included relevant parent and child risk factors, such as mental health difficulties in the parent or disabilities in the child, the inclusion of child- and parent-level characteristics in Step 2 resulted in a significant improvement in fit, $\Delta\chi^2(12) = 85.20$, $p < .001$. Finally, Step 3 consisted of placement information, such as if the child was placed outside of their local authority or in a kinship arrangement. The inclusion of predictors in Step 3 led to a substantial further improvement, $\Delta\chi^2(2) = 1328.60$, $p < .001$, alongside a reduction in AIC and BIC values. This structure of the model meant that effects in Step 2 control for child age and ethnicity, and effects in Step 3 control for age and ethnicity, alongside parent and child risk factors.

Table 3.11 Multilevel Binary Logistic Regression Models,

	Step 1, R2c = .204				Step 2, R2c = .231				Step 3, R2c = .390			
	OR	p	95% CI		OR	p	95% CI		OR	p	95% CI	
Age at care entry	0.85	<.001	0.84	0.86	0.86	<.001	0.84	0.87	0.87	<.001	0.86	0.89
Ethnicity (White)	1.75	<.001	1.34	2.28	1.70	<.001	1.31	2.20	1.39	.027	1.04	1.86
Child Protection Register					1.12	.113	0.97	1.28	1.14	.104	0.97	1.34
Child Immunisations					0.84	.032	0.72	0.99	0.77	.005	0.64	0.92
Child Dental Check					0.92	.282	0.80	1.06	0.95	.498	0.81	1.12
Child Substance Misuse					0.83	.375	0.55	1.26	0.83	.421	0.53	1.30
Child Mental Health Difficulties					0.64	.032	0.43	0.96	0.85	.479	0.55	1.30
Child ASD Diagnosis					0.59	.130	0.29	1.20	0.64	.237	0.30	1.37
Child Disability					0.58	<.001	0.44	0.75	0.72	.021	0.54	0.95
Parent Substance/Alcohol Misuse					1.53	<.001	1.33	1.75	1.26	.004	1.08	1.47
Parent Learning Disability					1.23	.053	1.00	1.52	1.37	.010	1.08	1.74
Parent Mental Health Difficulties					1.02	.744	0.88	1.18	1.00	.952	0.85	1.18
Parent Physical Health Difficulties					0.89	.278	0.72	1.10	0.89	.319	0.70	1.13
Parent Domestic Abuse					0.94	.442	0.81	1.10	1.03	.706	0.87	1.22
Kinship, Last Placement									12.13	<.001	10.52	13.98
Outside of LA, Last Placement									0.93	.448	0.77	1.12

In Step 1, older age at care entry was associated with significantly lower odds of an SGO being granted (OR = 0.85, $p < .001$), indicating that each additional year of age at entry to care was associated with approximately a 15% reduction in the odds ratios. Children identified as White had significantly higher odds of an SGO compared to children from minoritised ethnic backgrounds (OR = 1.75, 95% CI [1.34, 2.28], $p < .001$). In this step, fixed effects explained 13.9% of the variance in the likelihood of an SGO (marginal $R^2 = .139$), with 20.4% explained when local authority variation was considered (conditional $R^2 = .204$).

In Step 2, after adjusting for a range of child and parent characteristics, both age at care entry (OR = 0.86, $p < .001$) and ethnicity (OR = 1.70, $p < .001$) remained significant, though effects were slightly reduced. Several parent and child predictors were associated with SGO likelihood. Children with a recorded disability had significantly lower odds of an SGO being granted within 3 years (OR = 0.58, $p < .001$), as did children with recorded mental health difficulties (OR = 0.64, $p = .032$). In contrast, parental substance or alcohol misuse was associated with increased odds of an SGO (OR = 1.53, $p < .001$). The inclusion of child and parent characteristics in Step 2 led to an increase in explained variance (marginal $R^2 = .167$), representing an additional 2.8% of variance explained beyond Step 1.

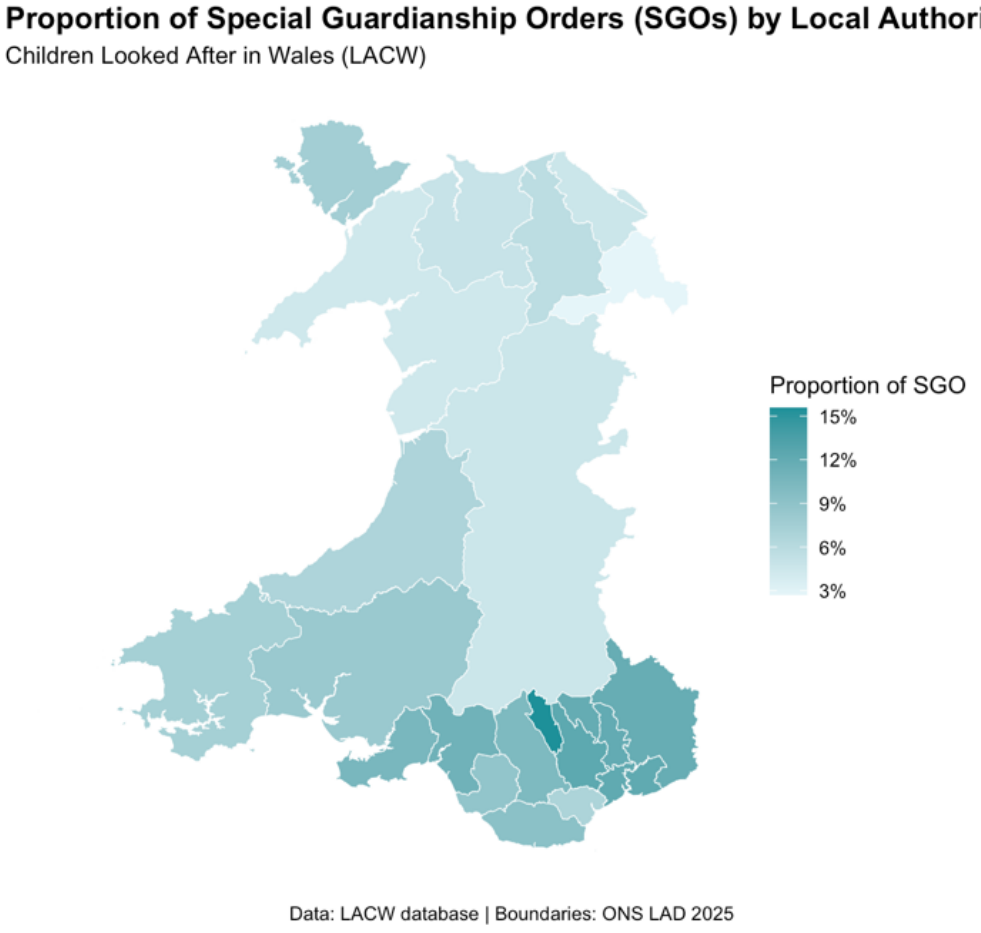
In the final step, placement type variables were added, the pattern of associations changed notably. After accounting for placement context, age at care entry remained a significant predictor (OR = 0.87, $p < .001$), as did ethnicity (OR = 1.39, $p = .027$), though both effects were reduced relative to earlier steps. Child disability continued to be associated with lower odds of an SGO (OR = 0.72, $p = .021$) however child mental health difficulties no longer predicted the receipt of an SGO within 3 years of care entry. Additionally, parental substance/alcohol misuse (OR = 1.26, $p = .004$) effects persisted, and parental learning disability (OR = 1.37, $p = .010$) entered significance - both were associated with higher odds of an SGO. In regard to the new predictors entered in this step, kinship placement at the last episode emerged as the strongest predictor of SGO status, with children in kinship placements having more than twelve times higher odds of an SGO compared to those in non-kin placements (OR = 12.13, 95% CI [10.52, 13.98], $p< .001$).

