

Kinship Care

Evidence Summary

The Evidence Summaries have not been conducted or written as rapid reviews, systematic reviews or comprehensive literature reviews. Instead they were designed and written as brief notes intended to give the Independent Review of Children's Social Care a quick overview of some of the evidence on a particular topic or question. They are only being published for transparency and given their limited scope, are not intended as a resource for wider purpose.

Introduction

This evidence summary will focus on the international evidence on kinship care, looking at the following two questions:

1. What makes Kinship Care better? Specifically, this question will examine interventions for kinship carers which aim to improve child and placement outcomes
2. What increases the number of kinship carers? Our search focussed on policy or government level levers to increase the use of kinship care.

We anticipated a small evidence base in relation to the two research questions of interest. We carried out a comprehensive search for studies from an online web search engine, Google Scholar, to ensure that as far as possible (with the time and resources at our disposal) the available evidence was identified. The paper will highlight key findings and provide a critical appraisal of the most relevant studies.

This evidence summary should be read with the corresponding spreadsheet which provides further detail on individual papers.

Searching

Initial searches were conducted with keywords, including,

kinship care intervention; kinship care international; kinship care factors international; kinship care international intervention.

Further searching was conducted using a search string adapted from Wu et al. (2020). *Full details of this systematic review can be found in the spreadsheet.*

((treatment OR program OR training OR intervention OR therapy OR support OR counselling) AND ((kinship foster care) OR (kinship care) OR (kin* caregiver) OR (kin* placement) OR (relative care*) OR grandparent*))

The searches produced very few papers of high quality evidence that answered the research questions. The majority of the research studies identified were conducted in the USA, with some from Sweden, Australia, Scotland, Ireland and England. Many of the papers identified in the search were dated (for example, Scannapieco et al., 1997; Kelley et al., 2000; and Strozier et al., 2005). The vast majority of empirical studies (k=386) initially identified through the search were not



relevant to our research questions or were ambiguous in their research aims. After reviewing the abstracts of 365 articles and 21 papers in full (where abstracts were not available), 27 articles were identified as meeting our inclusion criteria and relevant to the research questions. These can be found in the spreadsheet, and a full reference list is provided at the end of this paper.

To answer the first research question, we focused on evaluations of interventions for kinship carers. To identify whether these had an impact on children or placement outcomes, we searched for studies in which the intervention group was kinship carers and the control group was kinship carers, rather than for example foster carers. This research design is necessary to isolate the causal effect of interventions on kinship carers.

Below is a high-level summary of some of the relevant high quality studies from the literature. Lower quality studies are included where they directly speak to the research questions. The spreadsheet includes our assessment of the quality of the evidence (rated low, medium or high).

Where the quality of the evidence does not allow for causal inference, we consider the quality of the evidence as low or medium. Therefore, we only recommend drawing conclusions from high-quality evidence that can more suitably answer the question of whether an intervention works

What makes Kinship Care better?

This first section will present some of the evidence found in answer to the first research question, what makes Kinship Care better? The evidence below is of mixed quality, and comes from various international sources, although the majority comes from the USA. As such, care is needed when drawing comparisons or thinking about replication in the English context due to the differences in the social care systems and the social context in which they sit.

Carer Wellbeing

An American school based intervention, Kinship Care Connection, aimed at improving kinship carer wellbeing and the self-esteem of young people through a variety of methods. For example, mentoring for young people and support groups for carers. The findings from this study indicate the intervention provided some relief in the burden felt by caregivers. This is low quality evidence (small sample, older study (Strozier et al., 2005).

Some studies looked at the effectiveness of interventions to reduce the emotional burden on kinship carers, for example support with managing stress. Studies found that some of these interventions can improve the placement but the evidence for this is of mixed quality and comes from a variety of places (N'zi et al, 2016; Wu et al., 2020; Kelley et al., 2006; Hartley et al., 2018).

Financial Assistance

Much of the research on financial assistance comes from the USA.

For example, a recent American study looking at financial assistance available through the state (TANF) and through child protection services (foster care allowance) found that carers were more likely to receive funds if (among other things) the young people in their care had externalising problems (e.g. aggression) rather than internalising problems (e.g. depression). This study showed that receiving other social services was significantly associated with kinship placements receiving foster care payments. They found that 11% of kinship families were living below the poverty line (Xu et.al, 2020). However, this study did not look at the impact of financial assistance on outcomes. These findings should be interpreted with caution, they are for one state in the USA and specific to the American welfare system. See also Murray et al. (2004).



In Scotland, the literature on the financial hardship of kinship carers and a related campaign has led to the introduction of financial payments. These are made to carers, by local authorities or independent fostering agencies, to recognise and meet the costs of caring for a looked after child. Payments are meant to support:

- a healthy diet and good physical care
- opportunities for stimulation and exercise
- development of social skills and participation in activities in the community
- building self-esteem, including good presentation and acceptability by peers
- a safe and comfortable environment
- full inclusion in special celebrations such as birthdays, Christmas or other cultural or religious events
- promoting and developing educational opportunities (Scottish Government, 2010, p.41).

This study did not evaluate the impact of these payments. In our searching we did not find a formal evaluation of this financial assistance for kinship carers (Hill et al., 2019).

Parenting Interventions

A recent systematic review of parenting interventions for kinship families found that most of the interventions had a positive impact on the outcomes of both caregivers and children, although the assessed outcomes often differed across studies. Parenting interventions improve caregivers' parenting competency, reduce parental stress, and advance child wellbeing. However, some interventions appear less promising in achieving targeted goals. The majority of the studies in this high quality review came from the USA, with a small minority from China and Australia (Wu et al., 2020).

What increases the numbers of kinship care?

