

EVIDENCE ANNEX: EVIDENCE UNDERPINNING THE KINSHIP CARE PRACTICE GUIDE & RECOMMENDATIONS FOR FUTURE RESEARCH

Introduction

The following annex sets out the evidence underpinning each of the six recommendations specified in our Practice Guide. Influenced by our evidence toolkit standards, the table pulls out the key methodological information which defines the strength of evidential certainty behind our recommendations. A full reference list can be found at the end of this document.

This document also includes the Evidence Statements, which summarise the evidence that was found in the systematic review. This evidence underpins our Key Principles and Recommendations. The final section of this annex contains our recommendations for future research on interventions to support kinship carers in England.



Evidence underpinning recommendations

Recommendation	Citation	Study design	Sample size	Study risk of bias (RoB 1/2)	Primary findings
Recommendation 1: Offer kinship carers specialist support to learn about, navigate, and access the support that they are entitled to. <i>(Good evidence)</i>	Littlewood (2020)	RCT	240 relative caregivers	Some concerns	Both studies compared Standard Kinship Navigator Programmes to that of Business-as-Usual. Within the intervention group, Littlewood, Cooper and Pandey (2020) also included Kinship Navigator Program with Innovations and Kinship Navigator Program with Peer-to-Peer Only.
	Forehand, Alessi, Butler & Winokur (2023)	RCT	402 children and young people in kinship care	Low	Both studies were combined into a fixed-effects meta-analysis, with low study heterogeneity ($I^2 = 57\%$, $p = .13$). Both studies had statistically significant effects favouring the intervention. The analysis shows that the likelihood of experiencing placement disruption was on average 2.51 times higher [95% CI: (1.37; 4.61)] higher in the comparison group relative to the intervention group. Forehand et al. (2023) also identified that compared to the control group, those in the intervention group were statistically more likely to be reunited with their parents (OR 1.57; $p = .032$).



Recommendation	Citation	Study design	Sample size	Study risk of bias (RoB 1/2)	Primary findings
	Feldman & Fertig (2013)	RCT	437 informal kinship carers	Low	<p>This study compared a Standard Kinship Navigator Programme with that of an Enhanced Kinship Navigator Programme.</p> <p>Enhanced Kinship Navigator Programmes were shown to significantly reduce parenting stress over time, compared to those carers in a Standard Kinship Navigator Programme ($p = <.05$), but only for those who scored above clinical significance at baseline.</p>
<p>Recommendation 2: Offer parenting support when a child or young person is demonstrating behaviours that challenge their kinship carer(s) on a frequent basis. <i>(Promising evidence)</i></p>	N’Zi, Stevens, & Eyberg (2016)	RCT	14 grandmothers and great-grandmothers caregivers of children aged 3 and 7	Low	<p>N’Zi et al. (2016) compared those who received Child Directed Interaction Training against no intervention.</p> <p>Using the Caregiver report of the Child Behaviour Checklist, a statistically significant effect on improving child externalising behaviours was identified (Cohen’s $d = 1.04$, $p = .03$)</p>
	Smith, Hayslip, Hancock, Strieder & Montoro-Rodriguez (2018)	RCT	343 kinship caregiver grandmothers	Low	<p>This study compared a Business-as-Usual group with that of grandmothers who received either behavioural parent training or Cognitive Behavioural Therapy.</p>



Recommendation	Citation	Study design	Sample size	Study risk of bias (RoB 1/2)	Primary findings
					Using the caregiver report version of the Strengths and Difficulties questionnaire, both child externalising (standardised effect size = $-.66$, $p = .03$) and internalising (standardised effect size = $-.51$, $p = .05$) behaviours significantly improved in children of those who received the behavioural parent training.
Recommendation 3: Facilitate peer support groups to improve kinship carers' wellbeing. <i>(Promising evidence)</i>	Pasalich, Morreti, Hassalla & Curcio (2021)	RCT	26 kinship caregivers (13 participants in the intervention group, and 13 receiving Care-as-usual), caring for a child aged 8-16.	Some concerns	This study compared Connect for Kinship Parents with that of Business-as-Usual. Pasalich et al. (2021) identified a significant intervention effect on reducing caregiver strain ($p = .01$) using the Caregiver Strain Questionnaire-Short Form.
	McCallion, Janicki & Kolomer (2004)	RCT	97 caregivers of at least one child with a developmental disability or delay	Some concerns	McCallion et al., compared those who received case management only, with that of case management AND support groups. With the addition of peer support groups, caregiver depressive symptoms were shown to significantly reduce ($p < .05$), using the CES-D self-report survey.



