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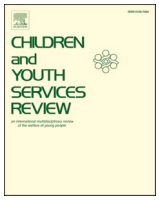

Effectiveness of group intervention in improving kinship care families' outcomes: A systematic review of group interventions aimed at kinship caregivers and youth in kinship care

Judit Rabassa *, Nuria Fuentes-Peláez

Department of Research Methods and Diagnosis in Education, Universitat de Barcelona, Spain

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ABSTRACT

Background: Despite the specific needs and challenges that kinship caregivers fostering adolescents face, they still receive less training, monitoring, and social support than non-kinship foster caregivers. Although the effectiveness of interventions and programmes targeting kinship care stakeholders has been previously assessed, a systematic review analysing the effectiveness of group interventions in kinship care outcomes for both kinship caregivers and adolescents in their care is still missing.

Objectives: This systematic review aims to explore the impact of the group intervention format and to identify which components of this format positively impact kinship care placements that involve youth.

Methods: We identified 13 studies through six databases. The extracted information was displayed through the following categories: location, target of intervention, research design, setting/format of intervention, group intervention description, sample, statistical tests and methods, outcomes, and key findings.

Results: Results revealed that the assessed group interventions aimed to improve parenting skills and social support in kinship caregivers fostering youth. Improvements in both outcomes are likely common in group interventions focused on training parenting skills, with a group size of fewer than ten participants, approximately six to ten group sessions (90 min/session) conducted once a week and implemented interactive activities. Improvements in social support are more likely to be observed for interventions that combined group format and case management. Group intervention benefits relationships with peers, and permanency of the placement in kin youth.

Discussion: Findings indicate that more evidence-based group interventions aimed at kinship caregivers fostering youth in kinship care should be designed and assessed to address their specific needs adequately. We have also discussed future research directions and their practicality.

1. Introduction

1.1. Kinship care placements: characteristics, and protective and risk factors

Kinship care is a type of foster care placement that involves placing children and youth with other relatives or those close to them when their safety is at risk with their birth parents (Skoglund et al., 2022). Therefore, to preserve the safety and well-being of children, kinship caregivers become their guardians.

Data from child welfare systems across the world reveal an increase in the number of children placed in kinship care. Latest data reported by Children's Bureau (2020) indicated an increase in the number of looked-after children placed in kinship care, which comprises 34% of looked-after children in the United States. The last report on children in alternative care in Europe by the European Commission recorded a large number of children in informal or formal kinship care across European countries (Lerch & Nordenmark, 2019). In the North European countries, Flanders kinship care placements account for more than 66% of the children in comparison to 25% of non-kinship placements (Begeleiding in Cijfers, 2021). Additionally, in the Netherlands, 47% of foster children lived with relatives or acquaintances (grandparents, aunts and

* Corresponding author at: Department of Research Methods and Diagnosis in Education, Faculty of Education, Universitat de Barcelona, Passeig de la Vall d'Hebron, 171, 08035 Barcelona, Spain.

E-mail addresses: juditrabassa@ub.edu (J. Rabassa), nuriafuentes@ub.edu (N. Fuentes-Peláez).

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uncles, teachers, or neighbours), and kinship care placements record 49% of new placements in the country in 2021 (Pleegzorg Nederland, 2022). The Government of United Kingdom (2021) stated that foster placements with a relative or friend have been increasing every year. Spain records approximately 51% of looked-after children in kinship care placements (Ministerio de Derechos Sociales y Agenda 2030, 2021). In other countries across the world such as Australia, relative/kinship care placement record 54% of children in out-of-home care (Australian Institute of Health and Welfare, 2021).

Kinship care families experience a major vulnerability due to their specific characteristics and challenges. Yet, they receive less support and monitoring than other foster care typologies. Kinship care placements are mostly constituted by grandparents, specifically by grandmothers (Amorós & Fuentes-Peláez, 2004; Montserrat, 2006; Del Valle et al., 2010; Palacios, 2014; Dorval et al., 2020; Martínez et al., 2021; Skoglund et al., 2022). Considering that the most vulnerable foster care placements are formed by elderly caregivers, looked-after children in the adolescent stage, and single-parent families, kinship care becomes one of the most vulnerable typologies of foster care (Montserrat, 2006; Montserrat & Casas, 2006). Other studies suggest that kinship care placements are more likely to become prominent while family reunification rates dip further (Scannapieco et al., 1997; Montserrat, 2006; Martínez et al., 2021).

In relation to their psychosocial characteristics, kinship caregivers are more likely to have less personal, social, and economic resources, present a conflictive personal and familiar trajectory, receive less monitoring, and have a poorer support network that the caregivers functioning within other typologies (Amorós & Fuentes-Peláez, 2004; Montserrat, 2006). Moreover, research highlights that kinship caregivers express more health problems, higher parenting stress levels (Jiménez & Palacios, 2008; Boetto, 2010; Harnett et al., 2014; Palacios, 2014), lower levels of education, and low incomes (Del Valle et al., 2010). The high parenting stress levels correlate with lower levels of physical, social, and mental health (Leder et al., 2007), and children's behavioural and emotional problems (Leder et al., 2007; Jiménez et al., 2013). Yet, children in kinship care present less behavioural and emotional problems than children placed in other foster care typologies (Washington et al., 2018; Dubois-Comtois et al., 2021). Therefore, these factors hinder kinship caregivers' ability to deal with care related adverse situations adequately (Boetto, 2010), to meet the developmental needs of their kin children (Harnett et al., 2014), and leads to more vulnerability of kinship care placements by causing disruptions due to violations in care standards (Sattler et al., 2018). Despite the specific needs and challenges kinship caregivers face during caregiving, there is an international consensus that the social support received by them is significantly less than other types of family-based care placements (Scannapieco et al., 1997; Amorós & Fuentes-Peláez, 2004; Montserrat, 2006; Boetto, 2010; Harnett et al., 2014; Hallet et al., 2021).

Subsequently, despite the vulnerability associated with kinship care placements, several other factors place them as a protective family-based care typology. Kinship care placements aim to foster familiarity with caregivers, general happiness, secure and belonging feelings, less probabilities to suffer separation trauma (Boetto, 2010), and higher stability of the placement (Jedwab et al., 2019). Furthermore, few researches pointed out that being in kinship foster care acted as a protective factor limiting mental health and behavioural problems of children in foster care (Dubois-Comtois et al., 2021; Washington et al., 2018).

1.2. Fostering youth in kinship care: characteristics, and protective and risk factors

The life trajectory of children in family-based alternative care involves adverse situations that impact in their development and well-being. Prior to their placement in kinship care, children often experience maltreatment, neglect, and/or abandonment issues. These factors may impact their psychological, behavioural, and social aspects in looked-after child's development at different levels (Amorós et al., 2003; Palacios, 2014; Child Welfare Information Gateway, 2019). Children in kinship care often exhibit functioning difficulties (ADHD, learning difficulties, mental health, developmental delays), psychosocial difficulties, and attachment problems (Dorval et al., 2020).

Existing studies have identified gendered differences among youths in kinship care. Overall, girls report lower levels of life satisfaction and subjective well-being than boys; furthermore, the dimensions that most strongly affect girls' well-being are associated with interpersonal relationships, while academic achievement seems to more strongly affect boys (Llosada-Gistau et al., 2019). Regarding the risk of psychological difficulties and mental health, boys seem to demonstrate more behavioural problems, less prosocial behaviour (Smith & Palmieri, 2007), more emotional withdrawal, and more inhibited attachment responses, while girls are inclined to become precocious and controlling and to demonstrate pseudomature attachment behaviours and age-inappropriate sexual behaviours (Tarren-Sweeney & Hazel, 2006).

Relating to specific age-difference based researches, adolescents are more likely to show mental health and behavioural problems than general youth population due to the traumatic experiences they may have previously experienced (Dubois-Comtois et al., 2021). Additionally, looked-after adolescents exhibited significantly higher school, behavioural, emotional problems, and risk behaviours (Liu et al., 2014) and greater increases in the risk of disruption placement as compared to younger children (Sattler et al., 2018; Jedwab et al., 2019), especially due to behavioural problems (Mnisi & Botha, 2016; Jedwab et al., 2019). Kinship caregivers express decreased satisfaction in their caregiving ability when tending to adolescents (Montserrat & Casas, 2006).