This section will present some of the evidence found in answer to the second research question, what increases the numbers of kinship care? The literature found in reference to this question was very limited. We did not find any papers that specifically spoke to government level levers or mechanisms to increase the number of kinship carers. However, there was interesting literature on the global increase in kinship placements, and about the complexities of context, which we summarise below.

A global increase

An older Scottish review found that some local authorities viewed any upward trend in kinship care placements to be linked to an increase in parental incapacity because of substance misuse. The use of kinship care was also tied into a commitment by the local authority to maintaining children in their own families and supporting families within communities (Aldgate and McIntosh, 2006). This study used a relatively small sample and is now 15 years old, meaning the quality of this evidence is low.

A more recent comparative study found a continued increase in the number of children in kinship care in Scotland but that there were inconsistencies in practice between local authorities. This paper does not include any more detail on the methodology used in the review (Hill et al., 2019).

Literature from various countries from Canada to Scotland points to specific factors such as parental substance misuse as potential factors for increasing the numbers of children in kinship



care (e.g Dorval et al., 2020; Hill et al., 2019; Murray et al., 2004). Other factors identified include domestic violence and parental mental health issues.

Local Context

Country context matters when considering rates of kinship care. For example, in high-income countries, formal kinship care is more often a result of child protection concerns but this is not the case in low-income countries. The majority of papers in this systematic review came from the United States; four were from the UK/England; there was one each respectively from Australia, Canada, and New Zealand; and one was an international review. There is limited evidence from other countries around the world. Another limitation of the review was the authors' inability, given the lack of available evidence and detail in the included papers, to analyse demographic differences (e.g. ethnicity), and to account for or offer greater understanding of the variations in kinship care between countries (Hallet et al. 2021).

In an unusual comparative study of 10 countries, Gilbert (2012) found, unexpectedly, the countries that scored the highest on the child well-being index tended to have higher rates of out-of-home placements. The paper contains thought provoking discussion on the usefulness of comparison in child welfare systems, advising caution when comparing systems. Gilbert also presents the prospect of “functional convergence” among the different systems in different countries towards moderate child protection systems underpinned by child development theory. The research highlights the sometimes large differences in political and social contexts between countries which need to be understood when making such comparisons. A further limitation of this study, highlighted by the author themselves, is the difference in how the rates of out of home care are calculated in each country which can limit comparability. (Gilbert, 2012).

Conclusion

We found that there was very little high quality evidence to answer the specific research questions. However, a number of key themes emerged over the course of this review. Research from the USA revealed the complexities of financial assistance for kinship carers. Although support has now been introduced in Scotland, we could not find any evidence about the impact of financial assistance in the UK context.

The importance of context came up time and again. Research suggests there are inconsistencies in practice across nations and local authorities. Studies highlighted that understanding the differences in social, economic and political contexts is key to understanding the mechanisms of kinship care in different countries.

Overall papers suggested that there is an international trend to an increase in kinship care placements. A number of papers suggested that parental substance misuse was a factor in this trend but we did not find evidence of any successful policy programmes/government levers related to this increase, beyond a commitment in some local authorities to maintaining children in their own families and supporting families within communities.

Parenting interventions were a common form of support in the included studies, with mixed quality evidence of effectiveness for kinship carers. Stress was frequently reported as an issue for kinship carers, however there is a limited evidence base on the effectiveness of interventions that aim to alleviate stress for this population.

Our summary highlights the need for more research in this area if we are to be able to answer the questions of what improves kinship care placements and to understand what mechanisms increase the numbers of kinship carers.



