The Past, Present, and Future of Kinship Care: Integrating Research Evidence and Stakeholder Perspectives - *Final Report*

PREPARED FOR: casey family programs

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Acknowledgements

The Social Work Research Center in the School of Social Work at Colorado State University would like to thank Chereese Phillips, Caroline Black, and Peter Pecora from Casey Family Programs for their close collaboration and invaluable guidance on this report. We would also like to thank the policymakers, kinship program leaders, kinship care workers (including peer navigators and advocates), kinship caregivers, and kinship care alumni who provided their insights and recommendations for how to strengthen kinship care policy and practice.

Suggested Citation

Alessi, L., Arnett, M., Golieb, K., Inhoff, A. & Winokur, M. (2026). *The past, present, and future of kinship care: Integrating research evidence and stakeholder perspectives.* Fort Collins: Colorado State University, Social Work Research Center.

The Past, Present, and Future of Kinship Care: Integrating Research Evidence and Stakeholder Perspectives

Executive Summary

Scoping Review Purpose and Methods

The intent of this scoping review was to summarize well-established findings about kinship care to inform and address recent questions, concerns, and requests for clarity around its value, utility, and outcomes. The review synthesized kinship care research using three seed articles: Winokur et al. (2018), Hallet et al., (2023), and Ott et al. (2024). Forward and backward citation searches for each of the seed articles identified articles published in 2012 or later from countries with child welfare systems comparable to the United States (U.S.): United Kingdom (including studies from England, Wales, Scotland, or the UK as a whole), Australia, New Zealand, and Canada. Citations underwent a two-phase screening: title and abstract review followed by full-text assessment to determine whether content aligned with key aims of the scoping review.

The following research questions posed by kinship stakeholders guided the scoping review:

1. What is the relationship between kinship care and child and case outcomes as compared to children in non-relative foster care placements?
2. How does kinship care support safety from child abuse and neglect? Are there any kinds of kinship care situations where the risk of child abuse or neglect may be elevated if special precautions are not taken?
3. What is the level and quality of oversight that kinship caregivers receive from child welfare?
4. Which types of kinship placements are most supportive/successful? Under what circumstances or conditions does kinship care work?
5. Under what conditions is licensed, non-relative foster care a more appropriate placement option than kinship care?

The majority of studies identified in the scoping review employed non-experimental quantitative designs, while a smaller proportion of studies utilized quasi-experimental designs such as propensity score matching. Other studies used qualitative or mixed methods designs featuring surveys, interviews, or focus groups. The balance of studies were designated as systematic reviews, scoping reviews, meta-analyses or other literature reviews.

Scoping Review Summary and Recommendations

- Compared to non-relative foster care, research indicates that kinship care is associated with greater placement stability, lower likelihood of maltreatment, and better socio-emotional and mental health trajectories, although the quality of support received by caregivers also impacts outcomes.
- Non-relative foster care may be a better placement option than kinship care when kinship caregivers lack the preparation, training, and support needed to meet a child's needs; or when there are complex family dynamics that may put children at risk of exposure to conflict or harm; or when children or caregivers have high or complex needs that cannot be addressed by the agencies involved.
- Kinship placements are most supportive and successful when children experience relational belonging; family dynamics are well-managed; and caregivers have access to adequate resources, training, and financial assistance.

- The level and quality of oversight that kinship caregivers receive differs significantly by legal status with informal, unlicensed, and "hidden kinship" placements receiving little to no oversight or support services. Practice innovations such as specialized training for the kinship context, kinship navigator programs, and robust financial assistance can help address this resource gap.

Stakeholder Conversations Purpose and Methods

To provide greater depth and context for the findings of the scoping review in terms of key issues, controversies, and questions, a series of conversations were held with policymakers, kinship program leaders and administrators, kinship care workers (including peer navigators and advocates), kinship caregivers, and kinship care alumni. Casey Family Programs developed the group and individual interview protocols, with the Colorado State University (CSU) evaluation team providing feedback. Casey Family Programs identified individuals from these key stakeholder groups for inclusion in the individual and group interviews. Overall, the CSU evaluation team facilitated 12 group and individual interviews with 40 participants across the five stakeholder groups.

Stakeholder Conversations Summary and Recommendations

- Stakeholders expressed strong support for kinship care and recognized its many benefits, while noting that kinship care often receives secondary attention and support at the system level compared to non-relative foster care.
- Stakeholders emphasized the growing importance of community-based services and case management in meeting kinship caregiver and child needs.
- Stakeholders recommended increasing flexibility in service provision, expanding community-based case management, investing in research on best practices, establishing clearer language and classifications for kinship placements, and strengthening information-sharing across programs and kinship caregivers.
- Stakeholders emphasized unresolved practice issues in kinship care including the lack of structured support for youth and caregivers as young people transition into adulthood; and the risks of applying a 'kin-first' approach when kin placements are not always safe or equipped to meet children's needs.

Kinship Care Practice and Policy Gaps

Stakeholders identified several considerations that warrant further attention to strengthening kinship care. First, the prevalence of informal kinship care raises important questions about the legal representation of children and youth in these arrangements and the implications of not receiving the financial, educational, and therapeutic supports afforded to licensed kinship or non-relative foster care placements.

Second, several stakeholders stressed the importance of examining when a 'kin-first' approach may be overextended. While kinship placements are often beneficial, some described cases in which children were removed from stable, nurturing non-relative foster homes and placed with kinship caregivers who lacked the skills or resources to support them, resulting in destabilizing placement disruptions. Together, these considerations point to the need for more nuanced, data-informed policies that protect child well-being while honoring the value of kinship connections.

Third, participants across alumni, kinship caregiver, and advocacy groups emphasized the need for policymakers to establish clear and consistent definitions of kinship care, including the types of kinship caregivers (e.g., formal, informal, fictive, licensed, unlicensed) and the pathways available to them. Inconsistencies in state and jurisdictional policies were described as significant barriers to accessing services.

Lastly, stakeholders argue that policies should continually emphasize strengthening funding for evidence-based health and mental health services, as well as financial resources. The most common risk factors identified in the scoping review such as kinship caregivers' physical health and financial needs and lack of services or supports point to a direction and perspective where federal funding can be more responsive.

Kinship Care Research Gaps

The scoping review and stakeholder conversations identified gaps in research and remaining questions for the field of kinship care. As such, there is a need for an updated systematic review of kinship care to assess the outcomes and quality of quantitative research evidence on kinship care. The primary limitation of the scoping review is the inconsistency in how studies define and operationalize kinship care arrangements. Relatedly, important country-to-country differences in national child welfare policy and practice create complexities in interpreting comparable, overall effects of kinship care on outcomes and experiences of children in kinship care. The need for scholars of color to be more represented in the literature is particularly glaring as this matters for both asking and answering key research questions. Where possible, the scoping review makes note of research findings specific to certain racial or ethnic groups, although Indigenous populations, in particular, were noted as underrepresented in the evidence base.

Stakeholders also identified several gaps in the evidence base that, if addressed, could strengthen kinship care policy and practice. Most notably, elevating youth voice is especially critical for kinship care research which has not typically prioritized this perspective. Suggested areas for further study included:

1. Experiences and outcomes of children who spend time in temporary placements prior to entering kinship care.
2. Long-term impacts of adoption, particularly for children and youth placed in kinship care or non-relative foster care who have limited or no connection with their biological families.
3. Supports needed for children and youth placed with kin transitioning to adulthood, as well as research on long-term relational outcomes of kinship children and caregivers.
4. Experiences, and needs of informal kinship care families, who many stakeholders noted often lack access to critical services and resources.
5. Understanding and identifying best practices across the diverse kinship care policies implemented in different states.

References

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Ott, E., Hall, A., Thompson, I., Young, K., Winokur, M., Mann, G., Wills, E., Verdugo, P., & Shlonsky, A. (2024). What interventions improve outcomes for kinship carers and the children in their care: A systematic review. Foundations.

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Scoping Review

Abstract

Purpose and Methods

The intent of this scoping review was to summarize well-established findings about kinship care to inform and address recent questions, concerns, and requests for clarity around its value, utility, and outcomes. It should be noted that the preponderance of non-experimental studies in the scoping review somewhat impacts the certainty of evidence and rigor of methods. The review synthesized kinship care research using three seed articles: Winokur et al. (2018), Hallet et al., (2023), and Ott et al. (2024). Forward and backward citation searches for each of the seed articles identified articles published in 2012 or later from countries with child welfare systems comparable to the United States (U.S.): United Kingdom (including studies from England, Wales, Scotland, or the UK as a whole), Australia, New Zealand, and Canada. Citations underwent a two-phase screening: title and abstract review followed by full-text assessment to determine whether content aligned with key aims of the scoping review.

Summary and Recommendations

- Compared to non-relative foster care, research indicates that kinship care is associated with greater placement stability, lower likelihood of maltreatment, and better socio-emotional and mental health trajectories, although the quality of support received by caregivers also impacts outcomes.
- Non-relative foster care may be a better placement option than kinship care when kinship caregivers lack the preparation, training, and support needed to meet a child's needs; or when there are complex family dynamics that may put children at risk of exposure to conflict or harm; or when children or caregivers have high or complex needs that cannot be addressed by the agencies involved.
- Kinship placements are most supportive and successful when children experience relational belonging; family dynamics are well-managed; and caregivers have access to adequate resources, training, and financial assistance.
- The level and quality of oversight that kinship caregivers receive differs significantly by legal status with informal, unlicensed, and "hidden kinship" placements receiving little to no oversight or support services. Practice innovations such as specialized training for the kinship context, kinship navigator programs, and robust financial assistance can help address this resource gap.

Background

In the U.S., over one-third (39%) of all children in out-of-home care are placed with relatives, with considerable variation across states (AFCARS, 2024). Differences in how state policy defines, licenses, and pays kinship caregivers contribute to this variation (Casey Family Programs, 2020b). Internationally, rates of kinship care also vary widely including 24% in England, 32% in Alberta, Canada, 35% in Scotland, 54% in Australia, and 83% in Northern Ireland. Similar to state-by-state differences in the U.S., there is variation across and within countries in how kinship rates are determined.

Defining Kinship Care

Kinship care is broadly defined as "individuals related to a child by blood, marriage, tribal custom and/or adoption and other individuals who have an emotionally significant relationship with the child **or** the child's parents or other family members" (American Bar Association et al., 2025). This is contrasted with traditional foster care or non-kinship foster care, which is the placement of children removed from the home with unrelated foster parents.

As displayed in Table 1, there are several variations of kinship care. It should be noted that the preponderance of research on kinship care does not adequately distinguish between these variations, so "kinship care" is used throughout the report in comparison with "foster care." For example, kinship foster care is typically called kinship care in much of the literature. Child Trends (Malm et al., 2019) refer to informal arrangements as "the most common out-of-home placement, with approximately half of children removed from their homes ending up in a diversion arrangement." Hidden foster care could be considered a subset of informal kinship arrangements but is distinguished by the absence of a child protection agency role in the kinship arrangement. Little is known or tracked about the children and families impacted by hidden foster care because these placements are not part of federal reporting requirements.

Table 1: Kinship Care Definitions

Kinship Care Type	Definition
Formal/Licensed Kinship Care/Kinship Foster Care	Children living with relatives, kin, or "fictive kin" but remaining in the legal custody of the state (Annie E. Casey Foundation, 2025b).
Informal/Unlicensed/Private Kinship Care	An arrangement where a child is raised by relatives, kin or fictive kin without the involvement or oversight of the child protection agency (ADCS, 2026).
Hidden Foster Care/Shadow Foster Care/Informal Kinship Diversion	An unregulated practice inconsistent with federal policy whereby a child protection agency — following an investigation and a child removal decision — facilitates the child's move from the family to the care of kin (a relative or trusted community member) in lieu of seeking legal custody or providing economic or other supports (Casey Family Programs, 2023b).

Core Dimensions of Kinship Care

Although an ancient practice in many cultures, formal kinship care is a more recent placement option in the U.S., as legislation (42 U.S.C. 671(a)(19) provides that states "consider giving preference to an adult relative over a non-related caregiver when determining placement for a child, provided that the relative caregiver meets all relevant state child protection standards." In the U.S., the Indian Child Welfare Act (ICWA) of 1978 established

preference for placement with family and tribal members (Child Welfare Information Gateway, n.d.). Later, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 explicitly required U.S. states to give preference to family members when placing a child outside of the home (Leos-Urbel, 2002). The Adoption and Safe Families Act of 1997 continued this federal commitment towards promoting and supporting kinship care (Ayala-Quillen, 1998). The Family First Prevention Services Act of 2018 and foster care reform legislation in the U.S. have further advanced the prioritization of kin placements as a preferred strategy for supporting children separated from parents by providing federal funding for evidence-based services that promote kinship care (Annie E. Casey Foundation, 2025).