As mentioned previously, kinship care is more likely to be carried out by grandparents, and especially by grandmothers (Amorós & Fuentes-Peláez, 2004; Montserrat, 2006; Del Valle et al., 2010; Palacios, 2014; Dorval et al., 2020; Martínez et al., 2021). The existing generational gap between caregivers and youth in such a set-up fosters an imbalance between the needs of the youth and the ability of caregivers to meet them, especially during adolescence (Mateos et al., 2012). Other challenges kinship caregivers face when caring for adolescents include communication problems and establishing rules and timetables (Mateos et al., 2012; Lin, 2014), managing adolescents' behaviour (violation of routine, inappropriate sexual behaviour, and involvement in the occult and substance abuse), and the management of relationship and involvement of birth parents (Mnisi & Botha, 2016). Other factors associated with adolescents that negatively impact their placement stability are aggressiveness, disrespect for limits and rules, antisocial behaviour, and social isolation (Mateos et al., 2015). Contrarily, identified protective factors associated with youth placed under care include independency, optimism, and friendliness (Mateos et al., 2015), and good interpersonal skills (Liu et al., 2014; Mateos et al., 2015).

1.3. Support through group intervention in kinship care

Group intervention (or group work) "incorporates groups that individuals join to solve problems and attain their individual, administrative and organisational goals, to enrich their lives, to ameliorate problems" (Garvin et al., 2017, p.1). As far as foster care is concerned, group intervention aims "to provide rehabilitative, educational experiences, or psychosocial interventions for a specific form of child abuse/neglect, or to provide supports for the children, youth, birth parents and resource parents" (Wagner, 2009, p.169).

Research recognise the advantages of peer-based approach and group interventions in kinship care families like meeting kinship caregivers' emotional needs (Lin, 2014), coping with challenges and stressors kinship caregivers face (Vacha-haase et al., 2000), increasing caregivers' sense of self-efficacy and children's self-esteem in kinship care (Strozier et al., 2005), and strengthening formal and informal social support networks (Strozier, 2012; Fuentes-Peláez et al., 2014).

Furthermore, kinship caregivers found group intervention meetings helpful in obtaining resources and services information, appreciated having a space to share their concerns about caregiving (McCallion et al., 2004), and felt supported by other kinship caregivers experiencing the same challenges (McCallion et al., 2004; Leder et al., 2007; Rushovich et al., 2017).

Despite the benefits that group interventions reported for this target population, kinship caregivers still receive less training, monitoring, and formal social support compared to other foster care typologies (Scannapieco et al., 1997; Amorós & Fuentes-Peláez, 2004; Montserrat, 2006; Boetto, 2010). From the available interventions addressed to kinship caregivers, the majority of them involved kinship and non-kinship caregivers; there were only a few specific kinship caregivers' interventions (Kemmis-Riggs et al., 2017; Wu et al., 2020).

Some studies reviewed interventions, programmes, services, and resources aimed at kinship care. Lin (2014) focused on evaluating the effectiveness of the Kinship Navigator programmes, financial assistance, support services, and training/educational programmes for kinship foster care families on well-being-permanency and family functioning. Though some parenting interventions were analysed, the review mainly focused on services and specific programmes. Subsequently, it is also centred on evaluating the effectiveness and rigour of research designs from the reviewed studies.

McLaughlin et al. (2016) focused their review on evaluating the effectiveness of interventions aimed at grandparents serving as caregivers regarding intervention type, research design, sample, outcome measures, and key findings. Though the review identified the type of intervention, it did not analyse the specific components of the included interventions (e.g.: content, goals, length, etc.). The review concluded that further research on specific formats of intervention was needed (e.g.: case-management, support groups, and psychoeducational interventions).

Kemmis-Riggs et al. (2017) reviewed 17 foster and kinship care psychosocial interventions, and analysed their components, focussing on child behaviour problems, and relational functioning. Even though they included kinship care in the review, the differences between kinship and non-kinship care were not analysed. The did not present the results separately. Furthermore, they excluded interventions characterised by combined formats (e.g.: concurrently counselling and support groups sessions) or additional supports.

The review of Wu et al. (2020) assessed the effect of 28 parenting interventions on both kinship caregivers and their children. Even though it analysed children in care outcomes, reviewed interventions were generally addressed to kinship caregivers and children-in-care directed interventions were missing. Subsequently, many of the reviewed interventions were centred on toddlers or young children in foster care. Specific kinship care interventions focused on adolescence need to be assessed. Their review did not analyse the specific activities and strategies implemented in these parenting interventions.

Although, kinship care programmes, services, and interventions have been reviewed, it is still necessary to explore the effectiveness of specific formats of intervention in kinship caregivers' and kin youth's outcomes to enhance interventions (McLaughlin et al., 2016). Additionally, considering the specific challenges kinship caregivers face when they look after adolescents (Montserrat, 2006; Montserrat & Casas, 2006; Mnisi & Botha, 2016; Sattler et al., 2018), specific reviews of interventions aimed at this age group are still missing. This systematic review aims to explore the impact of the group intervention format and to identify which components of this format positively impact kinship care placements that involve youth.

2. Methods

2.1. Inclusion criteria and search process

The present review adopted a systematic review approach as it provide evidence to inform practice and permits to address questions related to the effectiveness of certain practices or treatments (Munn et al., 2018). The systematic review approach purposes are in accordance with the aim of the present review about identifying the group work components that impact positively kinship care placements that involve youth. The present review followed the guidelines from Preferred Reporting Items for Systematic Reviews and Meta-analysis (PRISMA) 2020 statement (Page et al., 2021). To identify articles, we conducted systematic searches in the following databases: Web of Science (WOS), PsycINFO, PubMed, Social Services Abstracts, Sociological Abstracts, and ERIC. Search items were defined based on the recommendations of foster care experts, suggestions from existing literature related to foster care, and similar systematic reviews relating to the topic. We searched for the following items in each database: *(intervention OR programme OR training OR therapy OR support OR counselling) AND ("parenting groups" OR "group-based programme" OR "group programme" OR "group-based intervention" OR "group intervention" OR "group training" OR "group support" OR "group therapy" OR "group methodology" OR "group work" OR "support groups") AND ("Kinship foster care" OR "kinship care" OR "kin* caregiver" OR "kin placement" OR "relative care") AND ("youth in kinship care" OR "young people in kinship care" OR "youth in care" OR "young people" OR "looked-after youth" OR "looked-after young people" OR Adolescent) AND parent**.

The following inclusion criteria were used to select the relevant studies pertaining to our review. First, we included studies that evaluated the intervention outcomes for kinship care families. We excluded studies that did not conduct evaluations and only described the implementation of the intervention. We believe that studies that included kin and non-kinship care should present the impact of the intervention separately according to the type of placement. Therefore, interventions aimed at presenting the results as whole were excluded. Second, interventions encompassing children in kinship care in pre-adolescence or adolescence (10–18 years old) were relevant to our review. Therefore, we excluded interventions centred on younger children, early childhood, or "toddlers". We also made sure that the studies included group intervention format, either in singularity or in conjunction with other formats (e.g.: multimodal interventions). Third, as the review followed an integrated research synthesis design, quantitative, qualitative and mixed method studies were included in the review. Therefore, in the present review findings from qualitative and quantitative studies, bring a response to the same review question through triangulation and as an extension of each other (Sandelowski et al., 2006). Finally, we only selected studies that were published in peer-reviewed journals.

2.2. Review process

After conducting systematic searches through databases, articles were selected based on their titles and abstracts to identify those which may meet the inclusion criteria specified above. After this, full-text articles were selected for eligibility. To ensure the reliability of the systematic review, each step of the review process (search strategy definition, eligibility criteria, selection process, data retrieving, and data analysis) was discussed and carried out by the authors to reduce reviewer bias. Abstracts and full-text studies assessed for eligibility were read by both authors, and in cases of disagreement, the article was discussed according to the agreed-upon inclusion and exclusion criteria. To guarantee consistency in the review process, the authors reviewed all the studies using a data retrieval template that they had previously discussed and developed in consideration of the aims of the review process.

