For family or friends who step up to raise a child.

Co-producing research into kinship care

a report into opportunities and challenges

Professor Judith Harwin
Clare Walsh
Anam Raja
Sharon McPherson
Dr Lucy Peake
Lydia Yeomans

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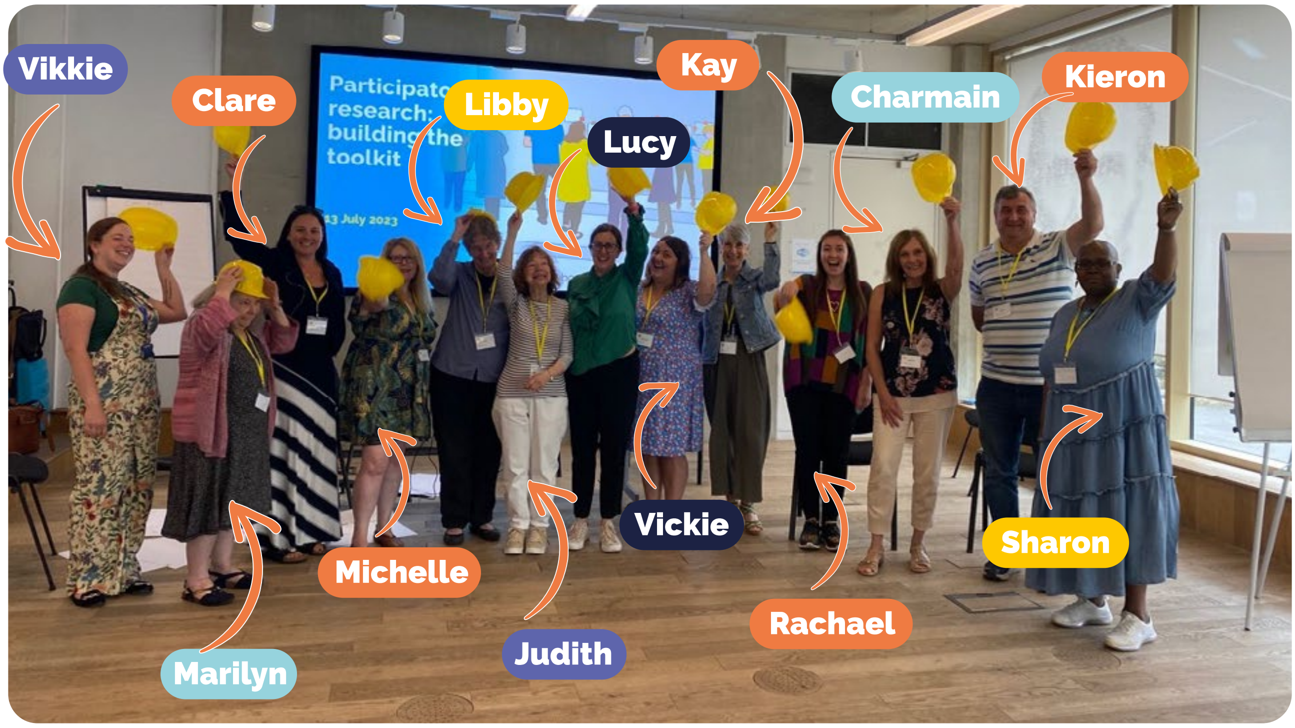
Team Members

- **Professor Judith Harwin,** Professor in Socio-legal Studies, Co-director, Centre for Child and Family Justice Research
- **Clare Walsh,** Peer Researcher
- **Anam Raja,** Research Manager, Kinship
- **Sharon McPherson,** Peer Researcher and Co-Director of Families in Harmony
- **Dr Lucy Peake,** Chief Executive, Kinship
- **Lydia Yeomans,** former Research Manager, Kinship
- **Laura Bradley,** former Participation and Involvement Manager, Kinship
- **Vikkie Chapman,** Transformation Manager & Executive Assistant, Kinship
- **Vickie Grey,** Regional Programmes Manager, Kinship, with experience as a kinship carer

Kinship carer workshop participants

- Charmain Betts
- Ian Spence
- Karen Friday
- Kay Pitchford
- Kieron Town
- Libby Wattis
- Marcia Gregory
- Marilyn
- Michelle Hall
- Wendy Turner



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The project was designed to tap into multiple perspectives on co-producing research into kinship care. The views of researchers working in universities and local authorities provided an essential window on the subject. We learnt a great deal from their experiences of co-production.

Paul Newnham, Fellow of the Higher Education Academy, Faculty Librarian, Faculty of Arts and Social Sciences, Lancaster University, could not have been more helpful in his guidance on the scoping review. His thoroughness and engagement with the topic were exceptional.

Some members of the research team had previously worked together. Others were entirely new. There were many discussions, reviewing content and design, and planning next steps. Vikkie Chapman was crucial in keeping hold of the project and liaising with all stakeholders.

We are grateful to all those who provided valuable feedback on the draft report. Their suggestions and comments were very important and fed directly into the final version.

We also want to thank the Durham Community Research Team within the Centre of Social Justice and Community Action at Durham University and Dr Sui Ting Kong for permitting us to use the image 'The Journey of Participatory Research'. It captures the themes we explore in the toolkit perfectly.

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Glossary

ASGLB – Adoption and Special Guardianship Leadership Board
CAO – Child Arrangements Order
DfE – Department for Education
DPA – Data Protection Act (2018)
EDI – Equality, Diversity and Inclusion
ESRC – Economic and Social Research Council
ESRC IAA – ESRC Impact Acceleration Account
HEFCE – Higher Education Funding Council for England
NIHR – National Institute for Health and Care Research
NSPCC – National Society for the Prevention of Cruelty to Children
PAR – Participatory Action Research
PR – Participatory Research
REF – Research Excellence Framework
SCIE – Social Care Institute for Excellence
SGO – Special Guardianship Order
UN – United Nations

Executive Summary

Introduction

This report identifies opportunities and challenges in co-producing research on kinship care. The findings are targeted at all types of kinship carers, researchers and research organisations, funders, children's services, NGOs, commissioners, and policy-makers. Both the report and toolkit have been co-produced by a team at Lancaster University and Kinship that builds on a long-standing partnership between the two organisations. The project was funded by an ESRC Impact Acceleration Account and the Department for Education. The linked toolkit builds on the findings of this study and provides guidance on best practice. The study was carried out between 2022-2025.

It was set up to address the concern of Clare Walsh, researcher and special guardian, that current research into kinship care does not give carers the opportunity to influence the way that research is designed and undertaken. Instead, kinship carers and their families are the subject of research but not equal partners. Studies that draw on the perspectives and experiences of kinship carers have a long tradition (for example: Hunt et al, 2008; Wade et al, 2014; Wellard et al, 2017; Cusworth et al, 2019; Harwin et al, 2019) and they continue to be the main way in which kinship carers inform research evidence today (e.g. Rees Centre, 2025). They capture the voices and experiences of kinship carers and their families, but they are not based on the principle of co-production, which is well established in other fields, most notably in health and disability research. Our project called for a new approach which would involve kinship carers from the outset and build on their lived experiences with the potential to produce new highly relevant research for practice and policy. More recently, a number of studies have adopted this approach, such as (Tah and Selwyn, 2025; Thomas et al, in progress; Cusworth et al, in progress).

Clare was a member of the Adoption and Special Guardianship Leadership Board's Task Group on Special Guardianship, that was chaired by Lucy Peake, CEO of Kinship. Professor Judith Harwin was also a member. With support from other members of the Task Group, Clare, Lucy and Judith worked together to develop a funding proposal for a project to address Clare's concerns.

The project was originally funded to explore the availability and potential for co-produced research in relation to kinship carers with a special guardianship order. Recent significant policy and proposed legislative changes currently going through Parliament led us to widen the reach of the report and toolkit to prioritise inclusivity and the need for a research strategy that does not give precedence to a single category of kinship carer on the basis of legal status. For this reason, although the research took place with special guardians, we use the term kinship carer throughout,

What is co-produced research?

There is no single definition of co-production. Sometimes it is used interchangeably with other terms including 'co-design', 'collaborative' or 'participatory approaches' or 'participatory action research'.

It is a radically different approach from the more common model of university-led and funded research. It requires different relationships between all participants, different practices and a shift in mindset and culture as well as power.

In this report we use the term 'co-production' for clarity and simplicity, unless there is a specific reason to use an alternative.

unless there is a specific reason to refer to special guardians. This decision was taken jointly with the project participants, some of whom were caring for children under different arrangements as well as special guardianship.

Aims

The report aims to address the following questions:

1. What research into kinship care, if any, has been co-produced since 2000 and on what issues?
2. Are there any co-produced toolkits to guide best practice?
3. Is there an appetite for co-production amongst kinship carers?
4. If so, what are the opportunities and barriers, and how can they be addressed?

Methods

To address these questions, we carried out a multi-strand study over three years. It comprised a literature review, three online focus groups with 21 kinship carers, three face to face workshops with a smaller number of these kinship carers, and an online roundtable with six researchers who had experience in participatory research.

Findings

The scoping review

There were two elements to the literature review. The first was a rigorous scoping review of co-produced research with kinship carers. This type of review is used when the literature is scattered and insufficient to draw conclusions about its quality (Arksey and O'Malley, 2017; Munn et al, 2018; Mak and Thomas, 2022). The second was a broader review of participatory research and toolkits in allied fields.

The scoping review revealed a major lack of co-produced research that had been published since 2000 internationally in countries with similar child protection systems. There were just two articles and two PhDs on participatory research (Herod, 2013; Hill and Hart, 2017; Hall, 2022; Moldow et al, 2023) and none with co-production in the title or abstract.

Despite the low number of studies in the scoping review, they had important learning points on four themes – (1) investment; (2) power; (3) safety and ethics; and (4) ownership and belonging.

TABLE 1: Themes from the scoping review

Investment	• Compared to traditional research methods, participatory research required a higher level of investment from researchers and commissioners. This included providing resources for kinship carers (equipment, training and renumeration) and support. • It was important to build in flexibility in the kinship carers' involvement when projects were long-term to sustain participation.
Power	• All the research teams attempted to address power imbalances with varying degrees of success. Researchers required a high level of skill and reflexivity to the challenges around power-sharing, which included awareness of structural inequalities.
Safety and ethics	• Establishing a safe working space was essential. Some preferred to carry out the research at home. Others preferred a community venue. • Training should be made available on ethical research and the research arrangements that are needed to implement it.
Ownership and belonging	• Kinship carers needed to feel that they owned the research. When they did, it made them feel proud of their input and more likely to stay involved. They wished to be named as authors and valued taking part in dissemination. • Regular whole team meetings to reflect on the project and the co-production process increased the sense of ownership. • Interest from the research commissioners increased commitment to the project.

The literature review

The last decade has seen a major growth in participatory and co-produced research in allied fields, particularly in health and social care, children's services and disability. It has been welcomed by funders who have also produced guidance for research applications and best practice (ESRC 2024; NIHR, 2024; SCIE, 2022). Universities have also welcomed co-produced research which fits well with their widening participation agendas. It has led to many different initiatives, such as public engagement hubs, the development of modules and training events as well as funded research and publications and community initiatives including theatre productions.

All endorse the premise that research is immeasurably enriched by involving stakeholders who do not automatically have a say in university-led research. But there are also challenges:

- Although trust is essential, it takes time to build
- Co-produced research is more time-consuming and complex to carry out than the more common model of university-led research
- There is much less evidence on the impact of participatory and co- produced research on service and policy reform than on the benefits of the principles and methods of working.

The review of toolkits in allied fields was valuable. The most useful toolkits:

- Set out the key principles and features of co-production
- Had concrete strategies to address crucial issues such as recruitment of minoritised ethnic groups
- Offered training for all team members.

Conclusions

The wide-ranging and specific issues that face kinship carers make clear that it is not enough to borrow from other fields but that a dedicated toolkit is needed on best practice in co-producing kinship care research.

The focus groups with kinship carers

Twenty-one kinship carers took part in the online focus groups. They were a diverse group. They came from all parts of England and included one person from Wales. Fourteen were female. Thirteen were grandparents but the participants also included aunts, uncles and siblings. Where information was available, fourteen participants were aged between 45 and 64. Fourteen identified as White and four identified as as biracial or multiracial. The children and young people they were caring for were aged between two and 20. A majority of the special guardianship orders were made between 2017 and 2022. Nine kinship carers had research experience.

The purpose of the focus groups was to explore the reasons for taking part in the project, to identify opportunities and barriers to developing co-produced research and put forward suggestions of how the barriers could be resolved.

The focus groups generated powerful insights and messages on all these issues. A prime reason for taking part in this project was the wish "to improve the system" so that future kinship carers did not face the same difficulties that had beset members of the focus groups. Some people felt there would be personal benefits such as becoming part of a community.

An overarching message was that the kinship carers thought it would be possible to develop a research community of kinship carers committed to co-production, and that there was an urgent need to fill the gap in research that reflected their own experiences.

They considered that multiple approaches would be needed to make co-production integral to research on kinship care and they identified practical and concrete ways to address the many obstacles that currently prevent involvement from the outset. Below is a summary of these barriers.

TABLE 2: Barriers to co-producing research into kinship care

Under-representation of the diversity and range of kinship carers	Kinship carers from ethnic minorities; males; younger carers; those without a legal order; from rural communities; with few educational qualifications; and those who lack confidence and feel they are invisible. *"The ones we should really be researching are the ones that stay under the rock. They are the 90% who don't come forward"*
Practical constraints	A lack of digital access; lack of time and availability; difficulties with childcare arrangements, including childcare costs and delays in reimbursement; difficulties in travelling to face-to-face events, especially when looking after young children; finding childcare when children have additional needs.
Knowledge constraints	Few digital skills and a lack of confidence; lack of access to information about current research and opportunities to take part; lack of access to training on research methods and ethics.
Trauma	Kinship carers felt bruised by their experiences of becoming kinship carers that often had fostered a deep mistrust of the local authority and reluctance to become involved in research. *"I had to fight … for everything and when I got my SGO I just deflated… I was like, I was pretty traumatised, so if I was approached at that moment to then talk about it [my SGO] all over again, I wasn't able to do that, and it took me three years to be able to actually get back to that conversation"*
Power imbalances	A lack of recognition that lived experience is equal to the contribution of professionals and academic researchers.
Distrust of local authorities and holding them to account	*"No-one [has] really captured the impact of the lack of local authority effectiveness in fulfilling their legal responsibilities with what's already there… So what I'm hoping is that through this research we can capture what life is really like for special guardians … with some very, very firm recommendations that will hopefully then inform the statutory requirements for local authorities, but hopefully with a bit of punch, where if you don't do it, there's a consequence."*
Scepticism about the possibility of research leading to change	Research doesn't lead to change and is perceived as irrelevant to the kinship care community: *"In my head, research conjures up, you know white females…. and males. It's not speaking to me. It's not speaking about me. There's not really much I can relate to".* *"I still get emails come through on research and … I think I'm reading the same stuff I was reading twenty years ago and … I just kind of think I'm done with research because we just talk and talk and talk".*

Conclusions

The focus groups were important because they established that there is an appetite for co-production amongst kinship carers. To make it a viable reality, in their view a wide-ranging strategy would be needed to tackle engagement issues, knowledge, financial and resource issues. These themes tied in with, and amplified the messages from the literature and helped establish the key areas that the workshops would need to take on board to develop a toolkit to guide best practice.

The workshops with kinship carers

The main aim of the face-to face workshops was to collaboratively agree the content and design of the draft toolkit, incorporating the key learning from all aspects of the project. Three face-to-face workshops were held in central London in April and July 2023 and June 2024. All travel and subsistence costs of attendance were paid by Kinship including childcare as needed. The workshops ran from 10.30am-3.30pm to accommodate school hours.

Six themes were explored in the workshops. They were:

1. Building understanding of research and the research journey
2. Establishing motivations and generating personal messages to foster engagement with future kinship carers accessing the toolkit
3. Power dynamics - how to address inequalities between partner organisations
4. Recruitment and retention strategies that are inclusive and represent diverse kinship care groups
5. Barriers, obstacles and support - identifying the issues and strategies to tackle the barriers
6. Thanking and valuing special guardians – what are the different ways in which this can be achieved?

The workshops were designed to be fun so as to build engagement and create a friendly and warm atmosphere in which to share experiences and identify practical ways forward. The sessions were facilitated by two members of staff at Kinship who had expertise in co-production in relation to service development, and one also had experience as a kinship carer. A sketch artist captured the themes as they were being discussed. Tasks were first discussed in small groups and summarised in post-it notes which were then placed around the room for comment by all the participants. In the later groups, the kinship carers looked at different toolkits in other fields and decided on the look and design of the draft toolkit. This was important to promote ownership and belonging.

The kinship carers were enthusiastic about the sessions and their involvement in the toolkit development. They felt proud of their work and wanted to be named as co-authors. They felt that this was an important way of showing they are valued, respected and treated as equals and not as subjects of research. They also want researchers to treat them with empathy and to remember that every journey is unique.

> *"We're putting hope, love and care into this project"*
>
> *"I loved it [today's workshop]. It's the best thing I've done since I became a special guardian".*

Conclusions

The kinship carers want to contribute to all stages of the research journey, from the first step to the last. They see opportunities for wider partnerships with universities, research organisations, frontline services and with health services.

For this to happen, they set out the key issues and their suggestions to address them.

TABLE 3: Key issues and ways forward identified by kinship carers

The issue	**Ways forward**
Concerns about participation in research. It may: • Put other family members at risk • Exacerbate pre-existing difficult relations with birth families • Have negative impacts on mental health • Create extra pressures and conflict with childcare responsibilities.	› Ensure high levels of confidentiality to protect kinship carers and the children they are caring for › Emphasise how engaging in research can help normalise negative experiences, reduce stigma and isolation, and contribute to the wellbeing of other kinship carers and their children › Create a 'safe research space' so that participants feel listened to, empowered and valued and motivated to reach out to other kinship carers to get involved.
Supporting kinship carers to take part in co-production	› Develop mentoring schemes › Create a bank of peer researchers to act as consultants at all stages of a project › Work with trusted organisations.
Widening options for kinship carers to co-produce research	› Provide full information on projects, the funders, the research goals, methods, outcomes and dissemination plans › Provide research training, including on safety, ethics and confidentiality and on research processes › Offer a variety of research methods (surveys, interviews, artistic expressions such as the performing arts).
Financial and practical barriers	› Ensure research applications reflect the full costs of kinship carer involvement › Pay travel costs in advance to prevent kinship carers being out of pocket › Provide opportunities to participate online or in person › Build in flexibility to maximise involvement in the project e.g. offer a range of time slots to attend meetings.
Making the toolkit meaningful to kinship carers so as to promote engagement	› Kinship carers should lead on the language, design and appearance of the toolkit › The toolkit needs to be jargon free and visually attractive.

