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

Co-producing research into kinship care

a report into opportunities and challenges

Executive Summary

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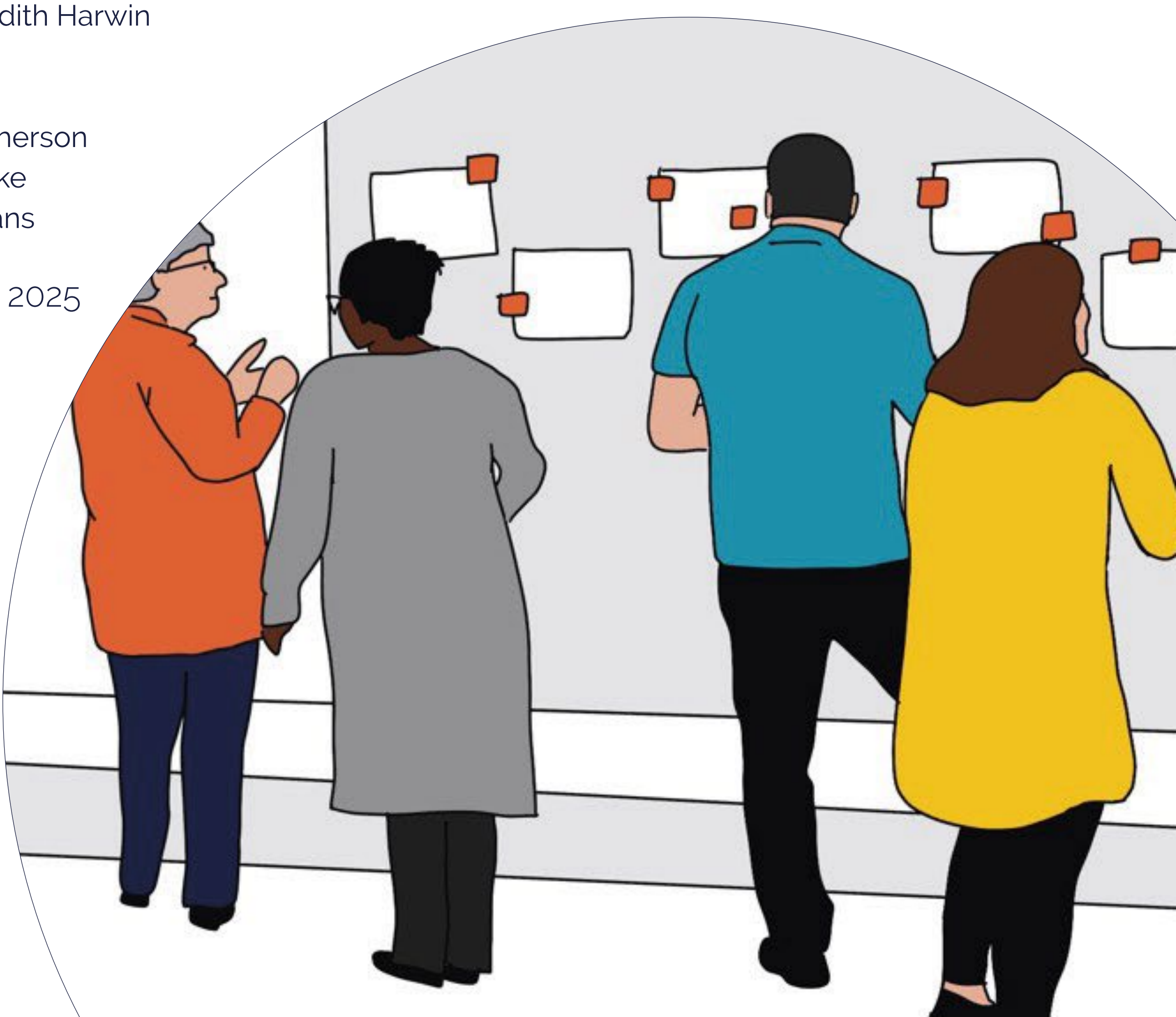