Studies were analysed by finding descriptive themes and distilling them into analytic themes (Xiao & Watson, 2017), following the narrative synthesis process (Petticrew & Roberts, 2006). First, a detailed table is created for synthesising the evidence, which include a full description of each study in regard to *name of intervention, location, target of intervention, research design, setting/format of intervention, group*

intervention description (content, size and format, length, and frequency) sample, statistical tests, and methods, analysed outcomes, and *key findings*. In addition, an alphabetical organisation of tables has been used for the organisation of the content. Second, the analysis of the results focused on (i) analysing the frequency and variations of the findings for research methods and overview of interventions across studies, (ii) exploring the effects of interventions on kinship caregivers and youths' outcomes, and (iii) identifying the specific group intervention components that has a positively impact by carrying a final cross-analysis of group intervention characteristics and significant improvements in kinship caregivers' and youths' outcomes.

Fig. 1 shows that 1780 articles were identified through a systematic searching of the databases. After the removal of duplicated articles, 1643 remained which were further screened along their titles and abstracts according to the inclusion criteria. This lead to the exclusion of 1584 articles which did not meet the inclusion criteria. Most of the studies were excluded because they did not mention kinship or foster care, were implementation descriptions of the interventions and did not report empirical data, were systematic reviews, did not include group intervention format, interventions were aimed at biological parents, were addressed to kinship caregivers with young children or "toddlers" in care, or did not analyse the impact of kinship and non-kinship care separately. Finally, 59 studies remained, from which 49 were excluded through full-text review, and 10 interventions were included to be submitted for the systematic review. Furthermore, three more interventions were selected outside the database searches according to the inclusion criteria and included in the sample as expert recommendations. Ultimately, 13 studies were selected and included for submission for the total sample of the systematic review. From these 13 studies, ten were focused on kinship care, and three separated kin and non-kinship care benefits in their analyses.

3. Results

3.1. Research methods

3.1.1. Research designs

The selected studies used diverse research designs. The most used was the pre-experimental design, observed in five studies (pre- and post-intervention tests) (38.46%). The second one was the randomised controlled trial (RCT), which was implemented in four studies (30.76%). Two studies (15,38%), incorporated qualitative design, one study (7.7%) adopted mixed methods (quantitative and qualitative designs), and one used experimental design (7.7%) (see Table 1).

3.1.2. Sample sizes

From all studies included in the review, sample sizes range from five to 1050 participants. Five studies had a sample of less than 50, four studies had a sample size between 50 = 100, three studies had a sample size between 101 and 500, and one study had a sample size of more than 500 (Feldman & Fertig, 2013). Three studies limited the sample to grandparents, and one study to grandmothers (Smith et al., 2016).

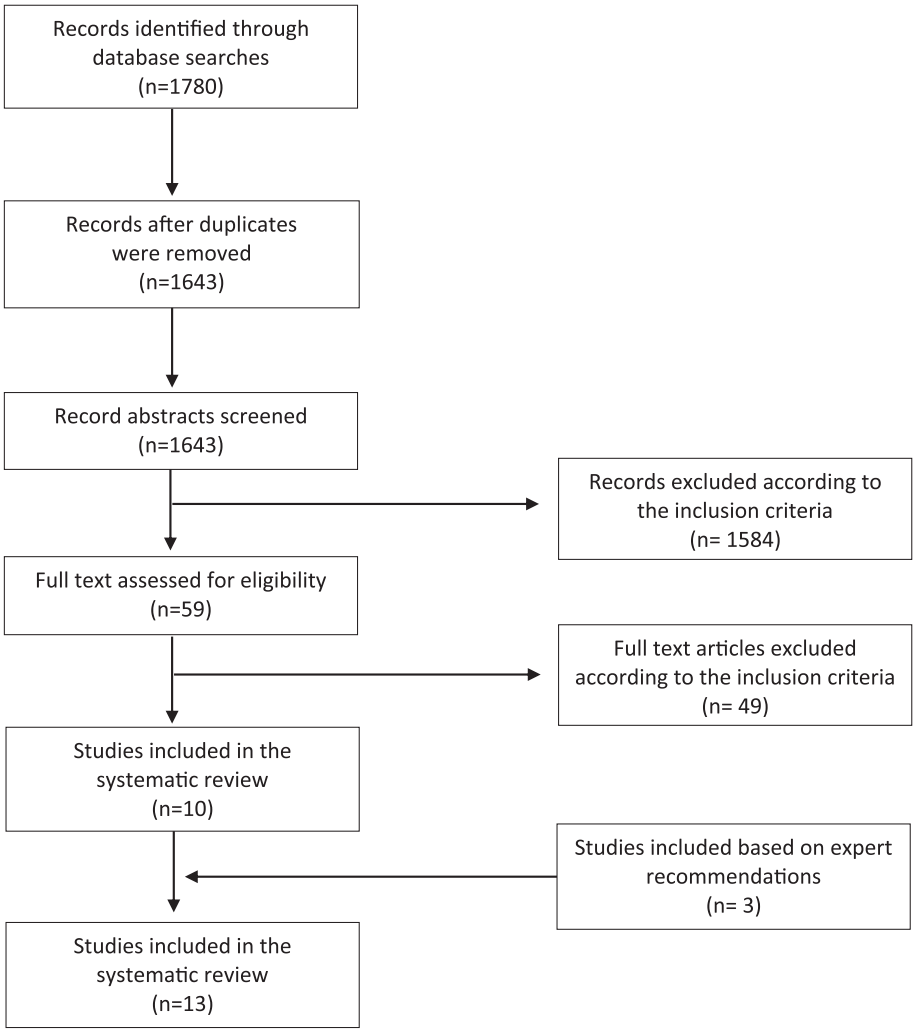

Fig. 1. Flow chart of selection of studies for inclusion in systematic review.

Table 1
The results of systematic reviews.

Study	Name of Intervention	Location	Target of Intervention	Research design	Setting/ format of Intervention	Group Intervention description			Sample	Statistical tests and methods	Outcomes		Key findings
						Content	*Size and format*	*Length and frequency*			Caregivers	Youth in care	
Focused on kinship care (n = 10)													
Duquin et al. (2004)	Generations together	The United States (Pennsylvania)	Grandparents and grandchildren (included grandparent and grandchildren shared group sessions and separated sessions)	Mixed methods (pre-experimental design and qualitative research design)	Group intervention	An intergenerational, faith-based health and wellness programme for kinship caregivers and their children in care. It focused on health, exercise, nutrition and stress management, parenting education, and religious practices. The programme is based on the six dimensions of wellness from a holistic approach: physical, emotional, social, intellectual, environmental, and spiritual wellness.	Size: 12 participants and their grandchildren, Format: physical exercises, reading and discussion activities, interactive activities, role-playing, discussion groups, small group activities, brainstorming, shared meals.	12 sessions (once a week; 4 h/ session)	5 grandparents	Pre- and post-tests, and content analysis through coding scheme for qualitative data from focus groups	Appropriate expectations, empathy, value of corporal punishment, appropriate family roles, independence, stress level, spiritual well-being, social support, home life and relationship with grandchildren	n/a	Kinship grandparents reported an increase in all the outcomes measured. The results reported that grandparents became more aware of the resources in the community, used nutritional information provided, noticed positive changes in the familial life, improved their interactions with their grandchildren, increased their informal support network, used new stress management techniques, gained a greater understanding of their grandchildren, increased their social support, and increased their spiritual well-being.
Feldman and Fertig (2013)	The Children's Home Society of New Jersey's (CHSofNJ) Enhanced Kinship Navigation Programme	The United States (New Jersey)	Kinship caregivers and children in care (separated caregiver's and children's groups)	Experimental design	Case management, support groups, in-home intervention	A comprehensive and long-term service approach by assessing caregiver needs, providing, or referring them to resources and programmes offering a range of services, and boosting social	n/a	4 to 6 months	437 kinship caregivers (female = 96.7%; male = 3.3%), and 249 youth in kinship care (from 12 to more than 16 years old) out of 607 kin children (female =	Pre- and post-tests, chi-square, ANOVA and t-tests	Social support, financial resources, service need, legal guardianship, safety, permanency and stability, and satisfaction	Child behaviour	Caregivers had many of their expressed needs met. Results show a statistically significant drop in the intensity of needs. The 83% of the goals on Family