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Study	Country	Abstract	Key Notes and Findings	Quality of the evidence	Specific Interventions	High-level policy or government levers	International context	Intervention Control Group	
Strawagino, M., Hegar, R. L. & McAtine, C. (1997). Kinship Care and Foster Care: A Comparison of Characteristics and Outcomes. Families in Society, 78(5), 480-488. https://doi.org/10.1026/1044-3894.817	USA	Abstract This study in children entering foster care were designed with a range of other political, economic, and social factors, has helped lead the newest phenomenon of kinship care. Kinship care is defined as out-of-home placement with relatives of children who are in the custody of state and local welfare agencies. The authors present a review of previous research and report on a study that examined differences and similarities between kinship and traditional foster care in Baltimore County, Maryland, a suburban county that surrounds the city of Baltimore. This study supports many earlier conclusions concerning kinship care, such as children remain in care longer, caregivers are primarily African American, and services provided to them are less extensive than those provided by traditional foster parents.	Key Notes and Findings In contrast, approximately 13 million children lived with relatives in homes where their parents were absent, including 0.7 million children who received AID to Families with Dependent Children (AFDC-10), or the AFDC rule (National Commission on Family Foster Care, 1991). It was estimated that half a million children were cared for by kinship care arrangement by 1995 (Center for the Study of Policy, 1990). Foster care workers were more likely to be offered services than were in kinship care, and levels of agency monitoring of children in kinship care were better than in traditional foster care (Berish et al., 1994; Iglehart, 1994). However, Berish and colleagues (1994) noted that kinship caregivers were very satisfied with their social workers.	Quality of the evidence Scoping review. Most papers (n = 10) came from the United States. Small samples. The review protocol was explained with PROSPERO (CRD4204004811) and developed based on the recommendations outlined in the Cochrane Handbook for systematic review (Higgins and Green 2011). The quality of the studies varied with only five interventions rated as having low risk of bias or more than three internal validity indicators. Reporting other lacked clarity and sample characteristics were often poorly reported. Outcome measurement varied enormously.	None	None	High-level policy or government levers The study was focused on the Maryland Kinship Care Programs, they analysed the case files of children in Kinship and Foster care in a suburban city in Baltimore	International context USA-based study which is not generalisable to the whole state and a result of a small sample size using the cases from social services department	Intervention Control Group Foster carers
Hallett, N., Gunning, J. & Taylor, J. (2021). Kinship Care and Child Protection in High-Income Countries: A Scoping Review. Trauma, Violence, & Abuse, 15(24),3821-19369. https://doi.org/10.1177/15248380211017671	USA	Abstract Kinship care is a global phenomenon with a long history, which in high-income countries (HICs) at least, is being increasingly formalized through legislation and policy. There is more research on child neglect, neglect, and physical and mental health and wellbeing when compared to other types of out-of-home care. Despite this, kinship care is not without risk with a lack of support and training for kinship carers putting children at an increased risk of abuse and neglect. This scoping review was conducted across 11 databases to explore the breadth and depth of the literature about abuse and neglect within kinship care in HICs and to provide initial indications about the relationship between kinship care and abuse of the 2003 studies initially identified, 20 met the inclusion criteria. A majority of studies were from the United States, and most used case review methods. From the included studies, rates of re-abuse, and particularly rates of physical and sexual abuse, appear to be lower in kinship care settings when compared to other out-of-home care settings, but rates of neglect are often higher. This review has demonstrated that a small but significant number of children living in kinship care experience neglect or abuse.	Key Notes and Findings Rates of kinship care are increasing globally and the reasons for this are complex. In their report, Delays and Mann (2019) identify seven interconnected factors that explain the continued and growing use of kinship care: poverty; lack of access to services; parental ill health and death; neglect, migration, and national immigration policies; disaster and conflict; cultural beliefs, and child protection policy response. The influence of these factors can vary, especially between high-income countries (HICs), and low- and middle-income countries (LMICs). In HICs, formal kinship care is usually a response to out-of-home placement, significantly more so than in lower income countries. Policy decisions in the industrialized world have, over the last few decades, prohibited kinship care over other out-of-home care (Coombs et al., 2017). This is partly due in response to shortcomings in residential and foster care settings, but also, especially in the United States, Australia and New Zealand, to provide appropriate care for black and minority ethnic or indigenous groups (Beckett, 2010; Fernandez & Awool, 2013; Rida & Foster, 2016).	Quality of the evidence Scoping review. Most papers (n = 10) came from the UK/England; one was from each of Australia, Canada, and New Zealand; and one was an international review. Majority of papers used case review methods. Quality of Evidence: Low	None	NA	A comparison of High-income and low-income countries	NA	
Strozier, A., McVie, L., Krishan, K., & Smith, A. (2003). Kinship care connection: A school-based intervention for kinship caregivers and the children in their care. Children and Youth Services Review, 27(9), 1011-1020. https://doi.org/10.1016/j.chyosrv.2004.12.026	USA	Abstract Whereas child welfare has championed efforts in kinship care practice, policy, and research, there is a growing need for other systems of care, specifically the educational system, to improve the educational outcomes of kinship care children. This study highlights outcomes from the Kinship Care Connection (KCC), an innovative school-based intervention designed to increase the self-esteem and to reduce kinship caregiver burden. Current issues regarding the status of caring for families involved in the school system are highlighted using quantitative data and case studies based on (1) 34 caregivers participating in support groups and case management services, including coaching, advocacy, and resource procurement, and (2) 63 children participating in tutoring, mentoring and counseling, advocacy, and resource procurement. The case studies describing the familial experience in KCC will detail the process evaluation related to this intergenerational intervention. Results indicate increased self-esteem in children and reduced caregiver burden for families participating in the KCC. Implications for social work practice include suggestions for ways social workers and the school system can better support kinship caregiving families.	Key Notes and Findings Kinship Care Connection (KCC), an innovative school-based intervention designed to increase children's self-esteem and to reduce kinship caregiver burden. Results indicate increased self-esteem in children and reduced caregiver burden for families participating in the KCC. The results of the Caregiver Self-Efficacy Scale analyses indicate that a difference exists between participants' overall pretest and posttest scores [34] n > 270, p < 0.001.	Quality of the evidence A small sample was used in this study; the collected and analysis demographic data from caregivers (n=72) and children (235), before they had decided to participate, these were people that were eligible for the programme. However, only 63 children and 34 caregivers were included in the qualitative pre-post data analysis. Dated: Small American sample. Quality of Evidence: Low	The Kinship Care Program's school intervention involved: For children - tutoring, mentoring, support groups, counseling, advocacy and case management services for caregivers - group participation, counseling, advocacy, and case management services appear, once a week case management services included daily assistance, emergency food and clothing, household support, holiday assistance, and additional assistance to alleviate the burden associated with kin caregiving.	NA	USA based intervention	none	