The online roundtable with researchers

The purpose of the roundtable was to draw on the experience of researchers who had carried out participatory research. The aims were to:

1. Identify their views on opportunities and obstacles to co-production in the light of the findings from the focus groups and workshops
2. Canvass their views on the essential ingredients of co-produced research
3. Obtain their perspectives on how the sector can increase opportunities for co-produced research.

Six researchers took part and included both early career researchers and senior academics. They had links or positions in three different universities, and one member held a position as an embedded researcher within a local authority. Two participants were also kinship carers who were currently engaged in research involving co-production in the field of children's services and health and social care.

The roundtable members identified three essential ingredients (Table 4) in order to create a collaborative research framework for co-production in kinship care research:

1. A sustainable infrastructure based on strong partnerships with community organisations and universities. These partnerships need to be held by trusted organisations
2. An inclusive research strategy to build capacity
3. Universities have systems in place to promote engagement with kinship carers.

TABLE 4: How the sector can increase opportunities for co-produced kinship care research

Sustainable infrastructure	• Kinship should play a lead role in helping build a sustainable infrastructure as a trusted organisation because of its close contact with kinship carers, well established links with policy-makers, local authorities and practice and research communities • Other organisations with in-depth engagement with kinship carers, policy-makers, practitioners and children's services could play a similar role.
A strategy to build capacity	• Widen the pool of kinship carers to include all categories. This would increase numbers in the pool and enrich the diversity of issues to research • Create a bank of skilled and trained peer kinship care researchers to assist in recruitment, build on personal motivators, and offer support to new kinship care researchers • Ensure that the pool incorporates new voices to remain dynamic and captures new experiences for research and avoids co-production being a tick-box exercise • Embed 'community connectors' (Lambeth Council, n.d.) from research organisations into formal and community-led services to tap into kinship carers' networks and facilitate direct contact with mistrusted organisations to promote engagement and change • Ensure that academic researchers embarking on co-production: o Pay attention to ways of communicating with kinship carers, including choice of language and preferred methods of contact o Bring a different mindset and specific communication skills and capacity to reach out into the community to foster and sustain engagement.
Universities and funders	• They have an important role to play in promoting engagement Those already involved in kinship care research should undertake training, independent learning or other development processes in co-production to help change the research culture from 'doing to' to 'working in partnership with'. Minimising power imbalances should be a top priority • Involvement with universities can enhance peer researcher self-esteem and create new research opportunities • Universities need to make it easier for kinship carers to access their facilities and resources • Funders need to check whether peer researchers are integrally involved in grant applications.

Conclusion

The roundtable provides a roadmap of the actions needed to embed co-production into kinship care research from the outset. Co-production requires commitment from all partners, a coordinated strategy across systems, and places distinct demands on academic partners and trusted organisations.

Discussion

This study set out to identify the opportunities and obstacles to co-producing research into kinship care. To the best of our knowledge, this report and toolkit are the first to address this important topic in England and Wales.

This study has been prepared against a background of major legal and policy development which recognises the importance of all types of kinship care, irrespective of legal status. The Independent Review of Children's Social Care foregrounded the important role that kinship carers play in supporting children who might otherwise grow up in the care system or be placed for adoption and lose ties with their own birth families. The Kinship Care Strategy 2023 also reflects a new interest in this type of care that has been overshadowed by research into foster care and adoption.

Whilst recent policy and legislation are in line with this agenda in relation to practice, it has not been linked to research. Although there is growing interest in incorporating lived experience into research there is a lack of evidence and guidance on how this should be done. This report and accompanying toolkit offer a roadmap that recognises both opportunities and challenges for the research community.

A particular challenge is the lack of evidence on the impact of co-produced research on service delivery and policy development. It needs to be recognised that impact can take a long time to be felt and collecting evidence is not straightforward. Future research should aim to address this issue. The present research is focused on the more immediate issues of how to develop and implement co-produced research..

There were many useful lessons in co-producing this study which could be helpful for others to reflect on when setting up a co-produced project.

Recruitment is clearly a crucial issue. We deliberately partnered with two kinship carers who had excellent networks in their communities including with under-represented groups. We succeeded in meeting our minimum numbers, including some under-represented groups, but we had hoped for more participants. Recruitment also took longer than anticipated and required a significant amount of engagement activities prior to taking part. Not all kinship carers who expressed an interest went on to join the project. This highlights how recruitment needs to be carefully planned in terms of clarity on the purpose of the study, engagement and resources.

In addition to recruitment taking longer than planned, the entire project also took longer than anticipated. As happens in many studies, there was staff turnover meaning that both Kinship and Lancaster University had to bring in additional resources. This meant that it was a challenge to maintain continuity in the research team over the course of the project which affected the delivery deadlines. Despite this, the research team and all kinship carers remained actively engaged until completion.

Finally, there was much shared learning about the importance of mindset. Expectations amongst kinship carers about the impact of research on bringing about swift change needed scaling back. For academic researchers navigating power imbalances was challenging and difficult to raise. Understanding the complexity of carrying out co-produced research, being true to its principles, and recognising the time it takes and challenges within university environments was a steep learning curve.

Limitations

This was a small-scale study with very modest funding. Inevitably it has impacted on what we could achieve within the timescales. The initial focus on special guardians meant that we were unable to reach out to other types of kinship carers. This could limit the relevance of the findings and the messages in the toolkit. We acknowledge there are diverse experiences and perspectives within the kinship carer community and future research should seek to obtain these.

Despite these limitations, this study breaks new ground. It will have achieved its goals if it raises awareness of why the voices and experiences of all kinship carers should shape research from the get-go and if the toolkit can help drive forward implementation. There are many hurdles to overcome but they must be addressed to achieve policy relevant research that benefits all kinship carers and the children they are raising.

Key messages

Opportunities

- Kinship carers and researchers wish to see the introduction of co-produced research that draws on kinship carers' lived experience. They believe co-production has the potential to create new highly relevant knowledge for service providers, policy-makers, kinship carers, practitioners, researchers and funders alike
- Kinship carers feel they can play a part in all types of research, subject to relevant training, peer and organisational support, appropriate remuneration, and recognition of their own practical commitments
- Kinship carers see commonalities in their experiences. They challenge the siloing of the kinship carer community by type of kinship arrangement
- Some universities have developed pioneering initiatives to promote engagement with peer researchers and facilitate co-produced research. Although these initiatives are not targeted at kinship carers, they provide a useful framework that can be adapted and built upon.

Challenges

- Kinship carers feel excluded from the opportunity to produce research that involves them from the get-go through to the final output and dissemination.
- There is a major gap in the evidence base on co-produced kinship care research and no specific toolkits to guide best practice
- Kinship carers call for research to be more inclusive of the diversity of kinship carers. They consider the following groups under-represented:
  - Ethnic minorities
  - Younger kinship carers
  - Men

  - Kinship carers without Special Guardianship Orders, especially those in an informal arrangement
  - Those from rural communities
  - Those with a private law order
  - Those with few formal educational qualifications
  - Those who lack confidence and feel invisible, and that their experience is not valued
- Kinship carers recognise that grandparents who are white and female feature most commonly in research about kinship care. However, even this group reports that they feel marginalised and patronised and want opportunities to co-produce research rather than to only be the subjects
- There are specific issues that must be considered when involving kinship carers in co-produced research. These relate to: the multiple needs of the children they are caring for; the lack of financial, practical and emotional support they receive for their caring role; experiences of trauma; and the complex system they navigate. The impact of local authority assessments, family court processes and navigating systems that can feel biased against cultural practices, too often without the appropriate support, contribute to broken bridges of trust towards professionals and engagement in research activities
- Engagement with universities can be hampered by their administrative processes to employing and involving kinship carers as co-producers
- Significant changes in research culture, infrastructure and practice are needed if co-production is to become a viable reality
- Without financial support to trusted organisations, such as Kinship, to lead the research strategy with key partners, co-produced research is likely to be piecemeal and limited in impact.

Recommendations

Principles

- Co-production should be the default methodology, wherever possible, for all kinship care research projects
- All co-produced research projects should prioritise inclusivity and lay out a practical strategy to this end.

Building capacity and sustainability

- The core ingredients are:
  - A trusted organisation with strong community networks and national policy influence should lead a coordinated research strategy. Kinship would be well placed to take on this role in partnership with other organisations
  - A pool of diverse, well trained and supported peer researchers
  - Academics trained in participatory research approaches
  - Recognition of the additional time needed to implement the strategy, compared to university-led research
  - Organisational structures and trusted partnerships to support participation at all levels of the organisation.

Developing best practice

- Non-traditional methods to recruit peer researchers, including videos and podcasts, should be used
- The early stages of recruitment should:
  - Allow sufficient time to consult with kinship carers about the project, so they have full understanding of its goals and their own role and responsibilities
  - Consider and plan for kinship carer participation needs (i.e. financial, physical, emotional, practical, communication methods)
  - Incorporate trauma-informed research practices
  - Set out clear expectations for the whole team, including outputs and impacts
  - Ensure that all research processes and plans of work are revisited regularly
- Co-producers should work together to build relationships of trust.

Implications for funders and research organisations

- Funders, whether charities or research organisations, have a vital role to play in catalysing a coordinated programme of co-produced research into kinship care
- Funders should consider:
  - Setting up a dedicated funding stream to catalyse new initiatives
  - Making inclusive research design a condition of funding
- Grant applicants should realistically cost the time and money needed to undertake co-produced research
- Research organisations should review their internal processes to maximise peer researcher engagement and access to their resources.

In a nutshell...

1. There is an appetite, need and opportunity to develop co-produced research into kinship care
2. Future co-produced research needs to target all types of kinship carers. This will enrich the scope, volume and relevance of studies to policy-makers and practitioners
3. It will require financial investment, organisational support and a strategy to build capacity.

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Introduction

This report examines the opportunities and obstacles to developing co-produced research in kinship care. The report has been written with and for kinship carers, peer researchers, charities, local authorities, policy makers and others working with kinship families, universities and funders. It draws together learning from all the sources of evidence and its findings underpin the toolkit that is the practical sister output, designed to chart best practice and deal with challenges in a visually compelling way. Both documents are standalone but are best read together.

Background

The project was set up to address the concern of Clare Walsh, researcher and special guardian, that current research into kinship care does not give carers the opportunity to influence the way that research is designed and undertaken. Instead, kinship carers and their families are the subject of research but not equal partners. Studies that draw on the perspectives and experiences of kinship carers have a long tradition (for example: Hunt et al, 2008; Selwyn et al, 2013; Wade et al, 2014; Wellard et al, 2017; Cusworth et al, 2019; Harwin et al, 2019; Hunt, 2020) and they continue to be the main way in which kinship carers inform research evidence today (e.g. Rees Centre, 2025). They capture the voices and experiences of kinship carers and their families, but they are not based on the principle of co-production, which is well established in other fields, most notably in health and disability research, but also increasingly in social work (Ali et al, 2024).

Our project called for a new approach which would involve kinship carers from the outset and build on their lived experiences with the potential to produce new highly relevant research for practice and policy. More recently, a number of studies have adopted this approach, such as (Borenstein et al, 2025; Tah and Selwyn, 2025; Thomas et al, in progress; Cusworth et al, in progress).

Clare was a member of the Adoption and Special Guardianship Leadership Board's Task Group on Special Guardianship that met from 2021 to 2022. It was chaired by Lucy Peake, CEO of Kinship and Professor Judith Harwin was also a member. With support from other members of the Task Group, Clare, Lucy and Judith worked together to develop a funding proposal for a project to address Clare's concerns, which was successful. It was funded by a grant from the Economic and Social Research Council Impact Acceleration Account (ESRC IAA) and the Department for Education (DfE).

Lancaster University and Kinship already had a well-established partnership. In 2019 they had received ESRC IAA funding to co-produce two films (with CoramBAAF), The First Day of Forever: Becoming a Special Guardian and Special Guardianship: An Agenda for Change with accompanying materials and policy and practice recommendations. In the first film, special guardians powerfully charted their experiences of the practice and legal system and the profound and often troubling impacts on their own lives and those of the children they were caring for. Senior policy makers from government and family justice provided their recommendations in the second film. A key finding from both films was that special guardians lacked a voice in policy and practice arenas. The present project builds on this finding and takes it into the research arena.

Original objectives for the project

- To develop a research framework with special guardians so that research is designed in a way that reflects and respects their views and experiences. The framework will help guide and inform best practice for those undertaking research into special guardianship
- To work with special guardians to develop a written guide and tools that can be used by anyone planning on carrying out research into special guardianship.

For all stakeholders the common purpose was to support the co-production of innovative and robust research that reflects the primary concerns of special guardians and kinship carers, enriches the scope and nature of future research and brings their valuable expertise to policy makers, funders, academics and universities.

Policy developments and their impact on the project

The project was originally funded with a focus on special guardians rather than on all types of kinship carers. This reflected the policy context and research focus at the time of the project's inception which consequently shaped the funding available for the project. At that time, the policy focus at central government level was dominated by special guardianship as opposed to other forms of kinship care. Structures such as the ASGLB and funding for significant research projects often reflected this.

However, since the study was first mooted, there have been major changes in policy relating to kinship care. The Independent Review of Children's Social Care and the government's subsequent first ever national Kinship Care Strategy for England (2023) and policy developments during 2024 heralded a shift to a more inclusive approach to developing research, policy and practice that recognises and supports all forms of kinship care. At the same time the ASGLB and Special Guardianship Task Group were dissolved by government in 2022, and a new government was elected.

The shift in policy was welcomed by the research team and it led to our decision to target this report and toolkit at all kinship carers. There are many reasons for this:

- We wished to include of all types of kinship carers as a matter of principle
- All kinship carers are bringing up a child who cannot be raised by their own birth parents but where links with the birth family are retained (even if this is only in principle as it is not always practically possible)
- The participants in this study endorsed this approach. Some of the special guardians were themselves looking after children with different types of arrangement, both with and without a legal order. The academic researchers in the roundtable also supported this inclusive approach
- In our collective significant research and personal experience in this area, both special guardians and other kinship carers experience poor levels of support. Kinship's 2023 annual survey found that 25% of kinship carers rated local authority support as very poor. Kinship carers are significantly more likely to report poor health, loneliness, and financial hardship than the general population (Nandy and Selwyn, 2012; ONS, 2023)
- An inclusive research strategy is likely to have greater strategic impact and generate a wider pool of future peer researchers than if the learning is only relevant to a sub-group of kinship carers. There are currently approximately 141,000 children in kinship care in England and Wales (Office for National Statistics, 2021), but only 21,000 children on a special guardianship order. Given the commonality of needs, it makes sense to provide all kinship carers with an opportunity to take part in co-production from the get-go

- The publication of the government's national Kinship Care Strategy has led to a welcome focus on improving support for all kinship families and recent policy developments are likely to embed this approach at local and national level. For example, the Department for Education is funding two national services that are for all kinship carers – the national Training and Support Service and Peer Support Service, both delivered by Kinship. New statutory guidance focuses local authorities on improving the 'Local Offer' of support for all kinship carers, and this should be developed in consultation with kinship carers. This builds on significant evidence that kinship care support is determined by legal arrangement and varies by local authority (Smyth et al, 2024).

Project aims and target audience

The project and its outputs have been developed for kinship carers, researchers, universities, funders and policymakers. The study has several aims:

1. To find out if kinship carers support the concept and development of co-produced research and to identify how they perceive the benefits and challenges, and ways of addressing challenges
2. To carry out a scoping review of the literature to draw together evidence on:
   a. Participatory and co-produced research with special guardians and kinship carers, and
   b. The existence of co-produced toolkits prepared with and for kinship carers
3. Depending on the response to aim 1:
   a. To develop the core ingredients of a co-produced strategy to stimulate and develop sustainable co-produced research into kinship care
   b. To produce a dedicated toolkit that sets out best practice and identifies challenges and ways in which they might be resolved
4. To generate recommendations for universities and research funders, informed by all available evidence, on the rationale, advantages and challenges of investing in co-produced research with kinship carers, and identify ways in which they might invest.

Concepts and definitions

A number of key concepts underpin this report. Below we set out the way in which we use the terms and their definitions.

Special guardians and other types of kinship carers

Kinship carers are grandparents, aunts, uncles, older sisters and brothers, cousins, other family members and friends. They have stepped up to raise the child of a relative or friend. Different legal arrangements mean that they experience systems differently, and their legal arrangement usually determines the support available to them and their kinship children. Kinship carers often report that social workers tell them that the local authority does not have a duty to their family because they are in a 'private arrangement'. In many of these cases, including the case of a researcher on this project, Clare Walsh, the kinship carers fight to have their arrangement recognised as being the responsibility of the local authority. This is another way in which kinship carers are excluded. Black and Asian kinship carers are more likely to be caring for children in an informal arrangement (MacAlister, 2022) reflective of their cultural family support practices (Tah and Selwyn, 2025).

The National Kinship Care Strategy for England (2023) sets out different types of kinship carers:

Informal kinship care arrangements are when a close family member or friend look after a child for a temporary or permanent amount of time. This arrangement is agreed privately with the parents and parental responsibility for the child remains with the parents.

Kinship carers with a Child Arrangements Order (CAO). Child Arrangements Orders are granted by the family court and determine who a child can live with and/or who a child can stay with and for how long. The kinship carer shares parental responsibility with the child's parents, or others with parental responsibility, until the age of 18 unless the court states otherwise. In 2014, Child Arrangements Orders replaced Residence Orders and Contact Orders.

Kinship carers with a Special Guardianship Order (SGO) have parental responsibility for a child following an order made by the family court. Kinship carers live permanently with their children until the age of 18 but need permission from the court to make important decisions, such as changing the child's surname.

Kinship foster carers look after children who are "looked after" by the local authority following a voluntary agreement, if a child spends more than 24 hours in local authority care under section 20 of the Children Act 1989 or if a Care Order is made by the family court.

Co-design is a collaborative approach to designing services, systems or products that involves multiple partners. The rationale is that co-designed services better reflect the needs of their users than those that are designed "top down".