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Table 1 (*continued*)

Study	Name of Intervention	Location	Target of Intervention	Research design	Setting/ format of Intervention	Group Intervention description			Sample	Statistical tests and methods	Outcomes		Key findings
						Content	*Size and format*	*Length and frequency*			Caregivers	Youth in care	
						supports using groups and connection to community resources. It also provides parent support groups, education groups, and children's groups.			97.36%; male = 2.64%)				Service Plan were rated as resolved by the workers. The most frequently chosen goals were to acquire clothing for the child, address financial needs, arrange counselling and childcare, resolve housing related issues, assisting with Kinship Legal Guardianship, and educational advocacy. Despite the additional service time of CHSofNJ Enhanced Kinship Navigation Programme, compared to the traditional brief services, no advantage was gained in increasing social supports, reducing caregiver stress levels, or measuring improvements in child behaviour. Regarding to satisfaction with the service, kinship caregivers provided positive feedback.
Fuentes-Peláez	Learning programme for kinship	Spain	Kinship caregivers	Qualitative research design	Group intervention	Educational group support programme to increase the	Size: 16–18 participants, Format:	11 sessions (n/a)	62 kinship foster families (54% of children in	Content analysis through	Social support and resilience	n/a	After the programme, kinship families

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Table 1 (*continued*)

Study	Name of Intervention	Location	Target of Intervention	Research design	Setting/ format of Intervention	Group Intervention description			Sample	Statistical tests and methods	Outcomes		Key findings
						Content	*Size and format*	*Length and frequency*			Caregivers	Youth in care	
et al. (2014)	foster families (LPKFF)					personal and parental skills, especially those that are related to kinship foster care to increase their family resilience.	informational presentations, conversation, group discussion, teamworking, brainstorming, case study, role-playing, video-forum, guided fantasy, and sculpture technique (see Amorós et al., 2012)		kinship care were boys, and 46% girls; age average = 12.73 years)	coding scheme (interviews and focus groups)			perceived an increase in formal support. In addition, they perceived an increase in their family's disposition and their initiative to seek solutions and their motivation to take steps to change family dynamics. However, families keep identifying a need to increase informal support after participating in the programme.
McCallion et al. (2004)	A support group intervention for custodial grandparents	The United States (New York)	Grandparents	RCT	Case management and support groups	The topics of the intervention were: developmental delays and disabilities, formal social support, grandchild's education management, youth's developmental characteristics, behaviour management, how to help a child with disability, custody and guardianship, relationship with biological parents, future planning and self-care.	Size: 8–10 participants, Format: n/a	6 sessions (90 min/ session)	97 grandparents (female = 94%; male = 6%), and 171 grandchildrend (age average = 11 years old; five youth were more than 21 years old).	Pre- and post-tests, Student's t, Chi-square tests, and regression analysis	Reduction in symptoms of depression, sense of empowerment and caregiving mastery	n/a	There was a significant improvement in grandparent's symptoms of depression. In addition, significant improvements were realised in all three areas of empowerment (family, services, and community) and in caregiving mastery.
Pasalich et al. (2021)	Connect for Kinship Parents (Connect-KP)	Australia	Kinship caregivers	RCT	Group intervention	Connect-KP is an attachment- and trauma-focused intervention designed to support kinship caregivers of youth aged 8–18 years. There is a focus on the impact	Size: 8–12 participants, Format: reflection and emotion-based learning exercises and role play	9 sessions (90 min/ once a week)	26 kinship caregivers (female = 84.6%; male = 15.4%) and 26 youths (female = 76.9%; male = 23.1%; ages	Pre- and post-tests, t-tests. Chi-square/ Fisher's, ANCOVA, partial eta squared, phi coefficient	Strain, competence, psychological aggression towards youth	Affect regulation, behavioural and emotional adjustment, attachment insecurity,	Kinship caregivers demonstrated significantly lower levels of caregiver stress and psychological aggression

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Table 1 (*continued*)

Study	Name of Intervention	Location	Target of Intervention	Research design	Setting/ format of Intervention	Group Intervention description			Sample	Statistical tests and methods	Outcomes		Key findings
						Content	*Size and format*	*Length and frequency*			Caregivers	Youth in care	
						of trauma on attachment relationships, conflict management, communication, empathy, youth's autonomy, youth and family needs management, supporting growth and opportunities, and promoting resiliency. Connect-KP is informed by intergenerational trauma, complex family dynamics and sociocultural diversity.			between 8 and 16 years old).			placement changes	towards youths, higher levels of competence, and lower levels of attachment anxiety and avoidance in youth. Youth reported significantly lower levels of affect suppression, lower scores of affect dyscontrol, and higher scores of prosocial behaviour. No placement changes were observed for youth at 6-month follow-up post-intervention evaluation.
Rushovich et al. (2017)	Kinship Navigator Programme (KNP)	The United States (Mid-Atlantis states)	Kinship caregivers and children in care (Children were included in activities, or participated in concurrently run child only programmes)	Qualitative research design	Case management, support groups, in-home intervention	The KNP was designed to provide information and support kinship caregivers to maintain their kins children safely in their home while at the same time facilitating legal permanence. In support groups Guest speakers' experts in legal, medical, and educational fields were invited, and it includes opportunities for mutual support.	Size: n/a, Format: Informational presentation through guest expert speakers, and mutual support	n/a	22 kinship caregivers (female = 86.4%; male = 13.6%).	Content analysis through coding scheme (interviews and focus groups)	Social support, legal issues, informal support	Relationship with peers	Kinship caregivers perceived having access to needed resources and referrals that made it easier to care for their kin children, increasing social support (formal and informal), and reduction in a sense of isolation. Kinship caregivers learned how to manage legal issues on establishing legal custody or guardianship. Caregivers stated that

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Table 1 (*continued*)

Study	Name of Intervention	Location	Target of Intervention	Research design	Setting/ format of Intervention	Group Intervention description			Sample	Statistical tests and methods	Outcomes		Key findings
						Content	*Size and format*	*Length and frequency*			Caregivers	Youth in care	
													support groups helped their kin children in making friends and interacting with other children facing similar problems.
Smith et al. (2016)	3 psychosocial interventions: a) Triple P, b) Coping with Caregiving Programme, c) an information-only condition	The United States (California, Maryland, Ohio, Texas)	Grandmothers	RCT	Group intervention	Three psychosocial interventions: a) a behavioural parenting programme (BPT) (Triple P), b) a cognitive behavioural programme (CBT) (Coping with Caregiving Programme), c) an Information-only condition (IOC) on such topics as the importance of self-care, keeping your grandchild healthy, and the art of discipline.	n/a	10 sessions (2 h/session)	BPT = 115 grandmothers and grandchildren, CBT = 128 grandmothers and grandchildren, and IOC = 100 grandmothers and grandchildren. The age of children were between 4 and 12 years old (female = 49%; male = 51%).	Independent-group t-tests and chi-square tests	Treatment compliance and treatment satisfaction	n/a	Treatment compliance was higher among grandmothers who self-reported less positive affect, were older, and were using mental health professionals. Treatment satisfaction was highest among grandmothers who presented the following characteristics: attended more treatment sessions, had lower annual family income, had a health problem, and were using mental health professionals.
Strozier (2012)	A kinship services programme	The United States (Southern County)	Kinship caregivers	Pre-experimental design	Case management, and support groups	A community-based family support and case management programme providing a coordinated network of services for relative caregiver families to help them achieve self-sufficiency and stability. The goal is to assist relative caregiving families in accessing and utilising a network	Size: 6–12 participants, Format: participation and mutual support, informational presentations, legal education	Six sessions (once a month)	61 kinship caregivers (female = 96.7%; male = 1.7%).	Bivariate analysis, *t*-test, regression analysis, pre and post test	Social support	n/a	Significant difference in the social support scores for participants who attended support groups and participants who did not attend support groups. In addition, kinship caregivers attending the support groups