For countries around the world, there are essential differences in child welfare policy and practice for placing children in out-of-home care, compared to that in the U.S. Generally, across high-income countries in Western Europe and Oceania, long-term foster or kinship care is the preferred placement, which implies that parents have right of access to their child provided it is not considered damaging, and also a right to express their opinion on important issues like education and religion. For example, in Australia, Netherlands, Norway, and Sweden, foster care placement is not time-limited and can be extended until the child emancipates from care (Strijker, 2003). Because the preferred option is long-term stable placements, there are foster children in Norway and Sweden who remain in foster homes throughout their entire childhood (Sallnas, 2004).

Rationale for Scoping Review

The rationale for the scoping review is to summarize well-established findings about kinship care for countries with mostly comparable child welfare systems to inform and address recent questions, concerns, and requests for clarity around its value, utility, and outcomes. The review questions and answers will equip the public with empirically based answers to their kinship care related inquiries.

Methodology

This scoping review synthesized kinship care research across the U.S. and select high-income countries using three seed articles: Winokur et al. (2018), Hallet et al., (2023), and Ott et al. (2024). Forward and backward citation searches for each of the seed articles identified articles published in 2012 or later from countries with child welfare systems comparable to the U.S., including United Kingdom (e.g., England, Wales, Scotland, or the UK as a whole), Australia, New Zealand, and Canada. Countries deemed comparable for this study's purpose were identified in collaboration with Casey Family Programs based on their knowledge of the international field of kinship care.

Two research team members conducted a two-phase screening process: title and abstract review followed by full-text assessment. Once an article's title and abstract met criteria, articles were then reviewed in full to identify those related to and addressing kinship care safety, oversight, case and child outcomes, success conditions, and comparisons to non-relative foster care. To maintain a balance between U.S. and international studies, two research team members conducted an additional screening phase to determine which international articles were highest priority to include in the review based on methodological rigor for causal inference (e.g., larger samples, quantitative studies) and/or strong alignment with the research questions. It should be noted that most included studies employed correlational, quasi-experimental designs. Studies which met criteria were included and assigned unique identifiers. Data were extracted into a structured tracking database in Excel, and findings were organized by research question. In addition to the articles identified through the three primary seed articles, research team members also reviewed for inclusion:

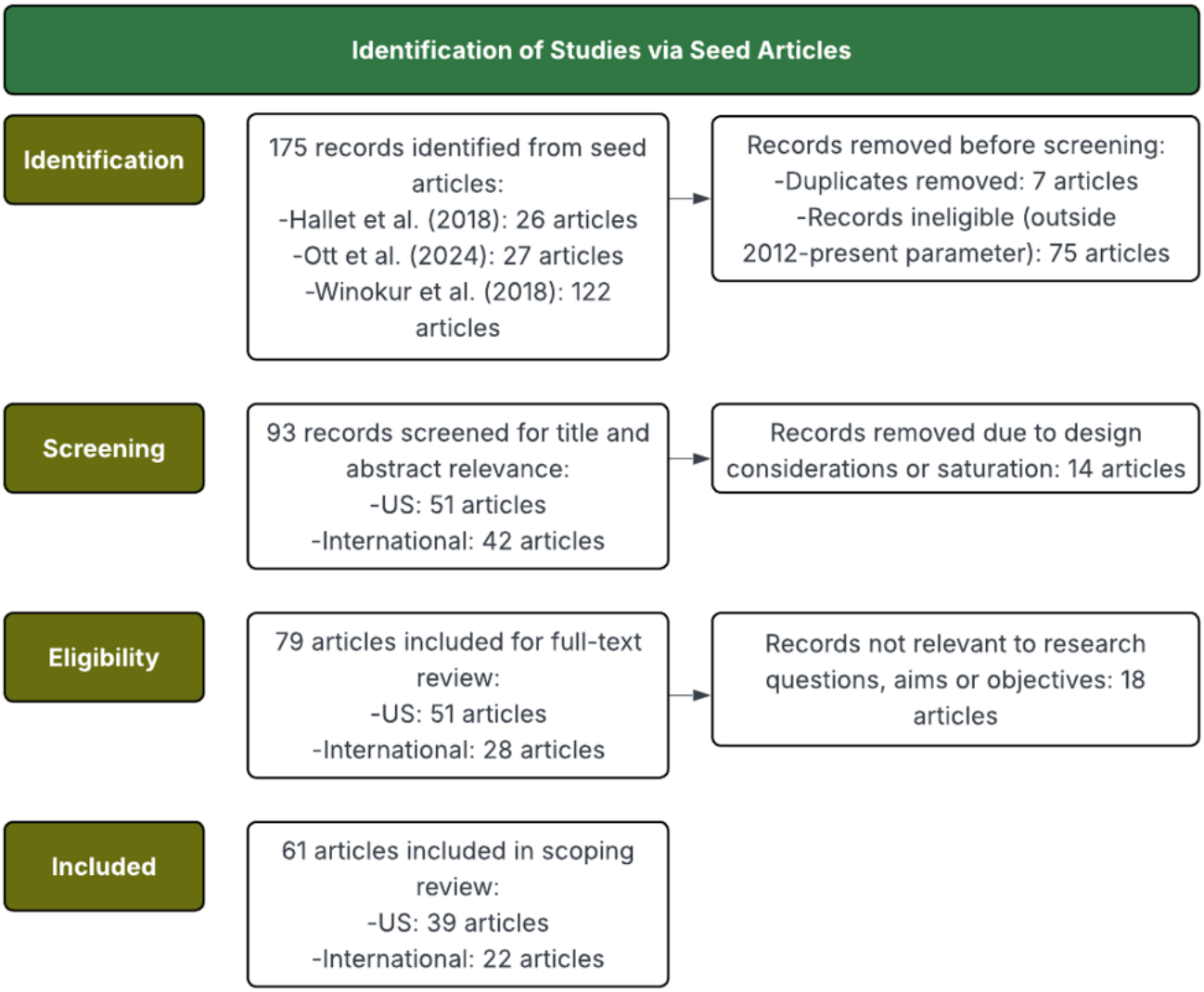
- 18 briefs on kinship care developed by Casey Family Programs.

- Two AI-generated outputs from Claude and Copilot were prompted based on the scoping review's key research questions. These outputs were generated to identify gaps in the scoping review and provide guidance on where findings could be augmented.
- Three bibliographies provided by Casey Family Programs stakeholders, including 326 articles focused on kinship care. These bibliographies were used primarily to identify literature that could help address gaps and remaining questions identified through the scoping review.

Study Inclusion

The Prisma Chart (see Figure 1) outlines the screening, identification, and inclusion process for the scoping review. In total, 61 articles were included in the scoping review including 39 U.S. studies and 22 international studies (indicated in the reference list with an *) from the United Kingdom, Australia, Canada, and New Zealand. In addition, the report features 15 briefs or reports from Casey Family Programs or child welfare organization websites, 14 background studies included in the Winokur et al. (2014) systematic review, the three seed articles, and seven supplemental articles identified through bibliographies shared by stakeholders.

Figure 1: Prisma Chart for Scoping Review



Study Designs

The majority of articles identified in the scoping review (n=26, 43%) employed non-experimental quantitative study designs, including correlational studies (n=8), cohort studies (n=7), cross-sectional studies (n=5), longitudinal studies (n=3), and other designs such as one group pre-post, cost analysis or scale validation (n=3). A smaller proportion of studies (n=8, 13%) utilized quasi-experimental designs such as propensity score matching. Only one study (2%) used a randomized controlled trial (RCT) experimental design. Six studies used mixed methods designs (10%), including surveys followed by focus groups or interviews (n=4) and focus groups followed by surveys (n=2). Ten studies (16%) employed qualitative methods including case studies and phenomenological designs featuring interviews and focus groups. Finally, 10 studies (16%) were designated as other reviews such as systematic reviews (n=3), scoping reviews (n=2), meta-analyses (n=2), and other literature reviews or reflections on the state of the field (n=3).

Study Samples

Most study populations from the 61 articles identified in the scoping review, not including meta-analyses, scoping or systematic reviews, consisted of children only, children and their caregivers, or placements, while other studies featured caregivers only, child welfare staff or caregiver advocates. For qualitative designs, sample sizes ranged from 3 to 59 kinship caregivers or child welfare professionals. For quantitative designs, sample sizes ranged from 37 to 43,320 children or caregivers.

Review Limitations

Limitations include potential missed articles outside seed article citations, geographic restrictions, and inconsistency in how studies define and operationalize kinship care arrangements potentially complicating comparisons across studies. Relatedly, important country-to-country differences in national child welfare policy and practice create complexities in interpreting comparable, overall effects of kinship care on outcomes and experiences of children in kinship care. For example, some countries use the terms “foster care” or “kinship care” differently than in the U.S. context, presenting challenges for interpreting findings from the scoping review.

Scoping Review Questions

The following research questions posed by kinship stakeholders guided the scoping review:

1. What is the relationship between kinship care and child and case outcomes as compared to children in non-relative foster care placements?
2. How does kinship care support safety from child abuse and neglect? Are there any kinds of kinship care situations where the risk of child abuse or neglect may be elevated if special precautions are not taken?
3. What is the level and quality of oversight that kinship caregivers receive from child welfare?
4. Which types of kinship placements are most supportive/successful? Under what circumstances or conditions does kinship care work?
5. Under what conditions is licensed, non-relative foster care a more appropriate placement option than kinship care?

Findings

The scoping review is organized by a question and answer (Q & A) section that clearly responds to common questions asked about kinship care from researchers, practitioners, and policy makers. Findings from the stakeholder conversations are also organized in this manner and will provide additional context to the quantitative findings included in the scoping review.

Research Question #1: What is the relationship between kinship care and child and case outcomes as compared to children in non-relative foster care placements?

This section builds off prior research by exploring more recent evidence to understand the relationship between kinship care placements and child and case outcomes, as compared to children in non-relative foster placements. Comparisons between kinship and non-relative foster care should account for contextual factors, as caregivers differ systematically in pre-placement characteristics. For example, kinship families face disproportionate socioeconomic disadvantages and receive substantially less support. Intervention research (Nelson-Dusek & Gerrard, 2012) shows that when kinship families receive adequate support, outcomes improve substantially, suggesting support quality matters in addition to placement type. Variation within kinship care may be as significant as differences between kinship and non-relative foster care in determining outcomes.

Existing Evidence

A systematic review of more than 100 studies (Winokur et al., 2014) found that when compared with children in non-relative foster care, children in kinship care have:

- More stability in placement and greater likelihood of remaining with siblings.
- Lower rates of recurrence of maltreatment.
- Lower rates of institutional abuse (maltreatment by kinship caregiver).
- Better behavioral outcomes, exhibited by fewer internalizing and externalizing behaviors, better adaptive behaviors, fewer psychiatric disorders, and better emotional health.
- Higher likelihood of achieving permanency through guardianship with their relative caregivers to maintain life-long connections with their family if they are unable to safely return home.

In their systematic review, Hallet et al. (2023) found that when compared to children in non-relative foster care, children in kinship care experience:

- Higher rates of neglect but lower rates of physical and sexual abuse (by kinship caregiver).
- No difference in rates of emotional or psychological abuse.
- Lower rates of recurrence of maltreatment.

It should be noted that there are some limitations on the findings summarized due to the varied type of research designs included in the scoping review, which includes both experimental and non-experimental studies. Specifically, the preponderance of non-experimental studies somewhat impacts the certainty of evidence and rigor of methods.

Case Outcomes

Placement Stability

Across studies, kinship care is consistently associated with greater placement stability, fewer disruptions, and fewer overall moves, particularly when children transition into kin placements or when kin receive additional supports (Atkinson, 2019; Atkinson, 2023; Gendron-Cloutier et al., 2024; Jedwab et al., 2020; Osborne et al.,

2021; Rabassa & Fuentes-Pelaez, 2023; Rowlson & Shabbar, 2024; Schoenwald et al., 2022; Shuttleworth, 2023a; Simmonds et al., 2019; Welch, 2018). Studies have found fewer moves and lower risk of disruption among children placed first with kin than those first placed in non-relative foster homes (Gendron-Cloutier et al., 2024; Simmonds et al., 2019; Welch, 2018). Longitudinal analyses found that kinship care has also been described as a long-term permanency option following maltreatment (Cheng & Lo, 2022). These findings align with meta-analytic evidence indicating a robust association between kinship placements and placement stability (Gendron-Cloutier et al., 2024).

Permanency

As compared to non-relative foster care, kinship care may involve longer stays in care and lower rates of adoption (Sattler et al., 2023; Sitjes-Figueras et al., 2025) and reunification (Sitjes-Figueras et al., 2025; Wheeler & Vollet, 2017). Participants in one study suggest that "parents had less motivation to position themselves for reunification with their children if kin were caring for them" (Jordan et al., 2024, p. 258). Reunification rates for kinship placements may also be influenced by children who want to remain where they are living rather than being moved or even reunified with their biological/birth parents (Mukhopadhyay et al., 2022). Other studies show that kinship placements are typically longer than any other placement type (Jedwab et al., 2020; Schoenwald et al., 2022). Kinship care has been associated with more exits to kin via custody transfer, permanent legal custody, or kin guardianship than non-relative foster care (Atkinson, 2019; Atkinson, 2023; Wheeler & Vollet, 2017). Racial inequities were also noted in some studies. For example, Black children experienced disparities in permanency rates (Lee et al., 2021) and in placement decision-making (Jedwab et al., 2020).

