Foundations
What Works Centre for Children & Families

KINSHIP CONNECTED: PILOT RANDOMISED CONTROLLED TRIAL

Intervention protocol

Preferred citation
Raja, Anam; Wrafter, Emma; Peake, Lucy; Marks, Joshua; Summers, Fiona; Grainger, Laura; Jones, Lauren, and McGhee, Ronan; (2025). Kinship Connected pilot randomised controlled trial: Intervention Protocol. Intervention delivered by Kinship and funded by Foundations. See: https://foundations.org.uk/wp-content/uploads/2026/08/kinship-connected-intervention-protocol.pdf

Version control

Version	Date of publication	Summary of changes
V1	July 2026*	N/A

* Due to a truncated mobilisation period, delivery may begin before V1 is published. Foundations has approved this.

For whom	• Kinship Connected is an evidence-informed kinship navigator support programme for kinship carers of children aged 0–18 years old within a local authority. • The programme is primarily intended for kinship carers who are not kinship foster carers, while remaining inclusive of a range of kinship arrangements where appropriate – an exception would be if they are foster carers transitioning to a special guardianship order.
Why	• Evidence suggests children in kinship placements have better outcomes than peers in unrelated foster care. • Kinship families face distinct challenges and need targeted, consistent support tailored to their needs. • Emerging international evidence indicates kinship navigator programmes effectively address these challenges.
What (programme)	• Kinship Connected a six-month one-to-one navigator and support intervention delivered in home settings and community spaces.

	• It helps kinship carers navigate complex systems so they can access the right support at the right time to meet their needs. • The programme supports carers to provide stability, safety, and, where possible, permanency for the children in their care. • It is delivered in-person, and via phone and video calls. • Kinship carers set goals that are reviewed at three and six months. • The frequency and intensity of support is co-produced with the kinship carer and determined by a needs assessment at the start. At a minimum, kinship carers receive at least one contact a month.
What (comparator)	• Participants in the comparison group will receive business-as-usual services, which are what the local authority was delivering or due to deliver over the course of the evaluation before Kinship Connected is introduced.
By whom	• Kinship Navigators who have specialist knowledge of kinship care. • Navigators are employed and supported by Kinship.
Where (settings)	• In person and online (phone/video calls). • Community and home settings.
Where (sites)	• Blackpool. • Newham. • Oxfordshire. • Rochdale.
When	• Delivery begins in June 2026 and ends August 2027.
Evaluation partner	• Centre for Evidence and Implementation (CEI) and Ipsos UK.

Note

In this protocol, kinship care as a concept is referred to with a lower-case k. Kinship the charity will be referred to with an upper-case K.

CONTENTS

Overview

Outside the Kinship Connected programme, business as usual (BAU) for this target group (kinship carers) can include a combination of the following three main service routes:

- Local area services for kinship carers as developed by the local authority and described in their Kinship Care Local Offer.
- National services delivered by Kinship (the charity), as noted below. These are available to all local areas (regardless of whether they have commissioned Kinship to deliver in their area).
- Other voluntary and community sector (VCS) services.

Support for kinship carers varies depending on the type of arrangement, the child's care history, and the local authority area. Evidence suggests that as much statutory support is discretionary, access to services is not consistent (Smyth et al, 2023).

Mapping of existing provision (BAU) is ongoing for each local authority, with attention paid to different services and supports for kinship families according to their legal arrangement. This will be overlaid with details of nationally arranged services. Local authorities with involvement in pilots were excluded from participating.

This list of pilots included: Department for Education (DfE) Kinship Zones (financial allowances pilot), Foundations Partner Places pilot, Foundations Kinship Practice Guide implementation partners, Families First for Children (FFC) pathfinder programme, and Family Network Pilot (FNP).

Key contextual factors at the local authority level have been systematically documented through a mapping exercise conducted during the set-up phase, including existing kinship support provision (current services, staffing levels, specialist roles); financial support available (special guardianship allowances, discretionary payments, average amounts); and organisational context (recent Ofsted rating, children's services improvement journey, strategic priorities for kinship care).

Local area services

Local authorities have a general duty to safeguard and promote the welfare of children within their area who are in need and, in so far as is consistent with that duty, to promote the upbringing of these children by their families by providing a range and level of services that is appropriate to those children's needs (Children Act 1989, section 17).

The government published its first ever Kinship Care Strategy (DfE, 2023) and updated the Kinship Care Statutory Guidance (DfE, 2024), which sets out a requirement for local authorities to develop a kinship care local offer.

However, 'Despite the range of resources that advise LAs on how best they can support kinship carers, the available guidance leaves a lot of scope for LAs to vary with regards to the types and extent of support they offer to kinship carers in their area. As there is not a uniform model or approach for LAs to adopt universally, kinship carers' access to support can vary depending on the

area they live in as well as their legal status. In addition, Mercer et al. (2015) analysed 53 friends and family policies and illustrated that very few met the requirements outlined in the statutory guidance' (Foundations, 2023, p.5). Kinship carers have reported low awareness of local authority family and friends policies, with 13% telling us they had seen their local authority's kinship local offer as outlined in our annual surveys (Kinship, 2025).

National Kinship services

While Kinship works on a commissioning basis, whereby local areas pay to deliver its services, there are a number of other services that Kinship provides nationally for free, regardless of the local area and kinship arrangement type (i.e. of any legal order or none).

Kinship Advice Service

The Kinship Advice Service currently supports circa 3,000 kinship carers a year (currently capped due to capacity and resource) and is freely available for all kinship carers regardless of their legal order.

The service includes a bilingual Welsh advice worker and specialist advice workers (welfare benefits/social work, special educational needs and disabilities (SEND) including education and finance). The team provides legal guidance to kinship carers.

Kinship carers can access this service through:

- Free phone line, open 9.30am to 2pm, Monday to Friday
- Online form
- Text relay for those who are deaf or hard of hearing
- Calendar booking service
- Facebook
- Text

This is the only advice service dedicated exclusively to all kinship carers in England and Wales. The service is currently undergoing a service transformation, which is being fully informed by the needs of kinship carers.

Kinship Training and Support Service

The Kinship Training and Support Service is funded by the DfE. It includes a comprehensive portfolio of in-person and online training workshops and roadshows, information, and signposting to resources and support.

Kinship provides circa 4,500 free training experiences per year to kinship carers in England via online or in-person training workshops and roadshow events.

The training is designed to support all kinship carers as they 'become' and 'live', providing support wherever they are in their kinship journey. Introductory training is facilitated by an internal team which includes kinship-experienced staff. Advanced training is facilitated by subject experts, and co-designed with Kinship and kinship carers.

Support also includes content development for resources, factsheets, and other content to support needs of kinship carers. The current training offer (as of 2025/26) includes:

Introductory (universal)

- One-day Kinship Roadshow
- Raising someone else's child: an introduction to kinship care
- Formalising your kinship care arrangement
- Working with your local authority children's services
- Understanding formal kinship care arrangements
- Dealing with emotional challenges as a kinship carer
- Supporting your kinship child at school
- Financial support for kinship families.

Advanced (specialist)

- Life story work with children in kinship care (delivered by Michelle Hall and Dr Paul Shuttleworth)
- Managing challenging behaviour in children in kinship care (delivered by Al Coates)
- Managing contact for kinship families – practical tools and tips (delivered by Julia Davis)
- Managing contact for kinship families – the emotional journey (delivered by Julia Davis)
- Overview of the Education, Health and Care Plan and SEND process (delivered by the Council for Disabled Children, part of the National Children's Bureau)
- Preparing for sensitive conversations with kinship children (delivered by Julia Davis)
- Raising children with diverse ethnic heritage and cultural identity (delivered by Suzy Rowland)
- The effects of drug and alcohol misuse on kinship families – understanding drug and alcohol misuse as a kinship carer (delivered by Adfam)
- Understanding foetal alcohol spectrum disorder (FASD) (delivered by National Organisation for FASD)
- Understanding how to keep children in kinship care safe online delivered (by Childnet 14)
- Understanding trauma and attachment in children delivered (by Julia Davis).

Kinship also delivers one-off masterclasses and webinars (examples):

- An overview of the Adoption and special guardianship support fund (delivered by Kinship staff)
- An introduction to therapeutic parenting for kinship carers (delivered by Al Coates)
- Understanding your neurodivergent teen (delivered by Suzy Rowland)
- Listening to what matters to children in kinship care (delivered by Dr Paul Shuttleworth)
- Aggressive or violent behaviour from your kinship child (delivered by Al Coates)
- Moving through grief as a kinship family (delivered by Child Bereavement UK).

Kinship Peer Support Service

- Mobilised since January 2022, Kinship provides kinship carers in England with the support they need to set up and sustain their own peer support group. Kinship is currently supporting 180 peer support groups as of April 2026.
- A Peer Development Officer provides guidance, support, resources, and training to help groups start and sustain. This includes support with venue finding, engagement in community, managing group dynamics, safeguarding, and fundraising (where relevant).
- A National Hub provides ongoing support, buddying, forum, opportunities for training, guest speakers, newsletters (a hard copy *Peer Post Magazine*), and toolkits to all peer support group leaders who would like to join. This includes leaders who are independent of Kinship.
- Kinship has worked with Families in Harmony to develop six peer support groups specifically for Black African and Caribbean kinship carers in areas mapped to population statistics. Introductory workshops developed as part of the training service are also delivered in peer support groups. A new Inclusion and Growth Lead role within Kinship will support a focus on reaching underserved communities in London.
- Alongside its peer support service, Kinship runs a peer listening service called Someone Like Me. This service is facilitated by kinship carer volunteers. Both Kinship Connected and Kinship Reach (a three-month remote intervention for kinship families) refer into this service. Kinship carers are matched to trained volunteers and receive up to three phone calls providing a listening ear and emotional support.

Kinship Compass

A free interactive online navigation tool that provides local and national independent information, support, and advice for kinship carers who enter their postcode or location. It is a gateway to all of Kinship's support and advice to guide kinship carers in their caring role. Kinship carers put in their location or postcode and can access:

- Local authority local offer
- Local authority SEND local offer
- Nearest peer support group
- Nearest training workshop
- Commissioned Kinship programmes
- Contact details for their local authority team responsible for kinship carers
- Virtual schools' contact details
- Local authority friends and family carers policy (if no local offer detail)
- Local authority friends and family carers financial allowance policy (if no local offer detail)
- Signposting to adoption and special guardianship support fund
- Nearest foodbank
- Free legal advice clinic
- Kinship advice service for kinship carers
- Other sources of specialist advice.

Grants service

Currently running in the north-east and London, the Grants service works closely with Kinship Navigators to apply for grants for kinship carers. This could be for essentials such as white goods, children's clothes, laptops or tablets, or even therapeutic support.

Grants Officers run online and face-to-face workshops and clinics, helping kinship carers to understand how to apply for other grants, encouraging resilience and confidence to apply for grants themselves.

These link closely to support groups in Kinship Connected as well as the DfE-funded peer support groups. Of the four local authority sites where Kinship Connected will be delivered as part of this pilot trial, one has a Grants Officer (Newham). In areas where there are no Grants Officers, Navigators will also directly apply for local and national grants, dependent on need identified. This will be the case in the other three sites (Blackpool, Oxfordshire, Rochdale).

Kinship Navigators themselves can also apply for grants to support the kinship carer. This will be discussed as part of their support plan if relevant.

Kinship Care Guide for England, fourth edition

First published in October 2024 and updated in April 2025, this guide for kinship carers has been developed in consultation with them, alongside other kinship experts. These include legal, education, social work, and therapeutic experts.

The new expanded edition is a practical companion guide for kinship carers to understand kinship care, from becoming a kinship carer to living as a kinship family. It includes practical tools, resources, checklists, and signposting to help them navigate complex systems.

Kinship Minds (in development by Kinship)

Kinship Minds is a new therapeutic caregiving course delivered online (through self-service e-learning learning management system) and a pilot through kinship carer-led peer support groups and a train the trainer model. The programme supports kinship carers to recognise and respond to the early signs of mental health issues in their kinship child or children. This is due to beta launch circa August 2026 (Kinship Navigators will be signposted to this).

Kinship AI assistant

Using a knowledge base from the *Kinship Care Guide for England*, this tool will provide kinship carers with trusted and accurate up-to-date information on core themes and topics held within the guide.

It will also provide translation into other languages as well as ability to book an appointment with the Kinship Advice team and surface local information from Kinship Compass (like local offer, training, peer support groups, free family law clinics, food banks, Kinship programmes in the area). Launching August 2026.

Kinship Community

While not a service, the Kinship Community of 14,000+ kinship carers offer up-to-date news, events, campaigning, research, and participation opportunities and tailored content for kinship carers. This includes Kinship's social media presence (Facebook – c. 12,800, LinkedIn – c. 5,000, Instagram: c. 4,450).

Other voluntary community services

Kinship carers and their families can also access support from other public services, national charities, and local voluntary and charitable sector.

These include:

- Advice services provided by the Family Rights Group, Coram Legal Centre, and Grandparents Legal Centre
- Peer-to-peer in-person and online groups, including on Facebook
- Charities working in specific geographic areas such as Kinship Carers Liverpool, Kinship Carers UK (Worcestershire and national), More Than Grandparents (Sunderland), Hetty's Nottinghamshire: Mansfield, Ashfield, Bassetlaw, Newark & Sherwood, and County South
- Charities working with specific groups of kinship carers, such as Families in Harmony and Adfam.

How does Kinship Connected differ from BAU?

While kinship carers may access a range of local authority, voluntary sector, and national services as part of business as usual, Kinship Connected introduces several distinct features:

- **Independence from statutory services:** Kinship Connected Navigators are independent from the local authority. They are specialists in kinship care (often kinship carers themselves) and are embedded in the local area they work in, co-located with service teams. They are able to engage and build trust with kinship carers, who often share things more freely than they would do with social workers.
- **Sustained one-to-one support:** They work with kinship carers on a one-to-one basis over six months to support them to navigate and access their local ecosystem, based on personalised and tailored goals developed based on specific needs.
- **Integrated peer and community support:** They run and facilitate support groups which provide a safe space for kinship carers to come together without social work involvement.
- **Kinship's collaborative approach** with commissioning local authorities strengthens connections and builds trust, so kinship carers understand the support that is available from the local authority and other local agencies and feel more confident to seek it earlier when they need it.
- **Active coordination and system navigation:** Navigators are able to refer and signpost kinship carers to Kinship's national independent advice, information, training, and support

offer, which is open to all kinship carers, as well as to connections with a community of over 14,000 kinship carers.

Together, these features distinguish Kinship Connected from business as usual, which is often more fragmented and less coordinated, and varies in availability and accessibility across local areas. The voluntary sector provision was highlighted in the national Kinship Care Strategy (2023, p18): 'It provides a foundation of support to kinship carers and routes to access this without requiring kinship families to interact with the state. The voluntary sector is uniquely placed to provide impartial support and advocacy for kinship carers.'

Why is the programme or intervention needed?

The support available to kinship carers and children in kinship care is difficult to navigate because it often differs depending on the child's legal arrangement, whether they were previously looked-after, and the local authority area, as statutory support is often discretionary. A Foundations survey of 80 local authorities found significant variation in support. Support was most likely provided to kinship foster carers, with informal kinship carers[1] being the least well supported.

This was true across provision of financial allowances, one-off financial support, legal support, preparation workshops and training, emotional and therapeutic support for kinship carers and their children, peer support groups, support for managing contact, and support to prevent potential breakdowns (Foundations, 2023).

