

WHAT INTERVENTIONS IMPROVE OUTCOMES FOR KINSHIP CARERS AND THE CHILDREN IN THEIR CARE

Systematic review protocol

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Summary

The number of children and young people placed in the care of family or friends rather than unrelated foster carers is increasing. This form of foster care, known as kinship or connected care, can lead to better outcomes for children, despite kinship carers facing additional challenges compared to other foster carers.

This review will seek to understand which policies and programmes can improve the experience of kinship carers and improve outcomes for the children in their care, ensure children benefit in the future, and address the inconsistent use of kinship care across the UK. Where possible, we will seek to understand the elements of effective programmes and look at differential impact for different groups of carers. The review will also explore carers' perspectives on how interventions can best serve them.



Following established systematic review methods, we will identify published and unpublished literature which describes robust evaluations of interventions, policies, and programmes using experimental designs (randomised control trials, quasi-experimental designs) as well as qualitative process evaluations to answer the five research questions. A search strategy has been developed based on a previous review of kinship care. If sufficient papers with homogeneous outcomes are identified through the screening process, a meta-analysis will be carried out. Risk of bias will be assessed using the appropriate tools for each study type (i.e., randomised controlled trials will be assessed using the Cochrane Risk of Bias 2 and non-randomised studies will be assessed using ROBINS-I tool). A separate quality appraisal tool will be used for qualitative studies.



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Part 1: Background, rationale and question formulation

Background and overview

An increasing proportion of children formally in care in England are being placed in the care of family or close friends, known as kinship care or connected care, rather than with unrelated foster carers. From 2015 to 2021, the number of local authority fostering households offering care to a family or friend increased by 7% to 27%, and 58% of newly approved carers in 2021 were kin carers (Ofsted, 2021). This number is likely to continue to grow, with the announcement of the government's new strategy to 'improve support and reduce barriers to kinship care' (Department for Education, 2023). There are two primary ways in which a child could be placed in a kinship care arrangement: a child may be placed with an approved formal kinship carer by Children's Services, or the family may make private arrangements, the latter of which is thought to be the more prevalent but is also more difficult to monitor or measure. The increase in both of these forms of kinship care can be attributed to many factors, including increasing divorce rates and the impact of the rising cost of living (Nandy & Selwyn, 2013; Sacks-Jones, 2022).

Rationale and question formulation

A systematic review led by Winokur on the impact of kinship care on children and young people showed that it has a positive impact compared to children placed in non-kinship foster care on several outcomes including behaviour, psychiatric disorders, well-being and placement stability (M. Winokur et al., 2014; M. A. Winokur et al., 2018). These positive outcomes occur despite kinship carers tending to be older, less educated, and more likely to be single, unemployed and poor than non-kinship foster carers (Cuddeback, 2004). In Australia, kinship carers are also more likely to have just one child placed with them than non-kin foster carers (Australian Institute of Health and Welfare, 2021). The prevalent literature tends to be US-based, with conclusions that are not necessarily relevant to the UK social policy context. For example, the inconsistent use of formal and informal kinship care may disguise its prevalence within Asian and Black communities in the UK, while these communities are overrepresented in kinship care in the US (Scannapieco & Jackson, 1996; Schoenwald et al., 2022).

In a landscape where only 5% of children living with relatives or friends are in formal kinship care arrangements (Nandy et al., 2011), and the rate of kinship care varies between 4-39% across local authorities (Schoenwald et al., 2022), it is vital to know how best to support the carers and children involved to have the best outcomes. This requires understanding of the variation in promotion of kinship care across local authorities, as well as the influence of policies such as licencing and payment on the use and stability of kinship placements (Shlonsky & Berrick, 2001). There is also room for further investigation into the support kinship carers need, including the specific needs of Black and Asian carers, and those in circumstances that make caring more challenging such as living with a disability, poor finances, or single adult fostering (Lin, 2014; Selwyn et al., 2013).