The addition of placement variables in Step 3 resulted in a substantial increase in explained variance, with fixed effects accounting for 33.5% of the variance in SGO likelihood (marginal $R^2 = .335$). This represents a 16.8% increase relative to Step 2. Together, fixed and random effects explained 39.0% of the variance in the outcome (conditional $R^2 = .390$). These results indicate that placement context accounts for substantially more variance in SGO outcomes than child or parent characteristics alone.

3.4. Local authority variation in SGOs

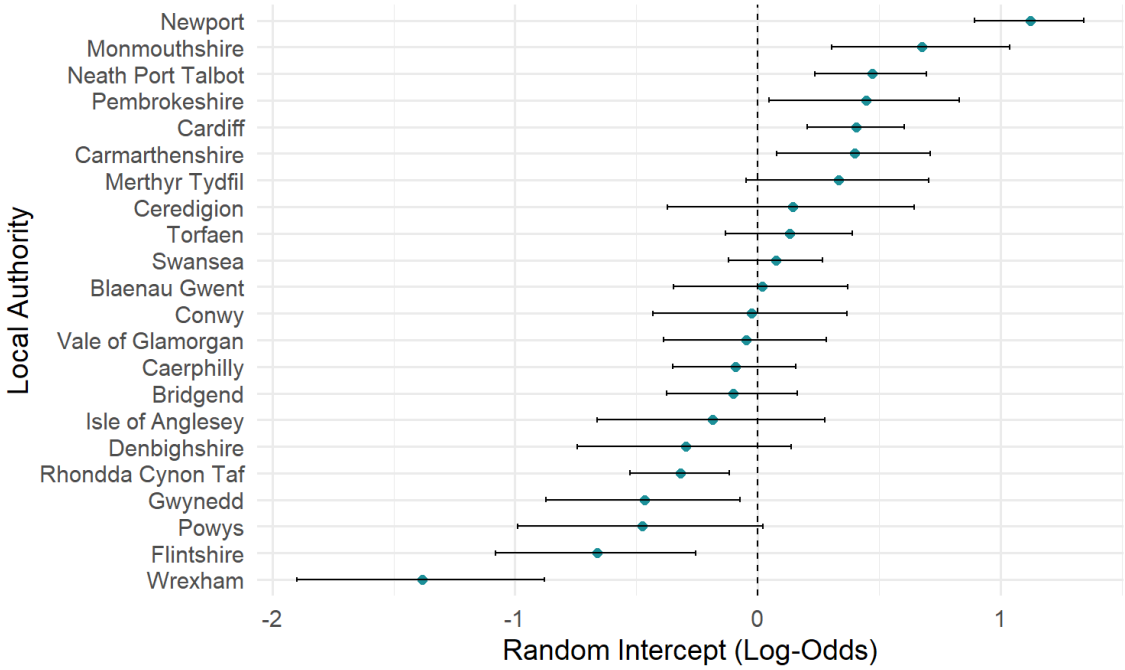
A child's experience in care is influenced by more than just their individual characteristics. The local authority in which a child is placed may also shape their care experience, as well as the likelihood of receiving particular care orders. Within the current sample, the distribution of SGO cases varied significantly across local authorities, $\chi^2(21, N = 26{,}779) = 301.11$, $p < .001$, (See Table A2.10, Appendix 2). When considering the number of SGO children as a proportion of the total number of all children looked after within each local authority, higher proportions of SGO cases were observed in Merthyr Tydfil in which 15,6% of all children in the sample exited with an SGO, Caerphilly (12.4%), Newport (12.2%), and Torfaen (12.0%). The compares to Wrexham where only 2.7% of the children received an SGO, and several other local authorities all in north and mid Wales (Gwynedd, Powys, Flintshire, Conwy, Denbighshire) in which less than 5% of children received an SGO.

Figure 3.10. A heatmap reflecting the number of SGOs as a proportion of the total number of children in care in each local authority



In the final regression model (see *Table 3.11*), local authority effects were accounted for. Across all steps in the regression model, there was consistent evidence of local authority variation in predicting SGO likelihood. In the final step, the variance of the random intercept indicated that approximately 8.25% of the variance in SGO outcomes was attributable to differences between local authorities (see *Figure 3.11*). This suggests that, even after accounting for child, parent, and placement characteristics, local authority context contributes independently to whether an SGO is pursued, pointing to potential differences in local policy, practice, or decision-making thresholds. Residual random effects for this model were explored. These show how much each local authority varies from the typical Welsh LA accounting for the child, parent and practice factors in the model. Newport, Monmouthshire and Neath Port Talbot were associated with a higher propensity to arrange an SGO, and Wrexham, Flintshire and Powys with the lowest propensity.

Figure 3.11. Forest plot depicting the residual random effects by local authority



Taken together, the results demonstrate that while child and parent characteristics explain some variation in SGO outcomes, placement context, particularly kinship care, accounts for the largest share of explained variance. Additionally, local authority differences indicate that structural or systemic factors play a meaningful role in SGO decision making beyond other predictors in regression models.

4. Discussion

This study used linked administrative data sources to look at the children who received SGOs and the households that they are living in once they have received those SGOs. By doing this we have been able to identify several key findings.

4.1 Key findings

Children receiving SGOs are predominantly younger children

The subjects of SGO applications were mainly younger children, with 55.5% aged five or under at the point the order was made. This indicates that special guardianship is most used to secure permanence at an early stage in childhood, often after concerns have arisen during children's early years.

SGO households are more diverse and differ significantly from other households with children

Households in which children were living three months after an SGO was granted differed substantially from comparison households of children of similar ages and showed greater variation than the typical household with children. SGO households were more likely to contain three or more children and three or more adults but were also more likely to have no adult women in the household. Adults within SGO households showed a wider spread of ages, including both younger and older adults, reflecting the diverse family structures within which special guardianship operates.

Many SGO households face additional health and socioeconomic pressures

Adults in SGO households were more likely to have recorded physical and mental health conditions than adults in non-SGO households. Statistical modelling indicated a particular association with households containing adults with a learning disability or a drug misuse problem. SGO households were also considerably more likely to live in deprived areas: 36.2% were living in the most deprived quintile of neighbourhoods, compared with 22.6% of non-SGO households. These findings suggest that many special guardians are parenting within contexts of wider disadvantage, health need, and additional caring pressures. This held true for SGOs granted through private law with an allocated Cafcass Guardian as well as those granted through public law.