Kermis-Roggi, J., Dickens, A., & Mulcahon, J. (2016). Program Components of Psychosocial Interventions in Foster and Kinship Care: A Systematic Review. Clinical Child and Family Psychology Review, 21(1), 1-40. https://doi.org/10.1007/s10822-015-0274-0	Various	Abstract Foster children frequently experience early trauma that significantly impacts their neurological, psychological and social development. This systematic review examines the comparative effectiveness of foster and kinship care interventions. It examines the components within each intervention, exploring that potential to impact child care needs, particularly emotional, behavioral, and social. It also examines the role of social workers and other professionals. It also examines the role of social workers and other professionals. It also examines the role of social workers and other professionals.	Key Notes and Findings This review aimed to provide a systematic analysis of randomized or quasi-randomized trials of foster family interventions and their different therapeutic components. Specifically, this review aimed to answer four key questions: (1) What psychosocial interventions have been delivered to improve the wellbeing of foster children and their carers? (2) What are the different components in these interventions? (3) What is the comparative effectiveness of the identified interventions? (4) Is there any evidence that certain components are associated with more effective outcomes in the target population?	Randomised or quasi-randomised trials of psychosocial foster/kinship care interventions. This review was conducted in accordance with the PRISMA guidelines (Moher et al. 2009, 2010). The review protocol was explained with PROSPERO (CRD4204004811) and developed based on the recommendations outlined in the Cochrane Handbook for systematic review (Higgins and Green 2011). The quality of the studies varied with only five interventions rated as having low risk of bias or more than three internal validity indicators. Reporting other lacked clarity and sample characteristics were often poorly reported. Outcome measurement varied enormously.	None	USA based intervention	none		
Haveman, C. A. & Blaud, T. (2002). Program Evaluation of the CREST Project: Empirical Support for Kinship Care as an Effective Alternative to Permanency Planning. https://www.researchgate.net/publication/301505396	USA	Abstract The number of children, especially from ethnic minority groups, in substitute care is growing rapidly even as the number of foster care homes is steadily decreasing. Kinship care has quickly become the permanent placement option of choice. This article discusses a model kinship care project and the results of an extensive program evaluation. Results show that the project enhances functioning of relative caregivers and reduces the cost of care. Implications for contemporary permanency planning are presented.	Key Notes and Findings The study is largely 20 years old, with a limited dataset on methodology. Located in Texas, the program was reported quarterly by caregivers. Limited financial assistance was offered and fully paid. Indicators in this program may have increased confidence in recommending a Kinship placement.	Quality of the evidence Dated (2002). Middle size sample for 3 year nested model low. Low quality data. Interviews and surveys with demographic data described not often missing.	The Comprehensive Relative Enhancement Support and Training Project (CREST). A three year kinship care demonstration project.	In Texas, relatives who are caregivers are not reimbursed, except in the rare instance that they are either licensed foster parents or meet stringent criteria for a small one-time payment. Furthermore, relatives do not receive any formal training of systematic social support.	Not an RCT. All interviews and questionnaires held with Kinship carers.		
N.S. A. M., Stevens, M. L., & Eyring, S. M. (2016). Child Directed Interaction Training for young children in kinship care: A pilot study. Child Abuse & Neglect, 68, 81-91. https://doi.org/10.1016/j.chabu.2016.03.001	USA	Abstract This pilot study used a randomized controlled trial design to examine the feasibility and explore initial outcomes of a three-week, 8-session Child Directed Interaction Training (CDIT) program for children living in kinship care. Participants included 14 grandmothers and group-grandmothers with 2 to 7-year-old children randomized either to CDIT or a waitlist control condition. Training was delivered at a local community library with high fidelity to the training protocol. There was no attrition in either condition. After training, kinship caregivers in the CDIT condition demonstrated more positive relationships with their children during behavioral observation. The caregivers in the CDIT condition also reported clinically and statistically significant decreases in parenting stress and caregiver depression, as well as fewer externalizing child behavior problems than waitlist controls. Parent daily report measures indicated significant changes in disciplines that included greater use of task setting and use of critical verbal force. Results appeared stable at 3-month follow-up. Changes in child internalizing behaviors and caregiver use of non-critical verbal force were not seen until 3-month follow-up. Results of this pilot study suggest both the feasibility of conducting full scale randomized clinical trials of CDIT in the community and the promise of this approach for providing effective parenting training for kinship caregivers.	Key Notes and Findings Preliminary results of this intervention for kinship foster care families suggest that CDIT decreases child externalizing behavior problems, caregiver depressive symptoms, and parenting stress while facilitating positive changes in caregiver strategies and the quality of the caregiver-child relationship. Authors found the study which suggests that interventions for kinship caregivers address both child behavior management and parenting distress (Kerley et al., 2011).	Quality of the evidence A qualitative study, participants were 14 kinship caregivers, 7 in each condition, and the 2 to 7-year-old child whom they described as presenting behavioral problems. Outcome for the caregivers to manage. The study reported 100% compliance for the program, however a family dropped out before the randomisation of groups. Small sample, pilot study. Limited description. Short follow up period (3 months). Authors state High Fidelity to TP. Quality of Evidence: Low/Medium	Child Directed Interaction Training (CDIT) is the first phase of Parent Child Interaction Therapy (PCIT) (Boggs & Furuturak, 2011), an evidence-based treatment for preschoolers with histories of emotional and conduct disorder (Chaffin and Family, 2004; Chaffin and Frisvold, 2004). Focuses on enhancing the caregiver-child attachment relationship by providing caregivers with concrete skills to increase the emotional responsiveness in the caregiver-child relationship. It takes approximately 6 sessions to master skills from training.	None mentioned	None mentioned	None	
Xu, Y., Bright, C. L., Ahn, H., Huang, H., & Shaw, T. (2020). A new kinship typology and foster care payments are potential sources of financial assistance for kinship care families. This study used wave 2 of the National Survey of Child and Adolescent Wellbeing (NSCAW-2) to develop a new typology of kinship care based on financial mechanisms, including (1) families that received TANF only (TANF only) (2) families that received foster care payments only (FC only) (3) families that received both TANF benefits and foster care payments (TANF + FC) and (4) Native Americans (NA) (CR = 0.29, p = 0.003) compared to White and non-Hispanic, higher intermarriage partners (CR = 0.89, p = 0.001), and caregivers (CR = 0.23, p = 0.006) compared to caregivers who were not employed.	USA	Abstract Financial hardship is one of the most challenging issues faced by kinship foster care families. Temporary Assistance for Needy Families (TANF) benefits and foster care payments are potential sources of financial assistance for kinship care families. This study used wave 2 of the National Survey of Child and Adolescent Wellbeing (NSCAW-2) to develop a new typology of kinship care based on financial mechanisms, including (1) families that received TANF only (TANF only) (2) families that received foster care payments only (FC only) (3) families that received both TANF benefits and foster care payments (TANF + FC) and (4) Native Americans (NA) (CR = 0.29, p = 0.003) compared to White and non-Hispanic, higher intermarriage partners (CR = 0.89, p = 0.001), and caregivers (CR = 0.23, p = 0.006) compared to caregivers who were not employed. This study further explored how financial hardship was associated with receipt of TANF benefits, results showed that household income was significantly associated with receiving TANF benefits. Being a licensed foster caregiver (OR = 0.09, p = 0.038) was associated with receipt of TANF benefits. Comparing characteristics of these groups, the most consistent difference is caregivers' registration status, which reflects that receiving foster care payments mostly depends on caregivers' registration although it may vary by state.	Key Notes and Findings The different types of kinship caregivers were classified in groups as follows: TANF only, FC only, TANF + FC, and NA. Modelling for the receiving of foster care allowance showed significant higher odds of receiving foster care payments included other types of allegations (including sexual abuse) compared to neglect (OR = 3.14, p = 0.021), higher externalizing problems (OR = 1.05, p = 0.001), and intermarriage (OR = 4.47, p = 0.001). Authors found the study which suggests that interventions for kinship caregivers address both child behavior management and parenting distress (Kerley et al., 2011).	Quality of the evidence Limited to one state in the USA, a nuanced look at a small subset of the population. Quality of Evidence: Medium	Financial aid specific to the American welfare system	The distribution, or not, of financial assistance and its effects.	None		
Murray, J., Macomber, J. E., & Green, R. Aigler, J., & Morrison, M. (2009). Looking	USA, Scotland	Abstract provided This study was commissioned by the Social Services Inspectorate. It is part of	Key Notes and Findings Again this is a paper looking at financial assistance in the USA. Their key question was to 'examine how many children in the review of kinship care in Scotland contains examples of "good practice", as well as findings from their review of school	Dated, using 2002 data. National survey of policies and practices across the LAs in Scotland. Interview	Financial aid specific to the American welfare system None	Adoption and Safe Families Act of 1997 (ASFA) The authors found no standardized policy across the country in	USA, no comparator Scottish review	None None	