Recommendation	Citation	Study design	Sample size	Study risk of bias (RoB 1/2)	Primary findings
<p>Recommendation 4: Offer Cognitive Behavioural Therapy to kinship carers who have been assessed as in need of therapeutic support because, for example, the child or young person in their care is demonstrating behaviours that challenge the kinship carer. <i>(Promising evidence)</i></p>	<p>Smith, Hayslip, Hancock, Strieder & Montoro-Rodriguez (2018)</p>	<p>RCT</p>	<p>343 kinship caregiver grandmothers</p>	<p>Low</p>	<p>This study compared a Business-as-Usual group with that of grandmothers who received either behavioural parent training or Cognitive Behavioural Therapy. Using the Caregiver report Strengths and Difficulties questionnaire, a statistically significant effect on improving child externalising (standardised effect size = $-.98$, $p = .002$) and internalising behaviours (standardised effect size = $-.66$, $p = .01$) was identified.</p>
<p>Recommendation 5: Offer kinship carers training in self-care to support their emotional health, wellbeing, and quality of life. <i>(Promising evidence)</i></p>	<p>Montoro-Rodriguez, Hayslip, Ramsey & Jooste (2021)</p>	<p>RCT</p>	<p>52 grandparent caregivers</p>	<p>High</p>	<p>Montoro-Rodriguez et al. (2021) compared caregivers in a Selection, Optimization, and Compensation programme against that of no intervention. Using the CES-D questionnaire, a significant group by time interaction was identified, with those in the intervention group experience a reduction in depressive symptoms ($p = <.01$)</p>



Recommendation	Citation	Study design	Sample size	Study risk of bias (RoB 1/2)	Primary findings
	Zauszniewski, Musil, Burant & Au (2014)	RCT	102 grandmother caregivers	Low	<p>This study compared those who received resourcefulness training (intervention group) with that of attention control (control group)</p> <p>Zauszniewski et al., (2014) captured caregiver wellbeing using three scales: CES-D, the Perceived Stress Scale, and the Quality of Life Short-Form 12. Significant group by time interaction effects were found for perceived stress ($p < .001$), depressive symptoms ($p < .05$) and quality of life ($p < .01$)</p>
<p>Recommendation 6: Offer financial allowance to kinship carers to increase placement permanency, reduce the likelihood of placement disruption, and improve the likelihood of permanent</p>	Hong (2006)	RCT	424 relative caregivers who received relevant payments	Some concerns	<p>Hong (2006) compared caregivers who received a monthly stipend (\$300) against a Business-as-Usual control group.</p> <p>The study identified a significant reduction in the likelihood of placement disruption ($p < .006$), with children of whose caregiver received a stipend experiencing fewer placement moves. The study also identified that children in the intervention were more likely to exit-out-of-home care during the study ($p = <.001$), most of which was into guardianship.</p>



Recommendation	Citation	Study design	Sample size	Study risk of bias (RoB 1/2)	Primary findings
guardianship. (Promising evidence)	Testa (2003)	RCT	6,203	Low	Four RCT samples (from three studies) assessed the impact of guardianship subsidy on permanence, measured as the rates of children moving into adoption and guardianship. Outcomes were combined in a fixed-effects meta-analysis ($I^2 = 55\%$, $p = .08$). All studies had statistically significant effects favouring guardianship subsidy. The analyses suggest that there may be a small effect of the guardianship subsidy on permanence, as measured in these studies. The likelihood of experiencing placement disruption was on average 0.22 SDs 95% CI: [0.15; 0.30] higher in the comparison group relative to the intervention group.
	Testa (2008)	RCT	566	High	
	Mandell (2001): Cohort 1	RCT	387	Some concerns	
	Mandell (2001): Cohort 2	RCT	449	Some concerns	