Co-production: The term 'co-production' applies to a range of fields, including "the provision and generation of services, goods and research" (Campbell and Vanderhoven, 2016; Rahman et al, 2022). There is no single definition of co-production (Sutton, 2020). Sometimes it is used interchangeably with other terms including 'co-design', 'collaborative' or 'participatory approaches or participatory action research' (Pain et al, 2019). In this report we use the term 'co-production' for clarity and simplicity, unless there is a specific reason to use an alternative.

Participatory research: Participatory research is a "collaborative research approach that involves people who are affected by the research topic as equal partners in the research process. The goal is to improve people's lives and create social change." (King's College London, 2025)

Peer researchers: "Peer researchers (also referred to as 'community researchers') use their lived experience and understanding of a social or geographical community to help generate information about their peers for research purposes. They may be involved in assisting with research design, developing research tools, collecting and analysing data, or writing up and disseminating findings". (Yang and Dibb, 2020).

Scoping review: A scoping review collates the evidence on a topic in a systematic way, according to pre-agreed criteria (Arksey and O'Malley, 2017; Munn et al, 2018; Mak and Thomas, 2022). It is used where the knowledge base is scattered and, unlike a systematic review, insufficient to draw conclusions about the quality of the literature. Sometimes scoping reviews are called scoping studies.

Sketch artist: Sketch artists are frequently used in court rooms and draw pictures of the judge or jury and defendant. In this project the function of the sketch artist was to capture visually and in real time the emerging themes from the workshops.

Toolkit: A toolkit is a practical 'how to' document (Sood, 2018). It identifies steps to promote implementation (Thoele et al, 2020) and ways in which to tackle challenges.

Traditional research: In this report we use this phrase to describe research that does not routinely involve people with lived experience as co-producers and co-owners of the research and who have co-designed the aims and outputs from the get-go.

Co-production, its strengths and challenges

Co-produced research differs significantly from approaches where "the main involvement of non-academics is as the subjects to be investigated or as commissioners and recipients of research findings" (Campbell and Vanderhoven, 2016). In co-produced research, participants should be incorporated from the beginning of a project, helping to define and design it, through all stages to influencing and shaping the desired outcomes and ensuring implementation and dissemination. It is a radically different approach from the more common model of university-led and funded research, and it requires different relationships between all participants, different practices and a shift in mindset and culture as well as power. These processes and relationships are illustrated by the following figures (Pain et al, 2019; Ageing Better, 2021; NIHR SPHR, 2022) used this diagram to visualize the process.

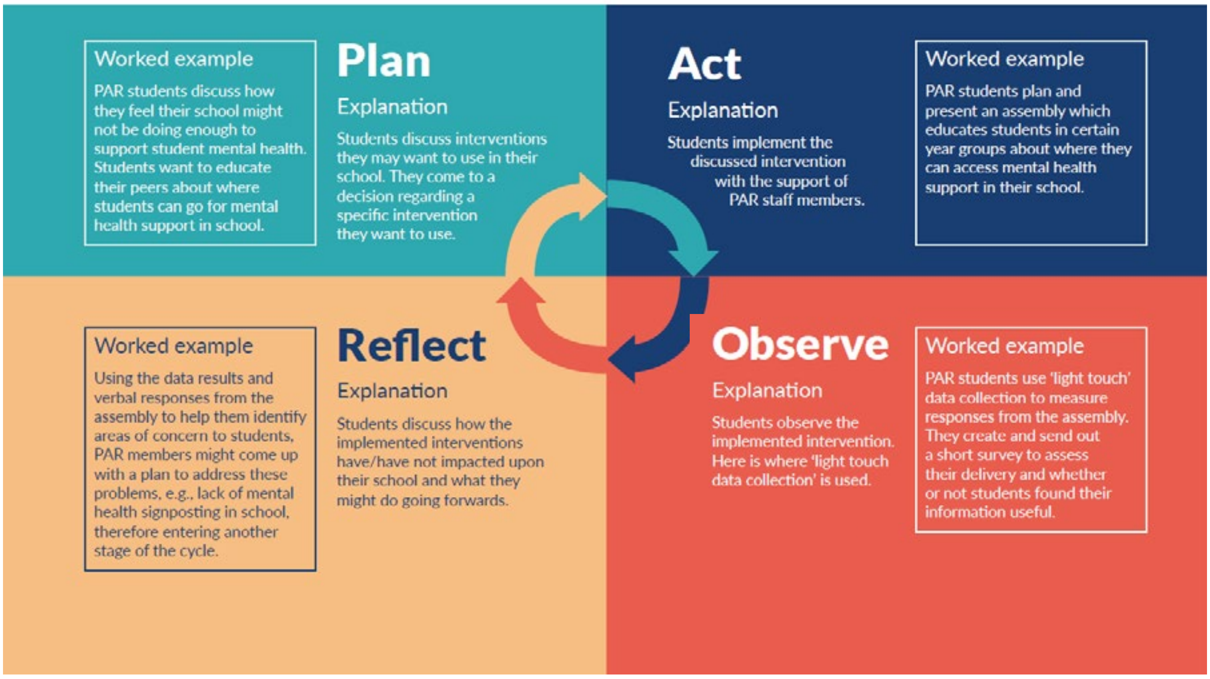
FIGURE 1: Typical Stages In Participatory Action Research

Adapted from: Pain et al, 2019

Phase	Action
Action	• Establish relationships and common agenda with all stakeholders • Collaboratively decide on issues
Reflection	On research design, ethics, knowledge and accountability
Action	• Build relationships • Identify roles and responsibilities • Collectively design research processes and tools • Discuss potential outcomes
Reflection	On research questions, design, working relationships and information required
Action	• Work together to implement research and collect data • Enable participation of all members • Collaboratively analyse findings • Collaboratively plan future actions
Reflection	• On working together • Has participation worked? • What else do we need to do?
Action	Begin to work on feeding research back to all participants and plan for feedback on process and findings
Reflection	Evaluate both the action and reflection processes as a whole
Action	Collectively identify future research and impacts

FIGURE 2: The PAR cycle and worked examples

Source: NIHR SPHR, 2022



PAR students discuss how they feel their school might not be doing enough to support student mental health. Students want to educate their peers about where students can go for mental health support in school.

Students discuss interventions they may want to use in their school. They come to a decision regarding a specific intervention they want to use.

Students implement the discussed intervention with the support of PAR staff members.

PAR students plan and present an assembly which educates students in certain year groups about where they can access mental health support in their school.

Using the data results and verbal responses from the assembly to help them identify areas of concern to students, PAR members might come up with a plan to address these problems, e.g., lack of mental health signposting in school, therefore entering another stage of the cycle.

Students discuss how the implemented interventions have/have not impacted upon their school and what they might do going forwards.

Students observe the implemented intervention. Here is where 'light touch data collection' is used.

PAR students use 'light touch' data collection to measure responses from the assembly. They create and send out a short survey to assess their delivery and whether or not students found their information useful.

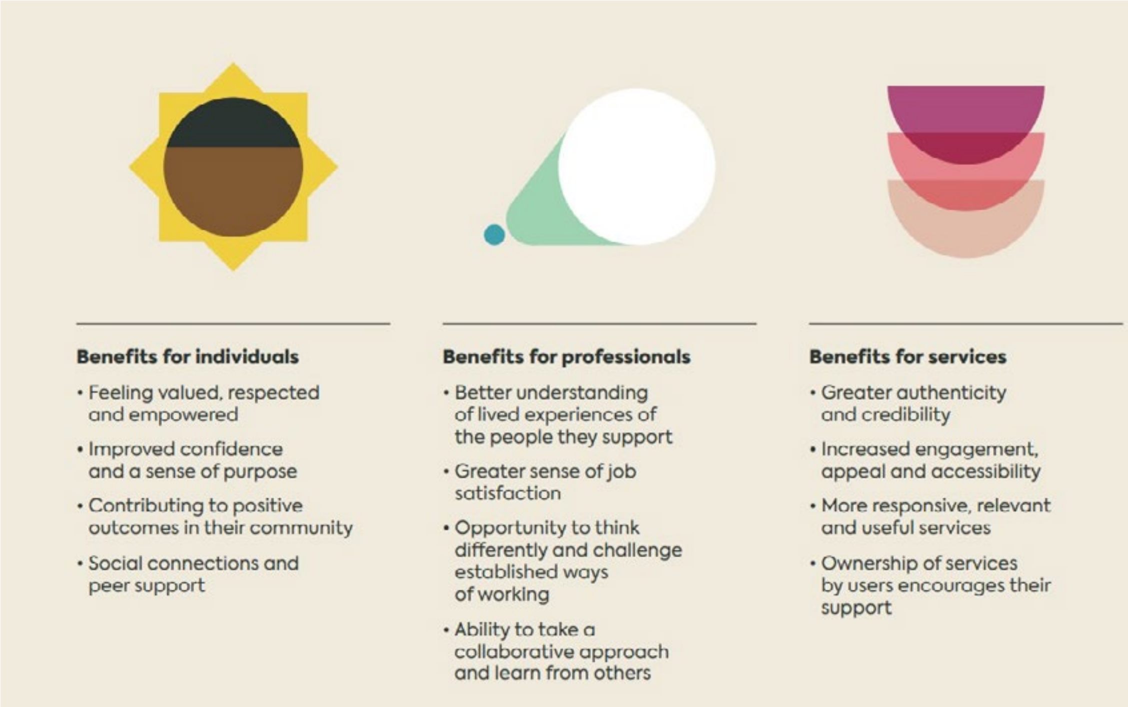
Co-production has grown out of the use of participatory approaches in research. The literature points to a wide range of benefits of participatory research:

- It is the right thing to do morally (Case et al, 2014)
- It empowers marginalised people (Rustage et al, 2021)
- It is collaborative and recognises that all team members have different skills, knowledge and experience which are all equally valuable (Case et al, 2014).
- It can contribute to social justice (Jagosh et al, 2012).
- The research is more effective because it has considered a wider range of those affected (Cargo and Mercer, 2008)
- Research is disseminated in ways that are accessible, impactful and help ensure that all partners feel their input is valued (Fruhauf et al, 2022).

Participatory research aims to ensure that power within the research process is evenly distributed. According to Jagosh et al (2012) it leads to sustainable collaboration and enhanced empowerment that can result in increased capacity on the part of all the project partners (Postavaru, 2014) and greater self-determination (Cargo and Mercer, 2008). This collaboration enables knowledge to be shared so that both 'professionals' and 'non-professionals' learn from the experience, and this can lead to better community relationships (Wallerstein, 2021) and enhanced mutual respect (Henderson et al., 2017). The benefits are summarised in Figure 3 below:

FIGURE 3: Benefits Of Co-Production

Source: Ageing Better, 2021



Benefits for individuals

- Feeling valued, respected and empowered
- Improved confidence and a sense of purpose
- Contributing to positive outcomes in their community
- Social connections and peer support

Benefits for professionals

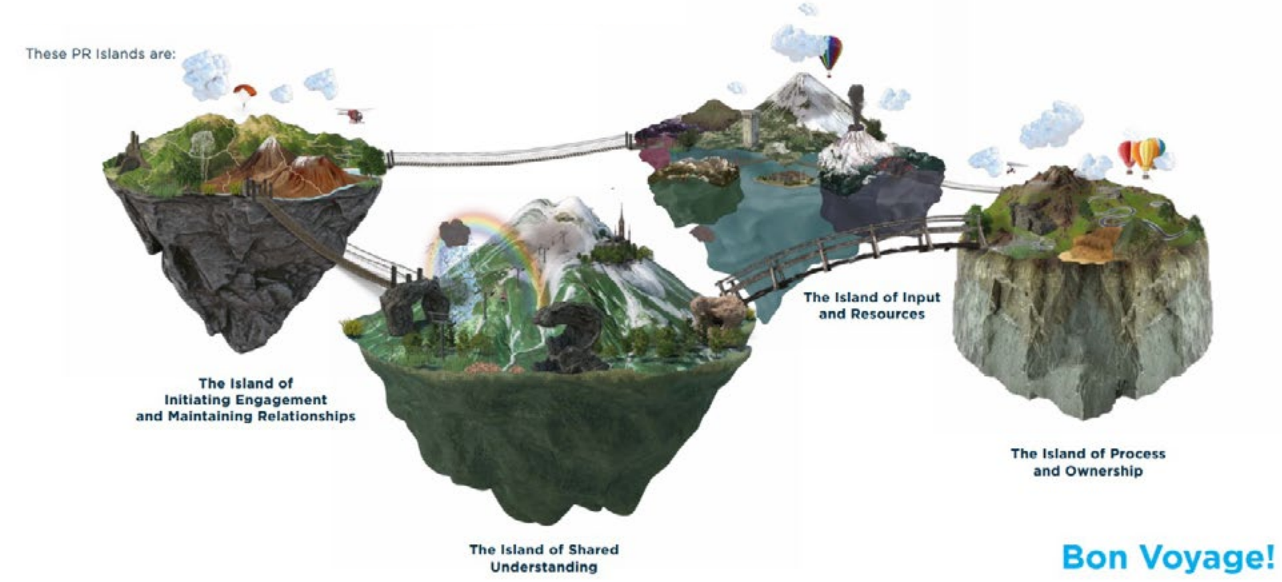
- Better understanding of lived experiences of the people they support
- Greater sense of job satisfaction
- Opportunity to think differently and challenge established ways of working
- Ability to take a collaborative approach and learn from others

Benefits for services

- Greater authenticity and credibility
- Increased engagement, appeal and accessibility
- More responsive, relevant and useful services
- Ownership of services by users encourages their support

FIGURE 4: The Journey Of Participatory Research

Source: Centre of Social Justice and Community Action, 2022



The growth of participatory and co-produced research

The last decade has seen a major growth in participatory and co-produced research in allied fields, particularly in health and social care. It has been welcomed by funders who have also produced guidance for research applications and best practice (ESRC 2024; NIHR 2024; NICE, n.d.; SCIE, 2022). Universities have also welcomed co-produced research which fits well with their widening participation agendas and strategy for the Research Excellence Framework where high value is placed on real world research, with requirements for universities to generate case impact studies. Examples of the impact of co-production on universities are:

- The creation of public engagement hubs
- The development of modules and training events on co-production for the wider community
- Funded research and publications on co-production, its benefits and challenges in different sectors
- Community initiatives including theatre productions.

All endorse the premise that research is immeasurably enriched by involving stakeholders who do not have a say in university-led research. Alongside reports on the benefits of co-produced research, the findings have been translated into co-produced toolkits, often visually arresting and with helpful podcasts or other non-traditional outreach methods (Canning, 2023).

There are a number of challenges associated with co-produced research:

- Trust is key, but it takes time to build (Cargo and Mercer, 2008)
- It is more time-consuming and complex to carry out than traditional models of research (SCIE, 2022)
- There is no single definition of co-production (Sutton, 2020). It is an umbrella term used variably. Sometimes it is lumped together with the terms 'co-design', 'collaborative' and 'participatory' research (Masterson et al, 2022)
- There is much less evidence on the impact of participatory and co- produced research on service and policy reform than on the benefits of the principles and methods of working (Oliver et al, 2019).

Methodology

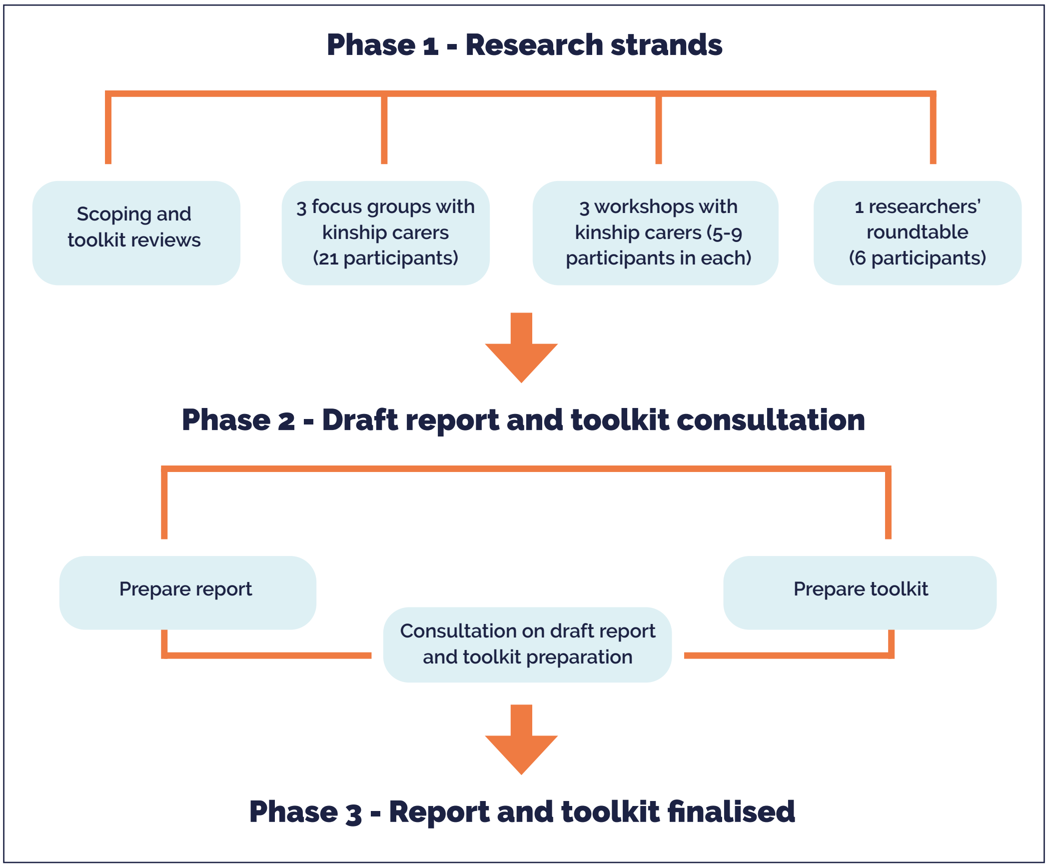
We conducted a multi-strand project over 3 years:

1. A scoping review
2. A broader literature review
3. Online focus groups with kinship carers
4. In-person workshops with kinship carers
5. An online roundtable with researchers

We collated the learning from each of these strands into this report and the associated toolkit.

We co-designed the application for funding, agreed the aims and methodology, and how the roles and responsibilities would be shared between the team. Figure 5 shows how we went about the study once funding was received. Full ethical approval was granted by Lancaster University. Details of our methodology are provided in Appendix A.