Previous reviews of services for kinship carers and children in kinship care have found promising indications that child and carer outcomes can be improved by kin-specific interventions (Rabassa & Fuentes-Peláez, 2023). Previous reviews have found evidence of positive results in response to parenting skills training and the Kinship Navigator program, while more evidence is required to understand the impact of financial assistance on carer and child wellbeing (Lin, 2014; Wu et al., 2020). However, the strength and applicability of these findings is limited by the quality of evidence available, the range of outcomes reported, restricted geographies, and publication bias. To address these issues, this review will look exclusively at experimental study designs including randomised control trials and quasi-experimental designs which involve a comparison group, but not pre-post test designs. We will search for grey and unpublished literature to identify unpublished research. Furthermore, we will complement the quantitative review with a qualitative synthesis to identify policies, programmes and interventions specific to the UK child welfare context, to further our understanding of how to improve the quality of kinship care that children experience, including placement stability.

Research questions

The five primary research questions for this rapid review will explore what works (RQ1), for whom (RQ2), how and why (RQ3), as well as exploring processes around implementation (RQ4) and beneficiary perspectives (RQ5). Questions one to three focus on impact, while questions four and five will explore qualitative perspectives and experiences.

1. What interventions for kinship families improve the outcomes of children in kinship care (e.g., safety, permanence, and wellbeing) and for kinship carers (e.g., wellbeing, confidence in parenting, relationship with child in care)?
2. Are there interventions / programmes that are particularly effective with different groups of carers and children (e.g., disabled or minority carers or children)?
3. Are there common elements shared by effective interventions?
4. What are the enablers and barriers to successful implementation of interventions for kinship carers and children in kinship care?
5. What are the perspectives of kinship carers and children in kinship care on the acceptability and usefulness of different interventions?

These questions will allow us to include, for example:

- Interventions for improving kinship carer wellbeing
- Specialised training to support kinship carers in navigating the parenting of grandchildren *and* children
- Approaches to increasing support for kinship carers from governmental or nonprofit resources
- Interventions that focus on the developmental challenge of adolescence for kinship carers
- Emerging interventions that foster positive sibling interactions
- Evaluations which measure adult but not child level outcomes
- The perspectives of service users about what they find effective.



The PICOS framework, presented below in summarised form, will be used to answer the research questions 1-3 and the SPIDER framework for research questions 4 and 5.

PICOS for quantitative research questions

Population

- Children in formal or informal kinship care for reasons of child maltreatment, neglect or risk of child maltreatment, relinquishment, or lack of provision of support aged between 0-21 years in high-income countries.
- Kinship carers responsible for the care of a child aged 0-21 years

Intervention

Any interventions aimed at improving the outcomes of children in kinship care (e.g., safety, permanence, and wellbeing). This would include any interventions targeted at young people or which aim to improve the capacity of kinship carers to provide quality care (such as by improving parenting skills, confidence, relationship with the child, and carer wellbeing), or interventions which do a mixture of both.

Comparison

Treatment as usual, another intervention, no intervention, or wait-list control.

Outcomes

Child-level measures:

- Any measure of children's safety (e.g., formal or self-reports of abuse or neglect whilst in kinship care)
- Any measure of permanence (e.g., placement stability, reunification with birth parents, adoption)
- Any validated measures of wellbeing, quality of life, or behaviours (e.g., strengths and difficulties questionnaire (SDQ), CORS)
- Measures of educational attendance, achievement (e.g., grades, reading levels), or attainment (i.e., qualifications).

Foster carer measures relevant to caring:

- Any validated measure of foster carer wellbeing or quality of life (e.g., Warwick-Edinburgh Mental Wellbeing Scale – WEMWBS)
- Measures related to carer capacity to provide quality care (e.g., confidence or parenting skills)
- Measures of connectedness between carers and children



System-level measures:

- Interventions that increase the number of kinship carers providing care.

Study design

Studies using randomised controlled trial and quasi-experimental designs which include a valid counterfactual (such as a parallel group or highly controlled time-series) will be included in the review.

SPIDER for qualitative research questions

Sample

Kinship carers (formal or informal), children and young people in kinship care or with experiences of kinship care, or professionals working in kinship care (e.g., social workers) in the United Kingdom. They must be discussing kinship care for reasons of child maltreatment, neglect or risk of child maltreatment, relinquishment, or lack of provision of support aged between 0-21 years.