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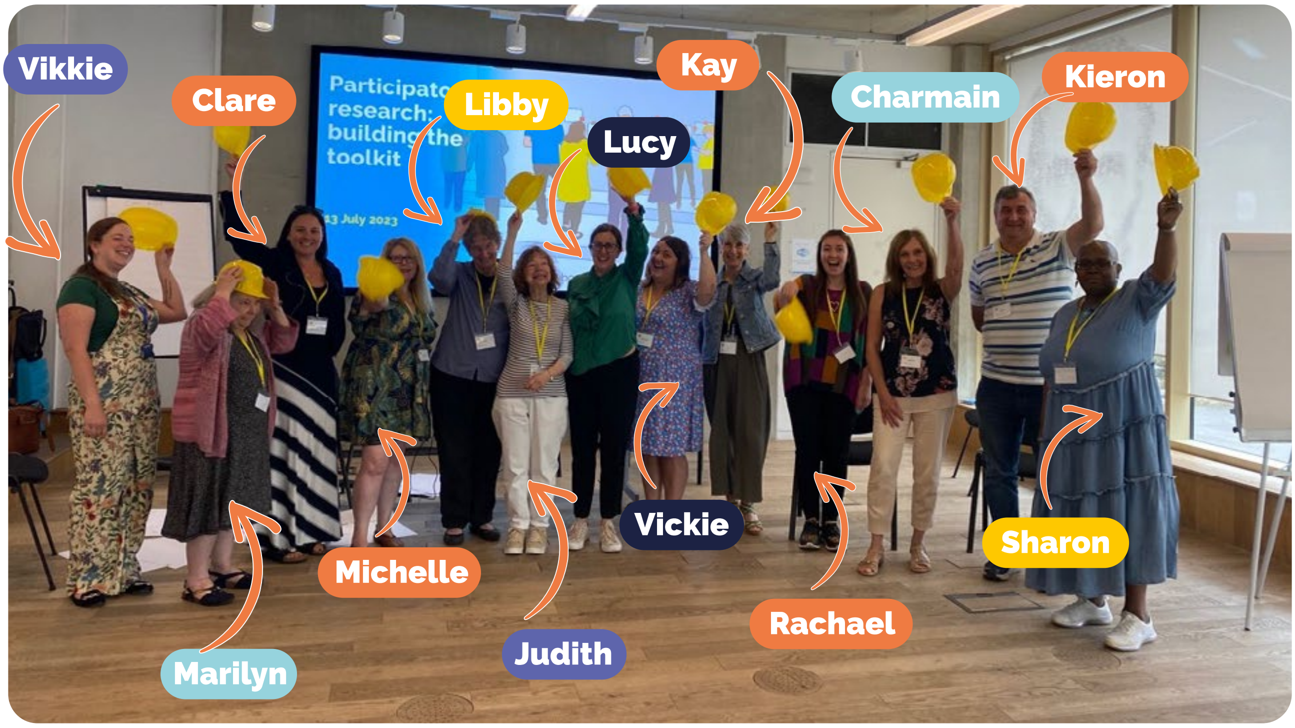

Executive Summary

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. Blades et al). 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.

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.

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, 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.

References

Arksey, H. and O'Malley, L., (2005) 'Scoping studies: towards a methodological framework', *International journal of social research methodology*, 8(1), p.19-32.

Blades, R., Knibbs, S. and Selwyn, J. (2013) *Family routes: Growing up in adoptive and special guardianship families*. Available at: https://www.education.ox.ac.uk/rees-centre/project/family-routes-growing-up-in-adoptive-and-special-guardianship-families/ (Accessed: 6 March 2025).

Cusworth, L., Biehal, N., Whincup, H., Grant, M. and Hennessy, A. (2019) *Children looked after away from home aged five and under in Scotland: Experiences, pathways and outcomes*. Permanently Progressing? Building Secure Futures for Children in Scotland. Stirling. Available at: https://dspace.stir.ac.uk/handle/1893/30234 (Accessed: 6 March 2025).

Department for Education (2023) 'Championing kinship care: the national kinship care strategy'. Available at: https://assets.publishing.service.gov.uk/media/6579c7f40467eb001355f755/Championing_kinship_care_the_national_kinship_care_strategy.pdf (Accessed: 6 March 2025).

Hall, K. A. (2022). *Kinship caring: participatory, arts based, and oral storytelling to explore the displaying and non-displaying of kinship carers' family practices*. PhD thesis. University of Northumbria at Newcastle (United Kingdom).

Harwin, J., Alrouh, B., Golding, L., McQuarrie, T., Broadhurst, K. and Cusworth, L. (2019) *The contribution of supervision orders and special guardianship to children's lives and family justice*. Available at: https://www.cfj-lancaster.org.uk/app/nuffield/files-module/local/documents/HARWIN_SO_SGO_FinalReport_V2.1_19Mar2019.pdf (Accessed: 6 March 2025).

Herod, K. (2013). *Exploring the Experiences of Vulnerable Families: A Critical Reflection on the Participatory Research Approach*. PhD thesis. Liverpool John Moores University (United Kingdom).

Hill, L., and Hart, A. (2017). Gaining knowledge about Resilient Therapy: how can it support kinship carers?, *British Journal of Social Work*, 47(5), 1290-1309.