Evidence suggests that children in kinship placements have better outcomes than their peers in unrelated foster care. Specifically, kinship care has been associated with better behavioural and mental health outcomes and greater placement stability compared with unrelated foster care (Winokur et al., 2014). Drawing from children's and young people's self-reported experiences, UK evidence further indicates that children in kinship foster care report higher levels of wellbeing, greater trust in their carers, and a stronger sense of stability and belonging than children in unrelated foster care (Coram Voice & Rees Centre, 2023). These strengths are commonly understood to stem from pre-existing relationships, emotional attachment, and long-term commitment between children and carers, which may support children's sense of belonging and wellbeing. However, these relative advantages do not eliminate broader inequalities faced by children in kinship care and kinship carers.

These positive outcomes are observed despite the fact that kinship carers face additional and different challenges to other foster carers (Winokur et al., 2014). On average, kinship carers are older, less educated, less financially stable, and more likely to be disabled than their non-kinship foster carer counterparts (McGrath & Ashley, 2021; Cuddeback, 2004). These challenges are often compounded by the circumstances that precipitate kinship care arrangements, including parental mental ill-health, substance use, domestic abuse, incarceration, or bereavement (Kinship, 2024).

[1]Informal kinship care is where a relative or family friend cares for a child through a private, interpersonal agreement without the involvement of the local authority or court

Common challenges kinship carers face include:

1. Economic vulnerability and financial strain
2. Access to resources and advocacy
3. Legal support and information
4. Health and wellbeing of kinship carers and children
5. Emotional and social support and isolation
6. Child welfare system involvement and instability
7. Addressing parental issues
8. Lack of knowledge on kinship care support.

Together, these challenges mean that kinship families need targeted and consistent support, including accessing financial help, engaging with statutory services, connecting with others facing similar challenges, and navigating additional support according to their individual needs (Waddell et al., 2025). Kinship navigator programmes are designed to address these challenges directly. Typically, they provide tailored one-to-one guidance to help carers understand their rights, access services, navigate legal and welfare systems, and connect with peer and community support. Navigator models aim to reduce informational barriers, build trust in services, and strengthen carers' capacity to secure appropriate support, thereby improving carer wellbeing and contributing to greater placement stability for children (Steinmetz & Fox, 2024; Fowler et al., 2026).

Kinship navigator programmes show promise in addressing the rising, and often overlooked, needs of kinship families, as identified in a review of interventions to support kinship families (Ott et al., 2024); for example, Colorado's Kinship Navigator Program (Forehand et al., 2024).

The Kinship Connected programme helps kinship carers navigate complex support systems, enabling them to access the right support at the right time that meets their needs. The programme has been developed specifically to support kinship carers to provide stability, safety, and – where possible – permanency for the children in their care.

It aims to support kinship families wherever they are on their kinship journey, including at the start of a placement where a kinship carer and/or the child may be experiencing crisis and during significant life events to prevent risk of placement breakdown. The programme helps kinship carers to develop long-term and supportive networks which result in a more stable and supportive environment where the children they care for can thrive.

How scalable is the programme?

The target population

The 2021 Census estimated that there are 132,000 kinship care households across England, with approximately 141,000 children living in kinship care (ONS, 2023). Of these, the majority are estimated to be in informal arrangements. Informal arrangements are the least likely to receive consistent support, are overrepresented among Black, Asian, and other minoritised ethnic households, and are more likely to be under-identified due to a lack of consistent data capture (Tah & Selwyn, 2025).

Kinship care households are across all areas in England but have higher prevalence in areas with greater socioeconomic deprivation and higher rates of children's social care involvement. The north-east has the highest proportion of kinship care households, and of the 10 local authorities with the highest proportion, 8 are classified as urban (ONS, 2023).

However, there are significant kinship household numbers spread throughout the local authorities in England in both rural and urban areas and kinship carers living in rural areas may face unique challenges around access due to service gaps and transport barriers (Kinship, 2023).

Equality, diversity, inclusion and equity (EDIE) and accessibility

We know that there is great variation in local identification and support of kinship families. The Kinship Connected navigator programme aims to be able to promote equitable access for underrepresented kinship families, particularly those in informal arrangements not known to services. Navigators are locally embedded and form a community-facing engagement plan by developing relationships with community organisations, faith groups, and local leaders. They use data and professional knowledge to map the local community context and service landscape, identifying areas of unmet need. The self-referral pathway increases access for kinship carers who may face barriers due to a lack of awareness or mistrust of services.

Local authority interest

The four local authorities selected for the pilot randomised controlled trial (RCT) have varying demographic diversity which is representative of the national population. As part of the local authority application process, we held 2 information sessions, which were attended by 11 local authorities. Sixteen local authorities applied, 16 were interviewed, and finally 4 selected. For full details of the local authority selection criteria, see the 'Where will the programme be delivered?' section in this protocol.

Intervention

The outcomes Kinship Connected aims to achieve are organised around three interrelated causal pathways set out in the programme's theory of change: a socio-emotional support pathway, a practical support pathway, and a systems change pathway. Each pathway describes the mechanisms through which the programme is expected to produce change, and the short-, intermediate-, and long-term outcomes that follow.

Outcomes are measured in two ways:

1. Some are collected by Kinship as part of routine programme delivery, through the registration form, three-month review, six-month review, and end-of-programme survey, and held in Salesforce.
2. Others are designated secondary outcomes for the evaluation, collected by Kinship and transferred to Ipsos UK for analysis.

The **three evaluation secondary outcomes** are: kinship carer parental self-efficacy (Brief Parental Self-Efficacy Scale, BPSES), kinship carer wellbeing (Short Warwick–Edinburgh Mental Wellbeing Scale, SWEMWBS), and unrelated care placement status, obtained from Kinship and LA administrative data.

Both BPSES and SWEMWBS are embedded within Kinship's self-referral form at baseline and end-of-programme survey at six months, and flow directly from Salesforce to Ipsos UK; they are not administered separately by the evaluator.

Please refer to the evaluation protocol for more detail. All other measures described below are Kinship programme monitoring measures.

Pathway 1: socio-emotional support

This pathway addresses kinship carers' emotional wellbeing, social connectedness, and capacity to sustain stable care arrangements. The programme works through the mechanisms of kinship carers feeling heard and emotionally supported, having a sense of agency over their circumstances, building connections with others in similar situations, and increasing confidence to navigate support systems.

The expected outcomes are:

- **Improved mental wellbeing:** measured using the Short Warwick–Edinburgh Mental Wellbeing Scale (SWEMWBS, seven items), completed by kinship carers at baseline (self-referral) and at the end of the programme (by email on day of six-month review). The 2020 independent evaluation of Kinship Connected (Starks & Whitley, 2020) found that treatment group participants improved their WEMWBS score by 5.90 points – moving the average kinship carer from the high-risk threshold for psychological distress to a reduced-risk position. The comparison group improved by 0.10 points over the same period.
- **Reduced isolation and loneliness:** measured using the ONS four-item national loneliness indicator (Hughes Three-Item Scale plus direct question), completed by kinship

carers at baseline (self-referral) and at the end of the programme (by email on day of six-month review. This is the harmonised national standard for loneliness measurement in England, enabling benchmarking against general population and carer-specific data. The 2020 evaluation found a 12% reduction in isolation scores for the treatment group, compared with a slight increase for the comparison group.

- **Improved overall sense of wellbeing:** measured using a 0–10 wellbeing scale administered by the Navigator at registration, three months, and six months. This enables within-programme tracking of change between the two self-completion survey timepoints and provides a consistent data point across all three review stages. This is part of intervention delivery.
- **Progress on socio-emotional goals** such as improving wellbeing, feeling less alone, building stronger relationships with kinship children, or sustaining peer and family relationships, captured through the co-produced goal progress scale (0–10) with baseline position and target recorded at registration and progress tracked at three months and six months.

Pathway 2: practical support

This pathway focuses on ensuring kinship carers can access the practical resources, financial support, advice, and services required to meet their needs and those of their kinship children. The programme works through the mechanisms of kinship carers developing a better understanding of their own strengths, needs, and goals, feeling more informed about available support, and gaining confidence to navigate systems independently. The expected outcomes are:

- **Increased parental self-efficacy:** confidence in the caring role — measured using the Brief Parental Self-Efficacy Scale (BPSES, five items, CORC), completed by kinship carers at baseline (self-referral) and at the end of the programme (by email on day of six-month review. The same measure was used in the Adoption and Special Guardianship Support Fund evaluation (Burch et al., 2021), creating direct cross-programme comparability with the closest equivalent DfE-funded support programme. The 2020 evaluation used a single custom question and found a 5% increase in parenting confidence for the treatment group.
- **Improved financial wellbeing:** measured using a single self-report item on financial optimism ("I am optimistic about my finances") with a five-point frequency scale, completed at baseline and at the end of the programme. The 2020 evaluation found a 14% increase in financial optimism for the treatment group, compared with a slight decrease for the comparison group.
- **Progress on practical goals** such as accessing financial, legal, or practical information and support, supporting a kinship child's education or behaviour, understanding legal rights and options, or accessing appropriate services before reaching crisis, captured through the co-produced goal progress scale (0–10) and confidence scale (0–10) at registration, three months, and six months. As part of intervention delivery.
- **Increased access to and use of relevant local and national services:** financial entitlements, legal advice, education support, health services, and peer support, measured through Navigator-recorded referral and signposting activity at each contact point. Part of intervention delivery.

Pathway 3: systems change

This pathway focuses on improving the local support and service environment for kinship families by strengthening coordination, awareness, and responsiveness across the system. The programme works through the mechanisms of Navigators supporting local authority staff to identify and understand the needs of kinship families, strengthening referral pathways, improving communication between services, and increasing trust between kinship carers and statutory services. The expected outcomes are:

- **Increased local authority awareness of and referral into Kinship Connected:** measured through Navigator activity records and implementation and process evaluation data collected by CEI and Ipsos.
- **Placement stability:** measured at three months and six months. Placement outcomes are recorded in the six-month review form across a full range of categories, including placement maintained, planned and unplanned reunification with birth parents, moves to another kinship arrangement, entry into unrelated foster care or residential care, transition to independence, and adoption. The full list of categories is set out in the programme's review forms.
    - The 2020 evaluation identified placement stability as the largest potential cost saving associated with the programme but was unable to measure it directly. This pilot captures placement status at both review points for the first time, enabling a more robust estimate of impact on this outcome. Based on PSSRU 2020–21 data (Jones & Burns, 2021), the weekly cost of a foster care placement was £647; current estimates suggest this is significantly higher, making even a modest reduction in placement breakdown rates economically significant.
    - The evaluation protocol defines the primary child-level outcome as the probability of a child entering unrelated foster care; this is a binary measure obtained from LA and Kinship administrative data which specifically isolates unplanned breakdown from planned positive transitions. Planned positive transitions, including reunification, transition to independence, and supported living, represent successful outcomes that may also reduce the long-term cost of statutory involvement.
- **Reduced children's services involvement:** measured through Navigator-recorded case status at registration, three months, and six months.

Long-term impacts

Through the three causal pathways, the programme is expected to contribute over time to: improved quality of life for kinship carers; more children whose parents are unable to care for them are in safe, stable kinship placements and fewer children growing up in the care system; improved and more accessible local services for kinship families; and a more resilient kinship carer community that is less reliant on children's social care services, contributing to potential long-term cost savings for the wider system. See theory of change (Appendix A).

Cost–benefit indicators as system-level outcomes

The 2020 evaluation produced a benefit–cost ratio of 1.20:1, estimating total benefits of £531,183 for 401 kinship carers over 2 years at a programme cost of £1,325 per kinship carer.

The cost analysis in this pilot will estimate the resources required to deliver the programme from a local authority perspective, focusing on staff, delivery, and infrastructure costs. This will provide an updated cost per kinship carer using 2026 figures. The inclusion of placement stability as a measured outcome for the first time, alongside updated unit costs from the PSSRU Unit Costs of Health and Social Care 2024 Manual (Jones et al, 2025), means that a more comprehensive cost–benefit analysis – including the potential economic value of reduced placement breakdown – could be undertaken as part of a future full-scale trial, where sample size and follow-up period would support more robust monetisation of outcomes.

Target group

The target population for this intervention is kinship carers of children aged 0–18 years old.

Inclusion criteria

Participants must meet all of the following criteria (these are aligned with the inclusion criteria in the associated evaluation protocol).

Role and care arrangement

- Be a kinship carer as defined in the target group, with at least one kinship child currently living in their care.
- Fall within one of the following arrangements: informal kinship care (no legal order), special guardianship order (SGO), child arrangements order (CAO) or residence order (RO), or connected foster carer formally transitioning to an SGO.

Practical and geographic

- Live within a service area included in the pilot, or within a distance that is feasible for a Navigator to travel to.
- Have sufficient proficiency in English to engage with the intervention and evaluation activities. Reasonable adjustments will be available, including flexible formats and additional support depending on translation budget available from LA partners.

Clinical and safeguarding

- Be assessed as not requiring urgent or immediate support that would make a six-month waiting period inappropriate. This assessment is made by LA staff for LA referrals, and by self-report for self-referrals.

Exclusion criteria

Participants will be excluded if any of the following apply.

- They are unrelated or unconnected foster carers.

- They are connected foster carers who are not transitioning to an SGO.
- They are adoptive parents or prospective adopter households only.
- They are birth parents or other caregivers without primary caring responsibility for the child.

Where families fall outside a programme's scope, we provide signposting to other Kinship services – including the advice line, peer support network, and training offers – and/or to relevant local provision.

Reaching a diverse group of beneficiaries

Kinship Connected is intended to benefit kinship carers across a range of legal, informal, and family arrangements. This includes kinship carers who are already known to local authorities, and those who are not currently visible to statutory services.

Note: local authority partners will need to provide translation services where highlighted or as part of Foundations' EDIE-specific testing.

Mapping will take place across all four local authority areas.

We will actively prioritise reach to:

- Informal kinship carers
- Black and minoritised ethnic kinship carers
- Kinship carers who do not identify with the term 'kinship carer'
- Kinship carers who may distrust statutory services
- Carers experiencing poverty, housing instability, or rural isolation
- Older and grandparent kinship carers
- Kinship carers with disabilities or long-term health conditions.

This is important because evidence from *Raised by Relatives* shows that Black and Asian kinship carers can face additional barriers to recognising themselves as kinship carers, trusting services, and accessing support (Tah & Selwyn, 2025). These barriers are particularly significant for informal kinship carers and families from communities underrepresented in statutory services.

Targeted local outreach

Each LA will have a tailored engagement plan, based on local demographics, ward-level data, LA intelligence, and community mapping. This will be an ongoing 'test and learn' approach and includes but is not restricted to the following.

Blackpool

In Blackpool, the main equity challenge is socioeconomic rather than ethnic.

Outreach will prioritise:

- Carers in areas of high deprivation, including Revoe, Central, and Layton
- Grandparent and older kinship carers

- Carers experiencing financial hardship, debt, benefit issues, or housing instability
- Carers with disabilities or long-term health conditions
- The small Eastern European community, including Polish-speaking carers.

Activity will include outreach through:

- Community centres in high-need wards
- Blackpool Carers Centre
- Food banks
- Age UK Blackpool
- Citizens Advice
- GP surgeries, pharmacies, and libraries
- Local Facebook and community groups.

Materials will be available in plain English, easy-read formats, and Polish where needed.

Newham

Newham is the most ethnically diverse of the four local authority areas. Outreach will prioritise:

- Bangladeshi kinship carers
- Pakistani kinship carers
- Black African communities, including Nigerian, Ghanaian, Congolese, and Somali communities
- Black Caribbean kinship carers
- Eastern European communities, including Romanian- and Polish-speaking carers
- Informal kinship carers who may not be known to the local authority.

Activity will include outreach through:

- Families in Harmony (where appropriate)
- Newham African Caribbean Resource Centre
- East London Mosque and local mosque networks
- Black majority churches
- Newham Asian Women's Project
- Somali community organisations
- GP surgeries, pharmacies, schools, and community centres.