Qualitative evidence underpinning key principles

Practice Guide key principle	Evidence statement	Systematic Review finding	Confidence in finding (CERQual)	Supporting studies	Study CASP assessment
Key principle 1: Make sure that support for kinship carers takes into account the specific needs and strengths of kinship carers.	Targeted kinship interventions are valued by kinship carers and contribute to positive outcomes for carers and children. <i>(Strong qualitative evidence)</i>	Finding 6: Kinship carers view specialised support as highly acceptable and useful due to their unmet needs and the gaps in statutory services.	High	Welch (2018)	Moderate
				Starks & Whitley (2020)	Moderate
				Whitley, Fischer, Van Zanten & Kelson (2023)	High
				Schroer & Samuels (2019)	Moderate
		Finding 9: Being recipient-centred is an important element for a programme's acceptability.	High	Channon et al. (2020)	High
				Hartley, McAteer, Doi & Jepson (2019)	Moderate
				Welch (2018)	Moderate



Practice Guide key principle	Evidence statement	Systematic Review finding	Confidence in finding (CERQual)	Supporting studies	Study CASP assessment
				Starks & Whitley (2020)	Moderate
Key principle 2: Make sure that one-to-one relationships and high-quality casework are at the heart of support for kinship families.	Kinship interventions should involve continuous, person-centred, and intensive relationships between carers and professionals. <i>(Strong qualitative evidence)</i>	Finding 3: Carers find that consistent and intensive interactions with practitioners facilitate positive relationships which promote engagement.	Moderate	Welch (2018)	Moderate
				Starks & Whitley (2020)	Moderate
				Whitley, Fischer, Van Zanten & Kelson (2023)	High
				Schroer & Samuels (2019)	Moderate
		Finding 4: Practitioners' interpersonal skills are key to building	Moderate	Welch (2018)	Moderate
				Starks & Whitley (2020)	Moderate



Practice Guide key principle	Evidence statement	Systematic Review finding	Confidence in finding (CERQual)	Supporting studies	Study CASP assessment		
		positive, supporting, trusting relationships with kinship carers.		Whitley, Fischer, Van Zanten & Kelson (2023)	High		
				Schroer & Samuels (2019)	Moderate		
		Finding 9: Being recipient-centred is an important element for a programme's acceptability.	High	Channon et al. (2020)	High		
				Hartley, McAteer, Doi & Jepson (2019)	Moderate		
				Welch (2018)	Moderate		
				Starks & Whitley (2020)	Moderate		
		Key principle 3: Make sure that kinship families are aware of the support that they	Services should be made easily accessible for kinship carers through pro-	Finding 7: Carers find interventions that incorporate referrals and liaison	Moderate	Welch (2018)	Moderate
						Starks & Whitley (2020)	Moderate



Practice Guide key principle	Evidence statement	Systematic Review finding	Confidence in finding (CERQual)	Supporting studies	Study CASP assessment
are entitled to, and actively work to address barriers to carers accessing support.	actively addressing barriers to engagement. <i>(Promising qualitative evidence)</i>	with other services useful.		Whitley, Fischer, Van Zanten & Kelson (2023)	High
		Finding 8: Kinship carers are more likely to engage with and enjoy interventions that actively address the accessibility of the services.	Moderate	Starks & Whitley (2020)	Moderate
				Whitley, Fischer, Van Zanten & Kelson (2023)	High

Evidence statements

Statement 1: Kinship Navigator Programmes demonstrate effectiveness in significantly reducing the likelihood of placement disruption for children in kinship care.

Kinship Navigator Programmes provide the specialist personnel, information, and infrastructure to support kinship caregivers to learn about and access the support to which they are entitled, both to meet the needs of the children they are raising and their own needs as caregivers.