Hunt, J., Waterhouse, S. and Lutman, E. (2008) *Keeping them in the family: Outcomes for children placed in kinship care through care proceedings*. Available at: https://research-information.bris.ac.uk/en/publications/keeping-them-in-the-family-outcomes-for-children-placed-in-kinshi/ (Accessed: 6 March 2025).

ImaginationLancaster (no date) *Reimagining Research Practices Towards a Sustainable, Ethical and Inclusive Future*. Available at: https://imagination.lancaster.ac.uk/project/reimagining-research-practices-towards-a-sustainable-ethical-and-inclusive-future/ (Accessed: 6 March 2025).

ImaginationLancaster (2024) *Born into Care Map Co-Production Project Participant Report*. Available at: https://imagination.lancaster.ac.uk/wp-content/uploads/2024/01/BIC-report-.pdf (Accessed: 5 March 2025)

Kinship (2023) *Lancaster University and Kinship launch ground-breaking research project*. Available at: https://kinship.org.uk/our-work-and-impact/news/lancaster-university-and-kinship-launch-ground-breaking-research-project/ (Accessed: 6 March 2025)

Lambeth Council (no date) *Become a community connector.* Available at: https://www.lambeth.gov.uk/adult-social-care-and-health/health-and-wellbeing/become-community-connector#:~:text=Community%20Connectors%20are%20volunteers%20in,of%20local%20people%20in%20Lambeth. (Accessed: 6 March 2025).

Learning for Involvement (2024) *NIHR guidance on co-producing a research project*. [online] Available at: https://www.learningforinvolvement.org.uk/content/resource/nihr-guidance-on-co-producing-a-research-project/#:~:text=involvement%20in%20research [Accessed 6 March 2025].

LSE Impact Blog (2025) Can we build institutional support for co-produced research? *LSE Impact Blog* Available at: https://blogs.lse.ac.uk/impactofsocialsciences/2025/02/12/can-we-build-institutional-support-for-co-produced-research/ (Accessed 6 March 2025).

MacAlister, J. (2022) *The Independent Review of Children's Social Care: Final report*. Available at: https://webarchive.nationalarchives.gov.uk/ukgwa/20230308122535mp_/https://childrenssocialcare.independent-review.uk/wp-content/uploads/2022/05/The-independent-review-of-childrens-social-care-Final-report.pdf (Accessed: 6 March 2025).

Mak, S. and Thomas, A., (2022) 'Steps for conducting a scoping review'. *Journal of graduate medical education*, 14(5), p.565-567.

McCabe, A., Parker, R., Osegowitsch, T. and Cox, S., (2023) 'Overcoming barriers to knowledge co-production in academic–practitioner research collaboration'. *European Management Journal*, 41(2), p.212-222.

Moldow, E., Anderson, V. M., Benjamin, S. L., Johnson, B. P., McGuan, E., Xenakis, D., & Xu, Y. (2023) 'Lessons from conducting a participatory evaluation of a kinship navigator program', *Research Involvement and Engagement*, 9(1), 82.

Munn, Z., Peters, M.D., Stern, C., Tufanaru, C., McArthur, A. and Aromataris, E., (2018) 'Systematic review or scoping review? Guidance for authors when choosing between a systematic or scoping review approach', *BMC medical research methodology*, 18, p.1-7.

National Academy for Social Prescribing (no date) *A guide to setting up a connectors programme.* Available at: https://socialprescribingacademy.org.uk/resources/a-guide-to-setting-up-a-connectors-programme/ (Accessed: 6 March 2025).

National Institute for Health and Care Research (NIHR). (no date). *Improving partner, patients, carers, and public*. Available at: https://www.nihr.ac.uk/about-us/what-we-do/improving-partner-patients-carers-public [Accessed 6 March 2025].

Simmonds, J. and Harwin, J. (2020) Making special guardianship work for children and their guardians: Briefing paper. London: Nuffield Family Justice Observatory.

Social Care Institute for Excellence (SCIE) (no date) *Co-production: What it is and how to do it*. Available at: https://www.scie.org.uk/co-production/what-how/#whatis (Accessed: 6 March 2025)

Tah, P. and Selwyn, J. (2025) *Raised by Relatives: the experiences of Black and Asian kinship carers in England*. London: Kinship

Wade, J., Biehal, N. and Stuttard, L. (2014) *Investigating special guardianship: Experiences, challenges and outcomes*. Available at: https://pure.york.ac.uk/portal/en/publications/investigating-special-guardianship-experiences-challenges-and-out/ (Accessed: 6 March 2025).

Wellard, S., Meakings, S., Farmer, E. and Hunt, J. (2017) *Growing up in kinship care: Understanding the experiences of children and young people*. Available at: https://kinship.org.uk/wp-content/uploads/2024/09/Growing-up-in-kinship-care-2017-report.pdf (Accessed: 6 March 2025).