<p>Washington, T., Wrenn, A., Kaye, H., Plester, M. A., Coleman, G., Carter, N., Zhang, L., Haggert, B. A., Williams, J. A., & Coakley, T. (2016). Psychological factors and behavioral health outcomes among children in Foster and Kinship care: A systematic review. <i>Children and Youth Services Review, 60</i>, 118-133. https://doi.org/10.1016/j.chy.2016.04.030</p>	<p>National data indicate recent increases in the number of children in foster and kinship care placements. Children in these placements are at elevated risk for behavioral problems, often stemming from maltreatment or trauma exposure before placement. Behavioral problems are associated with placement disruptions, delinquency, and substance use. Long-term data show children with histories of foster and kinship care disproportionately experience these negative outcomes. This research is needed to identify factors that can be targeted in prevention and intervention efforts to improve behavioral health outcomes among the vulnerable population. To fill this knowledge gap, we conducted a systematic review with the aim of developing a better understanding of the psychosocial factors associated with the behavioral health of children in foster and kinship care. Guided by the PRISMA protocol for systematic reviews, we identified relevant literature through searches of 3 electronic databases: Social Work Abstracts, Social Service Abstracts, and PsycINFO. Criteria for review inclusion were study samples of children in foster or kinship care, studies published between 2010 and 2016, and study focus on behavioral health outcomes, with psychosocial factors as the predictor variables. Studies were evaluated for risk of bias. The final sample included 40 studies, from which we identified almost 50 psychosocial factors associated with the behavioral health of children in foster and kinship care, including the most frequently examined psychosocial factors of caregivers' parenting practices and placement type. Additionally, we identified positive psychosocial factors (e.g., positive parenting practices; healthy family functioning) predictor lower behavioral problems. Practitioners should consider placement types and parenting interventions as a means to reduce problem behaviors. Given the substantial number of sensitive, timely samples in the reviewed literature, future research should focus on the direct and indirect influences of race/ethnicity and cultural competencies on children's behavioral health outcomes.</p>	<p>Our findings revealed that the majority of studies were cross-sectional, followed by longitudinal studies. Only a few studies had a poor methodological rating. Among the intervention studies, ratings were clearly poorer for this group of children included children who were placed with relatives (i.e., kinship care). This finding suggests a gap in knowledge about psychosocial factors and behavioral health outcomes among children in kinship care among the studies included in this review. The CILC was by far the most frequently used scale to assess children's behavioral health.</p> <p>Positive psychosocial factors (e.g., positive parenting practices; healthy family functioning) had a protective role in addressing behavioral health problems in this population. This review found foster and kinship care parenting practices to be of the most frequently examined psychosocial factors.</p> <p>In general, children who were in relative placements had fewer behavioral health problems than did children in non-relative placements.</p>	<p>Cumulatively, between non-intervention and intervention studies, nine studies had a poor methodological rating. Among the intervention studies, ratings were clearly poorer for selection bias, a lack of use of withdrawal, drop-out of blinding, and no discussion of study attrition (i.e., absence of discussion of rates).</p> <p>Quality of Evidence: Low</p>	<p>Multiple studies</p>	<p>NA</p>	<p>Meets</p>	<p>Not always possible to differentiate in the systematic review</p>
<p>https://www.sciencedirect.com/science/article/pii/S0190702117303666</p>	<p>Background: Kinship foster caregivers often face serious challenges to lack Objective: The purpose of the present study was to investigate predictors of psychological distress in grandmother kinship care providers. More specifically, it was hypothesized that social support, family resources, and physical health would predict psychological distress in grandmothers raising grandchildren. Method: One hundred and two grandmothers raising grandchildren in parent-child placement in the United States were surveyed using the Short Health Survey-36, Family Resource Scale, and a questionnaire requesting background and demographic information. Results: Results indicated that psychological distress was predicted by family resources, participants' physical health, and to a lesser extent, social support. Conclusion: The findings indicate that family resources, social support, and physical health affect psychological distress in grandmothers raising grandchildren. Grandmothers who reported fewer resources, less social support, and poorer physical health tended to experience higher levels of psychological distress. This study suggests that greater attention be given to interventions aimed to decrease psychological distress and improve the financial resources and physical health of grandmothers raising grandchildren.</p>	<p>28 studies were identified for review. There has been a dramatic rise in the number of neglected, abused, and abandoned children placed formally and informally in kinship care. Between 1980 and 1990, there was an increase of 44% in the number of children living with relatives in parent-child placements (US Bureau of the Census, 1990). In 1994, 2.1 million children were living with relatives in kinship care in the absence of either biological parent (Fogel, 1997). Just the majority of these kinship caregivers were grandmothers, a necessary role that more than 1 in 10 grandmothers have the primary responsibility for the care of a grandchild at some point, most often lasting for 2 years or more (Folan-Thompson, Minkler, & Driver, 1997). Although this phenomenon spans all social and economic groups, the most significant studies have been among African American and the poor (Fogel, 1997; June, 1990). 3.4% of Caucasian, 5.8% of Hispanic, and 12.1% of African-American children were living with grandmothers in parent-child homes (Fogel, 1997, June).