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Table 1 (*continued*)

Study	Name of Intervention	Location	Target of Intervention	Research design	Setting/ format of Intervention	Group Intervention description			Sample	Statistical tests and methods	Outcomes		Key findings
						Content	*Size and format*	*Length and frequency*			Caregivers	Youth in care	
						of resources that are timely, culturally appropriate, and designed for their individual needs.							were more likely to increase formal social supports from sources such as parent groups, social groups/clubs, church members, family physician, early childhood programmes, school or day care, professional helpers and agencies compared to an increase in informal support such as spouse's parents, relatives, spouse's relatives, spouse, friends, spouse's friends, and children. Participation in support groups significantly predicted change in level of perceived social support from pre- to post-test.
Strozier et al. (2005)	Kinship Care Connection (KCC)	The United States (Southern states)	Kinship caregivers and children in care (separated parent and children's groups)	Pre-experimental design	Mentoring and tutoring, support groups, individual intervention, and case management	A school-based intervention designed to improve child self-esteem and mediate caregiver burden for kinship care families. Support groups for caregivers consisted in the following subjects: child behaviour	Size: n/a, Format: group discussion and support groups	Kinship caregivers: 8 sessions (once a week). Children in care: 18 weeks	34 kinship caregivers (female = 93%; male = 22.8%) and 48 youth in care (age between 12 to more than 15 years old).	Pre and post-test, regression analysis, *t*-test, one-tailed probability test	Behaviour management, school management, self-advocacy, emotional support, service provision	Home, relationship to peers, and school related self-esteem	There were significant changes in caregiver self-efficacy regarding school management, self-advocacy, and emotional support outcomes. However,

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Table 1 (*continued*)

Study	Name of Intervention	Location	Target of Intervention	Research design	Setting/ format of Intervention	Group Intervention description			Sample	Statistical tests and methods	Outcomes		Key findings
						Content	*Size and format*	*Length and frequency*			Caregivers	Youth in care	
						management, self-advocacy, emotional support, school issues, and provider issues. Support groups for children in care were provided to improve relationships with peers, self-esteem, and behaviours.							behaviour management and provider issues reported no significant differences. Regarding children's pre-test scores and post-test scores, there were significant changes in all outcomes: relationship to peers, home, and school related self-esteem.
Vacha-haase et al. (2000)	Second Time Around - Grandparents Raising Grandchildren	The United States	Grandparents	Pre-experimental design	Group intervention	A psychoeducational group intervention identified in Second Time Around-Grandparents Raising Grandchildren curriculum, which encompasses a multidisciplinary approach to treatment. The programme covered the topics such as parenting skills, personal well-being, relationships, managing finances, working with school and community, and exploring legal issues.	Size: 6–10 participants, Format: informational presentation and group discussion	8 sessions (once a week)	16 kinship caregivers (female = 81.25%; male = 18.75%).	Descriptive analysis of the means, univariate repeated measures analysis	Kinship caregiver's parenting role, personal well-being, refining parenting skills, relationships with children in care, school and community relationship management, finances management, legal issues, future of foster care.	n/a	All group sessions had participants substantially achieving each of the expected outcomes. However, legal issues ranked the lowest in participant achievement. A statistically significant difference between sessions was found suggesting that grandparents mastery increased as sessions progressed.
Study	**Name of Intervention**	**Location**	**Target of Intervention**	**Research design**	**Setting/ format of Intervention**	**Group Intervention description** *Content*	*Size and format*	*Length and frequency*	**Sample**	**Statistical tests and methods**	**Outcomes** *Caregivers*	*Youth in care*	**Key findings**
Separated kin and non-kin (n = 3)													
Murray et al. (2019)	The Resource Parent Curriculum (RPC)	The United States (South-eastern, south-eastern, and north-eastern states)	Kin and non-kin mixed	Pre-experimental design	Group intervention	The RPC is a workshop designed to promote trauma-informed parenting among foster, adoptive and	Size: n/a, Format: interactive activities and discussions to promote social	Facilitators conducted workshops in multiple sessions with no fewer	241 foster caregivers, 109 adoptive parents, 24 kinship caregivers and	Attrition analysis, Chi-square, ANOVA, MANOVA, RM-	Trauma-Informed parenting, tolerance of misbehaviour	n/a	Kinship parents reported an improvement in all three outcomes mentioned in

(*continued on next page*)

Table 1 (*continued*)

Study	Name of Intervention	Location	Target of Intervention	Research design	Setting/ format of Intervention	Group Intervention description			Sample	Statistical tests and methods	Outcomes		Key findings
						Content	*Size and format*	*Length and frequency*			Caregivers	Youth in care	
						kinship caregivers. The goal is to improve placement stability and promote healing from traumatic stress in children who have been placed in out-of-home care. The content is focused on the essential elements of trauma-informed parenting: increase parents' knowledge of trauma exposure and its effects, willingness to tolerate difficult behaviours, and empower parents to feel effective in their ability to parent a child with a trauma history.	learning, as well as the opportunity to ask trained facilitators specific questions about their children	than 12 hr of content	39 therapeutic foster caregivers (female = 68.2%; male 30.6%).	MANOVA and Partial eta squared	and parenting efficacy		the table, but specifically in trauma-informed parenting, and parenting efficacy. Kinship parents reported more self-efficacy at post workshop than non-kinship parents.
Sullivan et al. (2016)	The Resource Parent Curriculum (RPC)	The United States (North Carolina)	Kin and non-kin mixed	Pre-experimental design	Group intervention	RPC is an attachment, cognitive-behavioural, social learning, child development and resilience-based intervention. It was designed to educate resource parents about: 1) the impact of trauma on the development and behaviour of children, 2) and to provide with knowledge and skills needed to respond appropriately to children's emotions and behaviours.	Size: 6–7 participants, Format: interactive activities, group discussion, case studies, and at-home activities	7 sessions (8 weeks, 2 h/ session)	106 foster parents, 19 therapeutic foster parents, 75 adoptive parents and 19 kinship caregivers (female = 69 %; male = 31%).	Attrition analysis, pre- and post-tests and ANOVA	Trauma-Informed parenting, tolerance of misbehaviour and parenting efficacy	n/a	Kinship caregivers showed significant increases in their knowledge of trauma-informed parenting and their perceived self-efficacy parenting a child who experienced trauma. However, kinship caregivers did not show significant change in tolerating difficult child behaviours.
Taussig et al. (2020)	Fostering Healthy	The United States (Colorado)	Youth with open child welfare cases	RCT	Mentoring and group intervention	FHF-T is a mentoring intervention for	Size: n/a, Format: Informational	9 months (4 to 6 times during the 9-	81 youth in kinship care (female =	Descriptive analysis, chi-square tests,	n/a	Engagement, satisfaction,	Across the total sample, 68.3% of the youth

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Table 1 (*continued*)

Study	Name of Intervention	Location	Target of Intervention	Research design	Setting/ format of Intervention	Group Intervention description			Sample	Statistical tests and methods	Outcomes		Key findings
						Content	*Size and format*	*Length and frequency*			Caregivers	Youth in care	
	Futures for Teens (FHF-T)		(either in out-of-home care or living at home)			maltreated teenagers with open child welfare cases. The programme also includes group sessions in a workshop format led by professionals in the field, included the following: trust and teamwork, communication skills, problem solving, group community service, sexual health, and programme graduation.	presentations/ interactive activities and shared meals	month programme, 90 min each)	62.5%; male = 37.5%; age average = 14 years old).	t-tests, and logistic regression		and permanency	reported they had achieved permanency thanks to the programme, specifically those living with kin, 63.6% of the, youth in relative care had over five times the odds of achieving permanency as those in non-relative care.

Only four studies included children in care in their samples out of which two had a sample size of less than 50 children in care, one had a sample size between 50 and 100 (Taussig et al., 2020), and one had a sample size of more than 500 (Feldman & Fertig, 2013).