Some private law SGOs also involve prior social care histories

Linkage between Cafcass Cymru and social care datasets was designed to account for the possibility that some children might not match to records because of missing data rather than an absence of prior involvement. Using this approach, the study found evidence that some children who received SGOs through private law routes had previously been looked after by the local authority. Children receiving SGOs through both public and private law routes with a Cafcass Guardian allocated were also similarly likely to have been on a care and support plan. This challenges any simple distinction between private law and public law SGO cases and suggests that some private law cases also involve significant prior welfare concerns or statutory intervention.

Children leaving care on SGOs are strongly associated with kinship care pathways

Among children who received an SGO as an exit from care, placement history was strongly associated with kinship care. Just over half (50.5%) had entered care in a kinship placement, rising to 70.3% by their final placement before the order was made. Children who later received SGOs also experienced fewer placement moves than other children in care and were more likely to have been placed outside their local authority. Taken together, these findings suggest greater continuity and distinct care pathways before permanence was secured.

Inequalities are evident in access to SGOs

The analysis identified important inequalities in which children received SGOs as an exit from care. Children from some ethnically minoritised groups, particularly those recorded as Black/Black British and Asian/Asian British, were less likely to receive SGOs than White children. Disabled children were also less likely to receive SGOs. This reflects the Nuffield Family Observatory findings across England. These disparities require further exploration to understand whether they reflect differences in need, support, assessment processes or structural inequalities within decision-making systems.

Parental risk factors are more common in the histories of SGO children

Analysis of wider children's social care data found that children who later received SGOs were more likely than comparison children to have experienced certain parental risk factors at the point of first involvement with children's services. Parental substance misuse and parental learning disability were more common, even when controlling for demographic factors and placement type. This suggests that many children subject to SGOs have experienced significant adversity before permanence is achieved.

There is substantial variation between local authorities in SGO use

The likelihood of children leaving care on an SGO varied markedly across Wales. Rates ranged from 15.6% of the looked after child population in Merthyr Tydfil to 2.7% in Wrexham, with SGOs comparatively uncommon in parts of north and mid Wales. These differences indicate considerable local variation in the use of SGOs and may reflect differences in population need, local practice, family networks, support provision, or permanence planning approaches.

4.2 Implications

The findings have significant implications across policy, practice and research. Taken together, they suggest that while SGOs are significant permanence route in Wales, children and their families living under these orders face multiple challenges and disadvantages.

Implications for policy

A central policy implication is the need for a consistent support for Special Guardianship families. The study shows that SGO households differ markedly from other households with children in the population - they are more likely to contain a wider range of adult ages, more adults overall, and adults with greater levels of recorded physical and mental health needs, including depression and anxiety. Some households may also include adults with additional support needs such as learning disability or substance misuse. This suggests that many special guardians may be balancing care of children alongside caring responsibilities for other adults, often within already complex family systems.

The finding that SGO households are more likely to live in deprived areas further strengthens the case for financial and practical support. Economic disadvantage may compound the demands of caring for children who have experienced adversity, and may limit families' capacity to access informal support, childcare or therapeutic help. Policy frameworks should therefore consider whether current arrangements for allowances, crisis support, therapeutic provision and ongoing family assistance are sufficiently responsive to need. For example, in England, there is a trial of financial allowances for special guardians, including those where the order was granted through private law and the child would 'otherwise be in care' if not for the SGO. Special guardianship households in England are also able to apply for funding for therapeutic interventions and support under the Adoption and Special Guardianship Support fund.

The evidence also raises important equality concerns. Children recorded as White were more likely to receive an SGO than children from some ethnically minoritised backgrounds, while disabled children were less likely to receive SGOs than non-disabled children. The reasons for

these disparities cannot be determined from administrative data alone. They may reflect differences in need or family circumstances, but they may also indicate that family options are not explored equally across communities, that assessments are less accessible for some carers, or that discriminatory assumptions shape decision-making. In relation to disabled children, there is a need to examine whether additional support needs are being treated as barriers to family-based permanence, or whether ableist assumptions may influence perceptions of kinship carers' willingness or capacity to care. National policy should therefore include equality monitoring, anti-discriminatory practice expectations, and targeted review of barriers to SGO access.

The substantial variation between local authorities also raises concerns about consistency of permanence planning. The proportion of looked after children leaving care on an SGO ranged from 15.6% in Merthyr Tydfil to 2.7% in Wrexham, with SGOs notably less common in parts of north and mid Wales. It is not possible from these data alone to determine whether this reflects differences in local need, availability of kinship carers, alternative permanence strategies, or variation in professional practice. Nonetheless, it suggests a potential postcode lottery in children's access to family-based permanence options. National oversight and comparative review may therefore be required to ensure that geography does not unduly shape permanence outcomes.

Because most recorded SGOs were granted through proceedings that did not begin as SGO applications, SGOs should be understood within the wider permanence system rather than as a standalone legal route. Many orders appear to emerge during ongoing proceedings, which may mean that for some families the prospect of becoming a special guardian arises at relatively short notice. Policy on care planning, kinship care, family group decision-making and permanence should therefore be integrated so that families are identified, prepared and supported earlier in the process. Moreover, not all families applying for an SGO have access to legal advice and legal aid. Because of the implications on eligibility and support of the order under which children are cared for, access to this type of advice should be a standard.

Finally, families who received an SGO through private law with a Cafcass Guardian allocated were just as likely to have had 'care and support' involvement with children's services than children who received an SGO through public law. Households in which SGOs arise through private law and had an allocated Cafcass Guardian were broadly similar in terms of household composition, their deprivation profile, and overall adult health burden to those in public law. The most notable differences observed were the age of the oldest adult in the household, being older in private law households, and the prevalence of learning disability being more common in private law households. Despite this, families with an SGO granted through private law receive less support than those granted through public law and are not entitled any financial assistance or legal aid in

Wales. The findings starkly highlight the potential impact of this disparity for vulnerable children and families.

Implications for Practice

For practitioners, the findings reinforce the importance of early family network identification and preparation. Children who receive SGOs are strongly associated with kinship placements, and around 70% of children leaving care on an SGO were already in a kinship placement immediately beforehand. This suggests that timely exploration of family options can provide continuity and stability. However, the remaining children were not in kinship placements immediately before the order, which may indicate either that some SGOs are made to non-kin carers or that children move to the special guardian close to the point the order is made. In either scenario, practitioners should ensure that transitions are carefully planned and supported. Moreover, only 50% of children who later received an SGO were immediately in the care of a kinship carer. This implies that early identification of potential kinship carers through models such as Family Group Conferencing, before care proceedings are initiated could reduce instability for children.

The profile of children receiving SGOs also has important practice implications. These children tend to be young, many have experienced significant risks in early life, and most have spent time in care. Even some children receiving SGOs through private law routes appear to have had previous involvement with children's services. Practitioners should therefore avoid assuming that an SGO signals low need. Many children may carry the effects of trauma, instability or early adversity even where they are now in stable family placements.