</p> <p>Researchers have found that assuming full-time parenting responsibilities for grandchildren is associated with increased psychological distress in grandmothers parenting (Burton, 1992; Dowdell, 1995; Kibby, 1995; Kelley & Dumais, 1995; Minkler & Fox, 1993). Minkler and Fox (1993) found that 37% of grandmothers raising grandchildren reported that psychological health had worsened since assuming full-time caregiving. The vast majority of these grandmothers (72%) reported feeling "hesitant" in the week prior to data collection. Minkler, Folan-Thompson, Miller, and Driver (1997) reported that caregiving grandmothers were almost twice as likely to be categorized as depressed as non-caregiving grandmothers. Even after controlling for depression that pre existed the onset of caregiving, grandmothers had significantly higher rates of depression.</p> <p>"In the study, Only 11% of children were in formal kinship care, with the remainder in informal kinship care.</p> <p>"The present study broadens the findings of these earlier studies by validating a model that shows that levels of psychological distress can, in part, be explained by resources, social support, and physical health. While together these variables account for 41% of the total variance, results indicate that level of resources and physical health are clearly more of an influence than social support.</p>	<p>Only quantitative studies were included in the review. All studies must have been parent-child placements raising grandchildren.</p> <p>Quality of Evidence: Low</p>	<p>Sample size: 102 grandmothers raising grandchildren.</p>	<p>"The most commonly used intervention strategy (n= 5) was NA, study to identify predictors of mental distress amongst grandparent caregivers.</p>	<p>"In the United States, there were about 2.3 million (31%) children Interventions with kinship caregivers only (rather than also including all kinship care) (grandparents)</p>	
<p>Boetho, H. (2010). Kinship care: A review of Scamarcio, M., & Hagar, R. L. (2002). Kinship Care Providers: Designing an Array of Supportive Services. <i>Child and Adolescent Social Work Journal, 15</i>(4), 311-327. https://doi.org/10.1023/a:1018309295699</p>	<p>Discussion about the reasons for the increases in kinship care has been widespread (Banks & Barth, 1995; Cleason, 1999; Harvey, 1999; Hagar & Scamarcio, 2003). Hagar and Barth (1995) argue that the increase in kinship care, states must now incorporate kinship foster care into the traditional foster care system in order to qualify them for Federal funding (CLD, 1999). The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 amended federal law to require that states give priority to relatives when deciding whom to place children who are in the foster care system (CLC, 1999). The apparent paradigm shift from traditional foster parents to kinship care parents (Hagar, 1999) requires that agencies use both different approaches to assessment (Scamarcio & Hagar, 1999) used both different types of intervention and services. Adapting placement services to the needs of kinship care providers is the focus of this article.</p>	<p>McHugh (2009), by conducting interviews with kinship carers, also highlighted a multiplicity of issues, including a lack of "child welfare workers often think that kinship care families have fewer needs, however, this belief is not supported by the research. The needs of kinship providers may be different, but the needs of the children in care are similar.</p>	<p>Literature Review Date: (2002) Quality of Evidence: Low</p>	<p>NA</p>	<p>"The NSW State Government is currently implementing major child welfare reform with policy reviews to use foster/child welfare moves in experimental ways in 1998, five (California, Delaware, Illinois, North Carolina, and Maryland) have developed guardianship programs to assist in making kinship placements more permanent.</p> <p>"The apparent paradigm shift from traditional foster parents to kinship care parents requires that agencies both use different approaches to assessment and provide different types of intervention and services.</p> <p>"States have considerable latitude in how to implement Temporary Assistance to Needy Families, so relatives raising children are not eligible for the same financial help as at states.</p> <p>"In many states training is mandated for Kinship caregivers.</p>	<p>"Australia, specifically New South Wales. The importance of the kinship care population rose 37% from 1990-1998, the kinship care population rose 37% in 1998, above 20% of all foster care children in the US were in kinship care. (LSDCH, 2000).</p>	
<p>Dentley, R. W. (2011). Kinship liaisons: A peer-to-peer approach to supporting kinship caregivers. <i>Children and Youth Services Review, 35</i>(2), 217-225. https://doi.org/10.1016/j.chy.2010.09.004</p>	<p>Relative caregivers are invaluable to the child welfare system. Although most states have a preference for relative placement, the support and assistance provided to relatives caring and beyond the initial child placement period are inadequate. Through a U.S. Children's Bureau System of Case Demonstration project, a peer-to-peer approach based in social cognitive theory which paired a new relative caregiver (n = 74) with a full-time, paid kinship liaison (a current or former relative caregiver) was studied. Findings show that kinship liaisons are extremely helpful to caregivers and reveal 27 support categories that caregivers find most useful. One of the most significant services (i.e., information and referral) provided by the liaisons increased caregivers' knowledge of accessing available services and the permanency process. Data reveals show significant increases in caregivers' coping abilities and willingness to become a permanent resource for the children in their care. Policy and practice insights are provided.</p>	<p>This study describes an initiative designed to support kinship caregivers, thus improving the safety, permanency, and well-being of the children in their care. The project was implemented in Clark County, Nevada, under the U.S. Children's Bureau Improving Child Welfare Outcomes Through System of Case Demonstration from 2004 to 2008. A peer-to-peer approach was used involving current and former kinship caregivers (referred to as kinship liaisons) and who were hired full-time by the county's lead child welfare agency to develop and implement a support and intervention initiative for relative caregivers. One caregiver domain, stress, showed no statistically significant difference with respect to level of change from baseline to follow-up. baseline and follow-up the mean scores assigned by the caregivers reflected high levels suggesting high regard for the performance of the kinship liaisons.</p>	<p>sample 74 families, 152 children. Telephone interviews and empirical assessment scales (1) Relative Caregiver Self-assessment Scale; (2) Peer-to-Peer Measure (caregiver and kinship liaison versions); and (3) Service Logs. Small sample, geographically limited.</p>	<p>"A peer-to-peer approach based in social cognitive theory which paired a new relative caregiver (n=74) with a full-time, paid kinship liaison (a current or former relative caregiver)</p> <p>"A peer-to-peer approach was used involving current and former kinship caregivers (referred to as kinship liaisons) who were hired full-time by the county's lead child welfare agency to develop and implement a support and intervention initiative for relative caregivers. None of the kinship liaisons that were currently providing care for their own relative's child had an open child welfare case. The kinship liaisons that were currently providing care for their relatives' children had been in the role for several years and it was believed that they would be an appropriate resource</p>	<p>"Federal and many state laws specify that relatives should be sought first for placement, be it temporary or permanent (Greenblatt et al., 2002).</p>	<p>NA (qualitative study)</p>	