Phenomenon of interest

Enablers and barriers to successful implementation of interventions for kinship carers and children in kinship care and the perceived acceptability and usefulness of different interventions to kinship carers and children in kinship care.

Design

Not specified

Evaluation

Experiences and perceptions

Research type

Any type that expresses perceptions and experiences on the phenomenon of interest. This will include studies that employ qualitative methods to understand service user's experiences of the programme, such as implementation and process evaluations. The methods may include surveys, interviews, and focus groups.

Further considerations

While all five questions are looking at the same population and outcomes of interest, questions one to three focus on impact and would be best answered by high quality impact literature, whereas questions four and five will explore qualitative perspectives and experiences and may be best answered through exploration of qualitative literature. As such, our search methodology will involve one overarching literature search with two sets of inclusion and exclusion criteria for Q1-3 and Q4-5. Using this approach, we will be able to provide a mixed methods synthesis which best



suits the purpose of this review to support decision makers with both evidence of impactful interventions and considerations at the deliverer and recipient level.

In exploring these questions, we will seek to understand whether interventions or policies work differently for kinship carers or children in kinship care with different characteristics e.g., by ethnic or cultural group, by age, by type of caring relationship (sibling, grandparents), by type of kinship care (formal or informal), level of education, of socio-economic status, etc.

To ensure review results are relevant to the UK setting, we will limit study inclusion to research conducted in high income countries with similar child protection systems to the UK, including England, Wales, Scotland, Northern Ireland, USA, Canada, Australia, New Zealand, France, Germany, Sweden, Finland, Norway, Denmark, Netherlands and Ireland (Connolly & Katz, 2019). The qualitative questions will be answered using papers from the UK to get a better understanding of how to improve kinship care within the national social and policy context.

Part 2: Identifying relevant work

Search strategy

The following databases will be searched for studies published up to April 2023 (from the inception of each database):

- PsycINFO
- SCOPUS
- Ovid MEDLINE
- ERIC
- Social Sciences Citation Index (SSCI)
- Conference Proceedings Citation Index – Social Science and Humanities (CPCI-SH)

In addition to searches of the databases outlined above, we will conduct searches for unpublished grey literature from the websites listed below. This list of sites has been selected based on expertise within the study team and consultation with the study Advisory Groups.

- Australian Institute of Family Studies
- California Evidence-Based Clearinghouse for Child Welfare
- Chapin Hall at the University of Chicago
- Washington State Institute for Public Policy
- Office of Planning, Research, and Evaluation, US Administration for Children and Families
- Foundations / What Works for Children's Social Care
- Kinship – Research, evaluations and surveys (<https://kinship.org.uk/for-professionals/resources/>)
- Kinship care: Advice Service for Scotland (kinship.scot)
- Northern Ireland Kinship care (<https://kinshipcareni.com/>)



- Rees Centre (<https://www.education.ox.ac.uk/rees-centre/publications-resources/reports-briefings/>)
- CASCADE: Children’s Social Care Research and Development Centre (<https://cascadewales.org/our-research/>)
- CELCIS: Centre for Excellence for Children’s Care and Protection (<https://www.celcis.org/our-work/research>)

Key authors of either relevant primary studies or of systematic reviews will be identified during the search process and will be contacted by email to ascertain if they are aware of any supplemental and/or additional literature.

We will also ask the advisory group to share papers or contact authors of any relevant literature they are aware of.

The reference lists of relevant systematic reviews, papers and grey literature, will also be screened for studies.

Search terms

The search will be conducted by combining the following search terms into one search, to ensure we identify quantitative studies for questions 1-3 and qualitative studies based in the UK for questions 4 and 5 without duplication.