Kinship Navigator models are delivered by dedicated kinship family support workers/case workers. These tend to be practitioners at community-based agencies either with social work training and/or specific training in the specific intervention model. Where peer-to-peer support is incorporated within kinship navigator interventions they also require well-trained kinship carers (in many cases volunteers).

Statement 2: Where children are in a kinship care arrangement, there is promising evidence to suggest that Kinship Navigator Programmes can be used to enhance the likelihood of reunification.

Statement 3: There is promising evidence that Enhanced Kinship Navigator Programmes are effective in improving carer wellbeing among carers experiencing high levels of parenting stress.

Compared to Standard Kinship Navigator Programmes, Enhanced Kinship Navigator Programmes include the development of a Family Service Plan, an in-depth assessment, families offered additional follow-up visits, and active hands-on encouragement to take part in support group activities.

Statement 4: In instances of behaviours that challenge there is promising evidence to suggest caregiver training in parenting skills could be implemented to improve child behaviour.

Caregiver training in parenting skills refers to interventions which mainly involve structured programmes, workshops or sessions designed to equip caregivers with the knowledge and techniques necessary to effectively nurture and support children in their care.



Statement 5: Interventions focussed on Kinship carer training should work to improve Kinship carers' knowledge of various aspects of child development and parenting skills.

Effective carer training interventions for kinship carers contain content aimed at improving caregivers' knowledge of children and young people's development, attachment styles, the impacts of trauma, and conflict management. Improving carers knowledge of such issues and strategies to cope and mitigate is expected to have benefits for carers and their child.

Effective parenting and carer programmes are delivered either by the developers of the intervention or professionals with specific training in the specific programme.

Statement 6: Where children are displaying behaviours that challenge, there is promising evidence to suggest that Cognitive Behavioural Therapy with Kinship Grandmothers could reduce these negative behaviours.

Cognitive behavioural therapy delivered across 10 two-hour sessions in groups co-led by a professional leader and a peer kinship grandmother has been evidenced to be effective in instances where kinship families are experiencing difficult behaviours such as frequent aggression, fear, hyperactivity, and sadness.

Statement 7: In instances where a caregiver is experiencing depressive symptoms, caregiver training in self-care or therapy has shown promising evidence of reducing carer depressive symptoms.

Caregiver training in self-care refers to interventions which mainly involve programmes, workshops, or sessions designed to equip caregivers with the necessary knowledge and skills to support their own emotional wellbeing and cope with the challenges associated with caregiving.



Statement 8: Where carers are experiencing reduced wellbeing, peer support interventions demonstrate promising evidence that they reduce parenting strain and depressive symptoms.

Compared to the general population, kinship carers are more likely to suffer from poorer wellbeing. Kinship peer support groups provide support to kinship carers. They serve as supportive spaces where kinship carers can come together, connect, and discuss their kinship experiences and mental health.

Peer support groups can offer delivery flexibility (e.g. online or in-person) and can be scaled where required. Kinship peer support groups are typically delivered at a local level (within the community).

Statement 9: Peer support can be one element of provision for kinship carers of children with additional needs and is popular with kinship carers generally. Peer support should be designed carefully to maximise its potential and used in combination with other available services.

Kinship carers perceive access to a network of peers as a useful element of interventions which enhances the acceptability and ongoing engagement with support.

There is promising evidence from one high-quality study of a peer support intervention for caregivers of a child with developmental disability or delay, which found improvements in caregiver outcomes such as depression and mastery of caregiving. Though further intervention evaluation is needed, this suggests peer support could have particular benefit for kinship carers facing more complicated caring arrangements. Though these carers should additionally be provided with services such as navigator interventions, carer training, and parenting support.