Oxfordshire

Oxfordshire requires a two-track approach: targeted community outreach in Oxford city and accessible outreach for rural kinship carers.

Outreach will prioritise:

- South Asian communities in East Oxford and Cowley
- Black African communities in East Oxford
- Eastern European communities, particularly Polish-speaking carers

- Rural White British kinship carers who may face transport, distance, and isolation barriers
- Gypsy and Traveller families where appropriate.

Activity will include outreach through:

- East Oxford and Cowley community organisations
- Carers Oxfordshire
- Age UK Oxfordshire
- Community First Oxfordshire
- Parish councils
- Rural schools
- GP surgeries, libraries, and community centres
- Local faith groups, including mosques, churches, and gurdwaras.

Materials will be available in plain English, easy-read formats, Urdu, Punjabi, Polish, and Somali where needed (dependent on local authority translation services).

Rochdale

In Rochdale, outreach will prioritise the large South Asian Muslim community, particularly Pakistani and Bangladeshi families in areas such as Milkstone, Deeplish, Spotland, and Heywood.

Outreach will prioritise:

- Pakistani Muslim kinship carers
- Bangladeshi Muslim kinship carers
- Informal kinship carers caring as part of wider family obligation
- Carers who may not identify with the term 'kinship carer'
- White British kinship carers in surrounding areas.

Activity will include outreach through:

- Mosque networks
- Madrassas
- Muslim women's groups
- Community leaders and respected local figures
- Urdu and Bengali language community channels
- GP surgeries, pharmacies, halal butchers, and community centres
- Rochdale Carers Plus, Age UK Rochdale, and local advice services.

Language will be adapted to reflect lived experience, using phrases such as "caring for family" and "stepping in for a relative", rather than relying only on the term "kinship carer". Materials will be translated into Urdu, Bengali, and Punjabi (note budget and LA considerations).

Kinship Navigator engagement events

Each site will host a Kinship Navigator engagement event during mobilisation depending on timelines. It will support a 'test and learn approach' and feed in to Kinship Care Week engagement events.

These events will:

- Raise awareness of Kinship Connected and the pilot RCT
- Reach kinship carers not known to the local authority
- Build relationships with community, faith, and voluntary sector partners
- Support self-referral into the programme
- Begin building trust before delivery starts.

Events will be designed through an EDIE lens. This includes:

- Choosing community venues rather than local authority buildings where statutory spaces may deter attendance
- Using trusted community partners to support invitations and outreach
- Providing culturally appropriate food
- Ensuring all food is halal by default, with vegetarian, vegan, and allergen information clearly labelled
- Avoiding alcohol at all events
- Providing translated and easy-read materials
- Offering crèche or supervised play options where feasible (and within budget)
- Ensuring venues are step-free and accessible by public transport
- Providing prayer space where relevant
- Making BSL interpretation available on request (if needed and within budget).

This approach is designed to make engagement feel safe, familiar, and community-led rather than statutory or professionalised.

Measuring success

Success will be monitored through:

- Referral numbers by pathway: local authority referral and self-referral
- Referral rates from community outreach activity
- Uptake from engagement events
- Conversion from expression of interest to consent
- Participation by ethnicity, legal status, gender, disability, and local area
- Numbers of informal kinship carers reached
- Differential drop-off between groups or referral routes
- Feedback from community partners and kinship carers.

Any disproportionate underrepresentation or drop-off will trigger targeted review and adaptation through rapid-cycle testing (test and learn). This may include changing outreach routes, adapting

language, shifting venue choices, strengthening community partnerships, or revising engagement materials.

Referral routes for potential beneficiaries

There are two referral pathways for kinship carers to enter the trial:

- LA referral
- Self-referral.

LA referral pathway

The purpose of the LA referral pathway is to enable LA teams to refer eligible kinship carers to the trial to receive an additional support service, either immediately or following a six-month waiting period. LA staff will receive detailed information about the study, including the aims of the trial and the inclusion and exclusion criteria, to support appropriate identification and referral of participants.

A Kinship Navigator will be embedded within the LA to support recruitment, with the ambition that the role is well integrated within existing LA teams (for example, early help or equivalent family support services) and co-located where feasible. Working closely with LA staff, the Navigator will support awareness-raising and referral activity, identify areas of higher need, and engage with local community and voluntary sector organisations.

Through this integrated approach, the Navigator will help identify and appropriately engage potentially eligible kinship carers. Where appropriate, the Kinship Navigator will signpost kinship carers to their LA for referral into the study.

User journey for a kinship carer entering the evaluation via LA referral:

- Kinship carers typically approach their LA seeking support.
- LA staff provide carers with an easy-read information sheet about the Kinship Connected evaluation to ensure that information about the study is accessible and clearly explained.
- If the kinship carer expresses interest and is assessed as eligible, LA staff complete a referral form on the carer's behalf and submit this securely to Kinship.
- Following submission of the LA referral, the kinship carer automatically receives an email from Kinship containing:
    - The full participant information sheet for the trial
    - A data privacy notice
    - FAQs about participation including film from lived experience kinship carer and now Navigator
    - A link to an online questionnaire, which includes the consent process and captures baseline data. Baseline data collected at this stage includes validated measures of parental self-efficacy (BPSES) and mental wellbeing (SWEMWBS)
- Participation proceeds only once informed consent has been provided.

Self-referral pathway

The purpose of the self-referral pathway is to provide an accessible route in to the study for kinship carers who may not wish to engage with their LA, are unaware of available LA support, or are not known to the LA (e.g. informal kinship carers). A Kinship Navigator will be embedded within the local community to support recruitment. They will host a launch event for the trial, identify areas of higher need, and engage with local community organisations. Through this outreach, the Navigator will identify and approach potentially eligible kinship carers, and will signpost appropriate individuals to the self-referral pathway.

User journey for a kinship carer entering the evaluation via self-referral:

- Kinship carers can access information about the study via Kinship's website, including an easy-read information sheet about the evaluation
- If interested, carers complete an online expression of interest (EOI) form
- After submitting the EOI, the kinship carer automatically receives an email from Kinship containing:
    - The full participant information sheet
    - FAQs about participation including film from lived experience kinship carer and now Navigator
    - A data privacy notice
    - A self-referral form, which gathers additional information about the kinship carer. This form incorporates the consent process and captures baseline data, including the BPSES and SWEMWBS measures
- As with the LA referral pathway, enrolment only proceeds once informed consent has been provided.

What is the programme or intervention?

Kinship Connected is a six-month community-based navigator support programme designed to help kinship carers effectively navigate complex systems of support and access the services they need to sustain stable family arrangements and meet the needs of the children in their care.

Kinship Navigators provide tailored support that responds to carers' individual needs while strengthening local kinship care ecosystems. A core principle of Kinship Connected is adaptability.

The programme is designed to provide responsive, individualised support that reflects the differing circumstances, strengths, and levels of need among kinship families. While the frequency, duration, and mode of support vary across participants, the programme includes several core components that all kinship carers experience during the six-month intervention period. These core components are:

1. Initial contact and engagement
2. Registration, including a structured needs assessment and collaborative goal-setting process
3. A three-month review

4. A six-month review.

These stages provide a consistent framework for programme delivery, review, and monitoring across all participants.

Following referral and first contact there are three key milestones: registration onto the programme, a three-month mid-point review, and a six-month end-point review. These are the core components that all kinship carers who complete the programme receive.

Kinship carers are supported by a Navigator through the registration process. This involves a comprehensive needs assessment, as well as a collaborative goal-setting exercise, which together inform a personalised support plan. Self-efficacy and wellbeing measures completed at baseline (pre-randomisation) will also be drawn on to inform the plan for those kinship carers allocated to the intervention arm.

Based on the needs assessment conducted as part of registration, Navigators provide flexible, tailored support aligned to each kinship carer's identified priorities, circumstances, and goals.

This is developed as part of an adapted Signs of Safety approach (Firmin et al, 2021) to understand the holistic situation of a kinship carer. The assessment gathers information about the kinship family, kinship carer employment status, their household composition, their kinship children and any concerns, the kinship carer story including where they are in their kinship journey, their reason for taking up the service, and their goals. The assessment looks at the skills, knowledge, and resources already available to the kinship carer, taking a strengths-based approach while identifying critical gaps in support such as financial aid, housing, legal advice, managing children's needs, social isolation, and accessing mental health services.

Tailored action plan: Following the assessment, project workers create a tailored support plan, which can include referrals, peer support groups, and connecting carers with local community resources.

Navigators offer one-to-one practical and emotional support, delivered either in person (in the home or in community settings) or by phone, depending on kinship carer preference and accessibility.

This support may include in-person or virtual advocacy with educational, statutory, and voluntary services, emotional support, practical assistance such as information and advice, help to access financial entitlements and grants, priority access to Kinship's advice line, and referrals to relevant internal or external services. The approach is described by Kinship as relationship-based, strengths-based, and trauma-informed, drawing on active listening, empathy, confidence building, skills development, and, where appropriate (and applicable), the lived experience of the Navigator or programmes team.

In addition to individual support, Kinship Connected facilitates group-based activities. These include Navigator-led in-person and virtual support groups and family events, signposting to peer-led support groups held in community venues such as church halls or cafes, and in-person or online workshops and training events delivered as part of Kinship's free national services to all kinship carers, regardless of arrangement type.

Workshop topics span all areas of kinship family life – for example, introduction to kinship care, managing contact, raising a child of a different cultural or ethnic identity, understanding trauma and attachment, and working with children's services.

At a community and systems level, Navigators play a key role in understanding and responding to local need. They work to map existing kinship support provision and identify gaps in services, areas of high or unmet demand, and opportunities for effective signposting. This work facilitates referrals into the programme and creates opportunities for professionals to join a local Community of Practice, supporting shared learning and coordination across services. Navigators engage actively with local kinship communities through outreach, awareness-raising activities, and the delivery of Kinship Connected engagement events.

These activities are designed to increase visibility of support, reach less-well-served carers, and reduce barriers to engagement. They also embed themselves within the wider local service landscape by building relationships with local authorities and partner organisations. Through these partnerships they promote an improved understanding of kinship care and encourage more consistent identification signposting and referrals across agencies.

Through this combination of individualised support, peer connection, awareness raising, and local systems engagement, Kinship Connected aims to strengthen outcomes for kinship carers, children, wider family, and local support systems.

The frequency, duration, and type of support provided through Kinship Connected are determined by each kinship carer's individual needs and circumstances, and will vary across families throughout the six-month programme.

Navigators use the initial needs assessment and support plan to gauge the level of contact required, and adjust this at the three-month review in response to changing need. At the higher end of need, a Navigator could provide weekly in-person home visits alongside active advocacy at statutory meetings combined with regular phone check-ins between visits.

The programme's flexible components vary considerably according to the level of need identified. At the higher end of need, support may involve weekly in-person home visits, regular telephone check-ins, and active advocacy at statutory meetings. At lower levels of need, support may consist of fortnightly or monthly contact focused on reviewing goals, facilitating service access, and encouraging participation in peer support activities.

There is no fixed formula governing the frequency or intensity of support, and some families may require more intensive input during periods of crisis or at the early stages of a kinship arrangement. Participation in the programme is voluntary throughout, and the pace, focus, and mode of support are co-produced with kinship carers to ensure responsiveness and appropriateness.

Navigators are employed by Kinship. They are co-located within the local authorities and are supported by Kinship to deliver high-quality practice through a structured programme of training, induction, and supervision. This includes training on the Kinship Connected model, trauma-informed practice, and safeguarding, alongside regular supervision and reflective practice sessions.

How will the programme be delivered?

Kinship Connected is a fully manualised programme. Navigators receive a service manual that includes detail on how to work alongside kinship carers during the programme and other guidance, tools, templates, and worked examples throughout.

Navigators carry out specialist and expert one-to-one family support and high-quality case work with a solution-focused approach, helping kinship carers find the support they need. Case work could and does include:

- Trauma-informed emotional support
- Therapeutic caregiving support (toolkits)
- Contributing to family assessments, including SGO viability assessments and support plans
- Contributing to statutory/professionals' meetings such as Initial Child Protection Conferences, Child Protection Conferences, Core groups, looked after child reviews and Child in Need meetings
- Contributing to Family Group Conferences (where appropriate to support)
- Financial support such as grants, food bank vouchers, MaxCards, holidays
- Support completing applications forms such as for immigration, passports, Disability Living Allowance, benefits, housing, blue badge, Education, Health and Care plans (EHCP)
- Advocacy at court, school, health, or other process and settings
- Parenting support, including referral to parenting programmes and Kinship's training service
- Access to resources such as the Kinship website/Kinship Compass
- Priority access to specialist Kinship Advice Service, including advice on social work, education, benefits, finance, and legal matters.

One Kinship Connected Navigator in a local area supports 40 kinship carers within a 12-month delivery cycle. The frequency, duration, type, and mode of support provided by Kinship Connected is determined by each carer's individual needs, preferences, and circumstances. It is anticipated that, on average, kinship carers will have three to four in-person support sessions and at least four to six hybrid support sessions with the workers. At minimum, kinship carers receive at least one contact a month. This does not include attending support groups or other interactions with our other national services.

Navigators are expected to maintain data completeness and integrity regarding all programme activities, including: nature of support (emotional support, practical support including advocacy, events and peer support, internal referrals, external signposting including local and national support), mode of support (in-person, online, call, email), and location (home, virtual, or community setting).

Table 1. Overview of key stages in the intervention

#	Type of activity	Description	Time period	Setting	Action taken by
1	**Referral**	LA referral form or self-referral expression of interest form completed, consent and baseline measures triggered. Random allocation to intervention or waitlist. All following steps are for intervention	From start of delivery/ commissioning period	Online	Social worker or kinship carer
2	**Verify referral**	Assess information in referral and follow up any questions (including risks/ safeguarding) with relevant professional	Within 3 working days from referral	Phone call/ email	Navigator
3	**First contact with kinship carer**	First conversation to gain consent, explain about the intervention, and then book in registration in person	Within 5 working days from referral	Phone call	Navigator
4	**Registration**	Initial assessment of needs and circumstances and goal setting, next stages (in home or private community setting) Welcome pack and *Kinship Care Guide* provided Other support signposted, including support groups, training, advice, and grants	Within 10 working days from referral	In person	Navigator
5	**One-to-one support**	Frequency and setting depending on the needs – including home visits, phone check-ins, support at meetings, liaising with agencies on the carer's behalf, emotional support (more detail described in protocol)	Over 3 months	In person/ online	Navigator Other professionals and organisations
6	**Three-month review**	Assess kinship carer's progress towards their goals and understand further support needed Update initial goal setting	3 months after initial registration	Online	Navigator

#	Type of activity	Description	Time period	Setting	Action taken by
7	**One-to-one support**	Follows on from three-month review, adapts to any changing needs and support	Over 3 months	In person/ online	Navigator Other professionals and organisations
8	**Final six-month review**	Reflect on positive achievement of set goals and outcomes Celebrate success and define other actions going forward Signpost to other Kinship services and other local organisations who can support	6 months from registration	In person	Navigator

What is the schedule for set-up and delivery of the programme?

Treatment group delivery is expected to start in June 2026. Control group delivery will end in August 2027, with a possibility to extend until September 2027 depending on initial recruitment numbers. As part of the implementation and process evaluation, the inclusion of pilot local authorities in a future RCT will be assessed. Criteria will include intervention stability, evaluation procedure consistency, contamination between arms, and remaining eligible participant pool.

Outside of the evaluation, Kinship Connected is currently running or being mobilised in 7 local authorities in England (including Wales and Scotland), who were excluded from taking part in the evaluation.

Table 2 shows the timing of delivery to the intervention and waitlist (control) groups in one local authority site.