Institutional Abuse

Several studies found that paternal and informal kinship placements show higher institutional abuse (maltreatment by out-of-home caregivers) investigation rates, while maternal and formal kinship placements demonstrate rates that are lower or comparable to non-relative foster care (Font, 2014; Font, 2015; Helton et al., 2017). Helton et al. (2017) found that kinship caregivers, regardless of licensing status, are more likely to engage in corporal punishment and other punitive parenting styles compared to non-relative foster caregivers. However, access to training and supports may help explain observed differences in corporal punishment use rather than caregiver characteristics alone. One study (Font, 2015) found that allegations of neglect in informal and formal kinship placements are higher than in non-relative foster care. This pattern is consistent with the role of socioeconomic factors, as neglect occurs more frequently in families experiencing poverty or economic hardship, and both formal and informal kinship caregivers face greater socioeconomic disadvantages on average than nonrelative foster parents (Font, 2015).

Child Outcomes

Socio-Emotional Development, Behavioral Outcomes, and Mental Health

Although children in both kinship care and non-relative foster care often have substantial trauma histories, with many experiencing challenges in developmental, behavioral, physical and mental health, and psychosocial domains (Schoenwald et al., 2022; Smyth et al., 2023; Starks & Whitely, 2020), research indicates that kinship care is associated with more favorable child well-being outcomes. Compared to children in non-relative foster care, kinship arrangements are more likely to be characterized by persistently low problem behavior trajectories (Hu et al., 2024), be in the typical range for socio-emotional development (Wade, 2024) and demonstrate greater improvements in behaviors under some contexts (Font, 2014).

Kinship care is associated with fewer child mental health and behavioral problems, although outcomes may reflect both pre-care experiences and care system factors (Rabassa & Fuentes-Pelaez, 2023; Shuttleworth, 2023a). For example, kinship caregivers may be more willing to cope with emotional and behavioral issues, potentially reflecting a deeper personal interest in children's well-being (Cullen, 2024). Children in kinship care demonstrate fewer aggressive and conduct disorders as well as behavioral problems compared to children in non-relative foster care (Nelson-Dusek & Gerrard, 2012; Simmonds et al., 2019).

Several factors may detract from positive socio-emotional and behavioral development of children in kinship placements. More frequent intergenerational conflict in kinship placements may contribute to an increased likelihood of hyperactivity disorder, mental health concerns, and learning difficulties (Gable et al., 2024). Additionally, conflict with birth parents and financial stress are challenges more common to kinship placements compared to non-relative foster care placements, which may exacerbate child problem behaviors (Connolly et al., 2017). Ferraro et al. (2022) did not find a significant association between kinship care and changes in either externalizing or internalizing behaviors. Finally, some evidence suggests that kinship caregivers may underplay child behavior difficulties, which can be problematic if these behavior problems are not addressed by services or supports (Connolly et al., 2017).

Educational Attainment

The scoping review found limited research on educational attainment and placement type. Studies that were found reported mixed results, with children in foster and kinship care demonstrating similar challenges (Rowlson & Shabbar, 2024; Shuttleworth, 2023a; Simmonds et al., 2019). In studies finding greater educational achievement for children in kinship care (Schoenwald et al., 2022), continuity and consistency of the caregiving environment appeared to matter most for educational success (Simmonds et al., 2019; Smyth et al., 2023). A few studies found poorer educational outcomes for children in kinship care (Font, 2014) as well as the need for, but limited access to, specialized education services for children placed with kin (Nelson-Dusek & Gerrard, 2012).

Facilitators of Positive Child and Case Outcomes in Kinship Care

Stability in kinship care has been hypothesized to relate to strong pre-existing relationships and a shared sense of familial belonging between children and caregivers (Gendron-Cloutier et al., 2024; Rabassa & Fuentes-Pelaez, 2023; Shuttleworth, 2023a; Simmonds et al., 2019). Kinship caregivers are described as more dedicated and personally involved, offering care unconditionally and feeling a greater sense of duty towards children than non-kin caregivers (Gendron-Cloutier et al., 2024). Children in kinship placements are also more likely to maintain contact with parents, siblings, and extended family, and to sustain social and cultural connections that may support socio-emotional wellbeing (Connolly et al., 2017; Hu et al., 2024). Sibling relationships, often the most significant relationships after parents, are key and placement with siblings is associated with lower instability and can support reunification, whereas separation from siblings is associated with higher risk of placement breakdown (Konijn et al., 2019; Sitjes-Figueras et al., 2025). Access to extended family members may also support stability (Osborne et al., 2021).

Research Question #2: How does kinship care support safety from child abuse and neglect? Are there any kinds of kinship care situations where the risk of child abuse or neglect may be elevated if special precautions are not taken?

This section summarizes evidence from the scoping review on how kinship care helps support safety from child abuse and neglect and the kinds of kinship care situations where the risk of child abuse or neglect may be elevated if special precautions are not taken. While child welfare systems traditionally define safety as freedom from abuse or neglect, current research recognizes that children's experience of safety is multidimensional, including physical safety (protection from maltreatment), psychological safety (emotional security and ability to express thoughts and feelings authentically), cultural and spiritual safety (maintaining connections to culture, faith, and identity), and environmental safety (secure and stable living conditions across home, school and community contexts) (Casey Family Programs, 2025a). Child safety in kinship care encompasses multiple dimensions ranging from relational to situational borne from the complexities specific to kinship care dynamics (e.g., relationship with birth/biological family). Additionally, certain safety concerns may best be reconciled by addressing structural barriers for kinship caregivers (e.g., systemic racism).

Protective Factors for Safety Concerns in Kinship Care

Kinship care can provide several protective factors that support child safety. Placements with kin aim to bolster familiarity with caregivers, promote feelings of security, and reduce the probability of separation trauma (Rabassa & Fuentes-Pelaez, 2023). Both caseworkers and kinship caregivers identify what kinship relationships uniquely provide: commitment, emotional support, and a sense of belonging, with safety, nurturing, and stability as top priorities (Borenstein et al., 2025). Young people who grew up in kinship care emphasize that quality care involves the child feeling comfortable, happy, supported, accepted, and loved within a family environment (Borenstein et al., 2025).

Preventative Safety Measures in Kinship Care

Research points to several preventative measures to guard against safety concerns in kinship care placements. For example, kinship caregivers can receive specialized training on how to care for kinship children as well as how to navigate child welfare systems (Crowley et al., 2024; Gibbs et al., 2022; Simmonds et al., 2019). Despite evidence that kinship caregivers desire this type of training, its availability remains limited or sometimes complicated (Foote et al., 2025). For example, kinship caregivers often participate in trainings with foster caregivers which introduces tension, stigma, and content that can be considered irrelevant to kinship care (Gibbs et al., 2022).

Kinship navigator programs are also particularly well-positioned to support all kinship caregivers regardless of licensure status or child welfare system involvement (Rushovich et al., 2021). Mitigation of safety concerns through targeted trainings and kinship programs can be augmented by robust financial assistance for kinship caregivers as it may help alleviate caregiver stress and facilitate more support for a child's needs. In addition, child welfare agencies must tailor their services to the kinship context, including ongoing assessment of kinship homes and family needs (Choate, 2017; Connolly et al., 2017; Shuttleworth, 2023a; Shuttleworth, 2023b).

Risk Factors for Safety Concerns in Kinship Care

Kinship care families experience vulnerability due to their specific characteristics and challenges while also receiving less support and oversight than non-relative foster care providers (Rabassa & Fuentes-Pelaez, 2023; Shuttleworth, 2023a). However, there are placement characteristics associated with safety risk that are common to both kinship care and non-relative foster care including intergenerational trauma and caregiver health.

Informal Kinship Arrangements

As noted above, informal kinship placements carry the highest safety risks compared to both formal kinship care and non-relative foster care (Font, 2014; Font, 2015). Unlike formal placements, informal arrangements are not subject to the regulations that govern licensed non-relative foster caregivers, which may result in more frequent and unmonitored contact between children and biological parents (Helton et al., 2017) as well as adverse effects from intergenerational conflict (Gable et al., 2024). Furthermore, these arrangements typically operate with limited system support, trauma-informed parenting training, or financial support (Breman et al., 2018; Nandy & Selwyn, 2013; Schlatter et al., 2023).

Intergenerational Trauma

While close family relationships are often what makes kinship care beneficial, they also create unique vulnerabilities. Families with histories of abuse and trauma present risks in kinship placements (Breman et al., 2018; Connolly et al., 2013; Connolly et al., 2017; Gable et al., 2024; Rowlson & Shabbar, 2024). Existing patterns of family violence combined with unsupervised parental contact represent significant safety concerns -- though violence also occurs in supervised contexts (Breman et al., 2018; Connolly et al., 2017).

Socioeconomic Disadvantage

Kinship families experience multiple dimensions of socioeconomic stress and disadvantages while engaging with the child welfare system (Borenstein et al., 2025). On average, kinship caregivers have lower incomes and levels of educational attainment than non-relative foster caregivers. Financial strain creates substantial risk for placement breakdown, with kinship children experiencing multiple forms of disadvantage including unemployment, overcrowding, and disability (Nandy & Selwyn, 2013). Studies have found that grandparents raising grandchildren experience financial hardship, particularly those caring for children with disabilities (Helton et al., 2017; Nandy & Selwyn, 2013). Compared to non-relative foster caregivers, kinship caregivers also experience disadvantages across multiple dimensions including age, gender, health, and education (Borenstein et al., 2025).

Caregiver Health and Stress

Kinship caregivers report more health problems and higher levels of caregiving stress than non-relative foster parents. These factors hinder caregivers' ability to deal adequately with care-related adverse situations, meet children's developmental needs, and maintain care standards, ultimately increasing vulnerability to placement disruption (Rabassa & Fuentes-Pelaez, 2023; Shuttleworth, 2023a). Caregiver psychological distress can also cause placement breakdown (Hu et al., 2024). Grandparent kinship caregivers experience particularly high stress levels as their care responsibilities typically arise from difficult circumstances including parental addiction and mental health issues, children's elevated developmental and behavioral needs, and the caregivers' own lack of preparation and inadequate support when assuming care (Borenstein et al., 2025). Family issues compound stress, including difficult relationships with biological parents and undermining of boundaries during visits (Breman et al., 2018; Jordan et al., 2024).

Research Question #3: What is the level and quality of oversight that kinship caregivers receive from child welfare?

To answer this research question, the scoping review sought to identify additional research related to oversight to better understand what is available and the impacts of these supports. This section summarizes evidence from the scoping review on the level and quality of oversight that kin caregivers receive from child welfare.

Differences with Non-relative Foster Care

Kinship caregivers receive far less oversight and support from the child welfare system compared to non-relative foster caregivers (Carter et al., 2023; Harding et al., 2020). The Hallet et al. systematic review (2023) found "little oversight or support for kinship carers" (p. 641). Kinship case reviews reveal instances of minimal contact with child welfare agencies, with children rarely seen and living conditions not properly assessed, as well as inconsistent practices conducting assessments and collateral inquiries (Choate, 2017). Research also points to lower caseworker engagement and worker confusion with kinship care that has resulted in lower care standards and application of different care thresholds for kinship placements compared to non-relative foster care (Borenstein et al., 2025; Cheng & Lo, 2022). Kinship caregivers may find themselves unexpectedly in this role, often provided with fewer financial resources than provided to non-relative foster caregivers, while also having to navigate multiple systems to meet children's needs (Rushovich et al., 2021). As such, kinship caregivers must frequently seek exceptions or carve out unique pathways to receive services, as they face disparities in communication with departments/agencies, receipt of ongoing education related to being a caregiver, and agency/department support (Carter et al., 2023; Harding et al., 2020).

Licensed kinship placements are subject to regulations similar to non-relative foster care and kinship caregivers are entitled to comparable financial benefits and supports, although some local authorities pay lower rates for kinship care (Nandy & Selwyn, 2013). However, kinship caregivers are not always subjected to the same assessment, training, and licensing requirements as non-relative foster caregivers (Breman et al., 2018). For example, home study processes are normed for non-relative foster caregivers, while licensure options are not consistently explained to relatives. Failing the home study due to strict licensing standards and inadequate information places relatives at a disadvantage and can reduce the positive effects associated with kinship care. (Casey Family Programs, 2023a). However, starting in 2023 the federal government has provided states with more flexibility for licensing kinship families through the Separate Licensing or Approval Standards for Relative or Kinship Foster Family Homes Rule (Children's Bureau, 2023; Smith & Steinmetz, 2025). Additionally, states such as Colorado are beginning to provide financial supports to unlicensed kinship caregivers in the child welfare system (Colorado Department of Human Services, 2025).