<p>https://www.sciencedirect.com/science/article/pii/S0190702107100763</p>	<p>Family foster care is a vulnerable youth care intervention. The recruitment and retention of foster parents causes concerns. Offering support to foster mothers and foster fathers can support the satisfaction and the intent of continuing fostering. Clearer understanding of the support needs of foster parents and their satisfaction with the foster care placement can lead to the identification of ways to improve the support offered. Although differences between foster mothers and foster fathers regarding their support needs and satisfaction can be expected, knowledge about these differences is non-existent. Differences in support needs and satisfaction between 88 foster parents and 120 foster children were examined. No differences between foster mothers and foster fathers were found. Both foster parents had higher support needs regarding dealing with the both parents' combined to support needs in handling problem behavior of the foster child. For both foster mothers and foster fathers, satisfaction with collaboration with the foster care worker, satisfaction with recognition experienced and satisfaction with reunification of the foster child, did not differ across these aspects. Satisfaction of foster parents can be increased by keeping in balance the rights and needs of both parents and those of foster parents. Acknowledging that foster parents are experts on their foster child and consulting them on important decisions will also contribute significantly to their satisfaction.</p>	<p>Study doesn't distinguish in its controlled variable kinship vs non-kinship foster care. Differences between foster mothers and foster fathers were found. Both foster parents had higher support needs regarding dealing with the both parents' combined to support needs in handling problem behavior of the foster child. For both foster mothers and foster fathers, satisfaction with collaboration with the foster care worker, satisfaction with recognition experienced and satisfaction with reunification of the foster child, did not differ across these aspects. Satisfaction of foster parents can be increased by keeping in balance the rights and needs of both parents and those of foster parents.</p> <p>Quality of Evidence: Low</p>	<p>Limited geographical sample (Limburg, Belgium) Questionnaires on 271 foster children (38 %) residing in 159 families (38 %) were returned to the researchers. Study doesn't distinguish in its controlled variable kinship vs non-kinship foster care.</p>	<p>NA</p>	<p>NA</p>	<p>Slightly unclear on my reading foster vs kinship? Doesn't distinguish.</p>	
<p>Vanderheide, J., Van Hoken, F., De Maeyer, S., Oryen, L., & Belsinger, L. (2010). Support Needs and Satisfaction in Foster Care: Differences Between Foster Mothers and Foster Fathers. <i>Journal of Child and Family Studies, 25</i>(5), 1165-1174. https://doi.org/10.1007/s10826-010-0320-4</p>	<p>Kinship care as a form of protective care in Australia has grown considerably over the past decade. The University of Melbourne Family Linkages: Kinship Care and Family Contact research project comprised a survey of kinship carers and consultations with key stakeholders. Given the significant underrepresentation of Indigenous children in kinship care arrangements, the project included a nested study of Indigenous kinship care. Research participants drawn was representative for Indigenous children to be connected to family, community and culture. However, survey responses indicated that in many cases, family and cultural connections were not being assisted by cultural support planning. Indigenous caregivers described the complexities of the established family contact, bringing good practice as well as dilemmas and shortcomings in culturally sensitive practice. There was much evidence of the established circumstances of Indigenous kinship carers and urgent support needs among carers, both Indigenous and non-Indigenous. Suggestions are made about ways in which children in kinship care might be better supported to maintain their family relationships.</p>	<p>There has been little research into Indigenous kinship care. Only around half of both the Indigenous caregivers (81%) and non-Indigenous caregivers (20 of 39) reported that they were receiving adequate support for the children's contact with their family and culture. Having and financial constraints were mentioned, the greatest number of support needed topics was social support. Small sample, geographically limited.</p> <p>Indigenous people was seen as fitting naturally into the Indigenous world view for those children who were living with their Aboriginal family and culture. Discussion and practice support for example the emotional and financial assistance as well as complexities about the cultural support planning.</p>	<p>Mixed methods - this involved a survey and three focus groups. The percentage of children represented who were Indigenous (15%) was comparable to the percentage of children in kinship care in Victoria in June 2010, who were Indigenous (15%) (Australian Institute of Health and Welfare, 2014). Small sample, survey subject to focus groups. Limited involvement of Indigenous people in the focus groups. Quality of Evidence: Low</p>	<p>NA</p>	<p>Cultural support planning for children under Guardianship Orders is required by Victorian legislation (Children, Youth and Families Act 2005, State of Victoria, 2005). The aim of cultural support planning is to provide Indigenous children in care with information about their family, community, culture and traditional land in order to ensure their connection with their family and their involvement with community activities (State of Victoria DHS, 2005).</p>	<p>NA</p>	