FIGURE 5: The Study Methodology



Strand 1: Scoping review

Key findings from the scoping review

- There is a major shortage of published evidence on co-produced kinship care research.
- We did not find any published articles using "co-production" in their title.
- We did not find any co-produced toolkits for and about kinship care.
- Only four studies met the inclusion criteria (Appendix B) but they provided important messages for researchers, organisations and funders on promoting co-production. The key themes were: Investment; Power; Safety and Ethics; Ownership and Belonging.
- Co-production requires a higher level of investment from those involved than traditional university-led approaches.
- Researchers involved in participatory research require a high level of skill and reflexivity.
- Co-production, whilst challenging, can feasibly be applied in kinship care research but must be implemented with great care.
- The evidence gaps highlight the need for a greater breadth and depth of research to establish what best and inclusive practice might look like.

Introduction

Our overarching aim was to provide an overview of participatory methods in kinship research. Four specific research aims were identified. They were to:

1. Establish what co-produced and participatory research has been carried out with kinship carers since 2000
2. Establish whether any co-produced toolkits have been produced detailing best practice and challenges since 2000
3. Identify gaps in the evidence base
4. Learn lessons for our own study.

To this end we opted for a scoping review because it fitted most closely with our objectives. It allowed us to pose an exploratory research question and to draw together a scattered literature without the requirement to make a judgement about the quality of the studies, whilst still using a rigorous methodology (Arksey and O'Malley, 2005; Munn et al, 2018).

Methodology

Details of the processes involved in the scoping review are set out fully in Appendix B. The starting point was for the lead researchers from Lancaster University and Kinship to discuss and develop a consensus on the inclusion criteria and search strategy. Initially the geographical location of the research was to be limited to the United Kingdom. However due to the limited research available in this area, eligibility was extended to all countries with cognate child protection systems. We agreed that our search terms were:

- "kinship care" OR "special guardianship" OR "relative care" OR "family and friends care" OR "kin care" AND
- "participatory" OR "collaborative" OR "action research" OR "co-produced"

The inclusion criteria agreed by the team were:

1. Primary qualitative, quantitative or mixed-methods research; evaluation reports; peer-reviewed journal articles; doctoral theses
2. Participant group referred to adult kinship carers who were looking after a child on a near or full-time basis
3. Inclusion of detail on participatory methods
4. Studies conducted in countries with cognate child protection legal systems to England
5. English language publications
6. Published between 2000 and 2024.

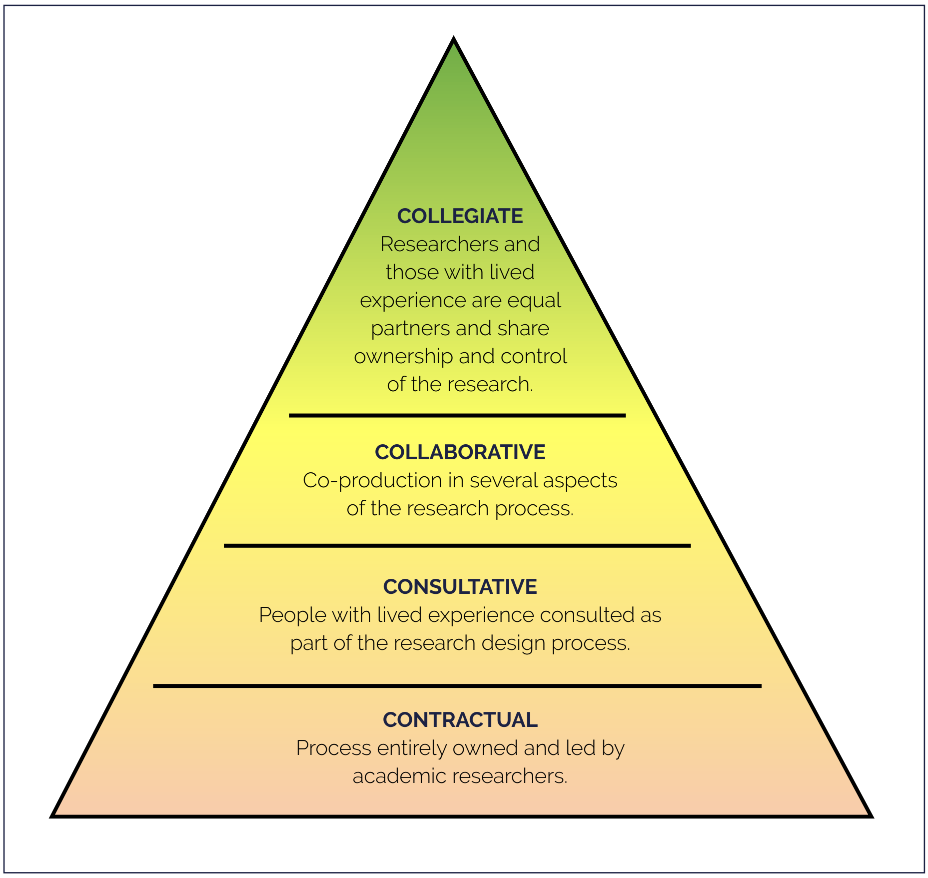
The following databases were searched: Academic Search Ultimate, Dissertations and Theses Global, Google Scholar, JSTOR, OpenAlex, PubMed, Scopus, Sage Journals, SocINDEX and Web of Sciences. The search was conducted between March and April 2025. 197 unique records were identified and their titles and abstracts screened, 15 of which progressed to full-text screening of which four met the inclusion criteria.

Findings

The scoping review revealed a major shortage of published evidence on co-produced kinship care participatory research. We did not find any published articles using "co-production" in their title. We did not find any co-produced toolkits for and about kinship care. Only four studies met the inclusion criteria. Of these, two were PhD dissertations. Only one operated on a 'collegiate' model (Herod, 2013) whereby kinship carers took part in directing and conducting the research and could be seen as 'peer research' (Moldow et al., 2023). The other three papers tended to sit in the 'collaborative' space on the pyramid or move between levels during different parts of the research process (see Figure 6 below).

FIGURE 6: The four modes of participation

Source: (Cornwall and Jewkes, 1995)



COLLEGIATE
Researchers and those with lived experience are equal partners and share ownership and control of the research.

COLLABORATIVE
Co-production in several aspects of the research process.

CONSULTATIVE
People with lived experience consulted as part of the research design process.

CONTRACTUAL
Process entirely owned and led by academic researchers.

The low number of studies on participatory approaches, all small-scale, has highlighted that the knowledge base on participatory approaches and co-produced research on kinship care is very limited. There is an urgent need to understand how to conduct co-production successfully and ethically in this field.

But the four studies still provide a valuable starting point. They all had important learning points for developing our own toolkit and contained important messages for researchers wishing to engage in participatory research, and for funders. These were focused on four main themes:

- Investment, Power, Safety and Ethics, and Ownership and Belonging.

Investment

- Compared to traditional research methods, participatory research required a higher level of investment from researchers and commissioners
- More time was needed overall for the project (Moldow et al, 2023) and the research process was long and labour-intensive for kinship carers and the academic researchers (Hill and Hart, 2017; Hall, 2022).

- All partners had to make a long-term commitment to the project, but this was problematic for some kinship carer researchers. So their involvement changed to being able to opt in and out of the research (Hall, 2022). This level of flexibility and communication was labour-intensive but enabled continued participation of researchers with lived experience
- Commitment to the process from connected organisations was important to ensure the success of the work. This included (Moldow et al, 2023):
  - A commitment to a participatory approach from the outset
  - The organisation's directors were available to the kinship carer researchers
  - Resources for the kinship carers (equipment, training and renumeration).

Investment - key learning points

- Kinship carers have multiple demands on their time. To get the full benefits of their lived experience, partner organisations need to provide equipment, training, offer flexible contracts and emotional support.
- Funders need to make sure that research applications include realistic costings for all these items.
- Further work is needed on how to balance up the needs of kinship carers for flexibility in their project involvement without risking delays in project completion. This issue is addressed in the toolkit.

Power

The standout points that may affect the likely success of participatory approaches are:

- The ability of the academic researchers to effectively share power with those who are experts by experience by:
  - Being sensitive to their role in upholding or addressing longstanding inequalities
  - 'Reflecting honestly' on the power dynamics throughout the research process and consciously working to acknowledge and address them (Hall, 2022)
  - Being flexible and able to 'flip' the power dynamic by giving the kinship carer researchers the power to critically assess the performance of social services. In Moldow and colleagues' study, four kinship carers were recruited as professional researchers. All were Black and grandparents. The academic researchers felt the participatory methodology aiming to address power and inequality allowed the evaluation to 'deeply engage' historically marginalised groups (Moldow et al, 2023)
  - Recognising that reducing the power differential may be challenging given that kinship carers are assessed by formal organisations and it may trigger unhappy experiences. In Herod's study, conducted with the NSPCC, it also created conflicts with ethics and safeguarding (Herod, 2013).

Power sharing: key learning points

- The planning stage of a research application should explicitly consider how kinship carers will be involved and promote choice on how, and how much, they engage with the fieldwork, and where and when to share their stories
- Power sharing is vital to address historical inequalities and power imbalances
- Consider options to 'flip' the power dynamic between social services and kinship carers
- Tackle 'the elephant in the room': engage in a process of mutual learning by regularly evaluating the research process and receiving and responding to feedback from kinship carer researchers on their experience of power sharing.

Safety and Ethics

The standout messages were:

- Establishing a safe working space was considered essential. Some kinship carers preferred to carry out the research in their own home and others at a community venue. Provide a transition time at the start of each fieldwork session to have a hot drink or chat so that peer researchers have time and space to move from their everyday life into the research space (Hall, 2022)
- Hold open discussions on ethics and safety, including around the use of personal and sensitive information and images, and anonymisation in light of respecting legal privacy obligations (Herod, 2013; Hall, 2022)
- Provide training on key topics in ethical research including risks and benefits to participants, consent and confidentiality
- Take particular care about involving kinship carers who are currently experiencing difficulties to avoid harm and increasing their vulnerability (Herod, 2013).

Safety and ethics: key learning points

- Kinship carer co-researchers should receive training on research ethics and safety issues to give them the skills and confidence to lead fieldwork interviews.
- Establishing the boundaries of the research is important to ensure safe and ethical participatory research with families who are actively involved with services, especially where the service is being researched at the same time.

Ownership and Belonging

The studies highlighted how important it was for kinship carer researchers to feel that they owned the research. It made them feel empowered and proud of their contribution and more likely to stay involved. This was achieved in different ways:

- Kinship carers were encouraged to engage with the research process in ways that suited them
- Events were held to promote a sense of belonging, e.g. by sharing family photos with other researchers and kinship carers in the research team
- Regular whole team meetings took place at each stage of the research with reflections on the project and the co-production process

- The commissioning organisation took an active interest in the project and in its findings
- The kinship carer researchers took a full part in dissemination
- The kinship carers were fully credited and named in the research outputs as co-authors.

It was, however, more difficult to promote a sense of ownership when families were still receiving services from the organisations participating in the research. This was an issue about power inequalities but also resulted in a failure to secure belonging and pride in the project.

Ownership and belonging: key learning points

- Promoting a sense of belonging and ownership increases the chances of peer researcher involvement
- It seems likely that all the strategies used increased the chances of kinship carers feeling valued and that their input was essential to the project's success
- There is a particular challenge when vulnerable families are involved. Attention needs to be given to this issue.

Evidence Gaps

This scoping review highlights the significant gaps in the literature on participatory research methods with kinship carers. Whilst there is useful learning from the four studies included, each one used a different approach, or multiple approaches to participatory research, providing insufficient evidence on which to evaluate what might be best practice in this field. Each study sat at a different place on Cornwall and Jewkes (1995) modes of participation, so we are limited in our ability to compare across studies to assess 'what works' in participatory research with kinship carers.

Whilst touched upon in some of the literature, the level of sustained engagement required to complete a traditional research cycle can prove to be a barrier to co-researchers who have the additional responsibility of being a kinship carer. The studies made some recommendations around flexible scheduling and communication methods but did not fully explore how the variable levels of engagement impacted on the co-production process and the experiences of the kinship carers and academic researchers.

The studies themselves, whilst reflective from the point of view of the lead researcher, do not thoroughly capture the experiences of the kinship carers involved in the work and what their recommendations would be for improvement. These gaps mean we are unable to assess whether participatory methods are delivering any benefit to kinship carers that is different to, or better than that of traditional methods. The topic of how to assess and address power was touched upon throughout with all studies attempting to share power in some way. However, the specific ways power in research is experienced by kinship carers was not explored. This gap is important as kinship carers may experience unique and specific power imbalances as a result of their experiences of caring for someone else's child.

All the studies made some mention of the structural inequalities inherent in a traditional research process that their participatory approach was trying to address. However, the recommendations made in power sharing mainly reflected the dichotomy between the roles of academic researcher and lived-experience researcher. The impact of other identities such as race, gender, age, sexuality and class and the intersection of these on the process and experience of participatory research was not explored.

What we learnt from the scoping review

Co-produced research with kinship carers is in its infancy as shown by our searches resulting in only four published studies suitable for inclusion, all of which were small scale. This review has highlighted that the knowledge base is extremely limited, and extensive research is needed to understand how to conduct participatory research successfully and ethically in this area. The limited research available also prevents us from being able to assess whether the additional complexities of this method result in a benefit to the kinship carer researchers involved or to the fields of kinship care research in general when compared to 'traditional' methods.

However, the studies in this review do provide a useful starting point for researchers wishing to explore this methodology and provide valuable reflections on elements to consider when designing a participatory study with kinship carers. It is clear from all four studies that participatory methods require a higher level of investment from those involved than traditional transactional approaches. This additional investment spans institutional, academic and lived experience researcher time, research methods training, consistent communication, remuneration and researcher skill and reflection. For the researchers with lived experience, the personal investment is higher for participatory research than when responding to a survey or an interview. This is because they are tasked with not only researching their own experiences, but coming into sustained contact with the stories and experiences of others which may have a direct relation to their own experiences. This could place additional emotional labour on researchers with lived experience that is not experienced by the academic researchers. Lead researchers on participatory work must be responsive to this and ensure care and support of their whole research team.

Participatory research is often valued in its attempt to reduce the power imbalance between researchers and their 'subjects'. The power imbalance is expressed in most conventional research as there is a dichotomy between the 'all knowing' research institution and the participant group of interest who the research is 'done to'. This imbalance can be exacerbated further by structural inequalities such as gender, race, income, age, education. How power has been used or misused may be particularly pertinent to kinship carers who may have had a negative experience of interacting with 'professionals' in the child protection and legal systems. All of the research teams attempted to address the power imbalance in some way, to varying degrees of success, and these desires to share power brought with them many challenges and tensions and no easy answers. Researchers involved in participatory research require a high level of skill and reflexivity to be sensitive and responsive to these challenges.

Evidence from this scoping review demonstrates that participatory methods, whilst challenging, can feasibly be applied in kinship care research but must be implemented with great care. The evidence gaps identified highlight the need for a greater breadth and depth of research to establish what best and inclusive practice might look like in participatory research with kinship carers.

Strand 2: Toolkit and literature review

As we had not found any toolkits specifically co-produced with kinship carers in our scoping review, we explored toolkits in other fields that were explicitly designed to facilitate co-produced or participatory research.

Aims

The overarching aim was to see what practical lessons the toolkits in allied fields could offer us when designing our own toolkit for kinship carers. More specifically, we wanted to learn if and how the toolkits:

- Addressed issues around exclusion and inclusion of underserved communities
- Identified ways of tackling challenges and obstacles to implementation
- Addressed ways of measuring impact.

All these themes were informed by the messages that had emerged from the focus groups.

Criteria for selecting the toolkits

It was beyond the scope of this study to carry out a systematic review of toolkits in allied fields. But we had clear criteria for selecting the toolkits for review. They were selected because they had been carried out by research institutions such as universities, the UN, or organisations that had worked with a recognised research institution to produce their toolkit, and involved a partnership between universities, external stakeholders and those with lived experience. The toolkits had to address at least one of the following:

1. Diversity, equalities and inclusion (of marginalised and excluded groups)
2. Lessons for funders, universities, NGOs and those with lived experience
3. Opportunities and obstacles
4. Provide practical examples of best practice -the 'how to'
5. Evaluation and outcomes
6. Capacity building (Agyepong et al, 2021).

We then carried out a google search using the following terms:

- "Participatory research toolkit"
- "Co-produced research toolkit" OR "co-production toolkit"
- "Participatory research framework" AND "minoritised ethnicities"
- "Participatory research toolkit" AND "race"
- "Participatory research ethnic minorities".

To meet our inclusion criteria the toolkits had to have been published since 2000 and designed for UK stakeholders to ensure the service and policy context was relevant. We reviewed toolkits that covered the fields of adult social care and health, minoritised ethnic communities, disability, asylum seekers and vulnerable children.

Key findings

The toolkit review was very useful. It helped us think through the issues we needed to address when developing our own toolkit and the choices to be made regarding content, structure, design and appearance. All the toolkits were based on a repeated cycle of planning, action, reflection and evaluation that is considered fundamental to participatory research.

The toolkits varied as to whether they included a literature review, case studies, and the level of detail they contained. For example, the NIHR toolkit guidance written in particular for co-produced research in health and social care was "principle-driven rather than being a fixed set of tools or techniques" (NIHR, 2024). At the opposite end of the spectrum, the toolkit prepared by Sood et al (2018) for UNICEF for use in low and middle-income countries was highly detailed. This toolkit was designed for a wide range of issues including gender, parenting and protection especially where practices are harmful, such as FGM and child marriage. Nine participatory tools were presented, explaining how to use them and what each of them measures. Each example covered the results, data analysis and interpretation of the findings.

The toolkits also varied in how they summarised their evidence. Some provided a list of guidance points and others used top tips. Recommendations also varied in their specificity. With just a few exceptions (Sood et al, 2018) there was a notable lack of focus on measuring outcomes and how to measure the success of a co-produced research project or learning when things went wrong (Rory, 2020). How to build research capacity amongst those with lived experience was not routinely included (Dembele et al, 2024).

The toolkits consider what each member of the research team can contribute to the projects. (Pain et al, 2019) point out that research itself is not the only aspect of a project. They refer to organising meetings, note-taking and communications as other required roles. As discussed above, there was a propensity in the toolkits to delineate between the professional researchers and specifically those with lived experience, or experts by experience, but nevertheless there was generally recognition that the process of participatory research was a learning pathway for all parties. For example, in the Centre for Social Justice and Community Action Toolkit (2022) the authors explore the potential of training to enhance '…capacity for academia, communities, policy makers and funders to carry out PR.' noting how this can democratise the research process and empower all researchers (Banks, 2015).