Regarding the three studies that distinguish kinship care from non-kinship care in their results (n = 3) (see Table 1), the sample sizes for kinship caregivers or youth in kinship care were small compared to the other typologies of foster care. Two studies had sample sizes of less than 50 participants, and one study had a sample size between 50 and 100 (Taussig et al., 2020).

3.1.3. Data analysis methods

The most used statistical method for assessing the effect of the interventions was *t*-test (n = 6; 46,15%) for the entire sample of 13 studies. *T*-test was used in three randomised control trial (RCT) studies, in two pre-experimental studies, and one experimental design study. Other statistical methods used in the 13 studies were Chi-square (n = 6), regression analysis (n = 4), and ANOVA (n = 3). Finally, the least used statistical methods in the sample were partial eta squared (n = 2), attrition analysis (n = 2), MANOVA, RM-MANOVA (Murray et al., 2019), ANCOVA (Pasalich et al., 2021), univariate repeated measures (Vacha-haase et al., 2000), Fisher's, Phi coefficient (Pasalich et al., 2021), and one-tailed probability test (Strozier et al., 2005). Two studies used univariate and descriptive analysis (Vacha-haase et al., 2000; Taussig et al., 2020).

From the three out of 13 studies that used qualitative designs, the method used was content analysis through coding scheme for qualitative data (n = 3).

3.2. Overview of interventions

3.2.1. Target of intervention

The sample studies have been distributed in two blocks based on whether they focused on kinship care exclusively (n = 10) or if they separated kin and non-kinship care in their results (n = 3) (see Table 1). The most common target in studies that focused only on kinship care placements was kinship caregivers (n = 6; 46.15%). Additionally, three interventions were aimed at grandparents, and one towards grandmothers. Contrarily, in the subsample of studies that separated kin and non-kinship care in their results, two out of the three interventions were addressed to kin and non-kinship caregivers (Sullivan et al., 2016; Murray et al., 2019), and one was a youth-in-foster-care-directed intervention (Taussig et al., 2020).

From the entire sample of the included studies (n = 13) pertaining to the inclusion of children and youth as a target of intervention, four included children in kinship care for the intervention. From these four interventions, the one directed to grandparents also included grandchildren as a target of intervention (Duquin et al., 2004).

The review also analysed the number of shared or concurrently separated kinship caregivers and youth in kinship care activities or group sessions. From the four interventions that included children and youth as a target of intervention, two ran shared kinship caregivers and youth in kinship care activities and concurrently separated activities or group sessions (Duquin et al., 2004; Rushovich et al., 2017). The two remaining interventions ran concurrently separated youth-in-kinship-care activities or group sessions (Strozier et al., 2005; Feldman & Fertig, 2013).

3.2.2. Format of intervention

This review is focused on the group intervention format, either functioning singularly or combined with other formats of intervention. More than half of the assessed interventions (n = 7; 53.84%) showcased only the group intervention format. The rest of the assessed interventions (n = 6; 46.15%) combined group intervention format with other formats of intervention. Two interventions combined case management with group intervention (n = 2), one intervention combined mentoring, tutoring, group intervention, individual intervention, and case management (Strozier et al., 2005), and one intervention combined mentoring and group intervention (Taussig et al., 2020).

3.2.3. Contents of intervention

Contents of intervention are diverse in the sample studies. Overall, the focus of interventions is on developing parenting skills, improving the relationship between the kinship caregivers and youth in care, and connecting kinship caregivers to the community's resources and services to achieve social support according to the needs associated to kinship care. We identified two approaches relating to the contents developed in the assessed interventions: training in parenting skills, and assessment of needs linked with service provision and facilitating social support networks.

Most of the assessed interventions focused on providing training in parenting skills (n = 9; 69.23%). In this group of interventions, two specific subcategories can be identified: general parenting skills interventions, and specific parenting skills regarding specific kinship care circumstances (e.g.: kin children with developmental delays and disabilities, and trauma-informed parenting skills). Five interventions (n = 5) are focused on training in parenting skills, such as the Learning Programme for Kinship Foster Families (LPKFF) (Fuentes-Peláez et al., 2014)—an educational group support programme to increase personal and parental skills, and achieve family resilience. Smith et al. (2016) evaluated three psychosocial parenting interventions aimed to train kinship caregivers on such topics as self-care, children's health, and behaviour management. Other interventions that included parenting skills in their contents are Second Time Around – Grandparents Raising Grandchildren (Vacha-haase et al., 2000), a psychoeducational group intervention which encompasses a multidisciplinary approach to treatment including parenting skills; Generations Together (Duquin et al., 2004), a health and wellness programme for custodial grandparents which included parenting education groups focused on developing parenting skills; and Kinship Care Connection (KCC) (Strozier et al., 2005) a school-based intervention designed to improve child self-esteem and mediate caregiver burden offering to kinship caregivers training in child behaviour management, self-advocacy, emotional support, school issues, and provider issues. Furthermore, two specific approached can be identified in kinship care inside the group of interventions based on parenting skills: (1) interventions focused on developing parenting skills to raise kin youths with developmental delays and disabilities (McCallion et al., 2004), and (2) interventions focused on developing parenting skills from an attachment- and trauma-focused parenting approach (Sullivan et al., 2016; Murray et al., 2019; Pasalich et al., 2021). The intervention evaluated by McCallion et al. (2004) is focused on developing parenting skills for raising custodial grandchildren with developmental delays and disabilities. The intervention introduced topics such as developmental delays and disabilities, formal social support, grandchild's education management, youth's developmental characteristics, behaviour management, how to help a child with disability, custody and guardianship, relationship with biological parents, future planning, and self-care. Another specific parenting skills approach is attachment- and trauma-focused parenting approach interventions (n = 3; 23.07%). Two of the reviewed studies assessed The Resource Parent Curriculum (RPC) designed to promote trauma-informed parenting to children who have been placed in out-of-home care and experienced traumatic stress (Sullivan et al., 2016; Murray et al., 2019). Another intervention in this group is Connect for Kinship Parents (Connect-KP) (Pasalich et al., 2021) which is an attachment- and trauma-focused intervention focused on strengthening attachment relationships, conflict management, communication, empathy, youth's and family needs management, and promoting resiliency.

Subsequently, interventions focused on an assessment of the needs, service provision, and social support networks (n = 3). In this group of interventions, the most used intervention strategy was the Kinship Navigator Programme (KNP), which was evaluated by two out of 13

reviewed articles (Feldman & Fertig, 2013; Rushovich et al., 2017). The Children's Home Society of New Jersey's enhanced Kinship Navigator Programme (Feldman & Fertig, 2013; Strozier, 2012) is a comprehensive service approach which assesses caregiver needs and provides or refers them to resources and programmes that potentially meet their needs, and boosts social support. Similarly, Kinship Navigator Program (Rushovich et al., 2017) was designed to provide legal, medical and educational related information, and included opportunities for mutual support. Other interventions focused on connecting kinship care families to the social support community network according to their needs as the one evaluated by Strozier (2012), which is a community-based family support programme aimed to provide a coordinated network of services that are timely and culturally appropriate, and designed to meet their individual needs.

Lastly, two studies focused on other specific contents. One intervention included health and wellness training for grandparents raising grandchildren (Duquin et al., 2004). The programme is based on health, exercise, nutrition, stress management, and wellness from a holistic approach. And another study evaluated Fostering Healthy Futures for Teens (FHF-T) (Taussig et al., 2020), which is centred on training youth with open child welfare cases directed intervention in trust and teamwork skills, communication skills, problem solving skills, group community service, sexual health, and school programme graduation.

3.2.4. Group intervention characteristics

About six of the 13 studies (n = 6; 46.15%) indicated the group size of interventions. Among these, the group size ranged between 6 and 18 participants. Three out of the six assessed interventions had a group size of less than 10 participants, two out of the six had a group size between 11 and 15 participants, and one out of the six had a group size between 16 and 20 participants.