<p>Nash, J. M. (2019). Kinship Care: An Exploration Of The Practice Issues Encountered By Queensland Child Protection Practitioners. 79.</p> <p>https://www.ac.uk/author/jm2019/41388764.pdf</p>	<p>Australia</p>	<p>Mirroring international and interstate trends, the formalised use of kinship care for children in the child protection system has grown in Queensland in response to growing numbers of children in care and an inadequate pool of foster carers. There is a growing body of evidence supporting the benefits of kinship care for children including enhanced placement stability and child well-being. Legislators have embraced this paradigm with, embedding kinship care as the preferred form of care for children unable to live with their parents, whether temporarily or permanently. In practice, the utilisation of kinship care in Queensland is not optimal, with two thirds of children in care still living with unrelated foster carers. In this study, practice issues experienced by child protection practitioners are explored to understand how the resource of kinship care may be further enhanced. Findings indicate that while practitioners believe kinship care to be beneficial for most children, a holistic approach to family exploration work has resulted in many children drifting from temporary to permanent foster care arrangements. A more strategic approach toward recruitment, assessment, support and training is required for kinship carers, and as 'family' kinship carers need the opportunity to participate actively in case planning and therapeutic processes. Practitioners need advanced training to strengthen their understanding of the complexities of kinship family dynamics, to assist them to work confidently with kin carers and parents toward the best permanency outcomes for children.</p>	<p>This study was written with regards to Kinship care in Queensland, Australia. This study has found that practitioners appear to hold strong convictions that most children benefit from placement with kin</p>	<p>MA Thesis (2010), Specific to Queensland, Australia: Using focus groups. Extremely small sample (n=11).</p> <p>Quality of Evidence: Low</p>	<p>NA</p>	<p>NA</p>	<p>NA - permanency outcomes of reunification to parents and kinship care as a long term guardianship arrangement for children unable to return home.</p>
<p>Hartley, J. E., McKeir, J., Doi, L., & Appson, R. (2019). CARE: The development of an intervention for kinship carers with teenage children. <i>Qualitative Social Work</i>, 18(6), 928-943.</p> <p>https://doi.org/10.1177/1473325018783823</p> <p>https://journals.sagepub.com/doi/10.1177/1473325018783823</p>	<p>Scotland</p>	<p>The study addresses the needs of Scottish kinship carers of teenage children who have been identified as being in need of extra support. It designs and tests an appropriate support programme, defined as CARE. The CARE intervention study reported here applied the Six Steps for Quality Intervention Development framework, a pragmatic, evidence-based framework. The Six Steps for Quality Intervention Development framework comprises six steps: the first three steps seek to reveal the concerns of the kinship carer group and to generalise a theory of change; the remaining three steps generate a theory of action for the intervention, and subsequently for its implementation. There were three main benefits reported: first, the self-care techniques had a reportedly positive stress-reduction effect on kinship carers, and in their dealings with their teenager; second, kinship carers reported an increased self-awareness of their communication or 'connectedness' with their teenager; and third, there was a reported positive impact upon behaviour control as a result of the stress-reduction and improved connectedness. The development of the CARE intervention programme suggests that the Six Steps in Quality Intervention Development provides a useful methodological underpinning for intervention procedures which can be applied in a range of public health and social work settings.</p>	<p>Developed an intervention (CARE) for kinship carers of teenagers. Used Steps in Quality Intervention Development (SQID) (Wright et al., 2015) to develop the intervention. Participants often came to be carers as a result of having to deal with a range of extremely difficult circumstances. Examples in the study suggest, relatives often became kinship carers as a result of having to deal with bereavement, addiction, negative peer influence, addiction, disability, and medical complications in their families. Teens in this sample experienced emotional and behavioural difficulties, while their careers experienced stress. In sum, a range of practical benefits emerged from this research: first, the PLAY breathing techniques had a reportedly positive stress-reduction effect on carers themselves, and in their dealings with their teenager(s); second, the study showed a reportedly increased carer self-awareness of their communication or 'connectedness' with their teenager; and third, there was a stated positive impact upon behaviour control as a result of the stress-reduction and improved connectedness.</p>	<p>Small sample, not random. Intervention was being developed. Not tested at pilot CARE or full scale, therefore inconclusive.</p> <p>Quality of Evidence: Low</p>	<p>NA</p>	<p>NA</p>	<p>None</p>