At the same time, children who later receive SGOs had fewer moves in care and were more likely to be living with kin while in care than other comparable children in care. Both factors may operate as protective influences, supporting attachment, continuity of relationships and recovery from earlier adversity. However, the effects of early childhood adversity can emerge later in development, including through educational difficulties, emotional distress, identity challenges or behavioural needs during adolescence. Practice responses should therefore be long-term and developmental, with clear routes back into support after the order is made rather than treating the order as the end of professional involvement.

The findings also suggest that assessment practice should be holistic and strengths based. Given the age profile, health needs and household complexity identified in SGO families, assessments should consider not only immediate parenting capacity but also carers' support networks, financial resilience, health, housing pressures, intergenerational caring responsibilities and likely support needs over time. This is particularly important where prospective guardians have had

limited time to prepare for the role. This could be explored through models like Family Group Conferencing once an SGO has been granted. This may be particularly pertinent to ensure that children with disabilities have the same opportunities to find permanence and stability as their non-disabled peers.

Finally. local authority variation indicated that not all families have an equal opportunity to pursue and SGO, or remain on a care order. This perhaps indicates distinct approaches/care exit preferences in each LA and therefore the support available for families in these areas. It is important that the order under which a child is cared for is related to the best interests of the child/ Therefore local authorities may want to reflect on these findings and explore the underlying causes of variation and work to address these to ensure that all families can access the right legal route and support for their child and circumstances.

Implications for research

The study demonstrates the value of linked administrative data but also highlights important gaps in current knowledge, and the need to include the perspectives and experiences of families, including children to generate deeper understandings. Longitudinal research is needed to understand how children subject to SGOs fare over time in relation to education, mental health, identity, placement stability, family relationships and transitions into adulthood. In particular, further work is needed to examine whether the protective factors identified here, such as kinship care and fewer moves while in care, translate into better outcomes across childhood and adolescence.

Further research is also required to understand the inequalities identified in the data. Quantitative analysis can demonstrate disparities by ethnicity, disability and geography, but cannot explain why they occur. Mixed-methods and qualitative research with children, carers, practitioners and decision-makers would help identify whether barriers arise from access to support, assessment processes, availability of family carers, cultural competence, structural discrimination, or local policy choices.

There is also a clear need for research on transition and preparation. Because many SGOs appear to arise during wider proceedings rather than through applications planned as SGOs from the outset, future studies should explore how families experience becoming special guardians, how much preparation they receive, and what forms of support are most effective in the first year after an order is made.

Finally, more evidence is needed about the effectiveness of support services. There remains limited knowledge about which forms of financial, therapeutic and practical support are most

successful in sustaining placements and improving child wellbeing. Evaluation of different support models, including universal and targeted approaches, would help guide future commissioning and investment across Wales.

4.3 Strengths and limitations

Using administrative data gives a sample across a whole population that allows for a breadth of understanding about a phenomenon. This research responded to the needs of carers, practitioners and policy makers who sought more evidence about what was happening in Wales in relation to Special Guardianship Orders.

However, while administrative data provides a valuable source of information at a population level about people's use of services, it has a number of limitations that need to be considered when interpreting our findings. Administrative data relies on information being accurately inputted into databases and generally contains a number of small errors or missing data when those inputting information have not been thorough or accurate. In this case incomplete information in some of the datasets meant that ALFs could not be identified for all children who received SGOs and so some children could not be linked. Likewise, not all children had RALFs enabling households to be identified. There are a number of quality issues with the Children in Need/Children in Receipt of Care and Support data which only covered the months from January to March each year.

It is also limited by what data has been collected and we had initially hoped to collect data on who the Special Guardians are however this was not possible because of the large number of cases in which SGOs were made following applications for other types of order. We were also limited by the years of data available. At the time of writing the most recent Welsh Government LACW data to be added to SAIL was from 2020/2021, meaning that the study could not be as up to date as originally planned.

A final significant strength of the research was working with special guardian carers, practitioners, policy makers and other researchers throughout the study to ensure that the focus was accurate and relevant, and that the interpretation of our findings was grounded in lived experience.

5. Conclusions

This study provides important new insight into Special Guardianship Orders (SGOs) in Wales and confirms their significant role as a route to permanence for children who cannot safely remain with their birth parents, particularly where care can be provided within the wider family network. SGOs can offer children legal security, continuity of relationships, and ongoing connection to family identity and community.

The findings show that SGOs are most commonly made for younger children and often follow periods in care and earlier adversity. Children who receive SGOs were more likely than other children in care to have lived with kinship carers during their time in care, and experienced fewer moves before finding permanence, suggesting greater stability and continuity for children who are granted an SGO.

However, SGOs should not be seen as a simple endpoint. The making of an order does not remove the effects of trauma, uncertainty or developmental need, and difficulties may emerge later in childhood or adolescence. Many special guardianship households also face significant pressures, including deprivation, adult health needs, and wider caring responsibilities. This underlines the importance of practical, therapeutic and financial support after an order is made. Our linked report focused on neuro-cognitive, emotional and developmental factors of children (Paine et al., 2026), further underscore this.

Important questions of fairness and consistency also arise. Lower rates of SGOs for disabled children and some ethnically minoritised groups, together with marked variation between local authorities, suggest that access to family-based permanence may not be equal across Wales. Further scrutiny is needed to understand whether these differences reflect need, local practice, barriers to support, or unequal decision-making processes.

This study grew from conversations with Special Guardians who told us they needed stronger evidence to understand their own circumstances, their children's needs, and to advocate for support. We hope this report provides a foundation for that work.

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Appendix 1: Variables Created from Administrative Datasets

Table A1.1. Variables derived from CAFCASS Cymru dataset for standalone CAFCASS analysis

Variable	Description
Type of application	What type of order was applied for through the family court
Outcome of application	What type of order was granted, following an application to the family courts
Public/Private Law	Whether an application was a public or private law application
Year	Year in which the final hearing of an application was carried out
Children who received SGOs	Subjects of applications which resulted in SGOs, excluding a small number for of subjects to applications which had multiple outcomes including care orders
Child age	Calculated from the child's week of birth and final hearing date

Table A1.2. Variables derived for the Household dataset

Variable	Description	Derived from
SGO household	Whether there was a child living in the household who had been the subject of an SGO application that had been granted three months previously	CAFCASS Cymru
Private/Public law	If the household contained a child who had received an SGO whether this was granted through a public or private law route	
Age of Adults	The age of each adult in the households derived from the WDSD dataset, and calculated on the date that the household was defined. This was three months post SGO for the SGO household and the median date (12/12/2016) for the comparison households.	WDSD
Age of the oldest adult	Derived from the age of adult, indicating the oldest adult in the household	WDSD
Age of the youngest adult	Derived from the age of adult, indicating the youngest adult in the household	WDSD
Child number	Number of children identified in household	WDSD
Adult number	Number of adults identified in household	WDSD
No men present*	Binary indicator that there were no adult men identified as being present in the household	WDSD
No women present*	Binary indicator that there were no adult women identified as being present in the household	WDSD
WIMD Quintile	Derived from the Welsh Index of Multiple Deprivation Quintile 2019, with 1 indicating the most deprived quintile and 5 the least	WDSD