From our review, we identified some important evidence based transferable messages:

1. Make sure the toolkit sets out clearly at the outset its purpose, who it is designed for, and what it will cover
2. Ensure that the toolkit is built around an iterative cycle of planning, action, reflection and evaluation
3. Start with defining the community of interest. This is essential as it will shape the content, design, language and messaging of the final toolkit

4. Build sustainable relationships with stakeholders so as to develop trust as the foundation for collaboration and co-production (Durham Community Research Team, 2022)
5. The best methods depend on the context
6. Ensure that the toolkit addresses best practice and challenges to implementation and comes up with concrete strategies to address the challenges (for example on power sharing) (Durham Community Research Team, 2022)
7. Pay attention to the design of the toolkit and the language used
8. Make sure the research team is diverse and culturally competent, and that roles and responsibilities are specified clearly
9. Make sure extra time is built into co-production and that the extra costs to carry it out are properly costed and reflected in grant applications
10. Visualisation is increasingly used and helps make toolkits attractive and accessible (Canning, 2023)

Overall, the toolkits that were most useful for us:

1. **Set out the key principles and features of co-production**. The NIHR 2024 guidance was particularly helpful. It listed five principles:
   - the research is jointly owned and people work together to achieve a joint understanding
   - includes all perspectives and skills and make sures the research team includes all those who can make a contribution
   - respects and values the knowledge of all those working together on the research – everyone is of equal importance
   - reciprocity – everybody benefits from working together
   - building and maintaining relationships – an emphasis on relationships is key to sharing power.

   The key features were:
   - establishing ground rules
   - continuing dialogue
   - joint ownership of key decisions
   - a commitment to relationship building
   - opportunities for personal growth and development
   - flexibility
   - continuous reflection
   - valuing and evaluating the impact of co-producing research.

2. **Had concrete strategies to address crucial issues such as recruitment of minoritised ethnic groups** (Farooqi et al, 2022). For example, tips for recruiting and retention.

3. **Offered training for all team members** (Centre for Social Justice and Community Action, 2022)

Strand 3: Online focus groups

“I would do it [research] any time. It is a privilege. It is a sacrifice too, but as you all know, it is the greatest investment”

Based on the views of 21 kinship carers with a special guardianship order [1]

Key findings from the focus groups

- They highlighted several barriers to taking part in research.
- They identified several ways of tackling the barriers. A main message was that multiple approaches are needed. Specific recommendations included:
  - Set up local co-production groups with children’s services
  - Create a central repository of research briefings to be disseminated through Kinship and/or university centres
  - Provide research training opportunities and qualifications
  - Create a ring-fenced funding pot to promote the development of a kinship carer research community.
  - Use mixed methods of engagement to improve participation from kinship carers who are particularly marginalised.

Introduction

The focus groups were led by the two peer researchers. Twenty-one special guardians took part, and they came from all parts of England and included one person from Wales. The majority (n= 13) were grandparents but also included seven aunts and one parental acquaintance. Females predominated (n=14) and where information was provided, a majority (n= 14) were aged between 45 -64. The majority identified as White but also included four participants who identified as Mixed heritage, Asian and Black. A majority were co-parenting (n=13). The children they were caring for varied in age from two to twenty. The Special Guardianship Orders were made between 2012 and 2022, and the majority were made between 2017 -2022. Most participants did not tell us whether their order was a public or private law order but at least three were private law and five were made as an outcome of public law care proceedings.

In reporting on the findings, we looked for patterns in the responses of the participants and indicate where the themes were mentioned frequently or infrequently. We have, however, also included outliers where only one or two people raised an issue, but we thought it was important to capture minority views. Wherever possible we have drawn on the kinship carers’ own words.

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[1] We have deliberately updated our terminology to include all types of kinship carers (see page 6, Executive Summary) to ensure maximum inclusivity and relevance to future research.

In each focus group we asked the kinship carers the same seven research questions:

1. Why had they decided to take part in this study?
2. What opportunities did they identify to take part in research studies about special guardianship?
3. What barriers did they identify?
4. How did they envisage collaboration with academic researchers?
5. What did they want to come out of the study? How would we know if the project had achieved its goals?
6. What were their priorities for a research agenda on special guardianship?
7. What were their views on what needed to happen next?

As some of the themes overlapped, we have clustered the answers to tell an integrated and succinct story.

What motivated the kinship carers to take part in this study?

Understanding why the kinship carers decided to participate in this research was central to its likely success. Without an appreciation of the motivators, it would be difficult to build on the key issues as seen by the kinship carers and take forward the opportunities, barriers and solutions they identified. The participants outlined several different reasons for joining the study. They included the opportunity to ensure that their personal experiences could inform future research, their availability, curiosity, wanting to benefit future kinship carers, being an example, providing encouragement to other minoritised carers to participate in the future, and seeing a value to their own well-being.

A main driver was the wish to "improve the system" so that future prospective and actual special guardians did not face the same difficulties that had beset the participants. Improving the system most frequently meant addressing the way in which their own individual case had been handled by local authorities. Often there was a sense of burning injustice that could still be felt even when their case had been dealt with several years ago. The following quotations illustrate these points vividly:

> *"No-one [has] really captured the impact of the lack of local authority effectiveness in fulfilling their legal responsibilities with what's already there… " … So what I'm hoping is through this research that we can capture what life is really like for special guardians … with some very, very firm recommendations that will hopefully then inform the statutory requirements for local authorities, but hopefully with a bit of punch, where if you don't do it, there's a consequence."*
> Colin, family friend [2]

> *"I don't want other people to go through the same thing I've been through. So the system must change and research is actually very, very powerful because you've got this… body of evidence of people saying the same things, but at the same time allowing the diversity of a particular group to be explored as well."*
> Colin, family friend

> *"My outlook on what it's like to look after, you know, our vulnerable children and I just feel that we just don't get the support that we need … when we are caring for traumatised and vulnerable children … we are just left to sort of just get on with it."*
> Kate, great-aunt

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[2] All names used in this research report are pseudonyms to protect the privacy and anonymity of participants.

Having a body of evidence on special guardianship research to challenge the system was seen as very important. Participants contrasted their perception of the success of foster carers and adopters in bringing about change through research with their own perceived lack of impact. They felt that whereas the general public understand what foster carers and adopters do, a lack of public awareness on the role of kinship carers prevents them from wielding any influence on policy and practice. So strong was this feeling that in one instance a participant explained that:

> *"...suddenly I actually say when I meet people that I have adopted my little boy... because I just can't, I don't wanna go throughout the whole thing of explaining what a special guardian is, which I've had to do in the past."*
> Kate, great-aunt

The possibility of being able to use a research platform to convey what kinship care is, was an important motivator for several others and was frequently mentioned:

> *"We need to get kinship out there because people really still in this day and age don't know what a kinship carer is. And I think it's just so important to... tell everybody who we are, what we are, what we do and how we should be valued for this... I am a Kinship Champion [a kinship carer who raises awareness with the charity Kinship] and so anything I can do to further our cause, you know I will do it gladly."*
> Alison, grandmother

Not everyone had a clear purpose in joining the study. One participant commented that "she didn't know exactly why she had joined but was "intrigued" (Gurpreet, aunt) by the study aims. One person joined because she had been recruited by one of the two peer researchers. *"I just do as Sharon tells me really"*, she commented half-jokingly, but with a strong sense of a personal connection and trust between her and the peer researcher. Another participant reflected on their her motivations for joining: "...to be honest, I'm not quite sure what I'm coming to...I just noticed some kind of research...but I'm kind of looking forward to you know, finding out how it all fits together and how I can contribute and what I can learn as well" (Denise, aunt).

Several kinship carers mentioned the personal benefits that participation in research can bring. This point was made whether or not the participants had previous experience of involvement in research. These benefits are encapsulated well by the following comments:

> *"...to feel part of a community for me.... Not just giving to the research, but also feeling that I'm gaining something as well... So sometimes I think it's important to feel part of that network for me."*
> Denise, aunt

> *"...I'm a bit of a campaigner and try and make things better for people and yeah, just out of my frustration to try and get things changed."*
> Colin, family friend

> *"I would do it [research] any time. It is a privilege. It is a sacrifice too, but as you all know, it is the greatest investment."*
> Rochelle, grandmother

Kinship carers had many different reasons for joining this research. They wanted to:

- Raise public awareness about the crucial role that kinship carers play as carers bringing up vulnerable children from the care system
- Bring about system change in children's services and help families in the future from experiencing the problems they had faced
- Help encourage more families and friends to become kinship carers
- Make an impact on policy and frontline practice
- Become less isolated and part of a community
- Reduce isolation as a minoritised kinship carer.

Opportunities and barriers to research participation

To better understand the opportunities and barriers to initiating or taking part in research we asked the kinship carers whether they had ever taken part in research. A substantial minority had research experience, but not necessarily about special guardianship. A few were professional researchers and had held academic positions while one person had written her student dissertation on special guardianship. Several had contributed to other pieces of research on special guardianship or kinship care.

The issue of what counts as research was not addressed directly but many members of the group described as research their struggles to find out about the role and their entitlements to support when information from children's services was not forthcoming. They had gone to libraries and accessed the internet to widen their knowledge, as well as reaching out to online groups such as the Facebook groups from which we recruited some of them. Here the issues that they mentioned most frequently that they researched were access to legal advice, financial support, housing and support for themselves and their children.

The special guardians were initially more forthcoming on the barriers to taking part in research than on the opportunities. The latter emerged from their discussion of the barriers and ways of addressing them. Their answers regarding the barriers covered a wide range of factors that sometimes overlapped and included:

- Practical constraints
- Knowledge and skills issues
- A narrow focus of current research, largely limited to grandparents
- Expectations and experiences of the impact of research.

Practical constraints and knowledge issues

These included:

- A lack of digital access, digital skills and confidence
- A lack of time and availability
- Difficulties with childcare arrangements including childcare costs, particularly when having to pay for the childcare upfront and then wait to be reimbursed
- Difficulties in travelling to face-to-face events, especially when looking after young children
- The challenge of finding childcare when children have additional needs.

For example, one of the participants, previously a researcher, described how her life *"sort of stopped working and disappeared down this black hole"* when she became a kinship carer. The present study made her feel 'excited' by the opportunity to *"dip a toe back in and see other people doing research and be in the middle of it"* (Lynne, Aunt). Another highlighted the financial obstacles when attendance at research meetings involved travel and the costs of childcare help.

A substantial minority noted how availability was not only a practical but an emotional and psychological issue. Their comments illustrate how opportunities to draw on their personal stories and lived experience could be stifled due to a bruising experience when the SGO was being made or a lack of time that made them feel isolated and eroded their confidence. The comments below illustrate both these points.

> *"I had to fight … for everything and when I got my SGO I just deflated… I was like, I was pretty traumatised, so if I was approached at that moment to then talk about it [my SGO] all over again, I wasn't able to do that and it took me three years to be able to actually get back to that like conversation… I can imagine a lot of people who don't have a good time are just mentally drained from everything from the process."*
> Natalie, kinship carer

> *"Yeah, barriers, obviously time is the obvious one, but I also think when you're not listened to and you're invisible for so long, you just sort of think well, I probably haven't got anything to say so that's got to be a barrier."*
> Lynne, aunt

Under-representation of diverse kinship carer communities

The narrow focus of much research was mentioned by most of the kinship carers. Members of the focus groups felt that at present research is largely limited to charting the experiences of grandparents, mainly grandmothers, mainly White, and mainly from an older generation. Even here however, some grandparents commented that their perspectives and views were often not listened to. They attributed their lack of voice to a combination of cultural attitudes that frequently render older people invisible and 'patronising' attitudes by social workers.

The other main participants considered to be under-represented were:

- Ethnic minorities
- Younger kinship carers
- Men
- Kinship carers without Special Guardianship Orders, especially those in an informal arrangement
- Those from rural communities
- Those with a private law order
- Those with few formal educational qualifications
- Those who lack confidence and feel invisible, and that their experience is not valued.

These themes, often interconnected, are summarised in the following quotations:

> *"In my head, research conjures up, you know White females…. and males. It's not speaking to me. It's not speaking about me. There's not really much I can relate to."*
> Gurpreet, aunt

> *"I still get emails come through on research and … I think I'm reading the same stuff I was reading twenty years ago and … I just kind of think I'm done with research because we just talk and talk and talk. I've not come across another female Asian guardian or a male guardian, even on any of these forums that I've been part of. And I kind of think you exist, you're out there."*
> Gurpreet, aunt

> *"If there is research, it's probably based mostly around that… generation [grandparents]. I haven't been able to connect with anyone for me. I'd love to meet another working [special guardian] – single or married, it doesn't matter. But somebody around my age, who's kind of living the same sort of experience. So in terms of diversity, you know, … I think it's age as well as demographics and gender and race … and life experience situations, you know."*
> Gurpreet, aunt

A less common but important theme was how to reach groups with few educational qualifications. For example a grandfather (Declan) put it like this: *"without wishing to offend anyone, lower class people- just the average working man like myself and kids coming through the care system"* (Declan, grandfather). It would be easy to *"skate over people who find communication difficult, aren't computer savvy and aren't necessarily in a realm where they're going to be normally seen."*

There was a clear consensus that all these groups which often intersect, lack the opportunity to take part in research. One of the reasons to explain this situation was a lack of will to actively seek out under-represented communities. In the words of one kinship carer, *"the ones we should really be researching are the ones that stay hidden under the rock. They are the 90% who don't come forward"* (Stuart, grandfather). Another member of the group commented that in her near ten years of experience, she had never been approached to take part in research. For another kinship carer it was the lack of shared experience and understanding that created the barrier to widening research participation. It meant that the potentially important research themes were lost.

> *"It can be very hard if … the people who are judging you perhaps haven't got the life experience that you have… You know, it's like a White middle class guy coming to do an assessment on a Black person, a Black woman who's maybe disabled, and they've got nothing in common."*
> Gavin, grandfather

Scepticism about the capacity of research to bring about positive change

Several members of the focus groups raised this as an issue, especially those who had been a special guardian for several years. They noted that they had seen a number of research reports and surveys over the years that provided recommendations to address financial and housing difficulties, access to legal advice and psychosocial and health related supports for their children and themselves. Yet the situation confronting new prospective special guardians remained largely unchanged in practice and policy. It made them question the value of carrying out research.

They wanted to know what happened to the information they had provided to researchers.

> *"So it [research] may be important to us in this room and we go and do everything we can, we put it in our in nice report and we present it. But then what happens? It's just another report on a minister's desk and false promises"*
> Gurpreet, aunt

Opportunities to take part in research

All the participants felt that the barriers they had identified could be tackled, and they put forward many different and interconnected measures to address them. Their single clearest message was that nurturing and expanding the research community will require a range of approaches. A 'one-size fits all' approach will not work.

The task of exploring the elements needed to build research capacity and infrastructure enthused them:

> *"It's brilliant because we are starting to look at how to find people to participate. And then we're looking at how to find researchers and then we're going on to looking at how to publicise studies that have been done. So we've got that right from the beginning. Where it's hard to find participants if we can make that easier, if we can make it easier to find researchers and then if we can publicise what is found, then I think we've got a chain that leads us towards where we need to be."*
> Elise, grandmother

Links in the chain included measures to:

- Inform kinship carers about current research
- Create opportunities for kinship carers to participate in new studies
- Provide research training
- Help manage expectations about the potential of research to transform practice and policy
- Provide proper reimbursement when kinship carers take part in research
- Set up a dedicated funding pot to catalyse research that builds on lived experience
- Encourage those with lived experience to lead generation of research topics and questions.

Informing kinship carers about current research

Two main options were discussed on the question of how to enable special guardians to be well informed about special guardianship research. The first was to link special guardians to university research centres and the second was to create a research repository through *Kinship*. Some people were enthusiastic about the opportunity to join a university research centre and described it as 'brilliant'. Not only could it potentially open up opportunities to hear about research projects but could lead to direct involvement in new research and the chance to co-write academic papers. But others thought that hearing about research via university centres could lead to duplication and potentially overwhelm hard-pressed kinship carers if information flooded in from multiple sources. In their view a more strategic approach would be to have a central dissemination point. They suggested that Kinship, given its national role and networks and its dedicated focus, could fulfil this role more effectively than universities and also reach more special guardians and from a wider range of backgrounds. They suggested the Kinship Compass information hub on Kinship's website could be used for this.

Members of the groups were very clear regarding the information they wanted about research studies and its format. They wanted:

- Short abstracts and briefing papers written in clear and accessible language
- Electronic links to the full published report
- Materials to be available online with regular updates
- Use of social media platforms that could offer audio updates
- Research updates shared by Kinship in its community newsletters.

Widening representation

Expanding the breadth and profiles of the special guardianship research community was seen by all as a top priority. Many suggestions were made and there was agreement that a strategic organisational approach was needed. At national level, participants suggested that Kinship could send out information when new studies were being conducted and seeking participants. Attractive ways of recruiting special guardians included providing short videos and podcasts on the purpose of the research rather than relying only on written descriptions.

At local level, peer support communities were also singled out as a potentially valuable and under-used forum for recruitment. Members of the focus groups suggested that those who run the groups could systematically keep a note of commonly occurring themes. Another option would be to invite researchers to attend the peer-to-peer support group sessions. As well as potentially providing an opportunity to meet researchers for the first time, it could also help peer researchers feel valued. Joining these groups, which also include other types of kinship carers, could also bring benefits to researchers who would gain a broader view of the issues. Summarising the potential of peer support groups, this is how one participant outlined their benefits:

> *"Maybe it's a confidence thing, but when they're in a group, they just want to pour out [their experiences] because they've not had this opportunity to do it. It would be great for the people who were running the groups to capture that information or for researchers to take part to come and just listen to those experiences and ask some, you know, just come with one or two questions. I think that will make kinship carers feel really, really valued."*
> Colin, family friend

The power of language to act as an enabler or barrier was also recognised. To reach people who might lack confidence about taking part in research, there was support for the idea of *"changing the narrative"* (Elise, grandmother). Instead of talking about contributing to research, people would be encouraged to 'share their experiences' as kinship carers. This was not seen as a simple task but could help build bridges between researchers and kinship carers.