Peer support has more potential to be effective if:

- Peer volunteers are paid/reimbursed for their time
- Quality and parameters are upheld via volunteer training and supervision



- It is simple (e.g. standard parenting advice; drop-ins; play schemes) – and based on an active listening model rather than active advice model
- It augments the support provided by a more highly paid and skilled professional, rather than aims to replace qualified expertise
- It is representative and diverse – i.e. it will only attract/be appealing to parents from similar backgrounds to the peer volunteers

Risks relating to peer support identified from the evidence base include:

- Findings repeatedly show that the most able parents/carers utilise volunteer opportunities to improve circumstances for themselves, sometimes to the detriment for more vulnerable or minority groups.
- There is strong and consistent evidence that carers are more likely to initially accept advice and support from individuals they perceive as similar to themselves. This is most likely if the advice reinforces the carers' own views. It is also more likely if the advice is simple, and not difficult to teach to the volunteer supporter.
- If the advice is complex or if the parents' needs are very serious, parents are more likely to want and value the advice provided by a knowledgeable professional.

Statement 10: Peer support may enhance an intervention's acceptability and usefulness.

Carers report that peer networks and peer support are highly important components of interventions, offering practical and emotional support, understanding, and combating isolation. Effective peer support networks (which can include online or virtual networks) are identified by carers as highly important and impactful for their wellbeing – though some carers report that the extent to which they identify with their peers influences the perceived value of belonging to a peer support group. Other demographic differences may impact the effectiveness of peer support network for different carers.



Statement 11: Understand the needs that come with kinship carers tending to be older, having lower levels of educational achievement, more likely to be single, unemployed, or on a low income compared to other types of carers. Kinship care is also more prevalent in racially minoritised communities, meaning local services should be accessible and culturally acceptable.

Studies on effective interventions involved kinship carers with typical characteristics of this population – older, socio-economically disadvantaged, and more likely than other carers to be from racially minoritised backgrounds. Though it should also be recognised that younger kinship carers and those from other ethnic backgrounds also make a vital contribution.

Grandparents (specifically grandmothers) formed the majority of participants in the studies used to formulate this guide. In six (6) of the studies included in the impact evaluations used to formulate this guide, over half (60%) of the Caregivers were from racially minoritised backgrounds in the US. Also, in four (4) of the included studies, the majority of the children were from Black/African American, Hispanic/Latino, or Indigenous backgrounds in the US. This gives us some confidence that interventions we recommend are acceptable and appropriate for these populations.

However, local kinship carers in English LAs (especially those from minoritised ethnic backgrounds) should be proactively involved in co-design of local interventions and be actively and consistently encouraged to access a network of peers during interventions.

Statement 12: Case management via dedicated one-to-one support to kinship carers is the most common practice seen within effective evidence-based interventions for carer and child outcomes.

Case management via dedicated one-to-one support to kinship carers is the most common practice seen within effective evidence-based interventions for carer and child outcomes. Kinship carers also report that they find consistent and intensive interactions with practitioners a key means to develop positive relationships that promote engagement with support. The acceptability of support is reported by kinship carers to



be enhanced when it is recipient centred. Practitioners' interpersonal skills are key to building positive, supporting, trusting relationships with kinship carers.

Case management is thought to benefit kinship carers by providing ongoing and personal support from a specialist worker, assessing families' needs and connecting them to relevant services and interventions.

Good-quality case management with kinship carers can include activity such as family needs assessments, providing information, referrals, peer-led system and service navigation, and support to identify eligibility and need for services and interventions. Matching of interventions to the carer and child's needs are essential.

Statement 13: There is a need to build trust and familiarity with kinship carers and an understanding of sometimes poor past experiences of statutory services associated with family history or wider discrimination (e.g. linked to racism).

There is a need to build trust and familiarity with kinship carers and an understanding of sometimes poor past experiences of statutory services associated with family history or wider discrimination (e.g. linked to racism). Statutory organisations should strongly consider working with voluntary and community sector providers as delivery partners or lead delivery partners for services.

Statement 14: There can be benefits to creating a distinct kinship service, which is perceived by users as separate to statutory intervention, while offering effective signposting and navigation to LA services and the third sector.

Kinship carers perceive various benefits to receiving support from non-statutory services, often due to negative experiences of statutory services in the past. Effective Kinship Navigator Programmes have been delivered by voluntary and community sector partners.