Relating to the length of the group intervention, ten out of 13 studies indicated the number of group sessions conducted. The number of sessions ranged between six and 12 sessions. Eight out of the ten interventions had between 6 and 10 group sessions, and two out of the ten had between 11 and 15 group sessions. Only five out of the 13 studies indicated the duration of each group session. The duration of each group session ranged between 90 min and four hours. Two out of the five assessed interventions had a time length of 90 min, and two out of the five had a time length of two hours. One intervention had a time length of four hours (Duquin et al., 2004). Additionally, five out of the 13 studies indicated the frequency of group meetings; the most common frequency was once week (n = 4; 80.0%), and one intervention had a monthly group meeting frequency (Strozier, 2012).

Pertaining to the activities and strategies used in group sessions, ten of the 13 studies (n = 10; 77.0%) described the specific activities and strategies used. Overall, the most used activities in all the ten studies were interactive activities that promote social learning, such as group discussion (n = 6), mutual support activities (n = 3), role-playings (n = 3), brainstorming (n = 2), shared meals (n = 2), teamworking activities (n = 2), case study (n = 2), and other interactive activities (n = 4). Subsequently, informational presentations had been included in five studies (n = 5) combined with interactive activities.

3.3. Effectiveness of the interventions

3.3.1. Kinship caregiver's outcomes

Overall, the most evaluated kinship caregiver's outcomes are related to youth's behaviour management, self-efficacy or parenting efficacy, social support (either formal or informal), and stress or depression levels. Additionally, three major sections of assessed outcomes can be identified: 1) outcomes related to parenting skills, 2) outcomes related to resources management, and 3) outcomes related to the development of intervention. Regarding parenting related outcomes, twelve out of 13 reviewed studies (n = 12; 92.3%) assessed the following: appropriate parenting expectations and roles, empathy, autonomy, stress or depression levels, spiritual well-being, social support (either formal or informal), home life, relationship with kin youth, youth's behaviour and emotional management, resilience, sense of empowerment, parenting skills and skills related to trauma-informed parenting, self-advocacy, and school and community relationship management. Relating to resources management related outcomes, three studies (n = 3) evaluated financial resources (Feldman & Fertig, 2013), service provision (Strozier et al., 2005) and legal management (Vacha-haase et al., 2000). Lastly, considering the development of intervention related outcomes, two studies (n = 2) also evaluated outcomes related to the development of the intervention, such as engagement (Smith et al., 2016), treatment compliance, and intervention satisfaction (Feldman & Fertig, 2013; Smith et al., 2016).

Nine out of the 13 studies (n = 9; 69.23%) identified statistically significant improvements in kinship caregivers' outcomes. From these nine studies, five reported improvements in parenting skills (Vacha-haase et al., 2000; Strozier et al., 2005; Sullivan et al., 2016; Murray et al., 2019; Pasalich et al., 2021), two studies reported a significant reduction in stress and depression symptoms (McCallion et al., 2004; Pasalich et al., 2021), one study reported a significant increase in social support (Strozier, 2012), and one study identified a significant drop out in kinship caregivers' needs (Feldman & Fertig, 2013) after the intervention.

The most important improvement in the three qualitative studies concerned the formal social support of kinship caregivers. They confirmed that after participating in the intervention, they were more aware of the resources available in the network of formal services to meet their needs (Duquin et al., 2004; Fuentes-Peláez et al., 2014; Rushovich et al., 2017). Other improvements identified through qualitative data are using nutritional information provided, positive changes in the home life, increasing in informal support network, stress management, greater understanding of kin children, spiritual well-being (Duquin et al., 2004), initiative to seek solutions and the motivation to take steps to change family dynamics (Fuentes-Peláez et al., 2014), and managing legal issues on establishing legal custody or guardianship (Rushovich et al., 2017).

Four studies stated failure in achieving improvements in specific kinship caregivers' outcomes. Feldman and Fertig (2013) found that the intervention had no significant impact in increasing social support and reducing caregiver stress levels. Strozier et al. (2005) did not identify significant improvements in kin youth's behaviour management and provider issues. Vacha-haase et al. (2000) reported that legal issues management ranked the lowest in participant achievement. In addition, one qualitative research designed study (Fuentes-Peláez et al., 2014) reported that kinship caregivers kept identifying a need to increase informal support after participating in the intervention. Similar to this previous result, Strozier (2012) did not identify an increase in informal support by participating in support groups.

Table 2 shows a cross-tabulation of group intervention characteristics and significant improvements in kinship caregivers' outcomes. Kinship caregivers' improvements in parenting skills (n = 6) are common only in the group intervention format (n = 4), the target of each session were only kinship caregivers (n = 5), had a content based in parenting skills (n = 6), a group size of less than ten participants (n = 4), a length of six to ten group sessions (n = 5), and a meeting group session frequency of once a week (n = 4). The most common group intervention characteristics in interventions that reported significant improvements in social support outcome (n = 5) were group intervention combined with case management (n = 3), had content based on training parenting skills (n = 3) and needs assessment, service provision and social support networks (n = 2), and had a group size of 11–15 participants (n = 2).

The improvements for the rest of the outcomes (stress and depression symptoms and economical and material resources provision) reported heterogeneous group intervention characteristics due to the small sample of studies. Additionally, some studies did not indicate the specific group intervention characteristics (see Table 2).

Table 2
Cross-tabulation of group intervention characteristics and improvements in kinship caregivers' outcomes.

Group intervention characteristics	*Improvements in kinship caregivers' outcomes*			
	Parenting skills (n = 6)	*Social support (n = 5)*	*Stress and depression symptoms (n = 2)*	*Economical and material resources provision (n = 1)*
Format/ setting of intervention				
Group intervention (only)	4	2	1	0
Group intervention and case management	1	3	1	1
Group intervention and mentoring	0	0	0	0
Group intervention, mentoring, tutoring, individual intervention, case management	1	0	0	0
Target of the sessions				
Kinship caregivers directed sessions	5	3	2	0
Kinship caregivers and kin youths shared sessions	0	0	0	0
Kinship caregivers and kin youths concurrently separated sessions	1	0	0	1
Kinship caregivers and kin youths shared sessions and concurrently separated sessions	0	2	0	0
Contents of intervention				
Training in parenting skills	2	2	1	0
Trauma-informed parenting skills	3	0	1	0
Parenting skills focused on developmental delays and disabilities	1	1	0	0
Need's assessment, service provision and social support networks	0	2	0	1
Group size				
Less than 10 participants	4	1	2	0
11 – 15 participants	0	2	0	0
16 – 20 participants	0	1	0	0
Length				
6–10 group sessions	5	2	2	0
11–15 group sessions	0	2	0	0
Duration				
90 min	2	1	1	0
2 h	1	0	0	0
4 h	0	1	0	0
Frequency				
Once a week	4	1	1	0
Once a month	0	1	0	0

3.3.2. Youth in kinship care outcomes

The outcomes of youth in kinship care varied across the sample. Five out of the 13 studies (n = 5; 38.46%) assessed the impact of interventions in the following youth in kinship care outcomes: relationship with peers (Strozier et al., 2005; Rushovich et al., 2017), home and school related self-esteem (Strozier et al., 2005), behavioural and emotional adjustment (Pasalich et al., 2021), attachment insecurity (Pasalich et al., 2021), child behaviour (Feldman & Fertig, 2013), and permanency of the kinship care placement (Taussig et al., 2020; Pasalich et al., 2021).

Most of the studies reported significant improvements in the assessed outcomes. Nevertheless, Feldman and Fertig (2013) did not identify significant improvements in child's behaviour.

The cross-tabulation of group intervention characteristics and improvements in youth in kinship care outcomes shows heterogeneous results. The most common group intervention characteristics in studies that reported improvements in youth in kinship care outcomes (n = 4) were interventions with a length of six to ten group sessions (n = 3), with each session lasting for 90 min (n = 2), and had a meeting frequency of once a week (n = 2). For the rest of the group intervention characteristics, the results were dispersed due to a limited sample of one study in each group intervention characteristic (format/setting of intervention, target of the sessions, contents of intervention, and group size).