Drug Misuse	Indication of any drug misuse in the period 2 years before the index date for any adult in the household. Derived from GP, inpatient, outpatient and A & E data using publish code lists:PH1108 / 3518 https://conceptlibrary.saildatabank.com/phenotypes/PH1108/detail/	WLGP, PEDW, OPDW, OPRD, EDDS
Alcohol Misuse	Indication of any alcohol misuse in the period 2 years before the index date for any adult in the household. Derived from GP, inpatient, outpatient and A & E data using publish code lists:PH1107 / 3517 https://conceptlibrary.saildatabank.com/phenotypes/PH1107/detail/	WLGP, PEDW, OPDW, OPRD, EDDS
Anxiety	Indication of any anxiety in the period 2 years before the index date for any adult in the household. Derived from GP, inpatient, outpatient and A & E data using publish code lists:PH1113 / 2453 https://conceptlibrary.saildatabank.com/phenotypes/PH1113/version/2453/detail /	WLGP, PEDW, OPDW, OPRD, EDDS
Depression	Indication of any anxiety in the period 2 years before the index date for any adult in the household. Derived from GP, inpatient, outpatient and A & E data using publish code lists:PH1113 / 2453 https://conceptlibrary.saildatabank.com/phenotypes/PH1113/version/2453/detail/	WLGP, PEDW, OPDW, OPRD, EDDS
Severe MH condition	Indication of either Schizophrenia or Bipolar for any adult in the household. Derived from GP, inpatient, outpatient and A & E data using publish code lists: PH937 / 3520 Bipolar Disorder and Other Mood Related Disorders - https://conceptlibrary.saildatabank.com/phenotypes/PH937/detail/ , PH939 / 3519	WLGP, PEDW, OPDW, OPRD, EDDS

	Schizophrenia - Primary Care https://conceptlibrary.saildatabank.com/phenotypes/PH939/detail/	
Learning Disability	Indication of either Learning Disabilities for any adult in the household. Derived from GP, inpatient, outpatient and A & E data using publish code lists: PH539 / 1078 Learning Disability , https://conceptlibrary.saildatabank.com/phenotypes/PH539/version/1078/detail/	WLGP, PEDW, OPDW, OPRD, EDDS
A & E Attendance	Any indication of attendance at A & E for any adult in the household in the 2 year period before the index date	WLGP, PEDW, OPDW, OPRD, EDDS
ICD-10 Chapter Headings	Indication of health service usage through GPs, inpatient, outpatient and A & E mapped onto ICD-10 Chapter headings for any adult in the household	WLGP, PEDW, OPDW, OPRD, EDDS

* The variables “no women” and “no men” are based on the gender variable as recorded in the WDSD according to what is recorded in GP records. This is provided as binary information only and we do not know whether this accurately reflects how individual’s identify.

Table A1.3. Variables derived from the LACW dataset

Variable	Description
Sex*	Binary indication of child's sex
Ethnicity	Based on the ONS Five level classification of child's ethnic background as recorded by social care staff. Where different ethnicities were recorded in different years these were classified as missing data
Disability, %(n)	Whether the child has been recorded as disabled at any time
Experienced respite care	Whether the child has ever experienced respite care in addition to other forms of placement
At care entry	Age at first care entry that appears in data
First Placement	Type of placement on first entering care
Last Placement	Last recorded placement for child
Age out	Indication of a comparison child who had aged out of care before the end of the study period
No. of placements	Number of placements that the child had between the start of care and end of the study period
No. of placements	Number of placements that the child had between the start of care and end of the study period

* The LACW dataset for the time period considered, provided a binary variable only relating to the child's sex. We have chosen to use the term sex rather than gender as we are not sure whether this variable fully reflects the way that the young people identify.

Table A1.4. Additional Variables derived from CINW/CRCS Datasets for linked LACW analysis

Variable	Description
Disability- Mobility Impairments	Indictor of whether a child has a mobility impairment, such as paralysis, cerebral palsy or amputation.
Disability- Dexterity Impairments	Indicator of whether a child has a dexterity impairment, referring to a loss of fine motor control.
Disability- Physical Coordination Impairments	Indicator of whether a child has a physical coordination impairment, such as tremors, ataxia, or dyspraxia.
Disability- Continence Impairments	Indicator of whether a child has continence-related impairments.
Disability- Lift/Carry Objects Impairments	Indicator of whether the child has impairments affecting their ability to lift or carry objects.

Disability- Speech, Hearing or Sight Impairments	Indicator of whether the child has speech, hearing, or visual impairments.
Disability- Memory Impairments	Indicator of whether the child has memory-related impairments, such as some developmental and intellectual disabilities.
Disability- Perception of Risk Impairments	Indicator of whether the child has impairments in risk perception and response..
Youth Offending	Defined as present if the child has ever had a plan in place, or a plan being developed, with the Youth Offending Team.
Youth Substance Misuse	Defined as present if the child has ever had a substance misuse problem, characterised by intoxication, regular excessive consumption, or dependence on psychoactive substances leading to social, psychological, physical, or legal problems.
Youth Mental Health Issues	Defined as present if the child has a current or historical mental health difficulty, excluding substance misuse, Autism Spectrum Condition, and learning disabilities.
Youth Autism Spectrum Condition	Defined as present if the child has a diagnosis of Autism Spectrum Disorder.
Youth Immunisations	Indicator of whether the child's immunisations are up to date.
Youth Dental Check	Indicator of whether the child's teeth had been checked by a dentist in the last 12 months.
Parent Substance/Alcohol Misuse	Defined as present if the parents/carers has a history of substance misuse problem, using the definition above.
Parent Learning Disability	Defined as present if one or more the parents/carers has an impairment in intellectual functioning that significantly affects development, including difficulties in understanding and using information, learning new skills and independent living.
Parent Mental Health Issues	Defined as present if one or more of the parents/carers has a mental health problem. Including diagnosed conditions, self-reported difficulties, or receipt of support from the Community Mental Health Team (excluding substance misuse, Autism Spectrum Conditions and other learning disabilities).
Parent Physical Illness	Defined as present if one or more of the parents/carers has a physical health condition that impairs their ability to care for their child.

Parent Domestic Abuse	Defined as present if one or more of the child's parents/carers has experienced domestic abuse problems, including physical, sexual, psychological or financial abuse, or threats of violence within an intimate or family-type relationship, typically as part of a pattern of coercive and controlling behaviours.