Differences between Formal and Informal Kinship Caregivers

The level and quality of oversight from child welfare agencies for kinship care differs according to whether caregivers are formal or informal. Informal kinship care arrangements operate with little to no support or training (Breman et al., 2018). Informal kinship caregivers are expected to receive financial support from biological/birth parents, although many cannot provide such support (Nandy & Selwyn, 2013). Moreover, child welfare agencies do not typically provide financial support if relatives care for children without formal involvement (Nandy & Selwyn, 2013). Informal kinship care arrangements may involve more frequent and unmonitored contact between children and biological parents (Helton et al., 2017). Informal kinship placements may also experience limited oversight, supervision, funding, and protective boundaries for children and caregivers (Breman et al., 2018; Foote et al., 2025; Koh et al., 2024; Rowlson & Shabbar, 2024; Rushovich et al., 2021).

There are little to no concrete or financial supports offered to the child or temporary caregiver in hidden kinship care arrangements, while plans are rarely made to safely reunify the child with their parents (Casey Family Programs, 2023a). Hidden kinship care circumvents legal safeguards and shirks governmental responsibilities articulated in federal policy, both in situations where the child welfare agency is justified in removing children from their home (e.g., when a safety assessment identifies actual or imminent risk of harm), and in cases where

it is not (e.g., when a safety assessment does not identify actual or imminent risk of harm, but informal placement is pursued in lieu of supports to the family to address any identified safety risks) (Casey Family Programs, 2023a). Although little is known or tracked about the children and families impacted by hidden foster care because these placements are not part of federal reporting requirements, a few recent reports provide new insights (e.g., Annie E. Casey Foundation, 2024; Casey Family Programs, 2023a).

Kinship Supports

Increased access to kinship supports are associated with fewer days in placement, greater placement stability, lower likelihood of maltreatment, lower likelihood of re-entry, and reduced spells in non-relative foster care (Atkinson, 2023; Nelson-Dusek & Gerrard, 2012; Wheeler & Vollet, 2017). There are several promising support approaches with Kinship Navigator programs being most referenced (Gomez et al., 2024; Nelson-Dusek & Gerrard, 2012; Rushovich et al., 2021; Smyth et al., 2023; Wu et al., 2024). According to Casey Family Programs (2023c), the navigator's goal is to maximize the kinship caregivers' ability to provide safety and stability and, if appropriate, permanency for the children placed in their home. Kinship Navigator programs provide tailored, responsive services and referrals to the needs of each kinship placement to enhance effectiveness of the program (Gomez et al., 2024; Rushovich et al., 2021; Smyth et al., 2023). Most Kinship Navigator programs involve voluntary, open-ended services allowing for ebbs and flows of caregiving and recurring needs, resulting in varying length and intensity of services (Rushovich et al., 2021). Kinship Navigator programs may further strengthen these relational and safety benefits by helping families identify and mobilize extended kin and other natural supports (Rushovich et al., 2021). Kinship Navigator programs can also help fill gaps by providing both formal and informal kin caregivers with information, education, and referrals to a wide range of services and supports.

Research Question #4: Which types of kinship placements are most supportive and successful?

This section summarizes evidence from the scoping review on which types of kinship placements are most supportive and successful, and under what circumstances or conditions does kinship care work best.

Supportive and Successful Kinship Placements

According to Casey Family Programs (2023b), the three principles of best practice in kinship care are (1) support to the child is central for safety and permanency; (2) parents have a right to due process and quality representation; and (3) caregivers need support and resources to safely care for children. According to Simmonds et al. (2019), success in kinship care: "can best be promoted when: there is greater integration of the child into the family, children have fewer emotional and behavioral difficulties, [caregivers] feel well-prepared for their role, there is greater support from the [caregiver's] family, [and] where contact with birth parents is safe, positive and supportive" (p.13). The literature highlights several factors that contribute to successful kinship placements and circumstances where kinship care works best, described in detail below.

Relational Belonging and Well-Managed Family Dynamics

Strong pre-existing relationships foster a sense of belonging and continuity which, in turn, supports positive outcomes for kinship care placements (Shuttleworth, 2023b; Simmonds et al., 2019). Sibling placements, in particular, can buffer against placement breakdown, whereas separation from siblings is associated with increased instability (Konijn et al., 2019). Children and families also highly value cultural and family connections which kinship care placements are uniquely positioned to maintain (Connolly et al., 2017; Font, 2015; Hu et al., 2024). These connections may include religious and spiritual activities, which studies suggest may help improve socio-emotional development (Hu et al., 2024; Rabassa & Fuentes-Pelaez, 2023; Shuttleworth, 2023a). Kinship

caregivers often feel a responsibility to the child as family, and caring for their kin can be "an expression of cultural bonding" (Helton et al., 2017; Wu et al., 2023, p. 16). Child welfare agencies can play a key role in facilitating these family dynamics through shared parenting partnerships, family therapy, and child-family team meetings focused on family resilience, communication, problem-solving, and child well-being (Gomez et al., 2024; Klein-Cox et al., 2025; Simmonds et al., 2019).

Access to Resources, Financial Assistance, and Training

Prior systematic reviews have sought to understand what supports can help bolster kinship placements. In a meta-analysis by Ott et al. (2024), there was a small statistically significant positive effect for direct financial support provided to kinship caregivers who enter into legal guardianship arrangements. Ott et al. (2024) also found statistically significant positive effects of kinship navigator programs on permanency, safety, caregiver well-being, parenting skills, service utilization, and family relations.

More recent research highlights connections between financial hardship, parenting stress, and caregiver functioning which could point to an opportunity to strengthen placements by reducing financial stress or bolstering resource access (Wu et al., 2024). Other critical supports include respite care, access to kinship support groups, and connection to a kinship network (Font, 2015; Jordan et al., 2024; Smyth et al., 2023; Welch, 2018). Additional promising approaches or interventions include Stability Improvement Teams (Nelson-Dusek & Gerrard, 2012), Kin-Positive Caseworker Training and Attitude Intervention (Leilleston et al., 2024), Kinship Camp (Wu et al., 2022), and Kinship Placement Assessment Tool (Stene et al., 2020).

Parenting skills classes are another important support for kinship caregivers that can help strengthen day-to-day caregiving while also providing a source of social support and connection with other caregivers (Font, 2015; Hong et al., 2022; Koh et al., 2024; Rabassa & Fuentes-Pelaez, 2023). Kinship caregivers also benefit from training similar to what non-relative foster carers receive, including opportunities to review effective parenting skills, learn strategies for supporting children who have experienced adversity, and practice setting and reinforcing boundaries with biological parents (Gendron-Cloutier et al., 2024; Jordan et al., 2024). Day et al. (2024) argue for training that specifically addresses stigma and birth parent substance use. Without this guidance, kinship caregivers may inadvertently perpetuate stigma around drug use or undermine parents' authority, which can weaken parent–child ties and create tension during reunification. Kinship caregivers also benefit from training on how to build rapport with youth early in the placement, which is particularly important for older youth (Nunez et al., 2025).

Circumstances or Conditions When Kinship Care Works

While the studies included in the scoping review included limited evidence relevant to RQ#4, Casey Family Programs has published several reports addressing this question. Below is a summary of circumstances or conditions when kinship care works best based on their prior work:

1. When children cannot remain safely in their parents' homes, placing them with kin not only minimizes the trauma of removal, but increases their likelihood of remaining connected to siblings, families of origin, and community, which improves their overall well-being (Casey Family Programs, 2020a).
2. Efforts to find connections can and should be consistent and urgent for children of all ages and bolstered by a number of organizational commitments. While family search and engagement practices vary across jurisdictions, several evidence-informed strategies have proven effective in identifying a significant number of potential permanent connections for children and quickly finding kinship placements for them (Casey Family Programs, 2024a).

3. Child welfare agencies must implement culturally appropriate practices and activities in support of families' race/ethnicity, faith/religious connections, family language, food, and other traditions while children are in placement (Casey Family Programs, 2024a).
4. At its best, family engagement is collaborative and prioritizes the family's voice when making decisions and establishing goals. This approach must also extend to fathers and paternal relatives, who often have been excluded from decision-making but play a vital role in supporting their children and facilitating timely permanency. Engaging families also must include prioritizing youth voice in all case planning by asking youth directly where and with whom they want to live, and what supports they may need (Casey Family Programs, 2024b).
5. Ensuring all caregivers receive trauma-informed education and services to care for children can help minimize placement disruptions. Many child welfare agencies offer programs that help kinship caregivers and foster parents build specific skills to care successfully for the children in their homes (Casey Family Programs, 2025b).
6. Caseworkers should assess and address kinship caregivers' financial and concrete needs and then provide them with the supports to successfully secure placement. Additionally, caregivers should be supported through education, training and coaching, and by their caseworker. Further, caseworkers should create an open and clear line of communication for caregivers to express concerns, receive child- and family-specific information, and access resources to best care for the child (Casey Family Programs, 2024b).

Research Question #5: When is non-relative foster care a more appropriate placement option than kinship care?

This section summarizes evidence from the scoping review for when non-relative foster care may be a more appropriate placement option than kinship care. It should be noted that Research Questions #1-4 above contain additional detail about benefits of kinship care on child and case outcomes and contextualize the challenges faced by kinship caregivers related to oversight and support. Additionally, the evolution of research on kinship care across the past 10 years has focused more on complexities related to kinship care as earlier research (e.g., Winokur et al., 2014) demonstrated its value and advantages.

Advantages Associated with Kinship Care

When weighing whether a non-relative foster placement may be preferable to a kinship placement, research points to the following advantages to kinship care. Overall, findings suggest that kinship care, particularly when combined with dedicated kinship supports and navigation services, is strongly associated with placement stability, sustained family and cultural connections, lower risks of subsequent maltreatment, and positive developmental outcomes for children (Atkinson, 2019; Atkinson, 2023; Cheng & Lo, 2022; Connolly et al., 2017; Gendron-Cloutier et al., 2024; Hu et al., 2024; Jedwab et al., 2020; Konijn et al., 2019; Nelson-Dusek & Gerrard, 2012; Osborne et al., 2021; Rabassa & Fuentes-Pelaez, 2023; Schoenwald et al., 2022; Shuttleworth, 2023a; Simmonds et al., 2019; Wade, 2024; Welch, 2018; Wheeler & Vollet, 2017).

Children in kinship care are more likely to maintain meaningful contact with parents, siblings, and extended family -- preserving social and cultural ties and leveraging these relationships as socio-emotional protective factors (Connolly et al., 2017; Hu et al., 2024). Parent-caregiver relationships also tend to be more collaborative in kinship settings than in non-relative foster care, suggesting that caregiving dynamics around the child may be

less conflictual (Breman et al., 2018). Kinship navigator programs may further strengthen these arrangements by helping families identify and mobilize extended kin and support networks (Rushovich et al., 2021).

Challenges Associated with Kinship Care

Kinship care is often perceived to be the preferred placement for children needing out-of-home care (Foote et al., 2025). However, difficult challenges for practice arise from the particularly complex and multi-layered family dynamics in which the kinship carer frequently has a central place (Connolly et al., 2017). Kinship caregivers experience unique challenges such as role changes, stigmas, and complex family dynamics that non-relative foster caregivers may not. As such, kin caregivers are not always able to fully support the well-being of children (Breman et al., 2018; Choate, 2017; Connolly et al., 2017). The ongoing lack of infrastructure to support kinship caregivers, and the challenges specific to kinship placements, suggest the field should examine the nuances of a case when determining when kinship care is appropriate and when non-relative foster care should be considered (Foote et al., 2025). Additional challenges associated with kinship care placements are outlined here as factors to consider when weighing whether non-relative foster care may be a more appropriate placement option than kinship care.

Lack of Preparation, Training, and Support

Kinship caregivers frequently lack equal resource access, training, oversight, and system support compared to non-relative foster caregivers (Choate, 2017; Connolly et al., 2017; Foote et al., 2025; Rowlson & Shabbar, 2024; Rushovich et al., 2021). One recent qualitative study with 10 kinship caregivers highlighted that given the abrupt nature of some kinship care placements, kinship caregivers may not have the opportunity to prepare their home or financial situation for caring for a child (Jordan et al., 2024). Kinship care placements are more likely to be the result of crisis interventions instead of an “optimal planned placement” (Nandy & Selwyn, 2013). In contrast, non-relative foster caregivers sometimes have up to 12 months to prepare for a placement (Rowlson & Shabbar, 2024). Kinship caregivers also face structural and systemic barriers to financial, emotional, and parenting support when compared to non-relative foster caregivers (Foote et al., 2025).