Table 2. Delivery timetable for kinship carers in one local authority site

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27	Apr-27	May-27	Jun-27	Jul-27	Aug-27	Sep-27
Delivery period 1	I	I	I	I	I	I	C	C	C	C	C	C				
Delivery period 2		I	I	I	I	I	I	C	C	C	C	C	C			
Delivery period 3			I	I	I	I	I	I	C	C	C	C	C	C		
Delivery period 4 (contingency)				I	I	I	I	I	I	C	C	C	C	C	C	

Note: ‘I’ represents delivery to the intervention group, ‘C’ represents waitlist delivery to the control group. Delivery is represented on a monthly basis. In practice, referrals will be received and

randomised on a weekly rolling basis during the delivery period. Please see the evaluation protocol for more details.

Where will the programme be delivered?

The Kinship Connected programme will be delivered in four new local areas: Blackpool, Newham, Oxfordshire, and Rochdale. Three key inclusion criteria were utilised to identify eligible local authorities:

- **New to Kinship navigator:** where they are not currently commissioning Kinship Connected or Kinship Reach (remote navigator programme), and have not accessed in the past two years.
- **No significant other interventions or barriers:** such as DfE Kinship Zones (financial allowances pilot), Foundations Partner Places pilot, Foundations Kinship Practice Guide implementation partners, Families First for Children (FFC) pathfinder programme, and family networks pilot (FNP).
- **Sufficient number of kinship households to meet the recruitment aims of the evaluation:** with an aim to recruit 50 kinship carers per LA and retain 40 with an estimated 20% attrition rate, a saturation rate of 15% of the local kinship carer community was assumed, leading to local authorities with 334 or more kinship households categorised as eligible.

Further selection criteria were used to recruit the four local authorities:

- Proportion of ethnic minority kinship households is sufficient for the recruitment aims of the trial
- Proportionate representation of urban/rural, coastal/non-coastal, and regional balance
- Kinship local offer maturation and the experience of support for kinship families
- LA minimum operational readiness and capacity for trial.

What variations from the core model, if any, are planned?

There are no variations planned from the core model. The intervention description states the frequency, intensity, and location of activities will vary based on kinship carers' needs, circumstances, and preferences. See the 'What is the programme or intervention?' section for more details.

What quality assurance systems are in place?

Recruitment

The evaluation is a pilot two-arm parallel randomised controlled trial involving kinship carers across four local authority areas using a waitlist design. One arm will receive Kinship Connected and the control arm will receive business-as-usual support:

- Expected delivery per LA: around 40 carers (approximately 20 intervention arm and 20 waitlist delivery as part of control arm), though actual numbers may vary by site.
- Planned recruitment target overall: 200 kinship carers (100 per arm), to allow for around 20% attrition between baseline and 6-month follow-up.

Recruitment will take place through close working relationships with LA teams, particularly kinship/SGO support teams and other professionals (schools and voluntary community organisations). We will ensure buy-in and co-ownership of the referral process with LA site partners.

We will ensure presence at regular team meetings, clear referral pathways, and integration into local authority kinship local offer to secure a steady and appropriate flow of referrals. We will develop resources to help ensure referral partners understand kinship carer eligibility criteria.

We will also engage in awareness-raising activities personalised to each local area (including newsletters, updates in local authority communications, Kinship Compass, and peer groups) to help identify kinship carers who may not be engaged with formal services. This includes activity in the build-up to Kinship Care Week (October 2026; build-up begins in spring 2026).

Contingency plan for participant recruitment – per local authority

Recruitment feasibility has been assessed based on projected referral volumes across both pathways, anticipated conversion rates, and the planned recruitment timeline. We expect an average of approximately 20 referrals per week across both pathways, with LA referrals accounting for the majority (16 per week) and self-referrals making up the remainder (3–4 per week). Based on historical data we have estimated a conversation rate of 91% from referral to sign-up. This supports a frontloaded recruitment approach, with approximately 60% of the total sample expected to be recruited in June and July 2026.

However, we have introduced new stages as part of the trial (specifically re-consent and expression of interest) within both pathways. We will need to rapidly monitor and adjust as part of a rapid-cycle testing at recruitment point. This is a known unknown and the delivery will need to reflect this.

Recruitment progress will be monitored on a weekly basis against predefined targets, including (1) referrals per pathway, (2) screening and eligibility rates, (3) consent/enrolment conversion rates, and (4) participant engagement at initial contact. Early warning indicators of underperformance will include: referral volumes falling below 75% of projected levels (15 per week) for 2 consecutive weeks, or conversion rates dropping below 80%.

Formal decision points will occur at the end of every two weeks during May and June and at the end of each month thereafter. At each point, actual performance will be reviewed against projections. If recruitment is below 80% of the cumulative target at either checkpoint, contingency measures will be considered and, if necessary, activated.

Contingency actions will include close liaison with the evaluation team to implement rapid-cycle testing approaches aimed at optimising recruitment and engagement. This may involve iterative refinement of messaging, adjustments to referral processes within one or both pathways, targeted

engagement with referral partners, or modifications to participant follow-up processes. Where pathway-specific issues are identified (e.g. lower-than-expected referral flow or conversion in the self-referral pathway), testing will be applied selectively to address those bottlenecks.

In addition, an extension to the recruitment window into September has been pre-approved and will be activated if required. The decision to extend will be based on recruitment trajectory at the August review point, taking into account the remaining gap to target and the demonstrated effectiveness of any optimisation strategies implemented.

In the event that recruitment proves challenging, we would engage in the following activities to ensure that we secure the full sample:

- Proactively engage with kinship carers through peer-to-peer support groups, community networks, and self-referral options: Kinship has a network of 14,000 kinship carers and we'd segment recruitment techniques alongside active mapping with other relevant local community assets and voluntary groups.
- Deliver additional briefings and training for LA staff and other professionals to raise awareness of the programme.
- Target underrepresented areas or groups through tailored outreach campaigns, relationship building with community leaders, including use of social media (and Google Ads), and community organisations.
- Work with LAs to review and, if needed, simplify referral processes.

Ensuring participation from minority ethnic backgrounds

This will be important as the evaluation is designed to include sites where data shows that there are likely to be a higher percentage of minority ethnic kinship communities. In terms of our approach:

- Our programmes team and Navigators will work closely with local authorities and community groups to ensure proactive outreach to minority ethnic kinship families tailored to the LA demographics and specific needs. We'll also use Census and LA ward-level data to triangulate data.
- Navigators will build relationships with faith groups, community organisations, and ethnic minority networks and trusted leaders to promote awareness of the programme.
- Materials and communications will be culturally sensitive and accessible.
- We will monitor the demographics of participants and adjust outreach strategies if participation from minority groups of kinship carers is lower than expected.

Oversight of programme quality

A dedicated Programmes Manager will oversee delivery quality across the four LA sites, providing supervision, training, support, and guidance to Kinship Navigators. They will ensure up-to-date manualisation of the programme to promote intervention fidelity across sites.

Navigators will be onboarded in a two-day residential training programme followed by a structured induction in their first weeks in post. They will take part in monthly one-to-one supervision with the Programmes Manager and have access to regular group reflective practice sessions. They will

have access to the Community of Practice with representatives from all four RCT sites – sharing learning, practice insights, and emerging challenges across the programme.

A Mobilisation and Project Manager role will have oversight of regular monitoring and reporting of referral, risk management and mitigation, uptake, outcome, and implementation data, and routinely feed back insights to the programmes team and any actions to promote data completeness and quality.

Assessing programme quality

We will use a range of processes regularly to assess programme quality, defined as the quality of support experienced by kinship carers and fidelity to the programme model. These include standardised tools (including completion of validated baseline and follow-up measures, Salesforce case management tracking, and number of activity sessions) used across all sites to monitor support delivered and outcomes achieved.

Ongoing feedback from local authority referral partners will help course-correct any issues.

Performance dashboards will be configured in Salesforce and reviewed weekly by the Mobilisation and Project Delivery Manager, with a summary shared with the Programmes Manager and the wider delivery team at fortnightly team meetings. Dashboards will monitor the following key indicators in real time.

Recruitment and reach

- Referral volumes by week, by LA site, and by pathway (LA referral vs self-referral)
- Referral source (social worker, school, voluntary sector, self-referral, peer group)
- Conversion rate from referral to registration, with time to registration tracked against the 10-working-day target
- Demographic profile of referred and registered participants – including ethnicity, age, gender, disability status, employment status, and household composition – monitored against Census 2021 and LA ward-level population data to identify underrepresentation
- Specific tracking of referrals from minority ethnic communities, with a threshold alert triggered if referrals from ethnic minority backgrounds fall below the expected 33% of total referrals at any site for 2 consecutive weeks.

Engagement and delivery

- Number of active cases per Navigator, flagged if caseload exceeds 25 or falls below 10
- Contacts completed per week per Navigator, by type (home visit, community visit, phone, video)
- Time between contacts, with an alert if any active case has had no contact for more than three weeks without a recorded reason
- Three-month review completion rate, with an alert if any review is overdue by more than two weeks
- Six-month closing review completion rate.

Data quality

- EDIE data completeness at registration — target 100%, alert triggered at below 95%
- Baseline measure completion (SWEMWBS and BPSES) — target above 90%
- Endline measure completion — target above 90%
- Case note recording within 48 hours of contact — alert triggered if more than 10% of contacts in a given week are unrecorded after 72 hours.

Reporting and dip-sampling

Automated reports will be generated from Salesforce on a weekly basis. Table 3 shows the thresholds that will constitute a quality alert and will trigger review.

Table 3. Thresholds for quality alerts

Quality indicator	Alert threshold	Who reviews and when
EDIE data completeness	Below 95% at any site	Mobilisation and Project Delivery Manager within 72 hours
Baseline measure completion	Below 90%	Programmes Manager and Mobilisation and Project Delivery Manager at weekly review
Endline measure completion	Below 90%	Programmes Manager and Mobilisation and Project Delivery Manager with evaluation team
Case note timeliness	More than 10% unrecorded after 72 hours	Programmes Manager within 72 hours
Time to registration	More than 20% outside 10-day window	Programmes Manager at weekly review
Three-month review overdue	Any review more than 2 weeks late	Programmes Manager – immediate action
Caseload balance	Any Navigator above 25 active cases	Programmes Manager and Mobilisation and Project Delivery Manager within 72 hours

Dip-sampling of case records will be conducted monthly by the Programmes Manager, with a minimum of two cases per Navigator reviewed each month. A structured case audit tool will be used, assessing compliance against the following standards:

- **Signs of Safety:** all five domains recorded at registration, three-month review, and six-month closing review

- **Goal recording:** three goals present at registration with baseline scores, target scores, importance and confidence scores, and agreed actions for both kinship carer and Navigator
- **Case notes:** present for every recorded contact, recording the kinship carer's voice, the Navigator's analysis, actions agreed, and any safeguarding observations
- **Safeguarding:** any concern flagged in case notes has a corresponding Salesforce safeguarding record
- **EDIE:** all mandatory fields completed at registration
- **Outcome measures:** SWEMWBS and BPSES recorded at baseline and confirmed at endline.

Cases will be rated as: compliant, requires improvement, or significant concern.

Any case rated 'significant concern' will be escalated to the Programmes Manager and Designated Deputy Safeguarding Lead (DDSL) within 24 hours of the audit (DDSL if has a safeguarding concern attached).

Cases rated 'requires improvement' will trigger a development action plan for the Navigator, reviewed at the next monthly supervision session.

Managing deviations through a project management approach

Any deviations from programme design will be flagged during case reviews and quality assurance checks. The Mobilisation and Project Delivery Manager will ensure these quality checks are built into the set-up and delivery.

The escalation process operates at three levels.

- Level 1: Navigator self-identified or identified through routine monitoring. The Navigator identifies a concern about their own practice or data quality, or the Programmes Manager identifies it through weekly dashboard review or routine dip-sampling. The Programmes Manager discusses it with the Navigator at the next monthly supervision session. A development action is agreed and recorded in the supervision log. No formal escalation required.
- Level 2: Persistent or systemic concern. The same issue appears in more than one Navigator's records, or the same Navigator's performance falls below threshold in two consecutive monthly reviews. The Mobilisation and Project Delivery Manager convenes a case review meeting with the Programmes Manager and the Navigator concerned. A formal improvement plan is agreed with timescales and review points. The Director of Services and Digital is informed. The evaluation team (CEI) is notified if the issue affects data quality or evaluation measures.
- Level 3: Serious concern or programme-level risk. A case is rated 'significant concern' at dip-sample, a safeguarding incident has not been recorded appropriately, or a recruitment target is more than 20% below projection at a formal decision point. The Director of Services and Digital convenes a senior review within five working days. The evaluation team is notified. Remedial action is agreed, documented, and reviewed within four weeks. If the concern involves a safeguarding failure, the DDSL leads the response under Kinship's safeguarding policy regardless of the programme timeline.

Learning from deviations, quality checks, and participant feedback will be captured and used through three mechanisms:

1. **Monthly supervision logs:** every Navigator supervision session is recorded using a structured template covering cases reviewed, quality concerns identified, development actions agreed, and programme-level learning. The Programmes Manager shares anonymised themes with the full Navigator cohort quarterly. This is recorded in the delivery manual.
2. **Continuous improvement log:** the Mobilisation and Project Delivery Manager maintains a live log of all deviations, quality alerts, escalations, and actions taken, reviewed at fortnightly delivery team meetings and forming the basis of the monthly implementation report shared with CEI and Ipsos.
3. **Kinship carer feedback:** the kinship carer satisfaction survey results are reviewed by the Programmes Manager quarterly, and any consistent pattern of concern is treated as a Level 2 escalation and shared with the evaluation team as part of the implementation and process evaluation data.

Reach

Recruitment and retention projections

(1) Estimated size of the eligible population	2,210 (See Note 1)
➡ **(2) Of those, estimated number of people with protected characteristics**	737 and 33% of (1) (See Note 2)
(3) Estimated number of referrals	200 and 9% of (1) (See Note 3)
➡ **(4) Of those, estimated number of people with protected characteristics**	c.66 and 33% of (2) (See Note 4)
(5) Estimated number of take-ups	182 and 91% of (3) (See Note 5)
➡ **(6) Of those, estimated number of people with protected characteristics**	c.60 and 91% of (4) (See Note 6)
(7) Estimated number of people completing the intervention	166 and 91% of (5) (See Note 7)
➡ **(8) Of those, estimated number of people with protected characteristics**	c.54 and 91% of (6) (See Note 8)
(9) Estimated number of people for whom we have outcome data	160 and 96% of (7) (See Note 9)

(10) Of those, estimated number of people with protected characteristics	52 and 96% of (8) (See Note 10)

Evidence or assumptions

Overall note: delivery numbers are estimated for the intervention and the control group due to waitlist delivery.

Note 1: The 2021 Census estimated 132,000 kinship care households in England (ONS, 2023). This pilot is being delivered in four local authorities: Blackpool, Newham, Oxfordshire, and Rochdale. Across these four sites, there are an estimated 2,210 kinship households.

Note 2: Kinship carers are disproportionately older (many are grandparents), predominantly female, more likely to be disabled than non-kinship foster carers, and in areas of high deprivation. Children in kinship care are disproportionately Black or of mixed heritage. There are data gaps on the characteristics of the kinship carer population at a national and LA level. Focusing on kinship carers from an ethnic minority background using ONS data, there are an estimated 737 kinship care households from these communities across the 4 sites (33% of all kinship households in the sample).

Note 3: The referral and randomisation target is 200 kinship carers across 4 local authorities, 50 per site. Referrals will come through two pathways: LA referral and self-referral.

Note 4: We assume 33% of referrals from across the 4 local authorities will be from ethnic minority backgrounds. Through the evaluation we will be able to learn more about how the self-referral pathway and other contextual factors influence the make-up of referrals.