Appendix 2: Supplementary Analysis Tables

Table A2.1. Private and Public Law Applications by Year, Frequencies

Year	Private		Public		Total
	n	%	n	%	
2011/12	22	33.8	43	66.2	65
2012/13	46	25.0	138	75.0	184
2013/14	41	20.7	157	79.3	198
2014/15	20	12.7	138	87.3	158
2015/16	20	12.0	147	88.0	167
2016/17	23	12.8	157	87.2	180
2017/18	31	19.0	132	81.0	163
2018/19	21	15.1	118	84.9	139
2019/20	18	14.1	110	85.9	128
2020/21	31	20.5	120	79.5	151
2021/22	29	15.3	161	84.7	190
2022/23	30	19.0	128	81.0	158
Total	332	17.7	1549	82.3	1881

Table A2.2. Public Law Applications resulting in SGOs, Frequencies

Type of Application	n	%
Care (S31)	959	60.9
Special Guardianship (S14a)	312	19.8
Discharge of Care (S39(1))	154	9.8
Placement (Guardian)	46	2.9
Revocation of Placement (S24)	20	1.3
Other1	15	1.0
Supervision (S31)	14	0.9
Residence Order (S34)	13	0.8
Child Arrangements (S34)	11	0.7
Adoption Agency 2	8	0.5

Contact (S34)	6	0.4
Direction Assessment	6	0.4
Declaration of Parent	5	0.3
EPO (S44)	5	0.3
Total	1574	100.0

1 Includes Discharge or Variation of Special Guardianship Orders, Inherent jurisdiction, Placement (RO) (R69), Removal from Jurisdiction (S33(7b)), Supervision Extension(S31), Terminate Contact (S3) and Other, 2 Includes Guardian (R59) and RO (R69) applications

Table A2.3. Application Types resulting in SGOs over time

	SGO		Care Order		Other		Total
	n	%	n	%	n	%	
2012/13	11	8.0	93	67.4	34	24.6	138
2013/14	27	17.2	105	66.9	25	15.9	157
2014/15	20	14.5	94	68.1	24	17.4	138
2015/16	21	14.3	97	66.0	29	19.7	147
2016/17	35	22.3	92	58.6	30	19.1	157
2017/18	23	17.4	88	66.7	21	15.9	132
2018/19	21	17.8	83	70.3	14	11.9	118
2019/20	27	24.5	67	60.9	16	14.5	110
2020/21	40	33.3	52	43.3	28	23.3	120
2021/22	41	25.5	71	44.1	49	30.4	161
2022/23	41	32.0	67	52.3	20	15.6	128

Table A2.4. Private Law Applications resulting in SGOs

Type of Application	n	%
Special Guardianship	178	53.0
Child Arrangements/Residence/Contact	62	18.5
Other	16	4.8
Data Recorded Unclearly (Rule 16.4)	80	23.8

* Includes Child Arrangement and Child Arrangements (Live With) Residence (S8) and Contact (S8) Other includes: Discharge or Variation of Special Guardianship, Parental Responsibility (S4), Specific Issue (S8), Variation or Revocation of a Child Arrangements Order and Other, Adoption Non Agency Includes CFR - (r73) and Guardian (r59) applications

Table A2.5. Age groups for Subjects of Applications in which SGOs were granted, by law type

	Private Law		Public Law		Total
Age Group	n	%	n	%	n
0 to 2	73	19.3	772	34.3	845
3 to 5	83	21.9	532	23.6	615
6 to 8	78	20.6	370	16.4	448
9 to 11	74	19.5	284	12.6	358
12 to 14	49	12.9	192	8.5	241
15 to 17	22	5.8	100	4.4	122
	379	100.0	2250	100.0	2629
Missing WOB data	1		8		9

Table A2.6 Chi-Square analyses for Adult Health Related Factors

ICD-10 Chapter Headings	SGO Households	Comparison Households	$\chi 2$	*df*	*p*
Blood	4.1% (63)	3.7% (8085)	.8621	1	.353
Circulatory	20.4% (311)	13.5% (29,495)	62.9723	1	.000
Congenital	6.8% (104)	4.4% (9717)	20.4678	1	.000
Digestive	27.5% (419)	22.8% (49,857)	19.6462	1	.000
Ear	1.0% (15)	0.8% (1,736)	.7187	1	.397
Eye	3.0% (45)	2.1% (4,641)	5.1207	1	.024
Genitourinary	28.5% (434)	28.3% (61,885)	.058	1	.810
Infectious	23.0% (350)	20.4% (44626)	6.4664	1	.011
Injury	25.0% (380)	18.6% (40,738)	40.5839	1	.000
Mental	56.3% (856)	52.3% (114,468)	9.7652	1	.002
Metabolic	24.4% (371)	12.9% (28,331)	175.1386	1	.000
Morbidity/Mortality	9.8% (149)	5.9% (13,020)	39.9114	1	.000
Musculoskeletal	46.2% (702)	38.4% (84,177)	38.0366	1	.000
Neoplasms	9.2% (140)	9.0% (19,764)	.0601	1	.806
Nervous	31.2% (475)	27.5% (60,130)	10.8064	1	.001
Respiratory	44.3% (673)	40.0% (87,512)	11.5942	1	.001
Skin	35.8% (545)	33.5% (73,411)	3.63	1	.057

Table A2.7. Odds Ratios for health related issues on the likelihood of being an SGO house, unadjusted and adjusted for number of adults in the household.

	Unadjusted ORs			Adjusted for Adult number		
	OR	CI		OR	CI	
Drug Misuse	3.3	2.6	4.1	3.0	2.4	3.7
Alcohol Misuse	2.4	1.8	3.1	2.1	1.6	2.7
Anxiety	1.5	1.4	1.7	1.5	1.3	1.6
Depression	1.9	1.7	2.1	1.8	1.6	2.0
Severe MH condition	1.9	1.5	2.4	1.7	1.3	2.2
Learning Disability	5.9	4.8	7.3	5.0	4.0	6.2
A & E Attendance	1.7	1.5	1.9	1.6	1.4	1.7
WIMD Quintile	0.7	0.7	0.8			

Figure A1.1. Survival curves depicting the probability of not yet receiving an SGO across kinship and non-kinship first placements