Family Dynamics

While kinship care can facilitate sustained family relationships and cultural continuity, challenging family dynamics can also significantly strain kinship placements (Gable et al., 2024; Wu et al., 2024). Some research demonstrates that children in kinship placements can witness greater conflict between biological parents and kinship caregivers because of less restricted access to children when in kinship care (Breman et al., 2018). These conflicts can reflect complex family dynamics and can also negatively impact the child’s well-being (Connolly et al., 2017). Managing contact with biological parents can be complex because kinship caregivers have pre-existing relationships with the parents, which can present other boundary concerns (Jordan et al., 2024; Smyth et al., 2023). For example, biological parents with children in kinship arrangements have reported that kinship caregivers undermined their parental authority, communicated with children in ways that perpetuated stigma around drug use, and excluded them from important decisions (Day et al., 2024). These relational tensions, combined with complex child and caregiver needs, can weaken otherwise strong kinship bonds and highlight the need for intentional support, mediation, and services to sustain these placements (Wu et al., 2024). In addition to navigating relationships with biological parents and other kin, kinship caregivers must navigate a substantial role shift in their relationship with the child, which adds an additional challenge to legal expectations and requirements (Borenstein et al., 2025, p.4).

Of note, studies have found that both kinship and non-relative foster care can potentially negatively impact children due to complicated family dynamics or disruption of family connections (see: Challenges associated with Non-relative Foster Care: Disruption of Protective Family Connections).

Child Welfare Agency Challenges

Research has shown that newer caseworkers paradoxically hold *positive* attitudes about the benefits of kinship care while holding *less favorable* attitudes toward kinship families (Leilleston et al., 2024). Specifically, caseworkers experience process-related constraints in placing children with kin, such as the increased workload required to identify and support kinship caregivers. The following are challenges faced by child welfare agencies in supporting successful kinship care practice (Think of Us, 2024):

- Lack of information on the value of kinship care, including what it is, how it can be implemented, and the range of permanency options that exist for kin.
- Caseworker bias on what constitutes a "safe" family, which can exclude LGBTQ+, older, or undocumented kin families. Viable kinship placement options can be overlooked due to the "apple doesn't fall far from the tree" narrative.
- Agency capacity, such as heavy caseloads and limited resources for kin searches. This can create a default for placing children with known non-relative resource families, prioritizing them over kin placements.
- Approval and licensing requirements, which often are strict, invasive, and costly, adding an emotional and financial burden to families that can discourage kin from pursuing licensure.
- Limited access to financial, medical, basic care, legal, and support (emotional, respite) resources for kin that are readily available to non-relative caregivers.

Advantages Associated with Non-relative Foster Care

When weighing whether a non-relative foster placement may be preferable to a kinship placement, research points to the following advantages of non-relative foster care.

Greater Access to Preparation, Training, and Support

Licensed non-relative foster caregivers receive mandatory training and preparation (Harding et al., 2020; Rowlson & Shabbar, 2024), greater caseworker support (Foote et al., 2025), and increased access to structured services (Foote et al., 2025). Licensed non-relative foster caregivers are also more integrated into the system infrastructure that includes licensing, clear protocols, and case plans (Choate, 2017; Foote et al., 2025; Rowlson & Shabbar, 2024). Research shows that increasing non-relative foster caregivers' parenting skills can lead to increases in placement stability (Konijn et al., 2019). Additionally, non-relative foster placements may prevent children from witnessing chronic conflict between kin caregivers and birth parents, which is more common in kin settings (Breman et al., 2018).

Child welfare agencies have implemented strategies to improve placement stability for children in licensed non-relative foster care. Some common approaches include enhancing services when a child is first placed, placement matching (including placing children with kin), improving the recruitment and retention of non-relative caregivers, and providing ongoing supports for non-relative caregivers (Casey Family Programs, 2023a).

Hodgkinson et al. (2025) also finds that foster care placements can be bolstered by kin involvement which serves to distribute caretaking responsibilities across multiple individuals. This can result in a *'deep bench'* of support

for youth through connection opportunities like childcare, visits, phone calls, and respite care. Connections to kin can also help facilitate a child's continued engagement with recreational activities and religious or spiritual communities.

Child Welfare Agency Considerations

Across studies (Casey Family Programs, 2023b), several agency-level factors have been identified as considerations when non-relative foster care may be a more appropriate placement option:

1. Capacity of kinship or non-relative foster caregivers to provide adequate care (e.g. access to support, training, health or behavioral care).
2. Likelihood of exposure to family conflict if placed with kinship caregivers.
3. Potential for ongoing contact with individuals, communities, and activities that inform a child's sense of identity, continuity, and belonging.
4. Availability of high-quality foster caregivers.
5. Youth preference.
6. Attitudes and preferences of potential kinship caregivers.

In addition to the above, there are assessment tools and decision-making supports for informing swift and optimal placements such as the Child and Adolescent Needs and Strengths, Treatment Outcomes Package and the Structured Decision Making (SDM®) Model in Child Protection (Casey Family Programs, 2023b).

Studies also point to several supports, services, or strategies that can help strengthen the placement. For example, research on the benefits of contact between parents and children in out-of-home care is limited, but suggests that well-planned, intentional contact with birth family members, or family time, can promote placement stability and successful reunification. Studies have also shown that embedding the resource family within a broader network of social support is associated with fewer placement disruptions and resource caregivers who have social support are more confident and satisfied as resource caregivers. As a result, agencies have taken steps to develop and implement resource caregiver buddy systems, peer support groups, help lines, and mentoring programs (Casey Family Programs, 2023b).

Challenges Associated with Non-relative Foster Care

When weighing whether a non-relative foster placement may be preferable to a kinship placement, research points to the following challenges with or limitations of non-relative foster care that should be considered.

Disruption of Protective Family Connections

Non-relative foster care may be associated with disruption of the protective family connections that support the emotional well-being of children in out-of-home care (Font, 2014; Hu et al., 2024). For example, sibling relationships can be critical for these children by supporting a sense of connection and continuity to family and by providing emotional support—particularly for children who have suffered maltreatment, where sibling relationships may be the closest remaining relationship (Konijn et al., 2019). Relatedly, children in non-relative foster care were described as having relationships with birth family that were not as close, less positive, and characterized by lower levels of involvement in "pro-social activities and competency developing activities" (Atkinson, 2019). Placement in non-relative foster care may also be associated with more complicated birth family dynamics; one study found that contact with birth parents in this context was associated with less

positive mental health outcomes when compared to children in kinship or institutional placements (Touati et al., 2025). Taken together, these findings suggest that non-relative foster care can coincide with reduced continuity of key relationships and supports that may be protective for child well-being.

Of note, studies have found that both kinship and non-relative foster care can potentially negatively impact children due to complicated family dynamics or disruption of family connections (see: Challenges associated with Kinship Care: Family Dynamics).

Greater Placement Instability and Downstream Risks

Greater placement instability in non-relative foster placements is reported across studies included in the scoping review (Font, 2014; Gendron-Cloutier et al., 2024; Konijn et al., 2019; Sattler et al., 2023; Simmonds et al., 2019; Wheeler & Vollet, 2017). In turn, placement instability has been linked to higher trajectories of psychopathology (Hong et al., 2022), as well as a higher probability of imprisonment, which may indicate potential longer-term differences in outcomes for youth who experience instability (Sattler et al., 2023). Overall, this evidence (and evidence from Question #1 above) suggests that non-relative foster care placement is often associated with higher placement instability, and that instability itself is associated with a range of adverse outcomes in both the short- and long-term.

Poorer Socio-Emotional and Behavioral Outcomes

Studies included in the scoping review indicate that children in non-relative foster care tend to show poorer socio-emotional and behavioral outcomes when compared to their children in kinship care (Atkinson, 2019; Hong et al., 2022; Hu et al., 2024; Konijn et al., 2019; Poitras et al., 2022; Rabassa & Fuentes-Pelaez, 2023; Simmonds et al., 2019). These findings (and evidence from Question #1 above) suggest that non-relative foster care is correlated with comparatively poorer socio-emotional functioning for children, although the direction and magnitude of differences may vary by context and population.

System-Level Constraints

Foster care systems may experience additional challenges that complicate care conditions. For example, one 2025 study from Australia notes that a dearth of foster carers is a chronic issue for all Western jurisdictions, alongside challenges in providing stable placements (Haysom et al., 2025). Non-relative foster carers may also experience challenges with child welfare systems, including “contradictory expectations from the State, significant personal costs arising from lack of voice, disrespect from paid professionals and fear the child in their care may be suddenly removed” (Haysom et al., 2025, p.1). Agencies may also dispense “poor case work, bans on family time for no apparent reason, restrictions about foster carers meeting with and getting to parents” that can affect the quality of care (Foote et al., 2025, p. 8). These conditions may be relevant to placement continuity and the caregiving environment even when non-relative foster care offers greater resource access and oversight.

Stakeholder Conversations

Abstract

Purpose and Methods

To provide greater depth and context for the findings of the scoping review in terms of key issues, controversies, and questions, a series of conversations were held with policymakers, kinship program leaders, kinship care workers (including peer navigators and advocates), kinship caregivers, and kinship care alumni. Casey Family Programs identified individuals from these key stakeholder groups for inclusion in the individual and group interviews. A list of 90 potential participants was then provided to the Colorado State University evaluation team for scheduling. Casey Family Programs also developed the group and individual interview protocols, with the CSU evaluation team providing feedback. The CSU evaluation team scheduled and facilitated 12 group and individual interviews with 40 participants across the stakeholder groups.

Summary and Recommendations

- Stakeholders expressed strong support for kinship care and recognized its many benefits, while noting that kinship care often receives secondary attention and support at the system level compared to non-relative foster care.
- Stakeholders emphasized the growing importance of community-based services and case management in meeting kinship caregiver and child needs.
- Stakeholders recommended increasing flexibility in service provision, expanding community-based case management, investing in research on best practices, establishing clearer language and classifications for kinship placements, and strengthening information-sharing across programs and kinship caregivers.
- Stakeholders emphasized unresolved practice issues in kinship care including the lack of structured support for youth and caregivers as young people transition into adulthood; and the risks of applying a 'kin-first' approach when kin placements are not always safe or equipped to meet children's needs.

Methodology

To provide greater depth and context for the findings of the scoping review in terms of key issues, controversies, and questions, a series of conversations were held with policymakers, kinship program leaders and administrators, kinship care workers (including peer navigators and advocates), kinship caregivers, and kinship care alumni. Casey Family Programs identified individuals from these key stakeholder groups for inclusion in the individual and group interviews. Stakeholders indicated their interest by completing a Microsoft Forms referral form prepared by Casey Family Programs.

A list of 90 potential participants was then provided to the Colorado State University (CSU) evaluation team for scheduling. The CSU evaluation team sent each identified participant an invitation to sign up for one of the designated interview times for their stakeholder group. All participants received up to three contact attempts from the CSU evaluation team to confirm their availability. Once availability was confirmed, participants were sent a calendar invitation that included the participant informed consent form and interview questions as attachments for advance review. Casey Family Programs developed the group and individual interview protocols, with the CSU evaluation team providing feedback. Overall, the CSU evaluation team facilitated 12 group and individual interviews with 40 of the 90 participants (44% participation rate) across the five stakeholder groups (see Table 2).

Table 2: Kinship Care Stakeholder Groups

	Kinship Care Alumni	Program Leaders	Kinship Caregivers	Kinship Care Workers	Policymakers	Total
Stakeholder Group	5	12	15	7	1	40

The stakeholders represented a diverse range of lived and professional experiences within the kinship care landscape. Several individuals held multiple roles—such as kinship alumni who also serve as kinship caregivers, peer navigators who are themselves kinship caregivers, and kinship caregivers who founded or currently operate organizations supporting other kinship families. The group also included sibling caregivers, “fictive” kin caregivers, adoptive caregivers, and relative caregivers, reflecting broad representation across kinship caregiver types.

Findings

Findings from the stakeholder conversations are organized according to the five research questions that guided the scoping review and concludes with a summary of the high-level themes identified across stakeholder groups.

Research Question #1: What is the relationship between kinship care and child and case outcomes as compared to children in non-relative foster care placements?

This section will summarize the insights of stakeholders on the relationship between kinship care and child and case outcomes as compared to children in non-relative foster care placements. Stakeholders identified several factors related to child outcomes in kinship care placements, including the ability to maintain familial connections and cultural traditions; kinship caregivers’ commitment, attentiveness, and ability to provide trauma-informed care; and access to peer support for kinship caregivers. Overall, stakeholders expressed appreciation for systems that help keep families together while emphasizing the ongoing need for community-based supports and sustained knowledge to help kinship families thrive post-placement.

Placement Stability and Length of Stay

Participants agreed that kinship placements experience greater stability and longer lengths of stay due to maintaining a family connection and the strong commitment from the caregiver to care for their kin children regardless of the emotional and financial costs. In the words of a kinship caregiver and kinship alumna, "The #1 reason they stay with me is my commitment to them…and there are less disruptions because of this ownership. This my family – it's human nature."

> "[Kids in kinship care] know the family [so we see] less abandonment issues. They have relationships they can sustain and maintain, and its greater stability. Research shows, clearly, they stay there longer, less turnover, they are more consistent in school, school engagement. And their emotional well-being – they have less insecurities… and so children experience fewer disruptions and maintain family connections."
>
> - Kinship Care Alumni

Stakeholders also mentioned preservation of culture as contributing to placement stability. One participant noted, "[these placements] tend to be more successful because the child remains connected to their identity, community, and family traditions." Conversely, some participants shared that children placed with families of different cultures could deter identity development and feelings of belonging. One peer navigator offered an account of a youth who purposefully disrupted a placement because they had been "disenfranchised from their culture."