Note 5: Based on our current uptake rate of approximately 91%, we assume 182 kinship carers will take up the intervention (half as part of the intervention group and half as part of waitlist delivery). We acknowledge that the context of the evaluation and the 6-month delay before waitlist delivery may decrease the uptake rate we see outside of the evaluation. This is accounted for in our overall attrition rate of 20% from referral to completion of 6-month outcome measures, which is higher than we see in usual practice (see Notes 7 and 9 for more details).

Note 6: Based on our current uptake of approximately 91%, we assume 60 kinship carers from an ethnic minority background will take up the intervention (half as part of the intervention group and half as part of waitlist delivery). Through the evaluation we will monitor differential attrition at each point of the programme.

Note 7: We have used the uptake rate of approximately 91% to anticipate potential attrition from registration to completion of the programme, with an estimated 166 receiving the full intervention (half as intervention group and half through waitlist delivery). In usual practice outside an evaluation context, a higher proportion of kinship carers are retained between registration and completion of the intervention.

Note 8: We have used the uptake rate of approximately 91% to anticipate potential attrition from registration to completion of the programme, with an estimated 54 kinship carers from an ethnic minority background receiving the full intervention (half as intervention group and half through

waitlist delivery). Through the evaluation we will monitor differential attrition at each point of the programme. In usual practice outside an evaluation context a higher proportion of kinship carers are retained between registration and completion of the intervention attrition at each point of the programme.

Note 9: We estimate 80% of kinship carers referred to the trial will complete outcome measures at 6 months. This estimated attrition rate has been built into recruitment and referral targets so the sample size satisfies the requirements of the evaluation.

Note 10: We estimate 96% of kinship carers from an ethnic minority background will complete outcome measures at 6 months.

Stopping rules

The intervention is at the individual level and there is no minimum number of participants required for delivery to continue.

There is no minimum number of completed sessions for delivery to continue. The main milestones following referral are: 1) first contact, 2) registration, 3) 3-month mid-point review, and 4) 6-month end-point review. Currently minimum dose is understood as 6 months of delivery, rather than a minimum number of sessions.

Delivery may be stopped where there is an immediate or ongoing risk of serious harm to a child or adult in the household, which may result in placement breakdown or continued contact could compromise an active statutory investigation, or where the home environment poses an unacceptable risk to the lone-working Navigator that cannot be mitigated through alternative arrangements. Any decision to stop delivery will be made by the Navigator in consultation with the Designated Safeguarding Lead, recorded on Salesforce, and the referring local authority notified.

Theory of Change/Evaluation questions

Does the intervention work?

The **primary outcome measures** of the evaluation address the feasibility of a full-scale RCT using four indicators (see the section on outcome measures in the evaluation protocol for details).[2]

There are **three secondary outcome** measures which align with the Kinship Connected theory of change (see Appendix A).

Secondary outcome measures

The first secondary outcome is **kinship carer self-efficacy**, measured using the Brief Parental Self-Efficacy Scale (BPSES; short form; Woolgar et al., 2023). The BPSES is a self-report measure completed by kinship carers. It will be administered at baseline (prior to randomisation) and at six months, at the end of the intervention for treatment participants, and at the end of the waitlist period for control participants.

The second secondary outcome is **kinship carer wellbeing**, measured using the Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS; Tennant et al., 2007). SWEMWBS will be administered at baseline and at six months.

The third secondary outcome is **child foster care placement status** at six months, obtained from LA or Kinship administrative data. This is a binary outcome. It captures whether a child leaves the kinship placement and enters an unrelated foster care arrangement during the trial period. It does not include cases where the kinship carer becomes an approved foster carer, because the child remains within the same family. This outcome serves as a proxy for fewer children growing up in the care system.

A 2020 independent evaluation of Kinship Connected (Starks & Whitley, 2020) found that as a result of the support provided, the majority of kinship carers experienced a de-escalation in their concerns about their children's behaviour, health and wellbeing, educational transitions, friendships, and diet. Nearly two-fifths of kinship carers reported an increase in confidence in their parenting role.

Data showed a general trend towards most kinship carers feeling less isolated; there was a marked increase (26 percentage points) from baseline to follow-up (after 6 months of support) in the number of kinship carers who reported no longer feeling isolated. Kinship carers experienced improved mental wellbeing to above the point at which they would be considered to be at high risk from mental ill-health and depression. The change was found to be statistically significant (Student T-test). The evaluation deployed a comparison group to determine additionality of the programme and, as a result, these findings can be considered attributable to engagement with the Kinship Connected programme.

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[2] See: https://foundations.org.uk/wp-content/uploads/2026/08/kinship-connected-evaluation-protocol.pdf

Does the intervention work as intended?

Expected causal pathways

The theory of change comprises three interrelated causal pathways, each involving specific mechanisms of change that contribute to short-, intermediate-, and long-term outcomes.

Socio-emotional support pathway

Kinship carers often experience high levels of stress, isolation, and emotional burden due to the sudden assumption of caregiving responsibility, limited formal recognition, and challenges navigating complex systems. Kinship Connected's socio-emotional support activities are designed to address these challenges by providing consistent, relational, and trauma-informed support through a trusted Navigator and opportunities for peer connection.

This pathway highlights how emotional support leads to increased wellbeing for kinship carers and how peer support leads to kinship families experiencing increased social connectedness, stronger community support, and capacity to sustain stable care arrangements. These outcomes are expected to occur through several mechanisms of change (defined as the changes happening within the kinship carers). These include psychological mechanisms, such as:

- Kinship carers feel heard, understood, and emotionally supported
- Kinship carers feel a sense of agency and empowerment over their interactions and circumstances
- Kinship carers have increased confidence to navigate support systems
- Kinship carers build connections with other people like them.

As a result, the expected short- and intermediate-term outcomes are that kinship carers:

- Experience reduced stress and strain
- Have improved parental self-efficacy and belief in their ability as a caregiver
- Experience increased social connectedness
- Experience improved wellbeing
- Provide more responsive and consistent care
- Sustain peer networks and positive relationships
- Experience reduced feelings of isolation and loneliness
- Have more stable family relationships alongside children in their care.

One-to-one Navigator support creates a safe and reliable relationship in which carers feel listened to, validated, and understood. This relational consistency is expected to reduce emotional distress and increase carers' sense of confidence and control over their circumstances. Evidence from social work practice, specifically those using strengths-based approaches to carer-focused interventions, suggests that trusted, non-judgemental relationships are a mechanism for improving caregiver wellbeing, engagement with support, and resilience, particularly for families experiencing stress or adversity (Social Care Institute for Excellence, 2018; Caiels, Milne, & Beadle-Brown, 2023).

The quality and consistency of this relational support is underpinned by Kinship's workforce development activities, including the recruitment of Navigators with relevant prior skills and experience, structured training on the Kinship Connected model and trauma-informed practice, regular weekly discussion meetings, and ongoing supervision and reflective practice.

These activities are intended to strengthen Navigators' ability to build trusting relationships, respond empathetically to carers' experiences, maintain professional boundaries, and provide emotionally attuned support. Within the theory of change, the implementation of these workforce support activities forms an important part of this pathway, as they increase the consistency, confidence, and relational quality of support delivered to kinship carers.

Peer-based activities, including support groups and family events, provide opportunities for carers to connect with others who share similar experiences. These activities reduce feelings of isolation and stigma, strengthen informal networks of support, and enable shared learning and mutual encouragement. Research on peer support interventions indicates that social connection and shared experience can play a significant role in improving emotional wellbeing and sustaining caregiving roles over time, particularly where formal support is limited (Joo et al., 2022).

Together, these activities are expected to lead to the identified mechanisms of change: kinship carers feeling emotionally supported, understood, and empowered. This in turn contributes to improved wellbeing, reduced stress, increased social connectedness, and stronger peer networks. Improved emotional wellbeing and confidence enable kinship carers to provide more consistent, responsive care to children, supporting placement stability and positive family relationships. This pathway aligns with findings from several evaluations of kinship navigator programmes (Starks & Whitley, 2020; Gómez et al, 2024), which show that socio-emotional support is a critical foundation for sustaining kinship arrangements and preventing escalation to statutory interventions.

Practical support pathway

Kinship carers face significant practical challenges when they assume caregiving responsibilities, often in emergency circumstances with little to no notice, limited financial support, and a lack of clear information about available services. Navigating complex systems of support can be overwhelming, particularly when carers are simultaneously managing children's immediate needs. This can lead to financial insecurity, increased strain, and difficulty accessing timely and relevant support.

Kinship Connected's practical support pathway is designed to reduce these pressures by providing personalised one-to-one support, advocacy, and navigation to resources, enabling carers to experience greater stability and build longer-term capacity.

This pathway focuses on ensuring kinship carers can access the practical resources, financial support, advice, and services required to meet their needs and the needs of their kinship children, and manage day-to-day challenges. These outcomes are expected to occur through several mechanisms of change. These include behavioural and structural mechanisms, such as:

- Kinship carers have a better understanding of their own strengths, needs, and goals
- Kinship carers feel more informed about available support and how to access it

- Kinship carers are more willing to seek appropriate support from formal and community services
- Navigators reduce the bureaucratic and emotional barriers to kinship carers accessing support.

As a result, the expected short- and intermediate-term outcomes are that kinship carers:

- Experience reduced strain as their immediate practical needs are being met
- Have improved access to immediate support services that align with their goals
- Are more likely to access appropriate services before reaching crisis
- Seek and use support independently and advocate for themselves and the children in their care.

For kinship families, the outcomes include:

- Their immediate practical needs are being met
- The needs of children in kinship homes are better understood and met
- They have reduced practical and financial concerns.

One-to-one Navigator support plays a central role in helping kinship carers to identify and prioritise their practical needs. The needs assessment and goal setting at the start of the programme provide the foundation for this pathway. Through structured conversations, kinship carers develop a clearer understanding of their own support needs and priorities, as well as those of the children in their care.

This helps kinship carers to articulate their needs, which leads to accessing appropriate support. Evidence from strengths-based approaches suggests structured reflection and goal setting can improve engagement with services and support more effective problem-solving in the face of complex or intersecting challenges (Scerra, 2011; Ford, 2019).

Navigators provide tailored information, advice, and signposting to relevant services, including financial entitlements or grants support, legal advice, free training and workshops, and specialist provision.

Where needed, Navigators provide advocacy and hands-on assistance to overcome administrative or systemic barriers. This advocacy may include helping carers prepare for and attend meetings with schools, children's services, or health professionals; supporting carers to understand and challenge decisions; assisting with applications for financial support, benefits, or legal orders; facilitating communication between agencies; or helping carers articulate their needs and rights within complex systems.

The unique role of the Navigator as an independent professional working into services means they complement statutory provision by focusing on coordination, advocacy, and confidence-building rather than case management or statutory decision-making.

This is expected to increase carers' knowledge of what support is available and how to access it, while also improving the timeliness and appropriateness of service access. Evidence from navigator and advocacy-based interventions indicates that reducing informational and practical barriers can

significantly improve service uptake and help prevent needs from escalating into crisis, particularly for populations who may be less familiar with formal support (Saluja et al, 2025; McCartan, 2025; National Institute for Health and Care Excellence, 2022).

As carers begin to access appropriate resources and services, their immediate practical needs, such as financial pressures, access to equipment, or support for a child's education or wellbeing, are more effectively addressed. This is expected to reduce day-to-day strain, enabling carers to focus more fully on their caregiving role. At the same time, ongoing support from Navigators aims to build carers' confidence and skills in navigating systems independently. Through confidence and skills building, carers develop greater self-efficacy in seeking out information and engaging with services without ongoing support.

Peer learning and informal sharing of practical advice are integrated throughout Kinship Connected's group-based activities, including peer support groups, family events, and workshops and training sessions. These activities provide opportunities for kinship carers to exchange experiences, discuss challenges, and learn practical strategies from others in similar situations. Evidence from peer-supported and community-based interventions suggests that practical knowledge exchange, alongside formal advice, can enhance problem-solving skills and increase confidence in managing complex systems (Joo et al., 2022).

Together, these activities are expected to activate the identified mechanisms of change: kinship carers becoming more informed, better able to understand their needs, and more confident in navigating support systems. This, in turn, leads to improved access to timely and appropriate services, reduced financial and practical strain, and increased capacity to respond to the individual needs of children. As carers gain confidence and independence, there is also an increased likelihood that they will seek support proactively, resulting in more referrals to appropriate services before challenges escalate into crisis.

Systems change pathway

Kinship carers often interact with a fragmented system of support where there is great local variation in entitlements, support, and awareness of kinship-specific needs across agencies. This can result in inconsistent identification of kinship carers, uneven access to support, and missed opportunities for early intervention. The systems change pathway within Kinship Connected is designed to address these structural challenges by strengthening coordination, improving shared understanding of kinship care, and embedding Navigators within local service ecosystems to improve responsiveness and integration.

This pathway focuses on improving the local support and service environment for kinship families by strengthening coordination, awareness, and responsiveness across the system. The mechanisms of change here support the Navigators' work to embed Kinship Connected within a local area's statutory kinship offer. These comprise of systems mechanisms, such as:

- Navigators supporting LA staff to identify and understand the needs of kinship families, and how to meet them
- Navigators supporting the LA to identify gaps and opportunities for better practice and processes

- Navigators improving the trust between the LA and kinship carers.

As a result, the expected short- and intermediate-term outcomes are:

- Referral pathways into Kinship Connected are better understood
- Local authority staff see and understand the benefits of navigation support
- Higher take-up of support services by kinship families
- Better communication between services
- Services are more joined up and less fragmented
- Support for kinship families is prioritised
- The system is better able to support kinship families effectively
- Navigation support is embedded in the local kinship offer
- Sustained take-up of local and national services by kinship families.

A key mechanism of change in this pathway is the co-location and active embedding of Navigators within kinship service teams or Family Hubs. By working alongside local services in person Navigators become a visible and accessible point of connection for both practitioners and kinship families.

This embedded presence helps to promote referral pathways into Kinship Connected and increases familiarity with the service across agencies. Evidence from integrated family support and multi-agency 'hub' models suggests that co-location and shared working environments improve cross-agency communication, increase referral rates, and support more coordinated responses to family needs (Department for Education, 2025).

Another important mechanism is the Navigator's relational role as **an independent, trusted professional** working across statutory and voluntary services. Through their position outside formal decision-making structures, Navigators can act as neutral brokers between kinship carers and local authorities. This helps to improve communication, build trust, and reduce perceived power imbalances between families and statutory services. Evidence from advocacy and family navigation models suggests that trusted intermediary roles can improve engagement with services, increase transparency, and strengthen relationships between families and statutory systems, particularly in contexts where trust may be limited (Burke, 2023).

In addition, systems-level change is supported through activities that build shared understanding of local need and strengthen community and organisational engagement. This includes systematic mapping of local kinship support provision to identify existing services, gaps in provision, and areas of high or unmet demand. Insights from this mapping are used to inform service coordination and improve alignment between need and provision.

Kinship Connected launch events also raise awareness of the programme, building relationships with key stakeholders and strengthening referral pathways at the point of implementation.

Alongside this, Navigators engage in ongoing community engagement with local organisations, including voluntary and community sector partners, schools, and other frontline services, to improve awareness of kinship care and embed the programme within local support ecosystems. These activities collectively enhance visibility of kinship carers' needs, improve shared intelligence across services, and support more consistent identification and referral practices.

Together, these activities are expected to lead to the identified mechanisms of change: as Navigators become embedded within local networks, local authorities gain increased knowledge of referral pathways into Kinship Connected and a clearer understanding of the benefits of uptake for families. At the same time, their ongoing engagement work increases awareness of kinship carers' needs and how these can be better met through coordinated responses. This contributes to increased use and take-up of both local and national services, as referral pathways become clearer and more consistently applied.