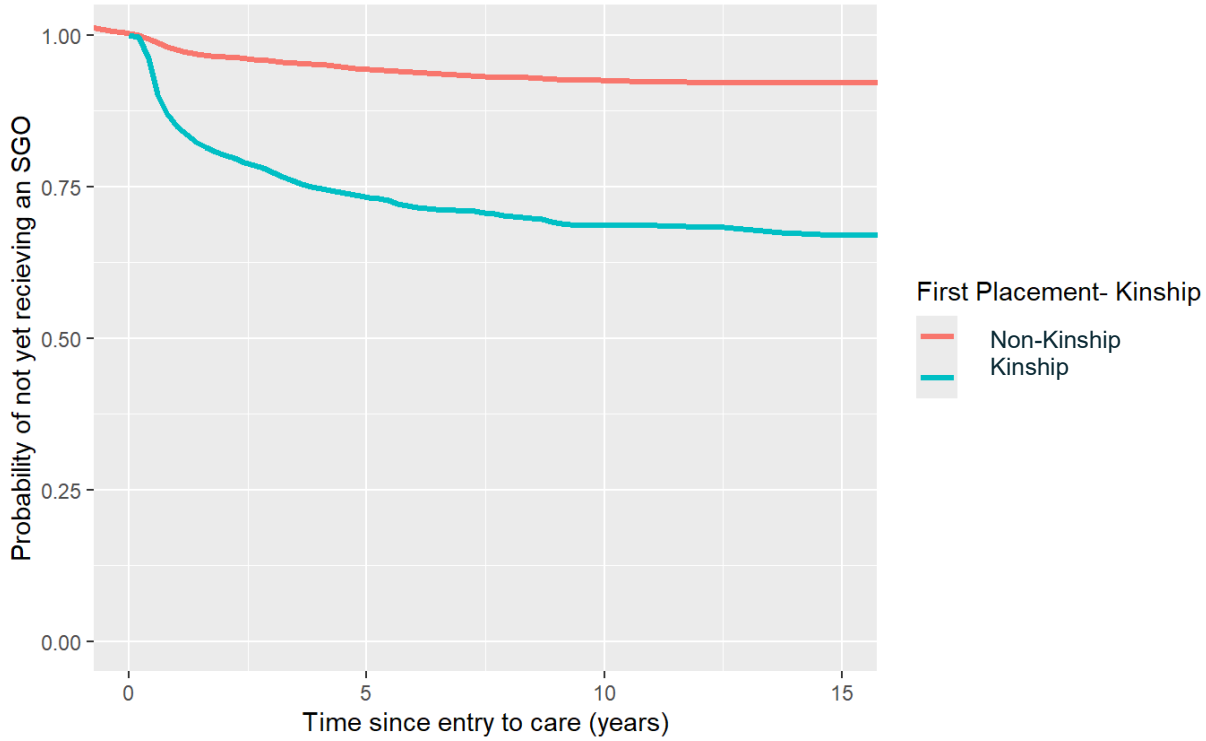

Figure A1.2. Survival curves depicting the probability of not yet receiving an SGO across kinship and non-kinship last placements

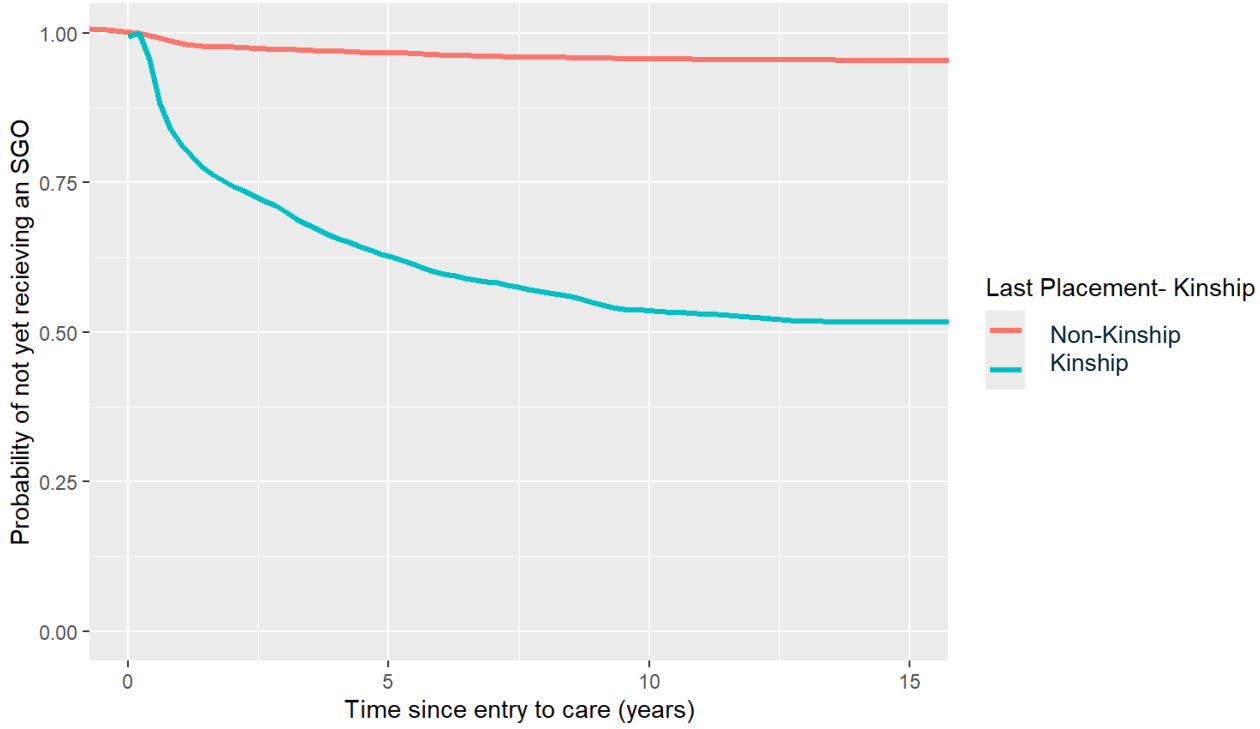

Figure A2.1. Survival curves depicting the probability of not yet receiving an SGO across first placements within or outside the LA of origin

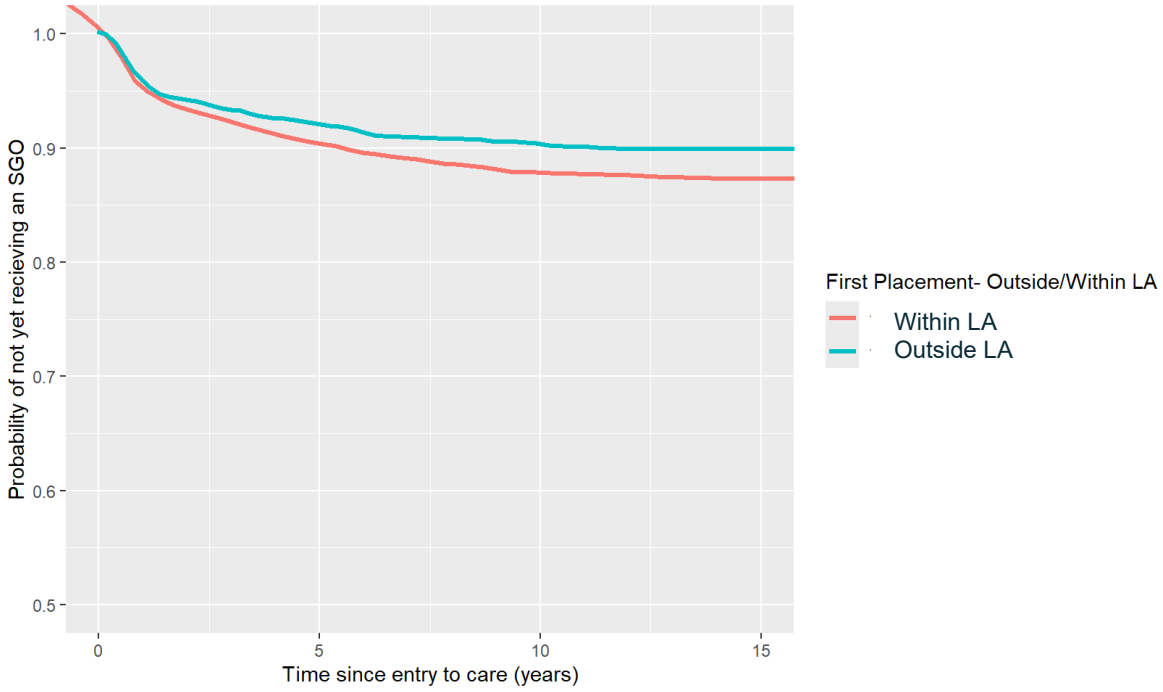

Figure A2.2. Survival curves depicting the probability of not yet receiving an SGO across last placements within or outside the LA of origin