Maltreatment

Although stakeholders generally agreed that kinship care better facilitates emotional, educational, social, and permanency outcomes than non-relative foster care, participants mentioned specific risks for maltreatment in kinship placements. For example, kinship care alumni and program leaders spoke to the potential for emotional neglect or abuse when caregivers were stressed, over-capacity, or lacking the resources to sufficiently care for their kinship children. In some instances, stakeholders discussed the potential for emotional neglect if caregivers were resentful of having to care for kinship children or if there was not a pre-existing or healthy relationship between them.

Stakeholders offered additional examples of child maltreatment in the kinship placement related to inadequate food or nutrition, exposure to intergenerational and/or unresolved family conflict in the home, environmental health risks within the home (e.g., exposure to tobacco smoke), or insufficient medical care. Participants noted that some of these examples occur when kinship children are less of a priority than other children already living in the home. As one kinship alumni recounted: "[Some kinship caregivers] prioritized their own kids before [their kinship children]. When that money wasn't there, they couldn't really feed us, and so they would feed their own children…but you also…have other mouths to feed. So sometimes, we would get the scraps of things." They also experienced "emotional neglect and favoritism in some of kinship homes, like, I always felt like the odd person out."

Socio-emotional and Behavioral Outcomes

Stakeholders described benefits of kinship care for children's socio-emotional and behavioral well-being related to familial connections, cultural preservation and continuity, and a sense of belonging. One participant who identified as a kinship care alumni, caregiver, and advocate observed that children may feel "safer in kinship care because they are surrounded by familiar people who know their background, culture and family history." This sentiment was echoed by other stakeholders, who noted that children and youth often have an innate desire for connection to their heritage. In some cases, kinship placements can foster a sense of 'pride in family'

that counters the stigma sometimes associated with kinship care involvement, which could contribute to improved mental health.

Stakeholders also identified challenges for children's socio-emotional and behavioral development. Specifically, kinship children have difficulty accessing mental health services, psychological assessments, and trauma-informed services. Alumni, in particular, spoke of the misperception that kinship children don't need as much mental health support as non-relative foster children because they are with family.

Educational Attainment

Stakeholders spoke about the value of children remaining in the same school setting throughout kinship placements for their educational success and overall well-being. Kinship caregivers reported that children's educational outcomes benefit from staying connected with their pre-existing community with an established social network. Family connections and preservation of culture were also named as facilitators of educational attainment for kinship children.

Stakeholders also identified several administrative and logistical challenges for the educational success of kinship children. Kinship caregivers noted the difficulty in managing school enrollment if they do not formally have guardianship or access to a child's personal documents. Kinship children are sometimes in need of specialized education or assessment for learning delays, which is not always easy or straightforward to access for kinship caregivers because of custody arrangements. Older kinship caregivers mentioned struggling with helping kinship children complete schoolwork. They described this challenge as resulting from their age and the length of time since they were last in school, which sometimes limits the educational support available to kinship children.

Research Question #2: How does kinship care support safety from child abuse and neglect? Are there any kinds of kinship care situations where the risk of child abuse or neglect may be elevated if special precautions are not taken?

This section summarizes the insights of stakeholders on how kinship care helps to ensure child safety from abuse and neglect, and the kinds of kinship care situations where the risk of child abuse or neglect may be elevated if special precautions are not taken. Across stakeholder groups, there was broad agreement that child safety included physical, environmental, relational and emotional safety. Participants agreed that safety can be supported through stable housing, financial assistance, access to services, food security, and consistent peer support for families. Kinship caregivers and program staff identified key safety risks, including strained or unsafe relationships with biological parents and insufficient caregiver resources. Alumni further noted that emotional neglect is overlooked when caseworkers focus primarily on achieving placement stability rather than assessing underlying youth needs.

Ensuring Child Safety

When discussing child safety in kinship placements, stakeholders referenced various forms of safety including physical, environmental, relational and emotional safety. They also drew the distinction between formal and informal placements made through child welfare and the significantly larger population of children who remain 'outside of the system' without structures in place to ensure ongoing safety. Although children in formal kinship placements generally receive more oversight and regular assessment by child welfare professionals, informal placements are not privy to the same structured support and oversight systems. Peer navigators, kinship caregivers, and alumni explained that in formal placements, child safety is typically assessed through home

visits, school attendance, child well-being check-ins and monitoring reports. In contrast, stakeholders described informal kinship care as involving minimal oversight for potential safety concerns.

In addition, stakeholders discussed dynamics related to licensed and unlicensed kinship caregivers and how this impacted child safety. Licensed kinship caregivers could often access financial supports and hard goods such as diapers, beds, backpacks, and school supplies. Unlicensed kinship caregivers are able to receive supports through community agencies; however, this was not universal and many participants named access to resources as a challenge which complicated their capacity and readiness to serve kinship children as well as child safety. This can be contrasted with non-relative foster caregivers who typically have greater access to financial supports, hard goods, and other resources.

Alumni reported that some caseworkers hold the perception that "If children are with kin, problem solved." **This assumption results in fewer or less thorough follow-ups with caregivers and children, and less diligent provision of services overall.** For example, alumni and kinship caregivers expressed concern that emotional safety is not always adequately assessed, noting that standard oversight practices often fail to identify challenges related to kinship youths' emotional, developmental, or behavioral needs

> "I'm always a little flummoxed about why we have 53,000 kids in relative care [in our state]. Almost 47,000 of them are outside of the system. Only 5,000 or less are in the system, but all the state services primarily go to that smaller number. And…I think one of the challenges we face is the largest population is not equitably being served."
>
> - Program Administrator

As a result, some alumni reported experiencing emotional neglect that went unnoticed and unaddressed throughout their placement. One participant reflected, "There was no oversight in services. There was no asking if I was interested in therapy or any push to get me any kind of services. And, my caregivers didn't know what they could ask for." When discussing preventative measures for child welfare professionals who manage placements, alumni and kinship caregivers emphasized the importance of training staff "on how to look at safety, how to understand safety, and then balance the risk that comes along with the safety decisions that they're making."

Risk Factors for Maltreatment in Kinship

Stakeholders underscored several factors that can elevate risk for child maltreatment within kinship care settings. Risk may be heightened when biological/birth parents continue to have access to the child, particularly when untreated mental health or substance use concerns are present. One kinship caregiver shared their experience navigating visitation requirements with a parent struggling with substance use: "It was very hard, because the state was like, 'oh, you're going to support visits in the home, because that's what we do.' But for my son, he's still in active addiction. I don't want him in my home. He's putting my [kinship] kids in unsafe situations, and that was hard."

In addition, participants talked about situations where kinship caregivers are upset with biological/birth parents or resentful of having to take care of their kinship children. In these situations, kinship caregivers may talk poorly about a child's parents to them or compare the children to their parents in a negative way. As some alumni and peer navigators noted, these negative assumptions about parents or stigma related to kinship care may be projected onto children. These dynamics can then undermine emotional safety and feelings of belonging.

Stakeholders also noted that children already living in the home may pose additional safety or behavioral challenges that kinship caregivers must navigate. In some situations, kinship caregivers themselves experience

harm or threats; however, for many informal kinship caregivers, there is little protection or recourse through either child welfare or adult protective services, leaving them without meaningful avenues for support.

Limited resources among kinship caregivers—such as unstable or inadequate housing, financial strain, or food insecurity—can also further compound risk and threaten placement stability. Many kinship caregivers described the abrupt and disruptive life changes they experienced when assuming caregiving responsibilities and emphasized the importance of connecting early with peers, kinship navigators, and concrete supports such as essential supplies and wraparound services to reduce risks and stabilize the placement. **Lastly, several alumni shared that their caregivers were unaware of available services, which hindered their ability to stabilize the placement or adequately meet the needs of kids in their care. This isolation from support or lack of information about available resources was discussed as increasing the risk of safety concerns.**

> "What makes a kinship placement unsuccessful is if the kin provider make[s] comments to the child about, 'you're just like your mom, or you're just like your dad, or someday this is going to happen to you.' …There's got to be a balance for the caregiver of 'how do I deal with my own anger, grief, frustration, without putting it on the child?'"
>
> - Kinship Peer Navigator

Support as Prevention

A consistent message among kinship caregivers, program leaders, and advocates was that many child safety risks can be mitigated through consistent access to resources for children and caregivers, with the understanding that each family requires its own tailored supports. Kinship navigators and advocates emphasized that a significant part of their work involves collaborating closely with kinship caregivers to identify their needs early and prevent problems—often by connecting them to peer support networks, community-based services, and concrete resources that help meet their basic needs. One emerging trend that stakeholders noted was the availability and affordability of housing for kinship caregivers. In many cases, kinship caregivers do not have sufficient space to accommodate the children or youth placed in their care, which creates stress and occasionally jeopardizes placement stability. **Alumni, peer navigators, and several caregivers suggested that policies supporting kinship-friendly or intergenerational housing options could help alleviate these challenges and better position caregivers to provide safe, stable homes.**

> "One minute, they're downsizing to a one-bedroom apartment and the next minute, they're having to re-buy a five-bedroom house because they're getting five grandkids.
>
> - Program Administrator

Research Question #3: What is the level and quality of oversight that kinship caregivers receive from child welfare?

This section summarizes the insights of stakeholders on the level and quality of oversight that kinship caregivers receive from child welfare. A central theme across participants' reflections on oversight was the stark contrast between informal and formal kinship care and licensed and unlicensed providers. Kinship caregivers in formal placements acknowledged the benefits of licensure but identified areas for improvement, including greater flexibility and support from child welfare programs. Stakeholders emphasized the importance of sharing information with kinship caregivers about the benefits and limitations of licensure and highlighted the critical role that community-based resources and programs play in supporting both formal and informal kinship families.

Level of Oversight

Kinship caregivers involved in formal placements described completing licensure processes to access services and financial supports, which they generally found helpful; however, many caregivers also reported encountering significant barriers when seeking specialized services for children in their care. Several formally licensed kinship caregivers emphasized the need for greater flexibility and enhanced training among caseworkers to better support families' diverse needs.

Kinship Navigator programs for both formal and informal kinship caregivers were also referenced as helpful supports. These programs helped kinship caregivers navigate access to resources as well as formal systems of child welfare. Kinship navigators also served as crucial supports for kinship caregivers during challenging times. Peer navigators named a big part of their role as being a listening, supportive ear for kinship caregivers, accompanying them on errands or to new service providers, and helping them navigate their new role.

Knowledge and Communication Gaps

Several kinship caregivers shared that they became informal caregivers either because of the circumstances of the placement or because they preferred not to engage with state systems. A lack of understanding about what licensure entails was repeatedly raised across stakeholder groups, and multiple informal kinship caregivers expressed regret that they were not informed about the resources available to licensed caregivers. One stakeholder summarized the complexity of navigating these systems:

> "For informal kinship caregivers…there's no right to a lawyer. And then for formal kinship caregivers, there's still no right to a lawyer for the person that's taking care of the children. The state caseworker technically could do [explain what's going on], but a lot of times they're too busy. The legal systems are really confusing and complex and overwhelming… and [caregivers] don't really have anyone to give you advice."

Echoing this perspective, a program administrator emphasized the systemic barriers informal kinship caregivers face, explaining:

> "One of the challenges for us has been to try to make sure [Division of Child and Youth Services] across the state knows about our system of kinship navigators that are intentionally helping relative caregivers outside the system and trying to funnel resources to them. But to caregivers - they don't know the difference between formal and informal, and you cannot get licensed as a relative caregiver when the child is safe. It's only when you're entering into a dependency case, so if you cannot get dependency, which is the whole purpose of relative care, then you don't get access to those resources. That is definitely a barrier that I would love to see us chisel away at."

Community-Based Support

Program leaders and advocates reported offering a wide array of services, including peer and mentor support, supportive services (e.g., wraparound, family therapy, parenting classes, trauma-informed care classes), caregiver support groups, assistance in identifying resources and navigating eligibility requirements, guidance on completing paperwork, legal assistance, and, in one case, the creation of a Kinship 101 "how-to guide".

Although stakeholders spoke highly of the impact and support of community-based services, they also highlighted the potential challenge in accessing these resources, either due to eligiblity or awareness of resources. As one program administator stated, "There is such a divide. You are either in the child welfare system, and you're getting services, or you're outside of the system. And once you're out of the system, you're out of the system."

> "If I ran the world, [Division of Child and Youth Services] efforts would be spent on locating extended family and let the community provide the support and wraparound services."
>
> - Program Administrator

Research Question #4: Which types of kinship placements are most supportive and successful?

This section summarizes the insights of stakeholders on which types of kinship placements are most supportive/successful and under what circumstances or conditions does kinship care work.