Over time, these changes support more joined-up service delivery, with agencies working more collaboratively and effectively to respond to kinship families' needs. This includes improved coordination between statutory and voluntary services, more consistent identification of kinship carers, and earlier intervention before issues escalate. Ultimately, through sustained embedding within the kinship local offer, Kinship Connected becomes an integrated part of the local support ecosystem, contributing to a more coherent, responsive, and kinship-aware system.

This aligns with evidence from evaluations of system navigation and integrated family support approaches, which show that embedded navigator roles, combined with strong relational practice and system feedback loops, can improve cross-agency coordination, increase service uptake, and strengthen overall system responsiveness to vulnerable families (Teggart et al., 2023; Wijekulasuriya et al., 2025).

Impacts

Over time, through the three casual pathways, the intervention is expected to contribute to:

- Improved quality of life for kinship carers
- More children whose parents are unable to care for them, are in safe, stable kinship placements and fewer children grow up in the care system
- Children in kinship families have greater likelihood of health, happiness, and opportunities to thrive
- Improved and more accessible local services for kinship families
- Kinship carer community more resilient and less reliant on children's social care services, which contributes to potential long-term cost savings for the wider system.

Assumptions

To enable these outcomes and impacts to occur, the programme is operating with these key assumptions:

1. **The Navigator role is understood and accepted by the local authority:** The LA recognises the value of the Navigator role, supports its integration, and enables access to relevant systems and staff.
2. **Referral pathways are clear, functional, and consistently used:** Referral routes into the programme operate smoothly, are well communicated, and reach the kinship carers who most need support.

3. **Navigators have the interpersonal skills and cultural competence needed to build trust with kinship carers:** Navigators are able to engage sensitively and effectively with diverse family situations and needs.
4. **The Navigator role is acceptable and trusted by kinship carers**: Kinship carers perceive the role as supportive, non-judgemental, and beneficial, enabling strong engagement.
5. **Kinship carers have the capacity and willingness to engage with the programme:** Participants have enough time, emotional bandwidth, and stability to take part meaningfully in support activities.
6. **In-person support is logistically feasible across the local area, including rural settings:** Navigators can reach kinship carers face-to-face where needed, and carers can reasonably access in-person sessions.
7. **Kinship carers complete the core six months of the programme:** Most carers remain engaged for the minimum period required for the model to have an impact.
8. **The needs assessment process is reliable, appropriate, and captures the right information:** The assessment tools and process accurately identify carers' and children's needs and inform appropriate support plans. (Note – this means language might be different from staff to kinship carers.)
9. **Statutory services can respond to any increase in referrals or service uptake prompted by the programme:** Children's social care and related services have the capacity to act on identified needs and do not create bottlenecks.
10. **Navigators receive adequate training, supervision, and ongoing support:** Navigators are equipped with the knowledge, skills, and guidance required to deliver the programme safely and effectively.

Does the intervention work differently in certain conditions?

Kinship Connected is designed as a universal intervention for all kinship carers of children aged 0–18, and the core relational mechanisms of the intervention are expected to operate broadly consistently across beneficiary groups. However, existing evidence and delivery experience suggest that intervention reach, engagement, retention, and implementation may vary according to structural inequalities, cultural context, and local system conditions.

Evidence from survey and interview data with local authorities and round-tables with kinship carers in England highlights substantial variation in the availability and accessibility of support across local authorities, particularly for kinship carers in informal arrangements (Smyth et al., 2023). A 2024 systematic review of interventions that improve outcomes for kinship carers and children in their care identified navigator-style and relationship-based support as among the most promising approaches for improving carers' access to services, wellbeing, and placement stability, particularly where families face barriers navigating complex systems(Ott et al, 2024).

However, the review also concluded that there is insufficient robust evidence to determine whether these interventions are more or less effective for particular subgroups of carers or in different local contexts. The current evidence base is therefore considered moderate in relation to overall intervention effectiveness, but limited in relation to subgroup or contextual variation (Ott et al., 2024).

There is some evidence that particular groups of kinship carers may face additional barriers to engagement with support services. Research undertaken by the Rees Centre and Kinship found that Black and Asian kinship carers are underrepresented in official data sources and more likely to be in informal arrangements, and may experience mistrust, stigma, and lack of cultural curiosity from services. Tah and Selwyn (2025) similarly identified barriers relating to awareness of support, trust in statutory systems, and lack of culturally responsive provision.

These findings suggest that engagement, referral pathways, and sustained participation may vary across subgroups unless proactive and culturally responsive approaches are embedded within delivery. However, evidence regarding differential intervention outcomes between groups remains limited.

Local implementation conditions are also likely to influence delivery and uptake. Previous delivery and community engagement activity identified potential variation associated with local authority commissioning arrangements, referral pathways, inclusion of informal kinship carers, workforce cultural competency, relationships between statutory services and local communities, and the availability of trusted voluntary and community sector partners. Operational learning from community engagement work undertaken by Kinship in Rochdale highlighted the importance of tailoring outreach approaches to local community structures and trusted intermediaries.

Remaining uncertainties include whether particular groups experience different levels of benefit from navigator support; how structural inequalities influence engagement and outcomes; how local authority context influences implementation fidelity and reach; and the most effective approaches for engaging informal kinship carers and underrepresented communities.

These uncertainties present important opportunities for exploratory analysis within the pilot RCT and accompanying process and implementation evaluation. The evaluation will therefore examine the feasibility of assessing differential effects by subgroup and contextual characteristics, including kinship arrangement type, ethnicity, socioeconomic disadvantage, and local delivery context, to inform implementation refinement and the design of any future effectiveness trial.

To what extent was the intervention implemented as intended?

Factors expected to drive implementation

The following factors are expected to support delivery of Kinship Connected as intended, based on evidence from the 2020 independent evaluation (Starks & Whitley, 2020), the Kinship Connected Service Manual (2026), and the broader evidence base on navigator and strengths-based programmes.

Navigator quality, training, and supervision

The quality of the individual Navigator is the primary driver of implementation fidelity. The 2020 evaluation found that where Kinship Navigators (Project Workers/Kinship Family Workers) had strong relational skills and the capacity to forge trusted relationships, engagement and outcomes were significantly better. The service manual specifies a structured induction programme covering

the Kinship Connected model and theory of change, the RCT context, safeguarding, trauma-informed and person-centred practice, EDIE, Salesforce, and lone working.

Mandatory annual refresher training is required in safeguarding, GDPR, **Cyber Security Awareness** and StaySafe (lone worker app). Monthly one-to-one supervision with the Programmes Manager, access to group reflective practice, and participation in a Community of Practice across all four RCT sites provide ongoing professional support and fidelity monitoring. Quarterly case audits by the Programmes Manager assess recording quality, goal alignment, and consistency of intervention. The 2020 evaluation specifically recommended continued investment in data quality and CPD to maintain recording standards, a recommendation directly reflected in the current service manual's quality assurance framework. A residential induction will support the embedding of the programme from the outset.

Local authority embedding and relationship

The 2020 evaluation found that co-located working arrangements, where Kinship Navigators (Project Workers) had agreed access to relevant LA systems and information required to support referred families appropriately, significantly improved information-sharing, trust, and referral quality.

Where LA relationships were close and referral pathways simple, more referrals were made and the quality of those referrals was higher. The current model embeds Navigators within LA teams or Family Hubs (and other locations) where feasible, and requires monthly structured updates to LA partners. The service manual states that Navigators should attend relevant professional meetings and invest in the LA relationship from the start of delivery.

Kinship Navigators will be employed and supervised by Kinship rather than by participating LAs. While co-location within LA teams, Family Hubs, or community settings may support relationship building and referral quality, Navigators will operate under Kinship's confidentiality, safeguarding, GDPR, and information governance policies at all times. Access to LA systems or discussions relating to non-project children or families will only occur where there is a lawful basis, operational need, and appropriate information-sharing agreement in place.

Shared office arrangements will follow agreed protocols regarding confidential conversations, screen visibility, secure storage, use of headphones, and appropriate use of shared spaces to ensure that information relating to non-project cases is not informally discussed, overheard, or accessed outside agreed professional processes. All Navigators receive mandatory GDPR, Level 3 safeguarding, and confidentiality training as part of induction and annual refresher training, alongside ongoing supervision and information governance oversight.

Structured data and recording infrastructure

Kinship Connected uses FormAssembly and Salesforce to capture structured data at every programme milestone: registration, three-month review, six-month closing review, and all interim contacts.

The 2020 evaluation identified data quality as an area requiring active management, specifically recommending regular CPD to support Navigator skills in data collection and outcome recording.

The current service manual sets clear recording standards – all contacts within 48 hours, 100% completion of EDIE data fields at registration, 100% completion of 3-month and 6-month reviews with Salesforce-based compliance monitoring. Weekly data exports to Ipsos UK enable quality checking by the evaluation team and rapid identification of missing or implausible data.

Trauma-informed, strengths-based practice framework

The adapted Signs of Safety framework embedded across registration, three-month review, and six-month closing review provides a consistent structured approach to the Navigator–kinship carer relationship.

The service manual provides detailed practice guidance, Navigator scripts, and reflective scenarios to support consistent delivery of the trauma-informed model. This structural embedding of practice standards reduces variability across individual Navigators and sites.

Kinship's complementary service infrastructure

Kinship's national services – the advice line, Someone Like Me telephone peer support, peer support groups, Kinship Compass, Kinship Minds (therapeutic parenting programme), Kinship AI assistant, and training programme provide a complementary infrastructure that Navigators draw on throughout delivery.

The 2020 evaluation found that the combination of one-to-one support and peer group participation was particularly effective. The current model retains both elements, with each Navigator expected to establish and facilitate a monthly local peer support group in addition to their one-to-one caseload.

Factors expected to hinder implementation

Navigator capacity and caseload management

The 2020 evaluation found that where insufficient days were commissioned relative to the size of the local kinship carer population, Kinship Navigators (Project Workers) were unable to fulfil all elements of their role adequately, particularly the combination of one-to-one support, peer group facilitation, and outreach.

The service manual sets a caseload of approximately 20 families at any one time, with an annual throughput of approximately 40 families per Navigator. This is for a four-day-a-week role.

Navigators work four days a week on caseload management, including travel, recording, and coordination. Managing this alongside RCT-specific requirements, including fidelity to data collection protocols, does create real workload pressure. If referral volumes exceed Navigator capacity at any site, this risks compromising both the quality of support and the completeness of outcome data.

Kinship carer attrition – particularly on the waitlist

The average target retention rate of 80% through the 6-month period reflects the reality that some kinship carers will disengage before the programme ends. For the waitlist group, the risk of

disengagement is higher: a carer who applied for support and was allocated to the waitlist may lose motivation or have their circumstances change significantly over the six-month wait. The service manual provides Navigator guidance on maintaining contact with and support for waitlist carers, including signposting to Kinship's national services during the waiting period. However, differential attrition between arms is a primary feasibility concern for the evaluation and will be monitored closely.

Local authority variability across the four pilot sites

The four participating local authorities, Blackpool, Newham, Oxfordshire, and Rochdale, differ significantly in their demographic profiles, existing kinship support infrastructure, and the nature of the local kinship carer population.

Blackpool has a total population of 144,191, with 94.7% identifying as White, followed by 2.6% identifying as Asian, 1.6% as Mixed Heritage, and 0.5% as Black. There are 365 kinship households in Blackpool. Rochdale has a total population of 235,561, with 74.0% identifying as White, 18.5% as Asian, 3.5% as Black, and 2.4% as Mixed Heritage. There are an estimated 475 kinship households in Rochdale. Oxfordshire has a total population of 763,218, with 86.9% identifying as White, 6.4% as Asian, 3.1% as Mixed Heritage, and 2.1% as Black. There are an estimated 705 kinship households in Oxfordshire. Newham has a total population of 374,523, with 42.2% identifying as Asian, 30.8% as White, 17.5% as Black, and 4.7% as Mixed Heritage. There are an estimated 665 kinship households in Newham.

Of the four local authorities, Blackpool is the least ethnically diverse, with the highest proportion of White residents. Newham is the most diverse, and the only area where residents from ethnic groups other than White form a majority. Rochdale has a notably large Asian community relative to its size, while Oxfordshire's ethnic profile is closer to the national picture.

The 2020 evaluation found that variation in LA engagement, referral pathway complexity, and the number of social workers making referrals all affected implementation quality. Where referral pathways involved too many social workers, relationships between Kinship Navigators (Project Workers) and LA teams were harder to build and fewer referrals were made. The current model addresses this through a structured Navigator–LA engagement protocol, but variability across sites remains a plausible source of differential implementation. Referrals are also frontloaded at the start of delivery to be able to structure and manage case work. Training and ongoing support will be provided to LA staff.

Reaching underrepresented groups

The current pilot includes explicit commitments to reaching minoritised ethnic kinship carers, particularly in Newham and Rochdale, through proactive outreach to community and faith organisations.

However, informal kinship carers (those without a legal order) and carers from Black, Asian, and other minoritised ethnic communities may be less likely to self-refer or to be referred by LAs, particularly where LA relationships with these communities are not well established.

The service manual notes that community and faith organisations are particularly important for reaching carers from minoritised communities and should be invested in as seriously as statutory partnerships.

A dedicated EDIE action plan developed with Foundations, CEI, Ipsos UK, and the LAs will support a commitment to reaching underserviced communities. Each LA area will be tailored to represent what is happing in the local area.

The RCT design and waitlist communication

The two-step referral pathway, while necessary for ethical compliance, introduces a potential point of drop-off between the expression of interest and completion of the full application. The waitlist allocation, even when explained clearly, may generate disappointment or disengagement in some carers, reducing take-up in the waitlist arm. The service manual provides detailed Navigator guidance and approved language for explaining the waitlist allocation to carers. The Navigator's role in managing this communication sensitively is a key fidelity requirement. The Programme Officer role will support with communication.

Data completeness and outcome measure completion

Outcome measure completion rates above 90% at baseline and endline are a primary feasibility target for the evaluation.

The 2020 evaluation specifically recommended reviewing data quality as an ongoing process. The current model embeds data collection into routine programme delivery – BPSES and SWEMWBS are completed as part of the self-referral form and end-of-programme survey (by email on the day of the six-month review) and the service manual specifies that Navigators should not coach carers on how to answer.

However, completion rates cannot be assumed, particularly for the end-of-programme survey, which is self-completed by the kinship carer independently. Navigator prompting and the quality of the Navigator–kinship carer relationship at closing are likely to be significant factors in completion rates, supported by the Programme Officer role.

Does the intervention deliver value for money?

Expected costs

The total costs of the programme are made up of:

- Direct costs, or the costs incurred in delivering the programme, including salaries of programme and project staff, project costs, volunteer training and support, and the costs of management and administration of the programme
- Indirect costs, incurred by stakeholders not directly involved in delivery but who play a role in supporting delivery through referrals, volunteering time, or resources, for example.

In the last independent evaluation of the programme, the direct costs of the support were reported as £441,809 between April 2018 and March 2020. This equates to £1,102 per kinship carer for the 401 kinship carers supported by the programme.

For LAs who commission the programme, the cost as of April 2026 was £67,500 for delivery over 12 months for a caseload of 40 kinship carers outside London, equivalent to a cost of £1,687.50 per kinship carer, and £72,000 for a caseload of 40 kinship carers inside London over 12 months, equivalent to a cost of £1,800 per kinship carer.

The cost case for early intervention with kinship families is compelling. A placement in foster care costs on average £40,000 per child per year, rising to over ££318,400 per child per year for residential care (National Audit Office, 2025).. Supporting kinship carers to sustain stable placements and preventing placement breakdown represents significant potential savings to the public purse, over and above the direct benefits to kinship families themselves.