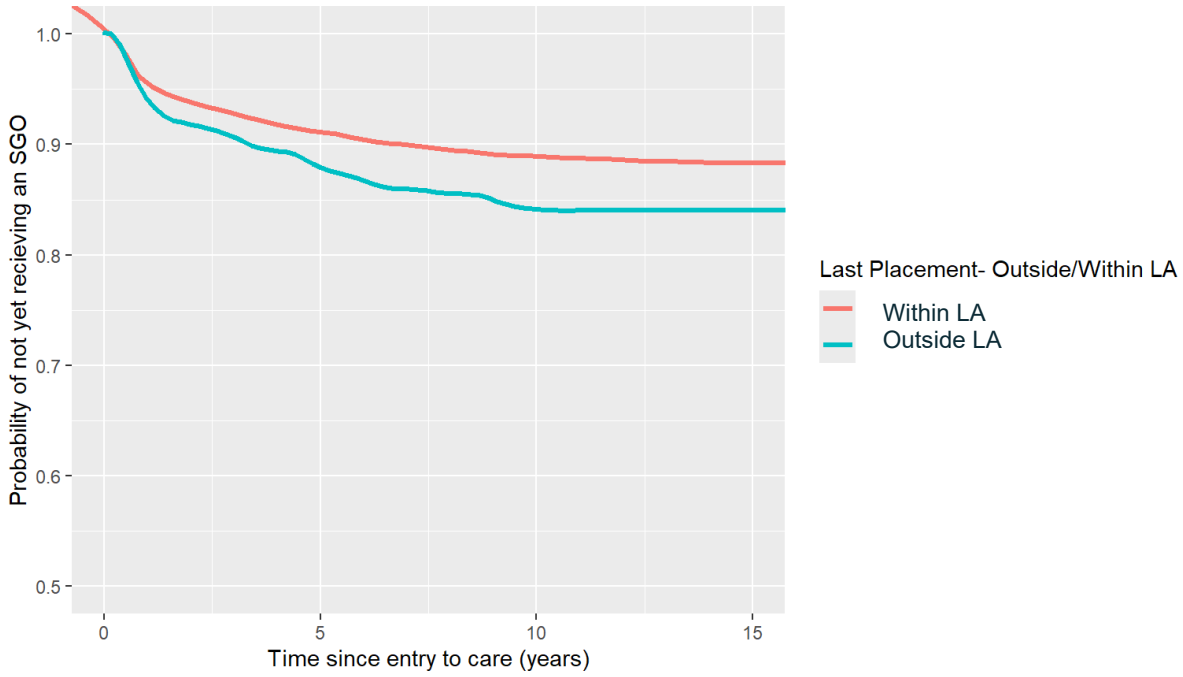

Table A2.8. Summary of demographic and care experience information about all children in the sample matched to CINW/CRCS, and prevalence across the SGO and non-SGO groups.

	Total (N = 15,790)	SGO (N = 1,459)	Non-SGO (N = 14,331)
Demographic Characteristics			
Sex, %(n)			
Male	51.75% (8172)	49.62% (724)	51.97% (7448)
Female	48.25% (7618)	50.37% (735)	48.03% (6883)
Ethnicity, %(n)			
White or White British	91.56% (14457)	94.65% (1381)	91.24% (13076)
Black or Black British	1.17% (185)	0.41% (6)	1.25% (179)
Asian or Asian British	1.53% (241)	1.03% (15)	1.58% (226)
Mixed Ethnic Groups	2.91% (459)	2.47% (36)	2.95% (423)
Other Ethnic Group	0.91% (143)	0.55% (8)	0.94% (135)
Missing*	1.93% (305)	0.89% (13)	2.04% (292)
Care Characteristics			
At care entry M(SD)	7.99 (5.13)	4.45 (3.88)	8.36 (5.10)
No. of placements, M(SD)	2.74 (2.75)	1.62 (0.97)	2.85 (2.84)
No. of placements, M(SD) *	2.41 (2.10)	1.62 (0.97)	2.54 (2.20)
No. of years in study, M(SD)	5.20 (3.71)	2.40 (2.40)	5.49 (3.70)
No. of years in study, M(SD) *	5.27 (3.93)	2.40 (2.40)	5.74 (3.94)
First Placement Type, %(n)**			
Kinship Care Placement	21.11% (3334)	54.42% (794)	17.72% (2540)
Outside of LA Placement	16.48% (2602)	12.20% (178)	16.91% (2424)
Last Placement Type, %(n)**			
Kinship Care Placement	20.23% (3194)	71.07% (1037)	15.05% (2157)
Outside of LA Placement	15.92% (2513)	14.39% (210)	16.07% (2303)

* Analysis re-run in a sample with aged out children (N=5527) removed

** First and Last placement variables recoded to reflect children who were in a kinship care placement or placed outside of their Local Authority (LA) of origin.

Table A2.9. Distribution of individuals in the LACW database across local authorities, and the proportion of SGO individuals in that local authority

Local Authority Code	Total	SGO	Non-SGO	Proportion SGO
Blaenau Gwent	2.76% (739)	3.70% (88)	2.67% (651)	0.1191
Bridgend	5.18% (1388)	5.13% (122)	5.19% (1266)	0.0879
Caerphilly	6.24% (1672)	8.70% (207)	6.00 (1465)	0.1238
Cardiff	11.79% (3156)	9.08% (216)	12.05% (2940)	0.0684
Carmarthenshire	4.10% (1097)	3.82% (91)	4.12% (1006)	0.0823
Ceredigion	1.54% (413)	1.18% (28)	1.58% (385)	0.0678
Conwy	3.05% (816)	1.68% (40)	3.18% (776)	0.0490
Denbighshire	3.12% (836)	2.02% (48)	3.23 % (788)	0.0574
Flintshire	3.70% (992)	1.93% (46)	3.88% (946)	0.0464
Gwynedd	3.43% (918)	1.68% (40)	3.60% (878)	0.0436
Isle of Anglesey	2.03% (543)	1.72% (41)	2.06% (502)	0.0755
Merthyr Tydfil	2.57% (687)	4.50% (107)	2.38% (580)	0.1557
Monmouthshire	2.32% (620)	3.07% (73)	2.24% (547)	0.1177
Neath Port Talbot	5.59% (1496)	7.02% (167)	5.45% (1329)	0.1116
Newport	5.59% (1497)	7.69% (183)	5.39% (1314)	0.1222
Pembrokeshire	3.44% (922)	2.86% (68)	3.50% (854)	0.0738
Powys	3.08% (825)	1.60% (38)	3.23% (787)	0.0461
Rhondda Cynon Taf	9.10% (2436)	10.42% (248)	8.97% (2188)	0.1018
Swansea	8.81% (2360)	10.42% (248)	8.66% (2112)	0.1051
Torfaen	5.21% (1395)	7.06% (168)	5.03% (1227)	0.1204
Vale of Glamorgan	3.38% (906)	3.53% (84)	3.37% (822)	0.0927
Wrexham	3.98% (1065)	1.22% (29)	4.25% (1036)	0.0272