Preservation of Existing Family Relationships and Culture

Stakeholders emphasized that children benefit when they enter placements with existing relationships with relatives, maintain connections with biological family members, especially siblings, and have opportunities to continue family culture and traditions, which fosters a sense of belonging and inclusion. Continuity in school and community also contribute to placement success as children are able to remain in familiar educational and social environments.

Tailored, Responsive Services for Children

Participants underscored the importance of ongoing services for children in kinship care. They cautioned against the assumption that children in kinship care need less oversight or attention because they are with family. To the contrary, kinship children experience trauma, loss, and separation and need targeted, individualized services to support their well-being. Important services listed by stakeholders included therapy, psychological assessments, educational assessments, and support groups and activities for children in kinship care. In addition, kin children often require tailored parenting approaches that account for prior trauma and unique experiences as well as acknowledge the complexity of kinship family dynamics and relational role changes that follow kinship placements (e.g., grandma becomes mom or sister becomes mom).

Material and Social Support for Caregivers

Kinship caregivers spoke about their enduring commitment to care for their kinship children while also acknowledging how stressful and all-consuming it can be. Overwhelmingly, kinship caregivers identified respite and '*just needing a break*' as some of their top priorities for support. Caregiver support groups and facilitated activities for kinship families were named as being beneficial for social connection. These spaces also helped facilitate respite opportunities since kinship caregivers met other providers who were able to help watch their children. Participants also highlighted that for kinship care to be effective, kinship caregivers need access to resources such as individual therapy, family therapy, parenting classes, support groups, basic necessities such as stipends and school supplies, housing support, legal assistance, and support in navigating licensure processes.

Shifting Roles in Kinship Care

Across stakeholder groups, shifting relationship dynamics was named as a challenge of kinship care. Taking on a kinship child often means that a grandmother or sister is now acting like a mother. While kinship caregivers are often committed to caring for their kinship children, they express feelings of grief, frustration, and loss over these role changes. A program administrator introduced the terms 'identity disruption' or 'identity crisis' to

describe this common phenomenon. Participants talked about how challenging and stressful parenting roles can be, especially if placements were unanticipated, and how they grieved not getting to be an aunt or big brother with the different sense of responsibility that comes with those relationships.

Some kinship caregivers voiced frustration toward biological/birth parents for the new roles they were put in as well as tension with kinship children due to changing relationship dynamics. Moreover, kinship caregivers struggled to accept that these changes in relationships are often long-term. One kinship caregiver described their process of experiencing and accepting this identity shift by finding support in kinship peer programming: "It really sucks being the great auntie…being the parent and being the one having to set down all the rules, [especially] considering how traumatized this child was. It was a workout! I had no idea what I was doing, and I felt very isolated."

Centering Youth Voice and Lived Experience

Centering and responding to youth voice was consistently identified by stakeholders as key to positive kinship care experiences and outcomes. Alumni participants described several instances in which caseworkers asked for their preferences and comfort levels regarding placement options. They characterized these moments as empowering and influential in their long-term development. When placed with relatives with whom they already had established relationships, alumni reported regaining a 'sense of belonging again,' noting that "kinship does work when it is a good fit," particularly when youth and family voices are centered and stakeholders can openly discuss what is not working and what adjustments may be needed.

> "What makes kinship care supportive is really asking that kid who they feel comfortable with or confident in [as a caregiver]."
>
> - Kinship Care Alumni

Despite the acknowledged benefits of honoring youth voice, one program manager issued a note of caution, explaining that while youth voice is essential, they prefer "not to put kids in the place where they're having to choose where they want to live," instead advocating for youth attorneys who "are able to be in court and represent the child with the child's story." Additionally, placements are most successful when kinship caregivers and professionals can apply lived experience—through peer support networks or professionals with kinship backgrounds—to provide contextually informed guidance and support.

Research Question #5: When is non-relative foster care a more appropriate placement option than kinship care?

This section summarizes the insights of stakeholders for under what conditions is foster care a better placement option than kinship care. When asked to reflect on what conditions or situations may be better suited for foster care rather than kinship care, participants from the kinship caregiver, service provider, policymaker, and alumni roles agreed that "children do better and have better outcomes when they are in family-based settings." Despite this shared acknowledgment, participants across groups also noted several considerations or nuances that may complicate kinship placements or indicate that non-related foster care may be a better placement option. For example, child needs, caregiver capacity or readiness, geographic location of kin, family dynamics, and complexity of the kinship home should be considered when evaluating whether a kinship placement is in the best interest of the child, caregiver, and caregiver's family (e.g., those already in the home).

Child Needs and Complexity of the Kinship Home

One consideration when determining whether a kinship or foster placement is more ideal is the complexity of a child or youth's developmental, health, or psychological needs and whether the kinship placement can support those needs. Children with high medical needs, children on the autism spectrum, and children who experienced significant trauma were all provided as examples of complex situations that can be challenging for kinship caregivers. Several caregivers and program administrators emphasized the need for more thorough assessment of a kinship family's readiness to provide trauma-informed care, as well as greater attention to the child's placement history, prior to initiating a kinship placement. In the words of one caregiver: "[Kids] are being placed in [kinship] homes that do not have families who are capable of that level of care, because our kids are super traumatized." A program administrator added, "We just have to think more about how am I benefitting the child in this decision-making?"

As discussed by stakeholders, many kinship caregivers may not have the knowledge, resources, or financial capacity required to meet those needs. For example, grandparents and older caregivers noted how it can be physically challenging for them to care for young children or children with high or complex needs. In addition, participants noted that often relatives who are willing to serve as a kinship caregiver may already have other relatives in the home, which can add complexity and put strain on the support they are able to provide. Kinship placements can also be complicated by the behavioral health and/ or medical needs of others living in the home. One caregiver shared about their grandson:

> "He has a lot of trauma reaction behavior. He is very, very challenging. He absolutely would have thrived in a home where he was an only child that could have had a lot of individual attention provided to him. That wasn't an option for [us], because we're his grandma and grandpa, and he wasn't going anywhere else. But I know…that he would have been better served by a different family and that my other kids could potentially have a healthier childhood if he wasn't in our home."

Caregiver Capacity or Readiness

All participants described numerous factors that potential kinship caregivers must weigh regarding their capacity and readiness, often with limited time and flexibility due to the urgency of placement decisions. Kinship caregivers frequently cited their physical, economic, and housing capacities, as well as the needs of children already in the home, as central considerations. Kinship program leaders noted how caregivers with many other stressors, such as finances, housing, or job instability, may struggle the most to be a supportive placement. In addition, kinship caregivers who receive little to no support from child welfare or community agencies in the beginning of a placement were described as prone to struggle. Several older kinship caregivers, particularly grandparents caring for grandchildren, described significant impacts on their savings, physical health, and employment stability—especially when access to childcare or respite was limited or unavailable—after becoming a kinship caregiver. One kinship caregiver shared that they "retired a few years ago because my youngest grandson is on the autism spectrum and it's too hard balancing taking care of his needs [and working]. I'm tired, I'm poor."

> "I work with older generations… most families we serve are grandparents. They're dealing with illness, sickness, and they have new responsibilities in the home. [Taking on a kinship child] compounds other health issues, but they want to take care of their kids.
>
> - Program Administrator

Participants also named caregiver support networks and availability of respite as a factor in evaluating caregiver readiness. Many stakeholders spoke of kinship caregivers, particularly grandparents or young sibling caregivers,

as isolated and in need of respite. One participant who facilitates kinship education classes, highlighted the value of connecting grandparent caregivers in their group who were single and struggling: "If any of them have a health issue, they need to be hospitalized or go someplace, they didn't know what to do with their grandchildren." Overall, some kinship placements may not always be able to accommodate or best meet a child's needs due to caregiver capacity, the complexity of the kinship home, or the child's level of need.

Family Dynamics

Stakeholders highlighted the need to consider if there is a pre-existing relationship between the children and potential kinship caregivers, as well as the complexity of family dynamics and how this could impact a kinship placement. For example, stakeholders across groups emphasized the importance of children and youth having an existing relationship with a potential kinship caregiver prior to living with them. This familiarity and connection can provide comfort to children during an already difficult time as well as increase the likelihood that a kinship caregiver is already aware of the needs of the child. Kinship alumni discussed the difficulty and harm in being placed with relatives they didn't have a relationship with, with one alumni saying, "it still felt like stranger care." Participants also discussed the challenge of being placed with relatives who they didn't have a good impression of or with whom they had experienced conflict or trauma in the past. For some LGBTQ alumni, lack of support from their kin related to their gender or sexual identity led to more complicated family dynamics. In these situations, stakeholders mentioned foster care as potentially being a better fit.

Caregivers also recounted challenges related to setting and maintaining boundaries with biological/birth parents. For example, participants discussed the challenge for grandparents raising grandchildren. They struggled to navigate their relationship with their own children while also caring for their grandchildren because sometimes the needs of their grandchild had to be prioritized. These dynamics included challenges navigating visitation between children and their parents or other relatives, especially if substance use was present.

These perspectives reflect the broader complexity of kinship care, where family relationships, conflict, and history significantly shape the experiences of both caregivers and children. Alumni described how family dynamics influence a young person's sense of familiarity within the placement, their level of acceptance in the household, and the emotional climate shaped by the kinship caregivers' feelings toward stepping into caregiving roles. Peer navigators and program leaders affirmed that these relational dynamics are often central to the difficulties encountered in kinship care.

Geographic Location

Participants also highlighted the need to consider geographic location of the kin placement when considering whether non-relative foster care or kinship care is more ideal. In situations where the only viable kinship placements are out-of-state or far from where a child is currently living, stakeholders discussed how non-relative foster care may be a better option. There was widespread agreement that keeping children in the communities they are already living in provides continuity – for school, family relationships and traditions, community groups and activities, and social networks – that can have a positive impact on child well-being.

Placement Stability

A unique perspective raised among alumni and peer support participants is that, in some cases, children placed with foster families for a length of time are able to establish stability and feelings of belonging in their new home. If a child placed with a non-relative foster home is comfortable and has had time to establish connections/routines in their environment, they may prefer to remain with the foster placement than being placed with a reluctant or unfamiliar family member who has 'finally' decided they are ready to be a caregiver.

Discussion

The discussion section summarizes present and emerging issues, practice and policy gaps, and research gaps and remaining questions to be answered. Although the scoping review surfaced present and emerging issues in kinship care, the bulk of the present and emerging issues were identified by kinship stakeholders. This is an important high-level finding for the kinship care research field as it aims to set a relevant agenda. In short, research does not seem to keep pace with realities on the ground, especially around the topic of siblings as kinship caregivers.

Present and Emerging Issues

Present Issues

Stakeholder conversations and the scoping review reiterated longstanding issues in kinship care including perceptions of hierarchy in systems of out-of-home care, informal kin and community-based services, and structural limitations of "Kin-First" policies.

Perceptions of Hierarchy in Systems of Out-of-Home Care

Several stakeholders described feeling that kinship care is treated as 'second fiddle' or a 'secondary mindset' compared to non-relative foster care in regard to state policies and how caregivers are classified. Kinship caregivers often described the disparity in support and information sharing between informal and formal kinship caregivers and foster caregivers. As one kinship caregiver expressed:

> "As kinship caregivers, we need the same support that they give to the foster [parents]. They think because we are their kin that we should just take them in without any help. But we need help, too. It takes a village to raise a child. Plus, it also takes money. It's not free, and just because it's our grandchild or our niece or nephew…we need funding, too. We need help."

Informal Kin and Community-based Services

Across participant groups, there was broad agreement that many families seek to avoid involvement with state systems for a range of reasons, including distrust of government agencies, stigma directed toward kinship caregivers, and fear of losing the children in their care. Program administrators and kinship navigators working in community-based organizations described how their non-government affiliation allows them to sit with families, listen, center their needs, and help make complex processes more manageable. They emphasized that personal connections, relationship-building, and intentional listening are fundamental to effectively supporting kinship caregivers and fostering long-term stability. As one administrator explained, "The [child welfare] case manager is focused on what the bio parent needs, or what the kid needs. [We are] the first people who can sit down and listen to them. That's when we can slow this process down and take that time to build a relationship and [make sure] the family feels heard—that's what creates the success long-term."

Participants also reinforced the longstanding role of informal kinship networks by noting that "kinship care has been around forever." Several kinship navigators described a cultural disconnect experienced by many families. One navigator observed that kinship caregivers—particularly caregivers of color—often question the need for state involvement: "A lot of our kinship caregivers…they're like, 'I'm taking care of my niece, my nephew, my grandchild. Why is the state involved? This isn't what it's like in my culture…we just take care of them.'" They added that this cultural mismatch can compound pre-existing distrust of public systems. A policymaker provided a complementary perspective, emphasizing the importance of strengthening community connections and "thinking about how we keep families socially connected with each other," as well as ensuring that once safety is

established, families can be supported by community providers and natural support networks rather than remaining dependent on state systems.