The importance of building on locality and connected networks to reach new and under-represented groups of special guardians was fleshed out by one participant. Describing it as an 'epiphany', he explained how recruitment would work by working with and through local communities:

> *"Really it is like spider web research where you have these people who are interested in research who are special guardians, who you've got in this network of special guardians. And so that's like the spider in the middle … but then we've all got these little these connections of people that we see on a regular basis. It might be through peer-to-peer groups, it might be online. So wherever you are, you're basically saying, what is the question that you really want to have answered for this week or for this month? What is it? So then as your little spider, you're sending out these spindles of this question to the people that you know, and then they're coming back to you with the responses and then you're feeding that up through your spider's web, you know, coming up to whichever research group or wherever that is."*
> Colin, family friend

The advantage would be that you *"wouldn't need to contact everybody, but you use the people you've got in place already and the communities to ask the questions".* (Colin, family friend)

Another key element in the strategy to widen participation that was identified was to involve members of that particular community in the research project itself. Several reasons to explain why this is important were mentioned, summarised below:

> *"If you're … like an outsider, you're not going to have any of those connections … so how [will you] contact these people? And you're probably not going to be asking the right questions either. And there might have to be other things that you have to do like taking time to develop those connections, but also making some money available to pay those advisers."*
> Helen, aunt

The groups also discussed longer term measures that could be introduced to help sustain the development of a research community of kinship carers. They drew on other areas of research, in particular health related, for their proposals. The main ones to be mentioned, albeit without much detail, were to introduce opportunities for:

- Research training
- A qualification on research knowledge and skills
- Financial support.

The possibility of creating a dedicated research fund for kinship carers akin to that for care leavers to access higher education or other skills and training related to research was one of the recommendations. Financial support however also included 'proper' remuneration when individual guardians take part in research and are willing to share their experiences.

> *"…also making some money available to pay those advisers. So you're actually really properly sort of. You know, uh, showing that the expertise equal to yours because people working on the research project will also kind of be paid and remunerated for their time."*
> Helen, aunt

Other questions raised in the focus groups

We noted at the beginning of this section that the focus groups aimed to explore some further questions. They were as follows:

- How the kinship carers envisaged collaboration with academic researchers would operate
- Their research priorities
- How they would know if the current project has achieved its goals
- Recommendations for next steps.

We did not gain much direct information on these issues. This was mainly because of the importance given to building rapport with the participants (see methodology) which reduced the time available to discuss these questions. Whilst it was important to ensure that the workshops covered these matters head-on, it is likely that the reasons for joining the study comprise the special guardians' own research priorities. As noted earlier, the majority called for 'system change' and this was what they wanted to come out of the present study. We did not however, find out how members of the focus groups would know if this project has achieved their objectives or what they considered needed to happen next.

Discussion and conclusions

The focus groups provided in-depth insights on the opportunities and barriers to involving kinship carers as researchers and thereby generating more impactful research. Several high-level messages stand out. There was clear agreement that at present, the under-representation of different groups of special guardians and other kinship carers is impoverishing the research agenda. It is both a cause and consequence of exclusion. It was striking just how many groups of special guardians told us that they feel excluded from research. Indeed, when compared with foster carers and adopters, they all reported feeling marginalised and consider that their influence on research is marginal. Their description of themselves as 'a forgotten army' is deeply troubling. It underlines the need for a wide range of strategies to bring about changes in the shorter and longer term and to break the cycle whereby, due to a lack of public profile, *"none of the research has come from our perspectives"* (Wendy, grandmother).

There were however also some positive messages. First, everybody agreed that it is possible to develop a committed research community of kinship carers with mechanisms to make the community sustainable in the longer term that will build research knowledge and skills. Second, the focus groups endorsed the need for both small and largescale research that makes use of different methods to include interviews and largescale surveys and that can be online or face to face. Third, members of the focus groups produced many practical and concrete ways of addressing obstacles. They included both short- and longer-term measures that were fine-tuned to address specific issues and needs. All these measures have informed the development of the toolkit and helped shape the recommendations in the report.

Some issues however need further probing. For example, we gained little information on exactly how the kinship carers perceived their needs for research development or their expectations of collaboration with academic researchers. Understanding these issues was essential for the development of the toolkit and it was a main reason to hold face to face workshops with the special guardians. These are described in the next section.

Strand 4: In-person workshops

Key findings from the three in-person workshops held at Kinship's central London headquarters

- All participants confirmed that they are committed to co-produced research as a new direction in kinship care research
- They thought it was very important to develop a toolkit tailored to addressing the specific needs of kinship carers
- They took the lead on design, appearance and language to make sure the toolkit "spoke" most directly to prospective peer researchers.

Aims

The main aim of the workshops was to collaboratively agree the content and design of the draft toolkit, incorporating the key learning from all aspects of the project. Three face-to-face workshops were held in central London in April and July 2023 and June 2024. All the travel and subsistence costs of attendance were paid by Kinship. The workshops ran from 10.30am-3.30pm.

The participants

All the special guardians who took part in the focus groups were invited to join the workshops. Nine took part in the first workshop, six participated in the second including one special guardian who had participated in the researchers' roundtable, and one external researcher. Five special guardians joined the third one. They came from all over England and were a diverse group. Both men and women took part, of different age-groups and ethnicities . Some had substantial experience in research, others had none. A few had been to university. Some were still working and others were retired. Some had been special guardians for many years whilst a few were new to their special guardianship order. Some were looking after more than one child, and others were caring for just one. What united them was their SGO, but a few were also bringing up children on a residence order or a child arrangements order. From the available information, the age of the children the special guardians were caring for ranged from 11-19.

Planning the workshops

Workshop planning was led by Kinship's Participation and Involvement Manager. We agreed a set of principles and themes to underpin the workshops. Five key principles were agreed at the outset:

1. We should establish with the participants a set of ground rules to ensure that everyone feels equally respected and valued throughout
2. The ethos of the workshops is crucial. All the sessions were designed to be interactive, and this was why they were face-to-face rather than online. They also needed to be enjoyable. For this reason the activities were designed to be fun and creative, whilst addressing the specific tasks for developing the toolkit content

3. Visualisation of the workshop discussions and outputs was essential to maximise impact
4. The design of the toolkit was to be led by the special guardians
5. Messages needed to be personalised with accompanying photos of all the participants.

Topic coverage

In terms of topic coverage, the questions to be covered in the workshops built on the themes identified in the focus groups but were intended to generate concrete strategies. These were the issues that the team thought were important for the workshops to address.

- How do we engage with people who have not engaged with research before?
- How do we develop relationships of trust from the start of the research process and maintain them throughout?
- How do we put in place and maintain a research support system that reflects a wide range of life experiences for carers with different skill sets at different stages of life? What does this support system consist of? How do we accommodate and celebrate each other's needs and contributions?
- What skills are needed for the research processes? How can co-researchers contribute to these processes? Are there any areas where co-researchers could be helped and supported by training or other kinds of learning?
- What types of knowledge-gathering and methods might be appropriate for different research projects involving kinship carers as co-producers
- Consider the resources of kinship carers- (i.e. financial, physical, emotional, practical, communication methods). Ask kinship carers to identify their needs and the research team should discuss how to meet them while maintaining project feasibility.
- How is the 'ownership' question managed? Who owns the processes that the co-researchers decide on? Who owns the outputs, including minutes and transcripts of conversations between co-researchers? How is the question and order of authorship decided?
- Accountability issues – who is accountable for what?
- What are carer views about the concept of a 'safe space' in the research process and the need for it?
- Will there be opportunities to revise team member roles agreed at the outset of the project to allow for the possibility of new skillsets developing?
- Will members of the team be able to contribute to and comment on each other's work? Will this be an iterative process or will final decisions lie with the grant holder?

These questions coalesced around some core themes that were taken forward in each workshop, building on the findings of the previous workshop. They were:

1. Building understanding of research and the research journey
2. Establishing motivations and building on these with personal messages from the participants to foster engagement with other special guardians accessing the toolkit
3. Power dynamics - how to address inequalities between partner organisations?
4. Recruitment and retention strategies that are inclusive, community-led and represent diverse kinship care groups
5. Barriers, obstacles and support - identifying the issues and strategies to tackle the barriers
6. Thanking and valuing special guardians – what are the different ways in which this can be achieved?

The team had originally planned to hold only one workshop. This underestimated the amount of time and work needed to co-produce the toolkit, the importance of building relations with members of the group, the iterative approach that required time for reflection and discussion to develop the content and look of the toolkit. Each workshop built on the previous one. In the final workshop, the group reviewed some sample toolkits, and strategies from other organisations. They picked out what they liked or disliked about them, focusing on the structure and design. Images, quotations and notes from the previous two workshops were put out on the table and the groups placed these on flipcharts, along with additional notes of points they wanted to include. Time was set aside for each person to write their own pen portrait as all members of the group wanted to be named as co-authors of the toolkit.

Key themes from the workshops

While the earlier workshops articulated some of the concerns voiced in the focus groups, the emphasis was on identifying ways forward. A main message was that kinship carers want to contribute to all stages of the research journey, from the first step to the last. They saw opportunities for wider partnerships with universities, frontline services and with health services. They were enthused by their involvement in the workshops and toolkit development. They felt proud of their work and want to be named as co-authors. They wanted to be valued, respected and treated as equals and not subjects of research. And they wanted researchers to treat them with empathy and to remember that every special guardianship journey is unique.

Fears about participation in research

This was a concern voiced particularly in the first workshop. The fears were that participating in research could:

- Put other members of their family at risk
- Exacerbate pre-existing difficult relations with birth parents and other members of the birth family
- Have a negative impact on kinship carers' mental health by being asked to recall traumatic experiences, including assessments by children's services perceived by the kinship carers as research
- Create extra practical and emotional pressures on their role of caring for their children, many of whom have additional needs. This includes the need to find suitable carers whilst participating in research.

Addressing the barriers

The participants suggested several ways of addressing these issues:

- Ensure high levels of confidentiality to protect kinship carers and the children they are caring for
- Create a 'safe research space' so that participants feel:
  - Listened to, empowered and valued
  - Feel motivated to reach out to other kinship carers to get involved
- Develop mentoring schemes to support new kinship carers as researchers
- Create banks of peer researchers to act as consultants at all stages of a project
- Help reframe negative perceptions of research by emphasising that engagement in research has the potential to help normalise negative experiences, reduce stigma and isolation, and contribute to the wellbeing of other kinship carers and their children

- Overcome practical barriers by:
    - Paying in advance for travel
    - Providing hybrid opportunities to participate either online or in person
    - Offering different time slots to attend meetings rather than at a set time
- Offer a variety of methods to promote wider engagement -e.g. surveys, interviews, artistic expressions
- Provide full information on projects, the funders, the research goals, methods, outcomes and dissemination in order to overcome mistrust
- Address training needs for peer researchers and the bank of consultants
    - Skills training to include IT, research ethics, research methods and processes, ways of measuring outcomes, public speaking and safeguarding.

Discussion and conclusions

The workshops played a vital role. They were an essential step in developing practical co-produced recommendations for the toolkit that built on the focus group findings and messages from the literature. Feedback from the participants showed that the strategies to make the sessions fun, fast-paced and to capture in real time the themes visually, proved a highly effective way to engage them. But a learning point for the team was that we had underestimated the number of sessions needed. This had both cost and time implications. It underlines the importance of estimating realistically project duration when applying to research funders. This learning point should not detract from the valuable recommendations generated in the workshops detailed below.

Kinship carers need a toolkit tailored to the specifics of kinship care

The workshops amplified findings from the focus groups regarding the specific issues that must be considered when involving kinship carers in research. The kinship carers were clear that adapting toolkits in allied fields is not the right way forward, and they put forward practical suggestions regarding the content of the toolkit and its design.

The specific issues relate to:

- The complex needs of the children kinship carers are caring for
- The dearth of financial, practical and emotional support they receive for their caring role
- The complexity of the system they have to navigate.

Some kinship carers will have been subject to local authority assessments amid a family crisis. Some will have gone through challenging court processes. Many will have struggled to access the support that they and their children need. Many will report not being provided with clear information about what support is available. Consequently, there are issues of distrust towards professionals that can stand in the way of co-production. Key concerns were:

- Confidentiality and safeguarding issues and potential conflicts of interest between protecting the needs and experiences of the children they are caring for and managing relations with birth parents
- The need for flexibility when negotiating contracts for peer co-produced research. How will this work in practice?

Kinship carers wish to lead on the language, design and appearance of the toolkit in order to engage other kinship carers as researchers

The kinship carers produced their own jargon-free definitions of research, ethics and toolkits. They felt that these would be far more meaningful to potential peer researchers than the standard definitions and therefore likely to generate recruits by demystifying the terms. This was possible because the workshops generated or confirmed understandings of what research entails and the various processes, captured visually through the bus journey metaphor. The kinship carers were as important in co-design as in content. They looked at various toolkits before choosing the format and style of the final product.

The kinship carers wanted us to convey some messages to the roundtable held for academics involved in research on kinship care or with experience of co-production in allied fields. The messages are straightforward. They are committed to co-production of research because of their belief that it will provide a unique perspective that cannot otherwise be obtained. These were their messages:

> *"Value and respect us because we're experts. Treat us as adults and not subjects"*
>
> *"Co-production from the get-go"*
>
> *"Be mindful that we are the voices for the children. They [the researchers] are hearing their story from us"*
>
> *"I would consider any research that I'm asked to take part in"*
>
> *"We're putting hope, love and care into this project"*
>
> *"I loved it [today's workshop]. It's the best thing I've done since I became a special guardian".*

The children of kinship carers need to be involved in research as co-researchers in their own right and to have a toolkit co-designed with them

Kinship carers in the workshops felt they were "telling the stories of their children or young people" to researchers rather than hearing directly from children and young people as co-designers and equal participants in research projects. This is entirely in line with Article 12 of the UN Convention and the Children Act 1989. It means that a toolkit about best practice in kinship care should be developed specifically for young people. It was beyond the scope of this study to take this recommendation any further.

Strand 5: Online roundtable

"Co-production probably is of best value if it's of great value to the kinship carers themselves"

Key findings

- Roundtable members confirmed that, to the best of their knowledge, there is a dearth of published co-produced kinship care research
- Increasing the opportunities for co-production will require a strategic approach. It will take time to implement and may need to be staged
- Members endorsed the proposals from the focus groups and toolkits to:
    - Develop a pool of peer researchers representing all types of kinship care that reaches out to the most marginalised and provides support to all. Make sure the pool brings in new researchers regularly so that different voices and experiences are heard
    - Provide tailor made support and training that takes account of the specific needs of peer researchers
    - Involve Kinship and other trusted organisations with significant networks of kinship carers, links with children's services and policy influence to develop and coordinate the strategy
- Universities have an important role to play as partners, but need to make it easier for peer researchers to access their facilities and resources
- Academic researchers embarking on co-production need:
    - To pay attention to ways of communicating with kinship carers, including choice of language and preferred methods of contact
    - A different mindset and specific communication skills and capacity to reach out into the community to foster and sustain engagement
- Co-production is time-consuming. The extra time needed to carry out co-produced research needs to be costed into research applications with clear specification of the different roles of all partners. Funders need to take this into account when deciding whether to award a grant.

Introduction

The purpose of the roundtable was to draw on the experience of academics who had carried out research on special guardianship or kinship care and to identify their views on opportunities and obstacles to co-production in the light of the findings from the focus groups and workshops. It was led by Judith Harwin, Lucy Peake and Sharon McPherson. Six academics took part. They had links or positions in three separate universities and were at different stages in their research careers. One member also had a position as an "embedded researcher" within a local authority children's services department. Two participants were kinship carers who were currently engaged in research involving co-production and participatory research in children's services and health and social care. In short, they brought a wide range of experience to the roundtable.

The main questions that were considered were:

1. What are the essential ingredients of a collaborative research framework for kinship carers?
2. How can the sector increase the opportunities for kinship carers to take part in co-produced research?
3. What are the barriers that face kinship carers in co-producing research?
4. How can the barriers be addressed?
5. Are there any additional ways to enhance the influence of kinship carers on shaping the research agenda amongst the research community, policy makers and funders?

These were broadly the same questions that had been put to the kinship carers in the focus groups and workshops. In the following account, the focus is on the first two questions, whilst taking into account the barriers and ways of addressing them.

Question 1

What are the essential ingredients of a collaborative research framework for kinship carers?

Participants emphasised the importance of building a sustainable infrastructure based on strong partnerships with community organisations and universities. The partnerships need to be with trusted organisations that have a track record of:

- Systems to support kinship carers in their role of peer researchers
- Strong engagement with kinship carers
- An in-depth understanding of, and ability to represent the needs of kinship carers to policy makers, local authorities, practitioners with evidence of impact
- Carrying out research on special guardianship and kinship care
- Strong links with universities and community organisations
- A coherent vision for building a long-term co-production research strategy
- Academic researchers who are willing to take on a different role and to proactively engage with the community.

Capacity building was also seen as crucial to the success of a strategy on co-production. It would need to be:

- Inclusive and reach marginalised groups of kinship carers
- Dynamic to ensure that the pool of researchers grows and brings in 'new blood'
- Provides appropriate tailor-made training.

Two other features were seen as essential ingredients. They were as follows:

- Universities have systems in place to promote engagement
- Regular monitoring and review of the strategy and its success.

Question 2

How can the sector increase the opportunities for kinship carers to co-produce research?

The proposals to address this question arose directly from the specification of the essential features needed to develop a collaborative research framework as outlined above. Roundtable members made several suggestions:

Kinship should play a lead role in helping build a sustainable infrastructure

Members or the roundtable agreed with the recommendation from the focus groups and workshops that Kinship should play a lead role as a trusted organisation because of its close contacts with kinship carers, well established links with policy-makers, local authorities and practice and research communities. As one participant put it:

> *"Kinship's a bit of a linchpin in terms of involving special guardians and finding out what the problems are for special guardians… from my experience everywhere I turn it's Kinship, Kinship, Kinship."*

At the present time there is no clear mechanism to relay the research ideas and concerns of kinship carers based on their lived experience to researchers. If this role were developed, it could prevent the frequent situation currently where researchers contact Kinship at a late stage when their research has already been funded and the aim is purely to provide access to kinship carers and their families.

Whilst Kinship was mentioned most frequently as a connector pathway between kinship carers and the research community because of its exclusive focus on kinship carers, members of the roundtable took the view that other organisations with in-depth involvement with kinship carers could play a similar role.