The terms will be combined as follows: (1 AND 2 AND 3) OR (1 AND 2 AND 4 AND 5)

1. Search terms related to kinship care:

Kin or kinship care*
Kin or kinship foster*
Kin or kinship placement*
Friend* and family care*
Connected care*
Family or families foster*
Family or families placement*
Relative* foster*
Relative* care*
Custodial grandparent*

2. Search terms relating to population:

Child* or adolescen* or baby or babies or infant* toddler* or school age* or girl or boy or teen* or preteen* or pre teen* or youth or young person or young people

3. Search terms relating to quantitative study design

Affect* or effect*
Comparison group*



Experiment*
Impact*
QED or Quasi-experimental or "quasiexperimental
RCT or random or random* control* trial
Treatment group or intervention group
Control group

4. Search terms relating to qualitative study design

Qualitative
Survey
Questionnaire
Interview
Focus group
Process evaluation

5. Search terms relating to qualitative study location

United Kingdom
UK
Great Britain
British Isles
England
Scotland
Wales
Northern Ireland

Inclusion criteria

One overarching literature search will be undertaken, after which studies will be screened against two sets of inclusion and exclusion criteria. The initial search will combine two searches to ensure that all relevant papers are identified without duplication, as described in the 'Key search terms' section. One set of criteria will be screening for high quality impact studies to answer research questions 1-3 and the second set will be screening for work relating to perspectives and experiences relevant to questions 4 and 5. Where the screening criteria differ across these two strands (study design, comparison groups and context), this is highlighted below.

Population

Children and young people (aged 0 to 21 years) in formal or informal kinship care for reasons of child maltreatment, neglect or risk of child maltreatment, relinquishment, or lack of provision of support.

Studies can include other population groups if outcomes are reported separately for children in kinship care for the reasons stated above.



Interventions/outcomes of interest

Any studies looking at interventions with outcomes relating to the safety, permanence, wellbeing, or education of children in kinship care, or reporting kinship carer outcomes regarding their wellbeing or care of children in kinship care.

Study design

- Q1-3: Controlled experimental and quasi-experimental designs which include a valid counterfactual.
- Q4-5: Any methods reflecting the experiences and perspectives of interventions in kinship care (e.g., qualitative studies, process evaluations, surveys about interventions)

Comparison

- Q1-3: Treatment as usual, another intervention, no intervention, or wait-list control.
- Q4-5: No comparison group required.

Context

- Q1-3: Studies conducted in high-income countries. Q4-5: Studies conducted in the United Kingdom (England, Wales, Scotland and Northern Ireland) will be included.

Publication status

No restrictions on publication status, though all studies must use high quality research methods and will be assessed for risk of bias.

Language

We will only search for studies in English. We will include any study published in English, with available translation, or where one of the team reads in that language (e.g., French).

Exclusion criteria

Population

Young people *not* in kinship care or in formal kinship care for reasons *other* than maltreatment, neglect or risk of child maltreatment, relinquishment, or lack of provision of support. We will exclude young people in unrelated foster care, in private fostering arrangements (unless specified for the reasons above), or adopted.

Young people aged over 21 years.

Interventions/outcomes of interest

Interventions must be about support for kinship families, and do not include decision-making around whether to place a child in kinship care, or general life experiences of children in kinship



care. We will exclude any interventions not aimed at improving safety, permanence, education, and/or wellbeing of children in kinship care or studies not reporting on these outcomes. Any wellbeing, quality of life or behavioural outcomes measured by unvalidated tools will be excluded. Likewise, unvalidated measures of foster carer wellbeing, quality of life or connectedness between carers and children will be excluded.

Study design:

- Q1-3: Any studies with methodology other than controlled experimental and quasi-experimental design will be excluded.
- Q4-5: Any studies with no qualitative component on the experiences of kinships care givers or children places in kinship care experiences will be excluded.

Context

- Q1-3: Studies conducted in countries that do not have similar child protection systems to the UK will be excluded.
- Q4-5: Contexts outside of the United Kingdom will be excluded.

Study records

A data extraction template spreadsheet will be developed and piloted by two team members for a sub-set of three studies. The form will be refined based on this early piloting before formal data extraction is commenced.

For included studies, data will be extracted by two reviewers into the form and a subset will be checked by a third reviewer.

All citations identified in the search will be imported into the online systematic review application, Covidence. The full screening process (from title and abstract to full text) will be carried out on Covidence to ensure that accurate records are kept of the screening process. The data extraction template will be created in Excel to manage data across the five research questions.