Structural Limitations of "Kin-First" Policies:

If children need to be removed from their parents' homes, a kin-first agency seeks to make every child's first — and hopefully only — placement with kin. Policies, practices, and even agency culture may need to shift so that placing children with kin becomes the norm, and placing children with strangers, the exception (Casey Family Programs, 2020). While research continues to highlight benefits of kinship placements, the broader policy and service environment often fall short of supporting these conditions in practice.

Furthermore, despite policy shifts following the Family First Prevention Services Act of 2018 which encourages kinship care as a primary form of placement, ongoing lack of infrastructure to support legislation means that kinship care is more challenging to implement than non-kinship care and may function as a barrier to successful kinship placements (Foote et al., 2025). A program administrator expressed concerns with being able to activate kin-first policies:

> "I worry because at my organization, we provide mentorship, training, support groups with a licensed clinical psychologist. I mean, we have all these services but it just seems like we're not doing what we need to do to help prepare these [kinship caregivers], because it can happen, as you know, overnight. I don't think that we're staying up with this kind of push towards kinship first, although I agree with it 100%."

Other challenges of "kin-first" policies described by stakeholders include the increased workload and burden on staff to find and facilitate kinship placements and challenges related to oversight. Connected to this were alumni and caregiver concerns about the quality of some kinship placements, especially in comparison to available foster placements, and the impact this may have on the well-being of children and families. Many of these considerations were echoed in the scoping review under Question #5.

Emerging Issues

Stakeholder conversations and the scoping review also identified emerging issues for the kinship care field to consider including siblings caring for siblings, supporting kinship children into adulthood, restorative case management approaches, and Kinship Supports and Kinship Navigation programs.

Siblings Caring for Siblings

An increasing trend noted among alumni, program administrators, and kinship caregivers is that non-relative foster and kinship alumni are transitioning to caregivers for their siblings. While siblings are able to apply lived experience to their new roles as caregivers, the process often requires advocating for the placement and enduring age bias (e.g., questions regarding their capacity to care for their siblings due to their young age). A supplemental view offered by program leaders was that sibling placements face increased challenges because of shared traumatic and disruptive backgrounds and additional stress, cost, and responsibility that caregiving siblings must balance. Similar to other kinship placements, stakeholders identified housing as a key struggle for siblings caring for siblings, as well as the need for hard goods like school supplies.

One program administrator reflected on this trend and the lack of resources to support or pathways to implement these placements: "I think [siblings caring for younger siblings] has always happened, but we're

definitely seeing more of it, and economically, they can't survive. So, we're hearing from siblings, 'I'm not sure how we're going to pay rent, or get food, or get gas money, and we could use some help.'"

Echoing a concern voiced across stakeholder groups, the above participant noted how siblings grapple with needing support yet being weary of seeking assistance due to fear that child welfare will take custody of their siblings. Alumni who cared for siblings expressed a deep commitment to care for their siblings and a fierce dedication to keeping them out of foster care. While the sense of family connection is strong, this puts sibling caregivers in a position of having to access support through child welfare and face potential ramifications of system involvement (e.g., siblings being moved to a different placement) or to seek support through community resources, which was described as equally fraught. Siblings seeking services through community-based organizations spoke of the difficulty navigating benefit systems like Temporary Assistance for Needy Families (TANF), food assistance, or housing support. Because sibling caregivers are often balancing their own needs – housing, employment, school – they often had limited capacity to find other sources of support they needed.

Supporting Kinship Children into Adulthood

Kinship caregivers raised concerns about how best to help teenagers prepare for independence, noting that youth in kinship care do not "age out" in the way youth in foster care commonly do. Participants underscored how kinship children often still live with their kinship caregiver after they turn 18 or still look to their kinship family for financial and emotional support as they navigate adulthood. For example, kinship caregivers expressed concerns about how they would financially support their kinship children through college and the limited resources available to help kinship families plan long-term for the role they will play in a kinship child's life.

Stakeholders raised other concerns about this transitional period including how this might look different for youth with developmental difficulties (e.g., autism, learning difficulties, or other medical needs) and youth who have experienced significant trauma and loss. Grandparent caregivers voiced particular concern for their kinship children moving into adulthood given their old age. One retired grandparent caregiver expressed concern that their Social Security income 'does not go that far,' emphasizing the need for continued support from their adoption support caseworker to help their grandchild become a 'self-sustaining adult,' particularly as they navigate the uncertainty of securing resources to support the grandchild's path to college.

Restorative Approaches to Case Management

Another widely shared emerging issue was restorative and adaptive approaches to supporting kinship families, with a focus on healing for children and kin. Participants emphasized different elements of this depending on their roles within the kinship system. Alumni and kinship navigators highlighted the need for support structures that promote healing for children and youth, birth parents, and kinship caregivers as they navigate the trauma of removal, shifting identities and roles, reunification, or aging out of system oversight. Several kinship caregivers described relying on their kinship networks to learn self-care, find balance, and manage ongoing stress. Across family and program perspectives, participants noted that a restorative approach requires coaching and communication with all family members about kinship care as a lifelong commitment—one that involves addressing family conflict, honoring a child's identity and culture, and developing healthy boundaries with the support of trusted peers and community resources.

From a policy standpoint, restorative practice also involves balancing safety with family autonomy, a challenge that one policymaker described as a balancing act, noting that, "we have to put it in the discretion of our

localities…and from a policy perspective we've not figured out…how you balance parental rights with trying to ensure that the child is safe."

Kinship Supports and Kinship Navigation

For many families, the desire to care for their relative children is unquestionable, but the financial hardship of adding children to their household is a barrier. To maintain kinship care, it is critical to address the unmet financial needs of kinship caregivers and ensure they have tools to successfully raise the children in their care. Research indicates that when relatives have the financial means to care for their kin, they are willing to do so. In addition to financial support, kinship caregivers also need assistance navigating the child welfare system and identifying other government resources to adequately support the children in their care. Stakeholders echoed this, noting that financial assistance, stable housing, mental health support, and resources related to substance use and trauma-informed care are areas where help is most urgently needed. Participants also described significant gaps in basic information, such as understanding their rights and knowing what resources exist and how to access them, areas that are often left unaddressed by child welfare staff (Harding et al., 2020).

There is also a significant disparity between the resources provided to non-relative foster caregivers and what kinship caregivers receive, which decreases both the availability of kinship providers and their ability to effectively meet the needs of the children in their care. One way to increase parity is to ensure that home study and licensure processes are redesigned to prioritize kin, making non-relative foster care placements the exception rather than the rule. A number of states and jurisdictions have ramped up kinship supports programs, increased their use of non-safety related waivers and variances to license kin, and are leveraging the new flexibility to establish kin-specific licensing standards and implement policies and practices that facilitate successful home studies and subsequent licensing for relative/kin caregivers (Children's Bureau, 2023).

Kinship Navigator programs offer information, referral, and follow-up services to kin caregivers to connect them with benefits and services that they or the children need. For example, kinship navigators can help caregivers apply for public benefits such as TANF, cash assistance, Supplemental Nutrition Assistance Program (SNAP), and Medicaid coverage for the child. Kinship Navigator programs also help agencies and providers tune into the needs of families headed by relatives and provide education about the systems they must navigate for support. They also promote effective partnerships among public and private agencies to ensure kinship caregiver families are served effectively. Research shows that kinship caregivers find Kinship Navigator programs to be helpful both for themselves and for the children in their care, providing information, resources, and mutual support and decreasing isolation. Satisfaction among kin caregivers participating in such programs is high.

While peer navigators and Kinship Navigator programs exist across various regions to support families, program administrators emphasized that "there is a huge gap between services and users" and noted that "filling in that gap is the solution." To strengthen early and ongoing support, several administrators recommended assigning every kinship caregiver a mentor, specifically someone who understands the system, can anticipate common challenges, and can guide caregivers on what questions to ask and what courts or agencies may require, from the outset. Kinship navigators noted that a core part of their role is helping families navigate this fragmented landscape by clarifying definitions, explaining caregiver rights, and outlining eligibility for various supports.

Practice and Policy Gaps

Stakeholders identified several ongoing considerations that warrant further attention to strengthening kinship care. First, the prevalence of informal kinship care raises important questions about the representation of

children and youth (as in legal representation or the extent to which their voices are heard) in these arrangements and the implications of kinship caregivers and children not receiving financial, educational, and therapeutic supports afforded to licensed kinship or non-relative foster care placements. Stakeholders emphasized the need to better understand potential long-term outcomes for children in informal versus formal care.

Second, participants highlighted gaps in support for youth transitioning into adulthood, noting that many young people remain connected to their kinship caregivers after turning 18. This reality underscores the need for programs that assist both youth and kinship caregivers through the transition to adulthood, including post–aging-out supports.

Third, several stakeholders stressed the importance of examining when a 'kin-first' approach may be overextended. While kinship placements are often beneficial, some described cases in which children were removed from stable, nurturing non-relative foster homes and placed with kinship caregivers who lacked the skills or resources to support them, resulting in destabilizing placement disruptions. Together, these considerations point to the need for more nuanced, data-informed policies that protect child well-being while honoring the value of kinship connections.

Fourth, participants across alumni, kinship caregiver, and advocacy groups emphasized the need for policymakers to establish clear and consistent definitions of kinship care, including the types of kinship caregivers (e.g., formal, informal, fictive, licensed, unlicensed) and the pathways available to them. Inconsistencies in state and jurisdictional policies were described as significant barriers to accessing services.

Fifth, stakeholders argue that policies should continually emphasize strengthening funding for evidence-based health and mental health services, as well financial resources (Wu et al., 2024). The most common risk factors identified in this review such as child behavior problems, kinship caregivers' physical health and financial needs, and lack of services or supports, point to a direction and perspective where federal funding can be more responsive.

Lastly, few evidence-based programs exist to train and prepare caregivers to support youth in out-of-home care across aspects known to influence resilience, and those programs that are effective (e.g. Multidimensional Treatment Foster Care) are not widely available (Nunez et al., 2025).

Research Gaps and Remaining Questions

The scoping review and stakeholder conversations identified gaps in research and remaining questions for the field of kinship care. As such, there is a need for an updated systematic review of kinship care to assess the outcomes and quality of quantitative research evidence on kinship care. The need for scholars of color to be more represented in the literature is particularly glaring as this matters for both asking and answering key research questions. Where possible, the scoping review makes note of research findings specific to certain racial or ethnic groups, although Indigenous populations, in particular, were noted as underrepresented in the evidence base.

Stakeholders identified several gaps in the research base that could strengthen kinship care policy and practice. Prioritizing these topics would better align kinship care practice, policy, and research. Elevating youth voice is especially critical for kinship care research which has not typically prioritized this perspective. Suggested areas for further study included:

1. Experiences and outcomes of children who spend time in temporary placements prior to entering kinship care.
2. Long-term impacts of adoption, particularly for children and youth placed in kinship care or non-relative foster care who have limited or no connection with their biological families. Kinship care alumni reported not being able to access records or information about their biological/birth families as adults.
3. Supports needed for children and youth placed with kin transitioning to adulthood (e.g., applying for and obtaining financial aid for college), as well as research on long-term relational outcomes of kinship children and caregivers.
4. Experiences, and needs of informal kinship care families, who many stakeholders noted often lack access to critical services and resources.
5. Understanding and identifying best practices across the diverse kinship care policies implemented in different states.

Additional research is also needed to determine the specific conditions under which non-relative foster care is more appropriate than kinship care for children placed in out-of-home care. Factors that could benefit from further exploration include:

1. Interaction effects between child characteristics (e.g. trauma exposure, age, health needs) and time in placement.
2. Interaction between caregiver capacity and child well-being outcomes.
3. Screening frameworks for assessing risk in kinship placements that consider factors such as family conflict exposure, kinship caregiver capacity to meet needs, safety, protective factors, and child and youth preferences.

In addition to the stakeholder identified areas for future study, the scoping review also identified several remaining questions for the kinship care field, as well as articles that may begin to offer insight into each topic. Articles included below were sourced from the three additional bibliographies provided by project stakeholders (see Methodology for more detail).

1. What are the outcomes for children and service utilization for caregivers in informal or unlicensed kinship placements? See Gleeson et al. (2016) and Koh et al. (2022).
2. What are the physical health outcomes for children in kinship care? See Bramlett et al (2018).
3. What are the health outcomes for kinship caregivers? See Chen et al. (2015) and Di Gessa et al. (2016).
4. How is children and youth voice incorporated into kinship care decision making and outcomes research? See Dickerson et al. (2021) and Kiraly et al. (2016).
5. Is kinship care practice culturally responsive, including adaptations and targeted interventions, especially for indigenous communities in the U.S.?
6. What frameworks or decision-making tools are used to determine strength of kinship care or non-relative foster care placements as well as which placement may be in the best interest of the child?

Taken together, the findings from the scoping review and stakeholder conversations suggest that no single placement type guarantees success; rather, what appears most critical are the conditions surrounding the placement such as caregiver preparation, financial and practical assistance, and supports that help sustain children's connections to family and culture.

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