Expected benefits

Impact was monetised by assigning a monetary value or unit cost for each outcome. The total benefits from the programme were estimated to be £531,183 between April 2018 and March 2020 in the last independent evaluation of the programme – or £1,325 per kinship carer.

Total direct costs of the programme were estimated to be £441,809 in the same period or £1,102 per kinship carer.

Therefore the added value (the difference between costs and benefits) of the programme was estimated to be £89,373, or £223 per kinship carer. The cost–benefit ratio was estimated to be 1.20. This means that, for every £1 invested in the support, £1.20 of benefits was estimated to be generated. This equated to a 20% rate of return as of 2020.

However, since the 2020 evaluation, the kinship care landscape in England has changed significantly, so cost–benefit has changed. We anticipate the cost–benefit being higher – but this will be part of the learning approach. In summary:

- The Independent Review of Children's Social Care (MacAlister, 2022) identified kinship care as a priority area, calling for greater investment in support for kinship families and stronger evidence of what works.
- The government's Kinship Care Strategy (2023) marked the first time a national government in England had set out a dedicated commitment to kinship carers, including a focus on building the evidence base for effective support.
- Kinship commissioned updated financial modelling to assess the current costs and benefits of Kinship Connected, building on the 2020 evaluation methodology.
- In response to this policy context, Kinship Connected has continued to evolve – with a refined delivery model, strengthened outcome measures, and a clearer theory of change.

The pilot RCT described in this protocol is the direct response to that national policy moment, a rigorous test of whether Kinship Connected delivers measurable, lasting benefits for kinship families, with the methodological rigour needed to inform future investment decisions.

Can the intervention be improved?

The implementation and process evaluation (IPE) aims to complement the pilot impact evaluation by generating detailed evidence on how the existing Kinship Connected, delivered within the context of a pilot randomised control trial (RCT), is experienced by kinship carers and practitioners, and how and for whom it appears to work within the context of the UK children's social care system. The IPE will be guided by Proctor et al.'s implementation outcomes (Proctor et al., 2011). Specifically, the IPE aims to answer the following research questions (please see the evaluation protocol for research questions 1–4).

Reach

Research question 5: Are recruitment strategies effective at reaching, engaging, and retaining the intended intervention recipients, including those most in need of support?

Differentiation

Research question 6: What support and services are accessed by participants in the intervention group, what support and services are accessed by control group participants during the waiting period, and how do these differ?

Appropriateness and acceptability

Research question 7: Is the Kinship Connected model acceptable and appropriate for kinship carers (including minoritised ethnic families), delivery professionals, and local authorities?

Research question 8: Is the evaluation design acceptable and appropriate for kinship carers (including minoritised ethnic families), Kinship Navigators, and LA staff?

Perceived impact

Research question 9: What impacts for carers are perceived by the carers and professionals delivering the intervention as a consequence of Kinship Connected?

Mechanisms of change

Research question 10: Which of the proposed mechanisms of change are supported by the evidence, and how do these mechanisms operate in practice within the Kinship Connected model?

Unintended consequences

Research question 11: Are there any unintended consequences or other negative effects of Kinship Connected?

Progression

Research question 12: Is the delivery model ready to be implemented at a larger scale?

Research question 13: Are any changes needed to the programme theory of change, recruitment, training, or management for progression to a larger-scale trial?

By examining reach, acceptability, appropriateness, fidelity, adaptation, mechanisms of change, and unintended consequences, the IPE will provide structured evidence on which elements of Kinship Connected are working as intended and which aspects may benefit from refinement. Evidence generated through the IPE will therefore support learning about how the intervention could be improved, rather than making summative judgements about effectiveness.

Specifically, evidence on reach and engagement will inform whether Kinship Connected is successfully reaching its intended populations, including informal kinship carers and other underserved groups, and whether referral and self-referral processes function equitably in practice. Understanding who engages, who does not, and why will indicate whether changes to outreach, identification, or access routes could strengthen inclusivity and take-up.

Findings on acceptability and appropriateness will provide insight into how kinship carers, Navigators, and LA partners perceive the relevance, accessibility, and value of the model. This evidence will highlight whether the intensity, duration, and balance of practical and socio-emotional support align with carers' needs, and whether any components feel burdensome, unclear, or insufficiently tailored.

Evidence on engagement and dosage, drawing on programme monitoring data and qualitative discussions, will describe patterns of participation over time and illuminate how kinship carers interact with the intervention in practice. This will inform learning about whether expectations around contact frequency, modes of engagement, or duration of support could be clarified or adjusted to better fit carers' circumstances.

By exploring mechanisms of change and perceived impacts, the IPE will assess whether the intermediate changes anticipated in the theory of change are observed in practice. This will help identify which elements of the intervention appear most influential, providing insight into where emphasis might be strengthened or simplified in future iterations.

Finally, attention to contextual enablers, barriers, and unintended consequences will support learning about how LA systems, workforce arrangements, and wider service landscapes shape delivery and experience of the intervention. Identifying both positive and negative unintended effects will allow delivery partners to mitigate risks, reduce burden, and strengthen alignment with local systems.

Together, these strands of evidence from the IPE will generate formative learning that supports continuous improvement of Kinship Connected, informs decisions about refinement prior to scale-up, and strengthens readiness for any future full-scale trial.

Development process

Kinship Connected has been continuously iterated and innovated since its initial conception in 2013. This continual development has been based on the needs of kinship carers, which have changed over the last 12 years, including the introduction of special guardianship orders (SGOs) in 2005, the impact of the COVID-19 pandemic, and the increased recognition by social services of the role of kinship carers in supporting children in care.

Two independent evaluations have been undertaken on the programme, the last published in 2021 (Starks & Whitley, 2020; Whitley et al., 2023).

Relative Experience

Kinship Connected was originally adapted from a programme called Relative Experience set up in 2013 in the north-east. It was developed based on the needs of kinship carers, which were identified at the time.

Relative Experience was developed in partnership with Grandparents Plus (now Kinship), Family Lives, and the Family and Childcare Trust. Each partner brought particular expertise to the programme, with Grandparents Plus (Kinship) providing specialist Project Workers to work intensively with kinship carers. It was funded by the Big Lottery Silver Dreams Fund, initially as an 18-month pilot and then scaled up across the north-east over a three-year period.

The programme was initiated to support long-term outcomes for kinship carers and their local community, including increased resilience among kinship carers, improved capacity of local organisations to support kinship carers, and greater understanding of kinship care and their support needs.

Informed by theory and evidence

The 2016 independent evaluation of Relative Experience (Marden & Bellow, 2014) included significant direct feedback from kinship carers and LA teams. This feedback directly led to a shift towards a greater emphasis on peer support: 80% of carers wanted to join a local support group, while just 40% wanted a befriender.

Feedback led to a realignment of project resources, with further successful testing of co-development and co-delivery of support groups with kinship carers. This now forms the core of the current Kinship Connected offering.

In 2017 Kinship held consultation events with kinship carers and LA teams on how they could refine elements of Kinship Connected delivery to ensure it was as successful in the local context.

Key insights included ensuring support focused on relevant issues, such as housing, and linked to relevant local services, as well as targeted engagement with Black and minority ethnic communities. An Accelerating Ideas grant from the National Lottery supported the rollout of a new demonstration site in an ethnically diverse area in six north London boroughs.

Relative Experience was refined and relaunched as a commissionable programme, Kinship Connected, in 2018, informed by previous ongoing feedback, evaluations, and discussions with LAs.

The Kinship Connected model was further evaluated in 2020 by Starks Consulting and Ecorys. Key recommendations included ensuring the number of days commissioned by LAs reflected the size of the kinship community and that Kinship Connected should be included in all special guardianship support plans. All of these are now key recommendations when LA contracts for Kinship Connected are commissioned.

In 2023 the Kinship Connected theory of change was refined to understand the pathways by which outcomes on the project can be achieved as part of a pilot RCT feasibility study led by Nesta. This included a workshop as part of Nesta's Connected Communities Innovation Fund and insight from external evaluations and service delivery. The theory of change was refined following comment from Nesta, other charities involved in the workshop, and Kinship's delivery team.

Project management

Roles and responsibilities

Team member	Roles and responsibilities
Fiona Summers (Head of Programmes)	Delivery oversight. Quality assurance, monitoring, and evaluation of Kinship Connected. Relationship management with local authorities and strategic partners. Management and supervision of Regional Programmes Lead. Designated Safeguarding Lead. Communities of Practice lead.
Laura Grainger (Regional Programmes Manager)	Delivery lead; responsible for fidelity to the model, quality assurance of delivery, and supervision and development of delivery team.
Anam Raja (Research Manager)	Internal evaluation lead; responsible for collaborating with evaluation partners and advising on internal evaluation and programme processes to maintain the integrity of the evaluation.
Lauren Jones (Mobilisation and Delivery Project Manager)	Project operational lead; responsible for leading the day-to-day project activities, governance, and risk management.
Ronan McGhee (Programme Officer)	Support with day-to-day project activities and quality assurance.
Kinship Navigators x 4 (, Faye Jones, Stephanie Moorcroft, Kirsten Rennie, Yewande Showunmi)	Deliver the intervention in the four LA sites.
Emma Wrafter (Director of Services and Digital)	Executive team project lead. Governance oversight and co-sponsor. Supports LA engagement into programme. Delivery and quality assurance oversight. Service design and manualisation to support fidelity. Exec safeguarding lead.
Lucy Peake (CEO)	Executive team co-sponsor. Responsibility for LA engagement into programme. Chair steering group of participating local authorities. EDI lead (with Trustee Beverley Barnett-Jones) and policy and research oversight.

Team member	Roles and responsibilities
Joshua Marks (Chief Operating Officer)	Governance oversight and executive team co-sponsor. Budget oversight. Data Protection Officer and contracting with LAs.
Joanne Cairns (Head of Database)	Service processes and refinement, reporting, and Salesforce build to ensure delivery.

External experts or advisory group(s)

Our evaluation partners have supported us with refining our existing theory of change and will continue to provide an advisory role as we prepare for programme delivery.

The Centre for Evidence and Implementation (CEI) is a global, for-purpose evidence intermediary and advisory organisation dedicated to using the best evidence in practice and policy to improve the lives of people facing adversity. CEI will oversee the delivery of this evaluation and be the primary point of contact for Foundations and Kinship. CEI will also lead on the IPE.

Ipsos UK, part of the Ipsos group, is one of the UK's largest and most innovative research agencies. Ipsos UK will be responsible for developing and supporting the administration of outcomes measures, and the analysis of administrative datasets and cost data.

The evaluation has an advisory group. Members include:

- Dr Ellie Ott, Associate Director (Research and Data) at the Nuffield Family Justice Observatory. She has been a foster carer for almost 10 years, and is an adoptive parent. She led CEI's review of interventions for kinship families and has overseen major evaluations of interventions in children's social care, including the DfE evaluation of the Mockingbird Programme.
- Dr Marc Winokur, Director of the Social Work Research Centre at Colorado State University. He has conducted pivotal reviews of kinship care, including the Foundations review of interventions to support kinship carers and evaluated the Colorado Kinnected Kinship Navigator Program through an RCT design.
- A kinship carer from Foundations' Experts by Experience Panel.
- A kinship carer from Kinship's network.
- LA representative – practitioner in the kinship service team,.*
- LA representative – practitioner in the kinship service team. .*

* To be recruited from participating LAs.

Timeline

Dates	Activity	Staff responsible/ leading
Nov–Dec 2025	Contracting and project initiation	Kinship

Dates	Activity	Staff responsible/ leading
Jan–April 2026	Co-design and trial set-up	CEI, Ipsos UK, Kinship
Jan–May 2026	Data protection, protocols, and ethical approval	CEI, Ipsos UK
Feb–Mar 2025	LA recruitment and onboarding	Kinship
Mar–June 2026	Navigator recruitment and onboarding	Kinship
June–Sep 2026	Kinship carer referrals	Kinship
June–Sep 2026	Baseline data collection and randomisation	Kinship, Ipsos UK
June 2026–Feb 2027	Delivery of intervention to treatment arm	Kinship
June 2026–Apr 2027	Follow-up data collection	Kinship
June 2026–Apr 2027	IPE data collection	CEI
Oct 2026–Apr 2027	Follow-up data collection	Kinship
Oct 2026–Jun 2027	Data analysis (quantitative and qualitative)	CEI, Ipsos UK
Dec 2026–Aug 2027	Delivery to control group (waitlist)	Kinship
Jul–Nov 2027	Reporting and dissemination	CEI, Ipsos UK

Project risks

Risk	Impact of the risk from 1 (low) to 3 (high)	Mitigation
Delay in contracting LAs and/or agreeing data-sharing agreements	3	Speed of mobilisation assessed in LA recruitment; data-sharing agreements to be drafted in advance and shared as soon as possible; budget secured for additional legal support if required.
Operational delays in readiness at delivery sites	2	Follow manualisation processes; monitor early site engagement and make proactive adjustments.

Risk	Impact of the risk from 1 (low) to 3 (high)	Mitigation
Navigator and project team recruitment challenges	3	Process designed to enable movement at speed; involve agency as backup for Navigator recruitment; additional investment in recruitment.
Navigator leaves during set-up or delivery	3	Supportive induction and kick-off sessions; ongoing best practice sharing with other sites; CPD and ongoing supervision; contingency plans for backfilling if required.
Low referral quality/ineligibility	3	LAs selected based on large kinship population; pre-agreed eligibility criteria with LAs and evaluators; clear comms with LAs; review first 10–20 referrals with CEI to ensure they are suitable in each LA.
Recruitment of kinship families is slower than expected	3	LA selection based partly on ability to deliver; early engagement with referral partners; direct community outreach; flexible self-referral options; regular review of referral rates. Pre-summer referral, we are requesting all referrals from LA upfront rather than staggered; push self-referrals through community/digital channels in May/June. Summer contingencies: Local engagement events in early June will support self-referrals alongside community engagement. Additional targeted promotion via Kinship database. Continued briefing and support to LAs to provide referrals. Escalate to Director of Children's Services and contract sponsor within LA if numbers are still lagging.
Difficulties engaging informal kinship carers and minority ethnic kinship families	3	Self-referral route created; LA-specific engagement strategy developed; LAs encouraged to refer a representative sample
Control group dissatisfaction/attrition	2	Develop clear messaging on the control group's value and 'waitlist' approach; provide standard signposting; incentivise evaluation touchpoints (e.g. vouchers).

Risk	Impact of the risk from 1 (low) to 3 (high)	Mitigation
Intervention group attrition	3	Kinship Navigators to build trust; build strong relationships early; maintain regular and clear communication; monitor and address barriers directly with kinship carer; close supervision of cases by Programme Manager; regular reporting on retention via Kinship CRM.
Lack of programme fidelity	2	Manualisation of programme and Kinship CRM process flows; training for Navigators at start of programme; refresher training for Navigators during programme; ongoing quality assurance using Kinship CRM reports and dashboards; swift fixes and escalation of deviations.
Failure to collect required data for evaluation	3	Automated data collection and reminders where possible for kinship carers; close quality assurance of data by management and Programme Officer; Navigators' onboarding materials and programme manual outline necessity of data completeness and quality for programme activities.

Safeguarding risks

Kinship operates a robust safeguarding framework designed to protect children and adults at risk of harm across all its services.

Safeguarding is a central consideration in both the design and delivery of Kinship Connected, and is embedded throughout – from recruitment and induction of staff, through assessment, delivery, and closure.

Kinship's safeguarding approach is aligned with *Working Together to Safeguard Children* (2023) and the Charity Commission's guidance for safeguarding in charities. All delivery staff and managers receive Level 3 safeguarding training before beginning delivery, with annual refresher training thereafter.