The following summary information will be extracted and recorded for each included study:

- Full citation including authors, year of publication, title
- Publication type (e.g., journal article, book, report, dissertation)
- Study design and methodology
- Study location (country)
- Study population and demographics
- Form of kinship care
- Sample size and who sampled
- Summary of overall findings
- Judgement on the critical appraisal of the study (e.g., using the 10 item CASP checklist for qualitative research for Q 4&5)



In addition to the data listed above, a comprehensive list of data to be extracted for the purposes of analysis will be tested and refined at the point that the data extraction tool is initially piloted. An indicative list is provided below:

For all studies:

- Intervention characteristics:
 - Intervention name
 - Intervention developers
 - Intervention description
 - Intervention origins
 - Intervention dosage and duration
 - Intervention delivery mode
 - Intervention delivery setting
 - Intervention costs
- Author conclusions
 - Strengths
 - Limitations

For quantitative studies:

- Comparison characteristics:
 - Comparison type (services as usual or alternative intervention)
 - Comparison intervention (if relevant)
- Outcomes:
 - Outcomes reported from review scope (wellbeing, stability, education)
 - Name of each outcome reported in the study
 - Description of all relevant outcomes reported
 - Outcome measure used if relevant
- Results
 - Sample size for each outcome (if it differs from overall study sample size)
 - Reported result (intervention group and control group)
 - Effect size

For studies qualitative studies answering Q4 & Q5:

- Data collection methods (e.g., interviews, focus groups, creative methods)
- Analysis methods (e.g., thematic, phenomenological, unclear)



Outcomes of interest

Quantitative outcomes of interest include:

- **Safety** – we will include measurements of physical safety (including reports of physical harm, abuse neglect in the placement). We will also include any measurements of emotional safety, reports of risky behaviours, substance abuse and addiction issues, exposure to violence or crime (either as victim or perpetrator), including self-reported measures.
- **Permanency** – we will include measurements of the permanency of the placement in kinship care, including the duration of the placement, family reunification, adoption, and measurement of moves/disruption to a placement.
- **Well-being** – we will include wellbeing outcomes relating to physical health, including emergency department presentations, hospitalisations, the take up of services. We will include measures of mental health, including but not limited to anxiety, depression, self-injurious thoughts and behaviours, and suicidality. We will also include measurements of general social and emotional wellbeing, and quality of life, such as financial wellbeing, social connectedness, and food security. Any measures of wellbeing must be validated.
- **Education** – we will include measurements of school attendance, school completion, grades/qualifications obtained and enrolment in an education institution (e.g., college).

Qualitative outcomes of interest include:

- **Implementation outcomes** – we will include measurement of implementation outcomes relating to barriers and facilitators of the delivery of interventions for kinship carers and children in kinship care.
- **Acceptability and usefulness** – we will include qualitative findings related to child and foster carer perspectives on the acceptability and usefulness of interventions they receive.

Part 3: Risk of bias assessment

Risk of bias of included studies will be assessed and reported (at the study level) using the following tools:

- Randomised controlled trials will be assessed using the Cochrane Risk of Bias 2 (RoB 2) tool (Sterne JAC et al., 2019)
- Non-randomised studies will be assessed using the ROBINS-I tool (Sterne et al., 2016)
- Qualitative studies: will be assessed using an appropriate checklist such as the CASP tool (Critical Appraisal Skills Programme. CASP Qualitative Checklist, n.d.)

Risk of bias assessments will be used to inform understanding of the strength of evidence and the appropriateness of a meta-analysis of the quantitative studies.



Part 4: Summarising the evidence

We will describe and synthesise study findings narratively, including studies of kinship carers or children in kinship care with different characteristics. The data from each included study will be used to build summary of findings/evidence tables including an overall description of included studies. Studies will be grouped, and results synthesised by outcome domain, stratified by study design, intervention type and population.