Widen the pool of researchers to include all types of kinship carers

The roundtable participants recognised the specific features of being a special guardian, but they felt that they had more in common with other types of kinship carers than issues that divided them. If this approach were adopted, it would automatically widen the potential pool of researchers and enrich the diversity of issues that might be identified and studied. It would also mean that in the words of one participant:

> *"I hope that the toolkit could be designed to apply to any type of kinship carer."*

Whilst noting the specifics of special guardianship, particularly involvement in court proceedings the point was made that, as for special guardians, there are also legal issues for carers with a child arrangements order. Another participant whose work focused on international kinship care thought that the toolkit could be valuable to this group of carers too. She pointed out that little is known about their experiences, the legal issues and how the formal and informal arrangements work in practice. Not everyone in the roundtable commented on the advantages and any drawbacks of extending the target group for the toolkit. However, nobody said that they disagreed with this proposal, and this included the two members who were special guardians as well as researchers.

Peer researchers should act as community connectors to promote engagement

Two participants were involved in research where a 'community connector' - or a 'community partner' - monitored community groups who might be interested in taking part in research based on their lived experience. They reported that it had proved a very successful strategy to reach and engage marginalised groups (including kinship carers) with children's services and mental health services. It did so by creating enduring trusted partnerships that were highly valued by their members. Both these roundtable members thought that the approach was entirely transferable and could tap into kinship carers' current support networks and link them up with children's services and mental health services. In their view, the 'community connectors' facilitated direct contact with the very organisations where the marginalised groups wanted to bring about change but had a legacy of unhappy experiences and ingrained mistrust. These community connectors enabled each side to listen to the other and better understand what they were both trying to achieve and where the goals might be different. Just as important, these roundtable members said that the opportunity to directly put the goals into practice 'in real time' was essential to promoting engagement. It made the researchers with lived experience feel valued. They could see the direct results of their meetings with children's services and mental health services and it extended their research skill sets by involving them in analysis of the data and providing training for the professionals.

Create a bank of skilled kinship care researchers

The participants welcomed this proposal which had been made by kinship carers in the face-to-face workshops. They fleshed out the various elements, starting with recruitment. Recruiters would need to carefully establish motivations, availability, 'readiness', understanding of likely remuneration and ability to commit to agreed tasks. Even more basically there would need to be a discussion of what the term 'research' means to applicants since it can carry negative as well as positive connotations. As a core principle, *"co-production probably is of best value if it's of great value to the kinship carers themselves, whatever it is that is getting co-produced."*

Alongside recruitment, peer researcher support systems need to be available at all stages in the research process from initial involvement to dissemination. This support will be essential to help sustain engagement and facilitate peer researcher development and co-working.

However, there was a warning that creating a pool of researchers is not without its risks. Drawing on her experience of patient participation involvement in the health sector, one member of the roundtable warned that it can become a tick box exercise. She highlighted a further risk.

> *"People who start off as experts by experience then get asked to do so many bits of research that over time, they sort of become professional Patient and Public Involvement (PPI) people. And there's a very real risk, then, that they start to become a little bit institutionalised with academic research, but also that they become the voice of authority in the field and that shuts down opportunities for other people to get involved. And it's very often not the more marginalised people who are in a position to be able to take part in these bits of research."*

She recommended that it will be important to consider how to bring people into the bank of researchers and revisit the approach quite frequently *"so that you're bringing in new voices."*

Providing training and support to the pool of peer researchers would be essential. There would need to be special attention to the ethical issues, particularly the need to protect the peer researcher, the interviewee – (also a kinship carer)- and their children, and how to preserve anonymity. In cases where a 'peer researcher' has a need to be anonymous there would need to be careful consideration about what kind of co-production is possible in that circumstance.

Peer researchers would also need induction into the wider context of research, the role of the universities and funders, as well as more concretely, steps in the research process.

Some issues were raised but without any concrete recommendation. For example, there was a detailed discussion of the pros and cons of kinship carer peer researchers interviewing other kinship carers. Did it promote engagement and facilitate a more in-depth exploration of the issues, or could it deter people from being open for fear of any negative repercussions if difficulties were revealed? Whilst the discussion was inconclusive there was a consensus that there was a duty to protect all parties, and that training was needed to ensure that the peer researchers understand and are able to preserve boundaries between themselves and the interviewee.

Another important issue was whether peer researchers need to be involved at all stages in the research or not, and if there are some tasks that they should not undertake. Nobody disagreed with the suggestion that it would be unfair to peer researchers to expect them to manage budgets.

Universities need to actively commit to promoting engagement

In the workshops kinship carers noted that they thought that a partnership between Kinship and Lancaster University brought kudos to the research outputs. Some were also interested in the possibility of becoming affiliated to university research centres as a way of accessing latest relevant research and becoming part of a wider research community. Others were unsure. However, the majority view was that kinship carers would prefer Kinship to take on the role of keeping them in touch with the research community rather than universities.

In the roundtable, several points were made about the role of universities that brought out both positive messages and barriers to peer researcher engagement. Participants agreed that involvement with a university could enhance peer researcher self-esteem, confidence and create new research opportunities. One participant noted that this is exactly what had happened in a health project involving community partners from low-income groups. As a result of participation in this project, the peer researchers had become involved in other types of research. Peer researcher access to university-based training programmes was also seen as a positive development.

However, the roundtable members also made some criticisms of universities which in their view undermine engagement, despite "shouting about the fact that it's great at doing this kind of stuff". Several mentioned that their university systems and processes were slow, bureaucratic and caused delays.

> *"Everything seems to be a battle - the IT systems and everything's a long process to do anything or to get anything to change."*

The difficulties include delays over getting a university email account set up and a library card, and being reimbursed for travel and subsistence expenses. When this happened, it meant that other partners had to step in and cover travel and subsistence costs because the kinship carers depended on receiving timely reimbursement.

> *"We find back routes to sorting things out which is better than going through the main route."*

> *"Those are the hurdles that we have to go through that really put people off a lot of the time [from] engaging… we have to fight just to be able to pay someone's bus fare so they can get to a workshop in advance because our system doesn't allow that very easily and being able to get cash to pay people, you know, all these things that need thinking through that make things unnecessarily problematic and really delay things."*

Other negative consequences arose from these practical difficulties for the peer researchers. For example, it meant that they do not have access to the same resources as the university researcher when conducting a literature review. This was seen as a practical problem but as one roundtable member put it:

> *"I think it goes into the power balance as well…as a peer researcher you want to have access to the same things that the main researcher has access to."*

The roundtable members also pointed out that these internal system problems risk deterring the very groups that universities wish to engage with as part of their widening participation agenda. In the words of one participant *"just the word academia or academic or university can be very, very frightening for some people. And a lot of people would be like, well, I don't know nothing about that. That's not for me, you know, that's not what my family does."* A practical suggestion to tackle this was that peer researchers could act as a *"kind of buddy and mentor" acting as a 'peer network around researchers."*

Academic researchers need effective co-production skills

The roundtable members made it very clear that co-production is a very different way of working from traditional university-based research. In their view it requires a different mindset, with a willingness and ability to reach out into the community and differing communication skills. One member highlighted the importance of recognising that the research needs to have value and meaning to the peer researcher. Being involved, in his view, means:

- being willing to go out into the community
- volunteering and helping with tasks such as funding applications
- feeding into group meetings to share research findings.

In this way "it's not just an extractive exercise… but you're actually kind of directly involved and there's a reciprocal nature to it". This researcher considered that taking this approach on board at an early stage of developing co-production partnerships is more likely to lead to successful engagement, especially with marginalised groups and people who would not normally take part in research. The importance of effective communication skills was mentioned several times. The message was not to underestimate the importance of the mechanisms of communication. It's about:

> *"What we say, but also about how we say it. Too often we assume that prospective researchers will use emails on a daily basis but often they are more likely to use other mechanisms such as WhatsApp. Unless we find out how people want to be contacted, we are creating an obstacle which can reduce engagement."*

This also applied to the actual choice of language. As the focus groups revealed, the term 'research' itself can be off-putting and within certain cultures carries particularly negative connotations.

Discussion and conclusions

The roundtable members endorsed all the key points made by the kinship carers in the focus groups and workshops. They emphasised the importance of trusted relationships with organisations in order to build the necessary infrastructure for co-production and to develop a dynamic pool of peer researchers. They endorsed the view that motivation is a key driver and that peer, as well as organisational support, are essential ingredients of an effective strategy, as is appropriate training. What they brought to the table was their own practical experience of carrying out co-production in closely related fields and to identify opportunities and pitfalls. They had encountered many of the opportunities and barriers and had many concrete strategies to address the issues. The example of embedding a researcher within children's services was particularly interesting because it addresses sustainability issues as well as creating an opportunity to develop individual new projects. Their messages about universities setting up modules for peer researchers -even though not specifically for kinship carers, was also helpful So were their suggestions about checking how peer researchers wish to communicate with university-based staff. This is clearly easier to address than appreciation of the nuances of language and its meaning to different communities. Sociocultural awareness cannot be taken for granted.

A key new message from the roundtable is that co-production is time-consuming and creates significant extra demands on the academic partners, as well as on Kinship and other trusted organisations. How universities should address this was not discussed, for example whether staff workload allocation needs to reflect these extra commitments. There is every incentive to do so insofar as real-world case impact studies form an important well-funded component of the Research Excellence Framework. What is clear is that individual researchers cannot take on these extra responsibilities single handed. This is an issue that will also need discussion with funders as it may impact on the size of grant being sought.

Another important message was that funders need to carefully check whether peer researchers are integrally involved in grant applications, rather than in a tokenistic way and are provided with support. However, in general, the roundtable focused less on funder expectations and requirements than on the other issues where the roundtable members had more personal experience. So too, there was little discussion about how to measure impact and evaluate the success of co-produced research.

In short, the roundtable helpfully shed light on the ingredients of a co-production kinship care research infrastructure and highlighting transferable learning from allied sectors. It also raised important questions that were not highlighted within the session and therefore helped us to identify gaps in our project that would need tackling in our recommendations.

DISCUSSIONS AND CONCLUSIONS

This study set out to identify the opportunities and obstacles to co-producing research with, and for, special guardians and all categories of kinship carers. To the best our knowledge, the findings of this report and the practical toolkit we have co-produced are the first in England and Wales to consider how to make co-production in kinship care research a viable reality. It is striking just how far allied fields, most notably health, have progressed this agenda. By comparison, co-produced research with kinship carers is in its infancy.

Opportunities

A commitment to co-produced research and a practical plan going forwards

A main conclusion of this study is that there is an appetite amongst kinship carers to co-produce research on kinship care. Crucially, kinship carers believe that co-production is feasible, and that with appropriate training and support, they can take part in all types of research on kinship care. Some kinship carers thought that as well as having an opportunity to help shape and influence future research agendas, there could be a personal benefit by engaging with new communities based on a shared purpose. The workshops demonstrated that point well. All members took huge pride in their work and wanted to be named as co-authors.

The feedback from researchers built on the perspectives of the kinship carers and, with examples of engagement strategies and pitfalls from allied fields, confirmed the potential of co-production to catalyse and breathe new life into research into kinship care that starts with kinship carers' own concerns.

The time is ripe for developing and implementing a co-produced kinship care research strategy

Recent policy and legislative change foregrounds the vital contribution that kinship carers make to keep children safely within their communities (MacAlister, 2022). Evidence from this report suggests that there is now a significant opportunity for government, policy-makers, funders and research organisations and charities to kick-start a coordinated research strategy to involve kinship carers from the get-go that values their lived experience. The new legal and policy focus on the commonalities amongst kinship carers, irrespective of legal order, provides an opportunity to grow research capacity. It means that potentially there will be a larger pool of carers with greater diversity in their experience to take part in co-produced research.

Towards a viable implementation strategy for co-produced research

The study generated many important insights into the core ingredients of a coherent co-production research strategy and infrastructure. They are a pool of diverse, well trained and supported peer researchers; academics trained in participatory research approaches; a recognition of the additional time needed to implement a coordinated strategy when compared to university-led research; and organisational structures and trusted partnerships to support participation at all levels of the organisation.

The roundtable provided evidence, based on the practical experience of the core features by some of the participants, of the essential elements of a kinship care co-production strategy. The literature review in allied fields also enriched our understanding of core ingredients and directly fed into the toolkit and its guidance on best practice. However, the focus groups and workshops made clear that kinship carers face a range of issues specific to their own role, the children they look after and the system they navigate. For this reason, there was a clear consensus that a specific co-production research strategy for kinship care with short and long term measurable goals is necessary. Future research should address this issue.

Challenges

Kinship carers face many barriers to participating in co-produced research

The focus groups highlighted some very specific issues that face kinship carers that were detailed in earlier sections and in the key messages. The investigative nature of research may re-trigger fears of judgment or of losing their children- a fear that relates to the lasting impact of traumatic experiences with children's services that many reported. The kinship carers described how the nature of traditional research could be a reminder of intrusive assessments and poor experiences with other 'authority' figures. They also brought out their lack of access to relevant research and access to digital tools. They also foregrounded the array of practical barriers that reduce their opportunities to take part in co-produced research. These include a lack of spare time, financial pressures and finding childcare. All these are particularly important because kinship carers frequently lack finances and have special responsibilities for the children, who frequently have complex needs due to their early experiences. This is why it is essential to have an inclusive co-production kinship care strategy that takes on board these systemic issues.

All these considerations helped shape our collective understanding of the core components to grow participatory co-produced research. There needs to be:

- A pool of diverse, well trained and supported peer researchers; academics trained in participatory research approaches; a recognition of the additional time it takes to implement a coordinated strategy; and organisational structures to support participation at all levels of the organisation
- A trusted organisation to play a lead role in harnessing the potential of kinship carers as researchers. The kinship carers in this study felt that Kinship should take on this role which would include strategies to:
    - Develop a bank of trained and supported peer researchers to ensure a steady flow of new and diverse peer researchers to maximise the opportunities for creating and participating in new research
    - Act as a repository of research opportunities and evidence by providing regular briefing papers to make sure they can access up-to-date summaries of research and its impact.

There are many challenges in developing a sustainable strategy for co-producing kinship care research. The wider literature review and the scoping study show clearly that co-production involves a change in mindset and culture in universities and academic partners and participating organizations. It is time-consuming to build engagement and requires a gear shift to forge equal partnerships. Because it is time-consuming, it is inevitably costly. That means that it is essential to include in any research application the full costs of kinship carer participation.

Ethical and accountability issues

There are also ethical and accountability issues. Although universities have co-created innovative new partnerships and research projects in other fields, their internal systems have been criticised (Blueprint Writing Collective, 2022) for their administrative processes that cause delay and barriers to engagement. This project faced the same issues. Co-researchers funded by Kinship were not able to access the University's e-journals when carrying out the scoping review due to licensing subscription arrangements- a problem that applies to all universities. The original aim had been for Kinship and Lancaster University to independently review all the same sources.

Funding

Another major challenge is funding. Without investing in the development of co-produced kinship care research, most clearly illustrated in the suggested role for Kinship, it will be difficult to build the necessary and sustainable infrastructure. As we noted in the headline findings, this is an opportunity for funders as well as a challenge.

Co-producing this report has also provided us with firsthand experience of the challenges as well as the opportunities. The most important lesson for us was that co-production takes time, a point also made in the scoping review. The recommendations in the report and toolkit put forward various ways to address time issues that include realistic costings for kinship carer involvement in research projects but other concerns may be more difficult to resolve. The question of how to build in flexibility to cater for kinship carers' own needs whilst ensuring projects can deliver on time is a complicated balancing act and there are no obvious answers. It would need to be negotiated and resolved on a case by case basis.

Evidence of co-produced research on service delivery and policy is limited

A further challenge identified in the scoping review and broader literature on co-production is the lack of evidence of its impact on service delivery and policy development – impact can take a long time to be felt and collecting evidence is not straightforward. As a starting point, when kinship carers and researchers co-produce research applications, it is important to be clear about their goals and to have a plan as to how they will measure outcomes. For the present research, the challenge is how to measure its impacts. Some short- and longer-term outcomes we would like to see from the study are:

- The creation of a bank of peer researchers that grows year on year
- The development of new co-produced projects exploring new themes
- The development of a sustainable funded infrastructure to support co-production
- Research that is undertaken by marginalised groups of kinship carers who currently lack access and opportunities to participate.

Limitations of the study

This was a small-scale study with very modest funding. Inevitably it has impacted on what we could achieve within the timescales. The initial focus on special guardians meant that we were unable to reach out to other types of kinship carers. This could limit the relevance of the findings and the messages in the toolkit. We acknowledge that there are diverse experiences and perspectives within the kinship carer community and future research should seek to obtain these.

Despite these constraints, the study has opened up an important area of inquiry that has hitherto received very little attention. The kinship carers were proud to take part and to contribute to the creation of a new chapter in kinship care research. For some it has already created life-changing opportunities to be part of a wider research and practice community.

Conclusions

The team at Lancaster University and Kinship and all participants have co-produced this study and provided first hand experiences of the opportunities and challenges. The recommendations of this report are based on that shared experience. The overall conclusion is that there is an opportunity, need and commitment to developing co-produced research into kinship care. A second main conclusion is that future co-produced research needs to target all types of kinship carers and in this way, enrich the scope, volume and relevance of studies to policymakers and practitioners. Whilst recent policy and legislation are in line with this agenda in relation to practice, it has not been linked to research. It is clear that a co-produced kinship care strategy will require financial investment. It will also need organisational support and a strategy to build capacity. The challenges are considerable but they must be addressed if the broader goals of policy and legislation are to be achieved to the benefit of all kinship carers and the children they are caring for.

Recommendations

Principles

- Co-production should be the default methodology, wherever possible, for all kinship care research projects
- All co-produced research projects should prioritise inclusivity and lay out a practical strategy to this end.

Building capacity and sustainability

- The core ingredients are:
    - A trusted organisation with strong community networks and national policy influence should lead a coordinated research strategy. Kinship would be well placed to take on this role in partnership with other organisations
    - A pool of diverse, well trained and supported peer researchers
    - Academics trained in participatory research approaches
    - Recognition of the additional time needed to implement the strategy, compared to university-led research
    - Organisational structures and trusted partnerships to support participation at all levels of the organisation.

Developing best practice

- Non-traditional methods to recruit peer researchers, including videos and podcasts, should be used
- The early stages of recruitment should:
    - Allow sufficient time to consult with kinship carers about the project, so they have full understanding of its goals and their own role and responsibilities
    - Consider and plan for kinship carer participation needs (i.e. financial, physical, emotional, practical, communication methods)
    - Incorporate trauma-informed research practices
    - Set out clear expectations for the whole team, including outputs and impacts
    - Ensure that all research processes and plans of work are revisited regularly
- Co-producers should work together to build relationships of trust.