The unique context of kinship care presents distinct safeguarding dynamics and risks for children, kinship carers, and wider family networks. These include reduced professional oversight once children move into family care, unsafe or poorly managed contact with birth family, trauma-related behaviour, child-on-carer violence, family conflict, hidden neglect, and the impact of poverty, racism, and isolation on family stability.

Kinship's safeguarding framework has therefore been developed specifically with kinship care dynamics in mind, including a strong emphasis on professional curiosity, anti-racist safeguarding practice, and maintaining focus on the child's lived daily experience.

The CoramBAAF review of serious case reviews (2007–2019) (Cleaver & Rose, 2020) highlights that safeguarding risks in kinship families can be underestimated due to a false sense of security within family networks, with professionals sometimes assuming children are safer with relatives in ways that can lead to insufficient scrutiny or support.

This evidence base is directly embedded in Kinship's safeguarding awareness training, which all staff complete before beginning delivery, and informs Kinship's safeguarding policy. Kinship's safeguarding framework has therefore been developed with explicit attention to the dynamics and risks specific to kinship care.

Safeguarding responsibilities

Designated Safeguarding Lead (DSL): Fiona Summers, Head of Programmes.

Designated Deputy Safeguarding Leads (DDSLs): There are seven DDSLs across Kinship's services. For this programme, the Navigator Programmes Manager is part of the DDSL team. All DDSLs meet regularly to discuss safeguarding cases, share best practice, and cascade learning across teams.

Additional senior oversight: Lucy Peake (CEO) and Emma Wrafter (Director of Services and Digital) are Deputy Safeguarding Leads. Yvette Stanley (Kinship Trustee, Ofsted's National Director of Social Care) is the Lead Trustee for safeguarding.

Kinship Navigators are responsible for recognising, recording, and reporting safeguarding concerns in line with Kinship's safeguarding policy.

Responsibility for preventing harm sits with the whole delivery team, not with individual practitioners alone. Any safeguarding concern, however minor, must be reported to the DDSL the same day it arises.

Navigators must not manage safeguarding concerns alone. All staff complete Kinship's induction to safeguarding training before beginning delivery. This training sets out clearly what staff responsibilities are, who the safeguarding team is, and the processes that must be followed to report any safeguarding concern – ensuring that every member of the delivery team understands their role and knows exactly what to do.

Kinship also operates a robust safeguarding reporting system built into Salesforce, which all staff are trained to use as part of their induction. This system ensures that concerns are recorded consistently, securely, and in a way that supports timely escalation, audit, and oversight.

Safeguarding policies in place

The following policies govern safeguarding across Kinship Connected delivery:

- **Safeguarding policy and procedures** aligned with statutory guidance, reviewed at board, senior management, and frontline levels, and embedded into staff induction.

- **Lone-working policy** includes use of the StaySafe digital check-in/check-out app, risk assessments prior to all home visits, and escalation procedures. Staff receive formal risk assessment training within the first two years of employment.
- **Confidentiality policy** sets out the limits of confidentiality and information sharing. Carers are informed of these limits at the start of the programme.
- **GDPR and data protection policy:** all safeguarding concerns are recorded securely in Salesforce and handled in line with UK GDPR and the Charity Commission's information sharing guidance.
- **Whistleblowing policy** encourages staff to report concerns about practice to a trusted person or appropriate external authority.
- **Health and safety policy** covers responsibilities and procedures for staff working in office, community, and home-based environments.

Risk	Mitigation
Safeguarding disclosures by kinship carers Trusted relationships with Navigators may lead to disclosure of historic or current safeguarding concerns	Navigators respond calmly using trauma-informed practice. Disclosures are recorded in Salesforce the same day and reported to the DDSL. Navigators do not investigate. The DDSL determines next steps, including referrals. Carers are informed of confidentiality limits at the outset.
Child abuse or neglect within the household Navigators may observe or perceive indicators of abuse or neglect during visits	Navigators are trained to recognise all forms of abuse. Concerns are recorded factually and reported to the DDSL the same day. Immediate risk = call 999 and inform DDSL. All safeguarding is logged separately on Salesforce.
Carer capacity and mental health Deteriorating wellbeing may impact a carer's ability to keep a child safe	Navigators monitor wellbeing continuously. Support plans consider risks (mental health, substance misuse, domestic abuse). Concerns are discussed with the DDSL and escalated where needed. Regular supervision supports appropriate judgement.
Domestic abuse within the household Risk to carers, children, or others may be identified	Navigators recognise and respond safely without escalating risk. They do not challenge perpetrators. All concerns are reported to the DDSL the same day. Immediate risk = call 999. Referrals are made as appropriate.

Risk	Mitigation
Unsafe contact arrangements Harmful or unmanaged contact with birth parents may be identified	Navigators explore and review contact arrangements. Concerns are recorded and discussed with the DDSL. Immediate risk triggers safeguarding escalation and local authority notification.
Referrals with pre-existing safeguarding concerns Known risks may not be identified before first contact	All referrals are reviewed within three days. Safeguarding flags are discussed with the DDSL before contact. Safer alternatives (e.g. virtual/community meetings) are used where needed. Further information is gathered before acceptance.
Lone-working risks Navigators may encounter unsafe environments during visits	Navigators use the lone-worker app StaySafe for all visits and complete risk assessments on Salesforce. They leave immediately if unsafe. No unsafe properties are entered. Incidents are reported same day. No personal details are shared.
Out-of-hours safeguarding risks Carers may seek support outside working hours	Carers are informed the service is not out-of-hours. Navigators signpost to 999, emergency duty teams, or helplines. Any concerns are recorded and shared with the DDSL the next working day.
Data breaches Loss of sensitive data could place families at risk	Data is stored on Salesforce with access controls. Only work devices are used. Data-sharing agreements are in place. Breaches are reported to the DPO immediately and managed under GDPR/ICO requirements.
RCT waitlist risks Carers waiting for support may deteriorate	Eligibility excludes high-risk cases. Waitlist carers are signposted to national services. Safeguarding concerns are escalated as usual. The DDSL can override trial protocols where risk is identified.

Risk	Mitigation
Unsafe or unmanaged contact with birth family	Navigators are trained to recognise that birth family contact can reintroduce children to the same abuse, neglect, exploitation, or harmful dynamics that led to the kinship arrangement. Navigators explore how contact is experienced by both the child and kinship carer, remain professionally curious where contact arrangements appear unsafe or poorly managed, and escalate concerns to the DDSL the same day. Where safe and appropriate, support plans may also include work to strengthen safer family relationships, reduce conflict, and support stability for the child, recognising that maintaining positive family connections can be protective and important for identity, belonging, and long-term family reunification where this is in the child's best interests. Where relevant, concerns are shared with allocated social workers or SGO support teams.
Child-on-carer violence and family breakdown Harmful conflict, including child-on-carer violence, may emerge	Kinship children may present with trauma-related behaviours, including violence towards kinship carers, running away, self-harm, or exploitation risk. Navigators are trained to recognise indicators of escalating risk, emotional withdrawal ("blocked care"), carer fear, or placement instability. Concerns are discussed immediately with the DDSL and support plans reviewed to reduce risk and prevent family breakdown wherever possible.
Reduced professional oversight in kinship arrangements	Kinship placements can sometimes be perceived as inherently safe because children are living within family networks, leading to reduced professional curiosity or oversight. Kinship Connected embeds safeguarding training specific to kinship care dynamics, including maintaining professional curiosity, recognising hidden harm, and holding the child in mind throughout all work with kinship carers.

Risk	Mitigation
Risks linked to trauma, neurodivergence, and unmet needs	Many kinship children have experienced early trauma, abuse, neglect, or disrupted attachment and may also have neurodevelopmental needs including ADHD, autism, or FASD. Navigators are trained to understand how trauma and unmet needs may present in behaviour, family relationships, and safeguarding risk. Concerns about escalating behaviour, emotional wellbeing, or unmet support needs are escalated appropriately and reflected in support planning.
Risks of under-identification for Black, Asian, and minoritised children Safeguarding concerns may be underreported or hidden	Evidence suggests that racism, adultification, and lack of cultural understanding can result in safeguarding risks being minimised or overlooked for Black, Asian, and mixed heritage children. Navigators receive anti-racist safeguarding training, are expected to actively reflect on bias and professional assumptions, and use culturally responsive and trauma-informed practice. Concerns relating to discrimination, systemic bias, or barriers to support are discussed in supervision and safeguarding oversight.

Risks to inclusivity

Risk	Potential impact	Mitigations
Selected local authorities have lower numbers of ethnic minority kinship households than expected	2	LA selection considered both overall kinship population and local ethnic diversity. The four selected areas provide a mix of demographic contexts including highly diverse urban areas (Newham, Rochdale) and areas where the primary equity barriers are rurality, deprivation, or isolation (Blackpool, Oxfordshire). Monitoring will assess whether recruitment reflects local population demographics and referral pathway expectations.
Difficulties identifying and engaging informal kinship carers and minoritised ethnic kinship families	3	Self-referral pathway established specifically to reach carers not known to services. Each local authority area has a tailored EDIE engagement strategy informed by ward-level demographic mapping, LA intelligence, and community partnerships.

Risk	Potential impact	Mitigations
		Navigators will undertake proactive outreach through faith groups, community organisations, schools, food banks, GP surgeries, and trusted local networks. Engagement events will be community-based rather than hosted in statutory settings where these may deter attendance (and based on preference). Materials will be translated into relevant community languages and adapted using culturally appropriate language and framing rather than relying solely on professional terminology such as 'kinship carer' (dependent on local authority and budget).
Distrust of statutory services reduces programme uptake and engagement	3	Evidence from *Raised by Relatives* (Tah & Selwyn, 2025) demonstrates that Black and Asian kinship carers may distrust LA services due to previous experiences of racism, stigma, or poor cultural understanding. Kinship Connected uses a strengths-based, trauma-informed, and culturally responsive approach designed to build trust over time. Navigators will receive anti-racist safeguarding and professional curiosity training. Community and faith organisations will be engaged as trusted intermediaries to support outreach and sustained engagement.
Differential attrition of informal and minoritised ethnic kinship families	3	Participant demographics, retention, and outcome completion rates will be routinely monitored by ethnicity, legal status, disability, language, and referral route. Potential patterns of differential attrition will trigger targeted review through the programme's quality assurance process. Mitigations may include adapted communication approaches, additional outreach, review of venue accessibility, culturally responsive engagement approaches, or strengthened community partnerships.

Risk	Potential impact	Mitigations
		Navigators will use an intersectional lens when assessing support needs and barriers to sustained participation.
Community engagement activity does not translate into referrals or sustained participation	2	Referral conversion rates from engagement events, community outreach, and self-referral routes will be monitored separately from local authority referrals. Community engagement approaches will be adjusted through rapid-cycle testing where uptake from priority communities is lower than expected. Local partners and kinship carers will be involved in reviewing barriers and refining outreach approaches.
Cultural or language barriers reduce accessibility of programme materials or evaluation processes	2	Materials will be translated into relevant community languages for each site where local authority budget and capacity allow, with priority given to communities identified through local demographic mapping and engagement activity. Where formal translation is not possible, Navigators will work with trusted community partners and interpreters to support accessibility and understanding. Easy-read materials and plain English versions will be available. Navigators will support kinship carers to understand programme and evaluation requirements and identify reasonable adjustments where needed. Potential language-related barriers to participation or retention will be monitored through ongoing review of referral, engagement, and outcome completion data.
Lack of complete or reliable EDIE data limits understanding of programme reach and equity	3	The following data fields will be routinely captured at registration unless a participant selects “prefer not to say”: sex, age, ethnicity, sexuality, disability or long-term health condition, type of kinship arrangement, access to financial support and postcode (linked to Index of Multiple Deprivation).

Risk	Potential impact	Mitigations
		Salesforce reporting and quality assurance processes will monitor completeness of EDIE data. Missing data patterns will be reviewed regularly by the Programme Manager and evaluation team.
Risk of over-reliance on local authority referral pathways	3	Self-referral routes, community outreach, and engagement through voluntary and faith sector organisations are intentionally embedded to reduce reliance on statutory referral pathways. Referral source data will be monitored to assess whether the programme is successfully reaching carers outside LA systems, particularly informal kinship carers and minoritised communities.

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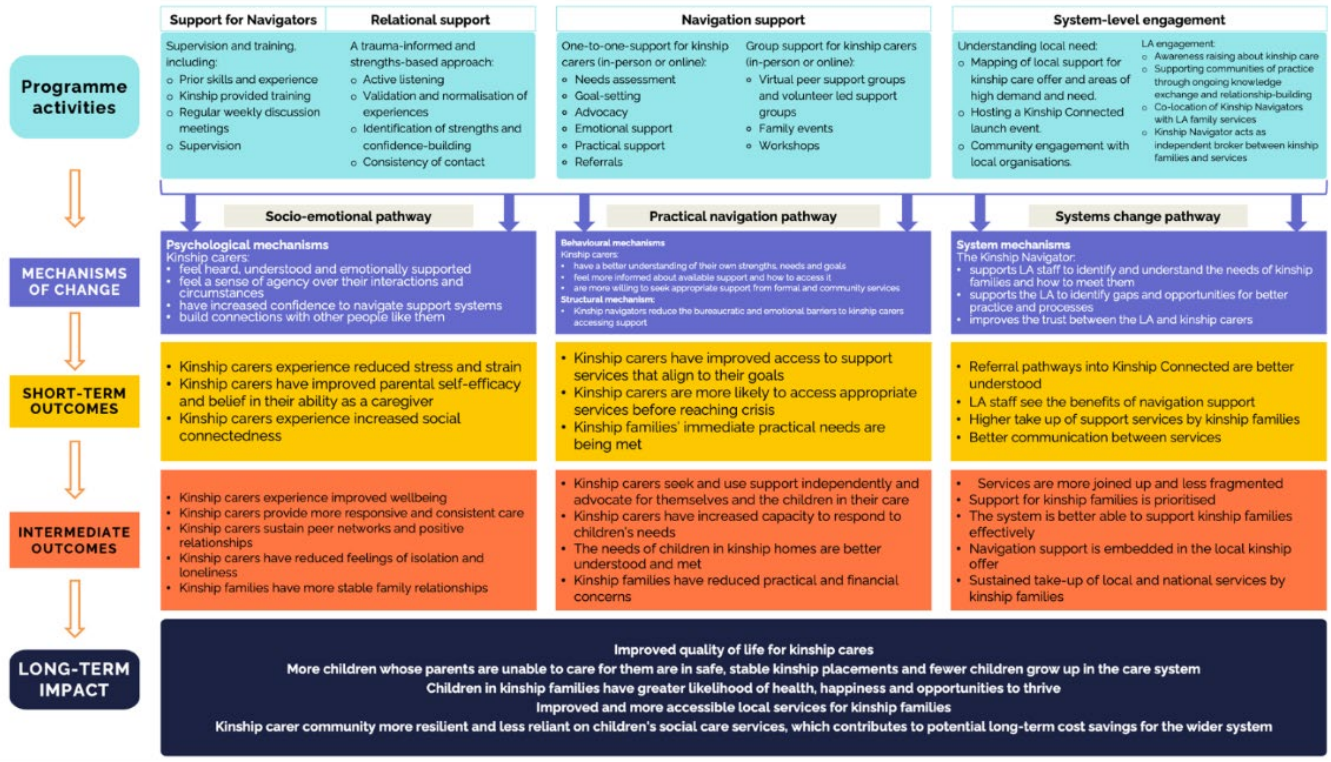
Appendix A. Kinship Connected refined theory of change



Note: Assumptions are noted in the theory of change narrative provided in the section titled 'Theory of Change/Evaluation Questions'.