Many carers view statutory services as ineffective and unreliable, and some carers reported feeling anxious about interactions with social workers due to concerns that their child may be removed. Separate, specialised support may be more acceptable to carers for whom statutory services have so far failed to meet their needs or provide appropriate support. At the same time, carers report that interventions which offer



navigation and referrals to wider services and the VCS are useful and effective, so separate kinship services should not preclude close relationships with services including housing, debt advice, and other charity or community interventions.

Statement 15: Kinship interventions should involve continuous, person-centred, and intensive relationships between carers and professionals.

Carers report that trusted relationships with practitioners are a key aspect of successful intervention. Trusted relationships are perceived to develop through regular sessions with professionals who are consistent, reliable, and dependable. Carers value practitioners who are knowledgeable about services and proactive, while also listening to and recognising a carer's specific situation and challenges. Interventions which are recipient centred, and able to adapt to an individual's needs, are highly acceptable to kinship carers and may help foster a sense of agency and empowerment.

Statement 16: Kinship carers stress the importance of considering economic barriers, modes of delivery, and incorporating flexibility when delivering an intervention

Kinship carers stress the importance of considering economic barriers, modes of delivery, and incorporating flexibility when delivering an intervention. Recipients appreciate the increased opportunity to participate in interventions when they are delivered in an appropriate and convenient way, and accessible and flexible interventions appear to be more acceptable to kinship carers.

A range of delivery modes and settings were involved across effective interventions summarised in this guide, including in-home visits, in-person engagement in community settings, online and virtual, and via telephone.

Statement 17: Targeted kinship interventions are valued by kinship carers and contribute to positive outcomes for carers and children.

Kinship carers perceive a need for specialised support for themselves and their children and highly value targeted kinship interventions. Practitioners and users report positive outcomes across a range of domains, for both carers and children. Carers recognise benefits in terms of



parenting skills, carer wellbeing, and social connectedness. Practitioners and carers also perceived various social and emotional benefits for children in kinship care.

Statement 18: The offering of financial subsidies demonstrates promising evidence of improving the likelihood of exiting the care system through guardianship, while at the same time reducing the risk of placement disruption.

Financial subsidy refers to providing financial support or incentive to achieve a desired outcome.

In the US, a number of evaluations have been conducted to assess the impact of financial support to kinship carers who assume legal guardianship for the children in their care. In these studies, kinship carers who assumed legal guardianship received a subsidy of \$300 a month. This was \$112 more per month when compared with unlicensed kinship carers receiving benefit payments. Licensed kinship carers receiving foster care payments were given an average allowance of \$600 per month. The evidence shows positive impact of financial allowances on increasing placement permanency, reducing the likelihood of placement disruption, and improving the likelihood of permanent guardianship.

Recommendations for further evaluation and testing of interventions in England

- Although the findings for placement in kinship care and placement stability are promising, kinship navigator programmes need further research on caregiver and child wellbeing outcomes to paint a fuller picture of these programmes' effects.
- Further randomised controlled trials and quasi-experimental design evaluations are also needed (especially in the UK) for other kinship care interventions such as parenting programmes, therapeutic support, peer support groups, financial support, and mentoring for children in kinship care.
- There are gaps in terms of understanding how best to help children in care improve educational outcomes and health, and long-term follow-up is needed to better detect outcomes that happened less frequently such as substantiated allegations of abuse and neglect.



- Future impact evaluations should aim to include kinship caregivers and children from diverse groups, as this would be beneficial for the kinship care evidence base. As this review demonstrated, kinship caregivers hold diverse and intersecting identities, and programming for this population should align with and support their continuum of experiences and needs. It is likely that kinship care interventions have differential efficacy for caregivers based on factors such as ethnicity, socio-economic status, and age.
- Additionally, research is needed to examine differences in outcomes based on informal or formal kinship care arrangements.
- The qualitative research findings from the systematic review offer revealing insights into caregiver perceptions about what makes kinship care interventions beneficial. Additional qualitative research could explore children and young people’s perspectives of the services that they, or their kinship carers, receive and further explore the carer–practitioner relationship from both perspectives to surface recommendations regarding service accessibility and acceptability.

Go to the Kinship Care Practice Guide: foundations.org.uk/practice-guides/kinship-care

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