Implications for funders and research organisations

- Funders, whether charities or research organisations, have a vital role to play in catalysing a coordinated programme of co-produced research into kinship care
- Funders should consider:
    - Setting up a dedicated funding stream to catalyse new initiatives
    - Making inclusive research design a condition of funding
- Grant applicants should realistically cost the time and money needed to undertake co-produced research
- Research organisations should review their internal processes to maximise peer researcher engagement and access to their resources.

Appendices

Appendix A:
How we went about the study

Appendix B:
The scoping review methodology and findings

Appendix A: How we went about the study

Phase 1: Research strands

We conducted a multi-strand project over 3 years:

1. A scoping review
2. A broader literature review
3. Online focus groups with kinship carers
4. In-person workshops with kinship carers
5. Online roundtable with researchers

Scoping review and broader literature review

We undertook a desk-based scoping review to establish the evidence base for co-produced kinship care research and existence of any toolkits co-produced with kinship carers that provided guidance on best practice and challenges. We also carried out a separate review of the literature on toolkits in related fields. Full details of the scoping review can be found in Appendix B.

Online focus groups with kinship carers

Twenty-one kinship carers participated in one of three online focus groups, led by Clare Walsh and Sharon McPherson. Judith Harwin took part in all of them. Each focus group was based on a pre-agreed set of questions to draw out the kinship carers' views of opportunities and obstacles to developing co-produced research with kinship carers. The focus groups ran for up to two hours and were recorded and transcribed using Teams.

Recruitment of the kinship carers

Peer researchers who were employed by Kinship as Research Associates recruited the kinship carers through Kinship's networks, Families in Harmony, via their relationships within the sector and with kinship carers directly via Facebook and WhatsApp. These networks were seen as our best way of reaching kinship carers and maximising diversity. Joining the project was open to all male and female special guardians:

- Aged 18 or over, to include grandparents and other relatives of birth parents
- With a legal order made via care proceedings or by a private law order
- From diverse ethnic backgrounds
- From different parts of the country
- Not engaged with other services
- Had taken part in making the film *The First Day of Forever: Becoming a Special Guardian*

Previous experience of research involvement was not necessary. The post on the Facebook pages provided a brief description of the project and the criteria for participation with the secure email address as the contact route. The peer researchers, Clare Walsh and Sharon McPherson, were responsible for recruitment because they are both kinship carers as well as researchers and are involved in policy and practice development. They had access to a wide range of networks. Sharon, in her role as co-founder of Families in Harmony was particularly well placed to recruit from the Black African and Caribbean community. They followed up with everyone who expressed an interest in joining the project to explain:

- The project aims
- What participation would entail
- The support that would be available before and after the focus groups.

We considered that support was essential as we recognised that some of the topics might trigger difficult memories. We had used this approach in the previous films, and it is part of the offer by Kinship to all kinship carers participating in its research. Signed consent was a requirement to taking part.

We set a minimum target of recruiting 20 kinship carers and a maximum of 40. The final number of participants was 21.

An online roundtable with academic researchers

Six researchers were recruited to provide an additional perspective on the kinship carers' recommendations and on the toolkit and its value to the research community, policy-makers and funders.

They were recruited via Kinship's Kinship Researchers' Network, by Lancaster University's Centre for Child and Family Justice Research networks, and our involvement on advisory boards dealing with special guardianship. We also used the Kinship Researchers' Network to check out whether members were aware of ongoing participatory research initiatives with kinship carers.

Minimum criteria for inclusion in the roundtable were that the researchers had carried out research into kinship care. We were also however looking for researchers with experience of co-production and, where possible, were kinship carers. The final number of participants was six. They worked in university and local authority settings. Two were kinship carers. Their length of research experience ranged from PhD involvement to more than forty years.

The roundtable was recorded and transcribed.

Analysis of the focus groups and roundtable

The focus groups and roundtable were analysed thematically (Braun and Clarke, 2012) to identify the key findings and messages to take forward to inform the in-person workshops. These messages were also linked to the findings of the scoping review and toolkit appraisal.

In-person workshops with kinship carers

Three in-person workshops were held in central London in April and July 2023 and June 2024. All the travel and subsistence costs of attendance were paid by Kinship and kinship carers received a voucher to thank them for their participation in the study. The workshops ran from 10.30- 3.30pm.

All the kinship carers who participated in the focus groups and researchers' roundtable were invited to join the workshops. Nine took part in the first workshop, seven participated in the second together with external researcher Rachel Stemp from Anna Freud, and five special guardians joined the third workshop. The kinship carers came from all over England.

The workshops were led by Laura Bradley, Participation and Involvement Manager at Kinship and Victoria Grey, Regional Programmes Manager at Kinship who has experience as a kinship carer. Lucy Peake attended three; Clare Walsh, Sharon McPherson and Judith Harwin took part in two. Members of the team contributed to the content and design of the three workshops. Vikkie Chapman managed practical arrangements pre- and post- the workshops, including making travel arrangements for the kinship carers. A special feature of the workshops was the involvement of a sketch artist, Mandy Johnson, who was present at the first and second sessions, and has extensive experience of visually explaining the process of co-creation. Her role was to:

- capture important points and messages succinctly and visually
- identify themes and representations of the co-production journey to prompt discussion.

Key points were also charted on flip charts and post-it notes.

Analysis of the workshops

Findings from the three workshops were synthesised and provided the content of the toolkit from the perspective of the kinship carers.

Phase 2: Draft report and toolkit consultation

All sources of evidence were used to draft the report and toolkit. Special attention was paid to ensure that the messages across both outputs were consistent and supported one another. The drafts were then shared with all participants and their feedback was sought and taken into account in the final outputs.

Phase 3 - Report and toolkit finalised

Appendix B: The scoping review methodology and findings

There are many different types of evidence reviews, such as systematic reviews, rapid evidence reviews (Bouck et al, 2022) and scoping reviews. We opted for a scoping review because it fitted most closely with our objectives. It allowed us to pose an exploratory research question and to draw together a scattered literature without the requirement to make a judgement about the quality of the studies whilst still using a rigorous methodology (Arksey and O'Malley, 2005; Munn et al, 2018). By contrast, a systematic review requires pre-agreed eligibility criteria regarding the robustness of the methodology and the reliability of the findings for each study. Given that research into special guardianship in general is limited (Harwin et al, 2021), although growing (Rees Centre, 2025), we ruled out carrying out a systematic literature review as we wanted our evidence base to be as inclusive as possible. A rapid evidence review was also excluded as we wanted to use explicit strategies and including grey literature to limit potential bias (Munn et al, 2018). A scoping review was identified as the best approach for this work as it maps out the evidence and the evidence gaps, in a way that aims to reduce bias in selection and not limit inclusivity.

We had four main research questions:

1. Establish what co-produced and participatory research has been carried out with kinship carers since 2000
2. Establish whether any co-produced toolkits have been produced detailing best practice and challenges since 2000
3. Identify gaps in the evidence base
4. Learn lessons for our own study.

Scoping Review Methodology

Method

This scoping review uses Arksey and O'Malley's scoping review methodology (Arksey and O'Malley, 2005). The aim of a scoping review is to identify and map literature on a topic, rather than to assess questions of effectiveness. Using a scoping review allowed us to explore the depth and breadth of literature to provide an overview of participatory methods in kinship research. We followed the Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR; Tricco et al., 2018) approach when conducting this review.

Search Strategy

We collaborated to refine our search strategy and sought guidance from the faculty librarian, Paul Newnham, at Lancaster University to refine our approach. The search terms were developed using an iterative process until we were confident our search terms captured the range of literature relevant to our research questions. For example, we conducted a test search including the term 'Grandparents' but found this produced more literature on non-kinship care relationships than kinship relationships, so this term was excluded.

The following databases were searched: Academic Search Ultimate, Dissertations and Theses Global, Google Scholar, JSTOR, OpenAlex, PubMed, Scopus, Sage Journals, SocINDEX and Web of Sciences. The search was conducted between March and April 2024 and was re-run with the faculty librarian, Paul Newnham, in 2025 to ensure we had included all publications to the end of 2024. They were limited to English language only. See Table 5 for the search terms.

TABLE 5: SEARCH TERMS (within a category combined with OR, between categories combined with AND)

Experience	“kinship care,” “special guardianship,” “relative care,” “family and friends care”, “kin care”
Method	“participatory”, “collaborative”, “action research”, “co-produced”

Lead researchers discussed the inclusion criteria to develop a consensus. Initially the geographical location of the research was to be limited to the United Kingdom, however, due to the limited research available in this area the eligibility was extended to all countries with cognate child protection systems. The criteria are listed in Table 6.

Title and abstract screening were conducted independently by the two researchers. To ensure consistently in approach, one database was screened co-currently by the two researchers via video conferencing. A safety-first approach was adopted whereby if one reviewer recommended a paper for inclusion following the title and abstract screen, then the full text was examined by both researchers (Shemilt et al., 2016). The search process is outlined in Figure 7.

FIGURE 7: PRISMA-ScR Process Map

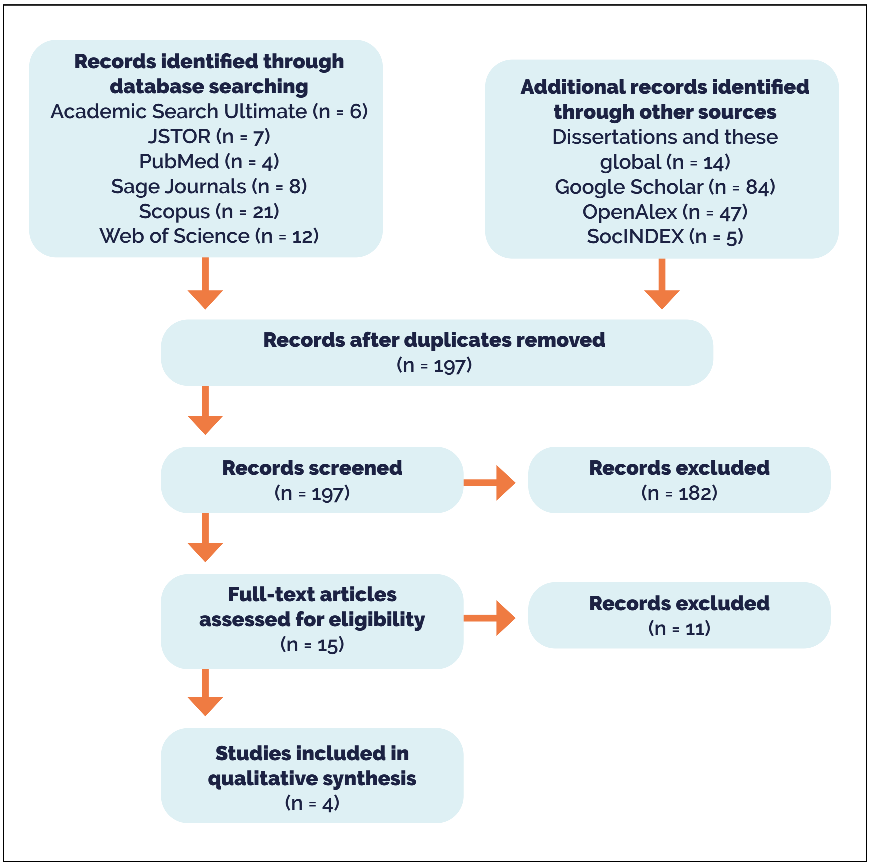

TABLE 6: Inclusion criteria

1.	Primary qualitative, quantitative or mixed-methods research; evaluation reports; peer-reviewed journal articles; doctoral theses.
2.	Participant group included adult kinship carers who were looking after a child on a near or full-time basis.
3.	Inclusion of detail on participatory methods.
4.	Studies conducted in countries with cognate child protection legal systems to England.
5.	English language publications.
6.	Published between 2000 and 2024.

Study characteristics were extracted including author, citation, year of publication, country, participants, methods, results and recommendations as detailed in Table 7.

There was no assessment of study quality. This was in line with the recommendations of the scoping review methodology which intends to map out conceptual findings in the research field rather than examine studies for quality.

Challenges of working across organisations

This scoping review was conducted by Professor Harwin, who is based at Lancaster University, and supported by Lydia Yeomans, former Research Manager at Kinship, and by Paul Newnham, faculty librarian at Lancaster University. A challenge of working collaboratively across organisations is that journals and databases traditionally available to academic institutions were not accessible by the charity researcher. As a solution, Professor Harwin searched the paid-for journals (Web of Science and Scopus) and Lydia Yeomans searched the more easily accessed journals or databases (JSTOR and Sage Journals) and the open and grey literature. The reviewers then met via video conferencing to compare the outputs from these searches. Accessing electronic databases and journals paid for by universities through subscriptions is a common barrier when conducting reviews with non-academic partners.

Summarising the results

Following the review, four papers were identified which met the inclusion criteria, two of which were doctoral theses. One of these papers was an evaluation conducted in the USA and the other three were from England. The data extraction can be seen in Table 7.

Both researchers reviewed the full text articles of the included studies to identify core themes and lessons learned. These reflections were then discussed with the full research team, including the lead peer researchers who advised on interpretation and narrative.

Authors and year	Title	Location	Study Purpose	Sample size/ Population	Methodological Approach and Study Design	Relevant Results	Keywords
Hill and Hart (2017)	Gaining Knowledge about Resilient Therapy (RT): How Can It Support Kinship Carers?	University of Brighton - England	Investigating the benefits of a resilience therapy approach for kinship families.	7 kinship carers and 6 children.	Collaborative action research. Kinship carers met together, on 18 occasions over a period of 15 months, to learn about RT and explore how they might draw on the approach. Meetings were facilitated by a university researcher and a social worker from the family and friends team. Children were interviewed on two occasions.	The collaborative nature of the research enhanced carers abilities to step back and reflect on the RT techniques and share practices. Authors recommend the impact that inequalities have on care be considered, as well as family relationships. They summarise with the quote 'Workingwith kinship carers, not as part of the problem, but as part of the solution'.	*kinship carers, action research, collaborative*
Moldow et al (2023)	Lessons from conducting a participatory evaluation of a kinship navigator program.	University of Colorado - USA	To reflect on the use of participatory methods in an evaluation of a kinship navigator programme.	8 kin caregivers acted as advisers. 4 advisers then joined the evaluation team.	Participatory evaluation of a kinship navigator programme. Kinship caregivers were involved in all stages of evaluating a kinship navigator program in the U.S.—from designing the questions, to collecting and analysing the data, to reporting the results. The full evaluation team designed and conducted qualitative interviews and interpreted the quantitative findings. Reports were co-authored by kin caregivers.	Authors concluded participatory evaluation was a useful methodology for understanding the experiences of kinship carers. Lessons learned included ensuring organisational commitment to participatory research, working to maintain peer research engagement, sharing decision making amongst the research team, investing in skill development of the team, ensuring the work can influence practice.	*kinship caregivers, participatory*
Hall (2022)	Kinship caring: participatory, arts-based, and oral storytelling to explore the displaying and non-displaying of kinship carers' family practices. (Thesis)	Northumbria University - England	Exploring kinship carers stories about their family practices.	12 kinship carers.	Arts-based participatory workshops. The kinship carers used a blend of story-generating tools, including songwriting, painting, poetry, photography, and oral storytelling. 21 sessions took place from Nov 2017 to August 2018. An artist attended on 6 of these sessions to support storytelling in different forms including music, photos, poetry and painting.	Arts-based participatory methods can be useful in opening new ways of thinking about kinship families and allow kinship carers to feel more empowered to change policies. The author emphasised the need to develop a safe space, strong relationships, and a community. It was important to be flexible to the varying schedules and communication preferences of the kinship carers. Issues of power must be considered and the group routinely worked together to navigate ethical dilemmas.	*kinship carers, participatory*
Herod (2013)	Exploring the Experiences of Vulnerable Families: A Critical Reflection on the Participatory Research Approach	Liverpool John Moores University with in collaboration with the National Society for the Prevention of Cruelty to Children (NSPCC) -England	Understanding the experience of vulnerable families who have lived with domestic violence, substance misuse and subsequent child protection intervention.	5 families were included, one of which had a kinship arrangement 'The Jones Family'.	Collaborative participatory research methodology. Data collection and presentation was designed, constructed and decided upon by participating families.	The study used qualitative techniques with participatory principles, they observed that the work diverged from the participatory ideal when used in a real world context. They recommend a high level of reflexivity is needed to effectively share power, they observe that 'collegiate' participation can only be achieved if the researchers are prepared to relinquish control and work in partnership. Managing expectations and setting boundaries as also recommended.	*kinship carers, participatory*

TABLE 7: Study characteristics

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About the Centre for Child and Family Justice Research at Lancaster University

The Centre for Child and Family Justice Research (CfJ) is an interdisciplinary research centre co-hosted by the Department of Sociology and the Law School at Lancaster University. The Centre is co-directed by Professor Karen Broadhurst OBE and Professor Judith Harwin.

The overarching aim of our work is to inform and improve justice for children, youth and families. Our work spans family, youth and criminal justice and intersects with health and care. Central to our work is collaboration with a range of national and international policy and practice organisations. We involve children, youth and families in all our work.

Our Aims:

- To provide a supportive and vibrant scholarly environment for child, youth and family justice researchers, nationally and internationally
- To improve the transparency and accountability of justice systems by advancing empirical and theoretical knowledge
- To pioneer innovative solutions that drive effective and compassionate practice
- To collaborate with policy and practice colleagues, children, youth and families to set, revise and inform policy agendas
- To progress new standards for methodological rigour and innovation in interdisciplinary research
- To improve care and justice for families.

www.cfj-lancaster.org.uk

About Kinship

We are Kinship. The leading kinship care charity in England and Wales. We're here for kinship carers – friends or family who step up to raise a child when their parents aren't able to.

We are made by and for our community of kinship carers. For too long they have been isolated without the help they need.

Our purpose is to change lives, and change the system.

We support, advise and inform kinship carers. Connecting them so they feel empowered.

Because a child needs the love and warmth of a thriving family.

We develop research, campaigns and policy solutions. Creating positive change across society.

Because for kinship families, love alone is not enough.

And as we see momentum building for change, we keep working with our community and making impact.

Join us. Together, let's commit to change for kinship families.

www.kinship.org.uk

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