- Study population and demographics (including level of education and socioeconomic status where available)
- Form of kinship care (sibling, grandparent, friend etc)

If there are sufficient papers identified with outcomes that can be synthesised (not too much statistical heterogeneity that cannot be overcome by random effects models, or there are such major differences in populations, interventions, comparisons, outcomes or study design that statistical synthesis is inadvisable), meta-analyses will be conducted and the data will be synthesised following guidance in Higgins et al (update 2023). Following similar studies, we will use effect sizes or transform the effect sizes and report standardised mean differences (SMD). We plan to transform estimates of Cohen's *d* to Hedges' *g*, due to better properties for small studies.

There are currently no universally accepted guidelines to direct the conduct of qualitative evidence synthesis (Campbell et al., 2019). However, Cochrane¹ have produced a training manual to support researchers with qualitative evidence synthesis. It advises against deciding an appropriate approach to synthesis before first mapping out the number, type, richness, and quality of included studies. Potentially relevant approaches to synthesis include thematic synthesis and framework synthesis.

Most likely, we will use thematic synthesis. Thematic synthesis is an appropriate method of synthesis where there is no pre-existing theory or framework and/or if other methodological approaches are considered too limited. It has three main stages:

- line by line inductive coding
- development of descriptive themes
- development of analytical themes.

Once the initial searches have been completed and there is an understanding of the depth and breadth of the eligible studies, we will determine the most appropriate method for data synthesis. As appropriate, we will consult with our project advisory group or Foundations on this matter.

¹https://training.cochrane.org/sites/training.cochrane.org/files/public/uploads/resources/downloadable_resources/Training%20workshop%20Cochrane%20Global%20Health%20.pdf



The presence of publication bias arising due to missing results will be assessed by examining the distribution of results in a funnel plot.

GRADE will be used to assess the confidence in cumulative evidence for meta-analyses. GRADE-CERQual (Lewin et al., 2018) will be used to assess the confidence of findings from the qualitative evidence syntheses.

Relevant sections from included studies will be extracted into a data extraction template (Excel), and, if thematic synthesis is selected as the best choice for qualitative synthesis, themes will be identified and coded in the qualitative software Dedoose. The data will be synthesised using one of the methods outlined above.

The findings will be discussed with the Advisory Group, with particular attention to co-creating some of the points in the implications section to maximise relevance for stakeholders.

Registration

This review will be registered with the Open Science Framework (OSF).

Personnel

- **Dr Eleanor Ott** – Senior Advisor, Centre for Evidence and Implementation – will be the overall project manager, main point of contact and lead the review.
- **Amy Hall** – Advisor, Centre for Evidence and Implementation – will co-lead the review.
- **Professor Aron Shlonsky** – Professor, Monash University – will provide expert advice on kinship care and systematic scoping review methodology.
- **Dr Marc Winokur** – Director, Social Work Research Centre, Colorado State University – will provide expert advice on systematic reviews in kinship care.
- **Research assistant** – Centre for Evidence and Implementation – will support the review

Timeline

- Timetable including specification of who is responsible for completing each task
- Include specific dates or date intervals.

Dates	Activity	Staff responsible/ leading
April- September 2023	Preparation of the protocol	Dr Eleanor Ott



June 2023	Convene research, policy and practice advisory guide	Dr Eleanor Ott
June 2023	Convene lived experience advisory group	Dr Eleanor Ott
September 2023	Submission of the protocol to Foundations	Dr Eleanor Ott and Amy Hall
October 2023	Registration of the protocol to OSF	Dr Eleanor Ott
October 2023	Completion of title and abstract screening of electronic search results and grey literature search	Dr Eleanor Ott and Amy Hall
October-November 2023	Full text screening of electronic search results	Amy Hall and research assistant
October-November 2023	Call for unpublished papers among experts	Amy Hall and research assistant
December 2023	Extraction of data from studies that meet inclusion criteria & risk of bias assessment	Amy Hall and research assistant
January 2024	Submit interim preliminary findings	Dr Eleanor Ott and Amy Hall
January 2024	Convene advisory group	
February 2024	Full synthesis of results and write up of preliminary findings	Dr Eleanor Ott and Amy Hall
March 2024	Full draft report submitted	Dr Eleanor Ott
May 2024	Publication of report	Dr Eleanor Ott



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