4. Discussion

4.1. Summary of results

This review aimed to explore the effectiveness of group intervention format and to identify the components that contribute the most to improve the outcomes for kinship caregivers and youth in care. The main aim of the assessed interventions was to improve specific parenting skills to foster youth in kinship care and increase social support networks to meet kinship care family's needs. This result is relevant considering that the primary challenges faced by kinship caregivers relate to the implementation of parenting skills to foster adolescents who experienced trauma (Mateos et al., 2012; Lin, 2014; Mnisi & Botha, 2016; Sattler et al., 2018), and to increase social support networks to face isolation and poor social support networks in kinship care families (Scannapieco et al., 1997; Amorós & Fuentes-Peláez, 2004; Montserrat, 2006; Boetto, 2010; Harnett et al., 2014).

Overall, group intervention format appeared to be beneficial to face the challenges related to parenting skills development and social support in kinship caregivers. This result is consistent with research which indicated that increasing parental skills through group support is beneficial to cope with challenges and stressors related to caregiving role (Vacha-haase et al., 2000; Gerard et al., 2006), and increases informal and formal social support in kinship care families (McCallion et al., 2004; Strozier, 2012; Fuentes-Peláez et al., 2014), in fact kinship caregivers recognised support groups as a form of social support by itself (Gerard et al., 2006).

Parenting skills improvements take place specially if sessions are directed to kinship caregivers only, are focused on training parenting skills, the group size is less than ten participants, group sessions are between six and ten (90 min/session) once a week, and implement group discussion activities (Vacha-haase et al., 2000; McCallion et al., 2004; Murray et al., 2019; Pasalich et al., 2021). The social support improvements take place in the same group intervention's characteristics as parenting skills improvements; however, these improvements are likely common when case management and group interventions are combined (McCallion et al., 2004; Strozier, 2012; Rushovich et al., 2017). This might occur because case management as an intervention format aimed at providing a coordinated network of services for kinship caregivers, including individual and group interventions, to gain self-sufficiency and stability. This result also confirms the complementarity of individual and group intervention to guarantee kinship care families' well-being. Schure et al. (2006) affirmed that caregivers found individual and group support helpful and beneficial; individual support offers individualised attention to specific problems, and group support promotes other benefits such as feeling supported by other caregivers

and exchanging strategies that might help cope with stressors and challenges.

Strozier (2012) proved the effectiveness of support groups in increasing social support among kinship caregivers. Results indicated that kinship caregivers attending support groups were more likely to increase formal social support, which could be influenced by providing professional presentations given by community members during group sessions. Nevertheless, informal social support appeared to be a challenging outcome to achieve through group interventions. Two out of the five reviewed studies that assessed social support indicated that formal social support was achieved through group intervention compared to informal social support (Strozier, 2012; Fuentes-Peláez et al., 2014).

Third, some studies presented mixed results in achieving all kinship caregivers and youth in kinship care outcomes, showing improvements in one outcome but not in the other (Vacha-haase et al., 2000; Strozier et al., 2005; Feldman & Fertig, 2013; Fuentes-Peláez et al., 2014). This result is consistent with the latest review by Wu et al. (2020). Despite representing these outcomes in the intervention contents and aims, they are still not being achieved. For example, two studies (Strozier, 2012; Fuentes-Peláez et al., 2014) reported no increase in informal social support compared to formal social support. To identify which factors are impeding the achievement of these outcomes, it would be necessary to analyse specifically how these outcomes are being implemented in the intervention and identify other factors associated with the context of intervention (e.g.: participants, professionals, etc.). Another reason could be that some outcomes might start manifesting at a time after the intervention finalisation (e.g.: stress levels, social support, behaviour management, etc.). Therefore, the improvements cannot be perceived immediately after. Further studies should run follow-up evaluations months after the completion of the intervention to be able to perceive these improvements in kinship care outcomes. Nevertheless, these findings also indicate that meeting all the outcomes in kinship-care-directed-interventions is still challenging.

Fourth, despite the small sample of studies that assessed youth in kinship care outcomes, group intervention appeared to be a type of format that benefits relationships with peers, especially in specific youth's directed groups/sessions (Strozier et al., 2005; Rushovich et al., 2017), and permanency of kinship care placement, especially when interventions promote social skills such us communication and problem solving (Taussig et al., 2020; Pasalich et al., 2021). Promoting social skills may improve the relationship between kinship caregivers and kin youth, which in turn increases the stability of the placement (Mateos et al., 2015).

Though most of the assessed studies were directed to kinship caregivers, the interventions still had a positive impact on youth in kinship care outcomes. This result may demonstrate that improvements in kinship caregiver skills positively impact youth in kinship care outcomes and vice versa. The study by Pasalich et al. (2021) shows that after participating in the programme, kinship caregivers showed lower levels of caregiver strain and psychological aggression, and higher levels of competence, while the youth reported a significantly lower level of affect suppression, lower scores of affects dyscontrol, and higher scores of prosocial behaviours even though they did not participate in the programme. Subsequently, studies that included youth in kinship care as participants also showed improvements in kinship caregivers and youth in kinship care outcomes (Strozier et al., 2005; Rushovich et al., 2017). Currently, new generation programmes, called *third generation programmes*, are including children and youth in the interventions through shared sessions with their caregivers to improve the quality of family functioning conceiving it as a system (Martin-Quintana et al., 2009). Further research should assess the effect of third generation programmes on youth and kinship caregivers' outcomes, compared to programmes that do not include youth and kinship caregivers' shared sessions.

4.2. Limitations of existing literature on interventions aimed at kinship care, and future directions

First, the studies mostly included the sample that assessed interventions performed in United States, leaving just two interventions from other countries like Spain (Fuentes-Peláez et al., 2014) and Australia (Pasalich et al., 2021). To design effective and evidence-based interventions that respond to the cultural factors and diversity of each country properly, further international intervention evaluations should be conducted. This finding is consistent with the systematic review of Wu et al. (2020).

Second, most of the included studies performed quantitative research designs (pre-experimental, experimental, and RCT), and just a few included qualitative data or combined various methods. In this systematic review, no research design exclusion criteria were established to include qualitative and mixed method designed studies and understand results more comprehensively instead of just concluding if the intervention is effective at specific outcomes, as suggested by Wu et al. (2020).

Third, despite research stating that kinship caregivers face specific challenges due to the particularities of kinship care families compared to other types of family-based care placements (Montserrat, 2006; Montserrat & Casas, 2006; Leder et al., 2007; Harnett et al., 2014; Sattler et al., 2018), interventions exclusively aimed at kinship care are still scant. During the review process, 22 eligible studies out of 59 studies (37,28%) were excluded because interventions were directed to both kin and non-kinship care, or they were exclusively directed to non-kinship care (see Fig. 1). Historically, kinship foster caregivers are more likely to become carers to attend to the needs of a family member (sibling, nephew, or grandchildren); however, these caregivers receive less if any training or formal support than non-kinship foster caregivers who actively choose to become carers as a vocation and are therefore assessed, trained, and monitored by social services (Zuchowski et al., 2019). Future interventions aimed to meet the unique needs and particularities of kinship care families should be designed.

Fourth, from those research that caters to the age of looked-after children that these interventions respond to, most of them encompassed "toddlers" or young children until pre-adolescent stages, or they included young children, pre-adolescents, and adolescents in the same sample of participants. To illustrate this result, nine interventions (69.23%) in the 13 included studies were aimed at kinship caregivers fostering children at any age, normally from early childhood to adolescence (46.15%). Contrarily, only four interventions (30.77%) were directed to kinship caregivers fostering youths. Research confirmed the specific challenges associated to fostering adolescents, especially in kinship care placements (Liu et al., 2014; Sattler et al., 2018; Jedwab et al., 2019; Dubois-Comtois et al., 2021). Therefore, evidence-based interventions on meeting particular needs and challenges from kinship care families fostering adolescents should be promoted.

Fifth, there is neither consensus on terminology related to the activities and strategies used in the assessed group interventions nor specific programme evaluations related to the effectiveness of the activities used on kinship care outcomes compared to other kinds of activities. This affects the comparison across studies, consensus in the results, and generalisation of conclusions. Therefore, to develop effective programmes for meeting kinship caregivers and youth in kinship care outcomes, it would be necessary to analyse how kinship care outcomes are being pedagogically addressed in group interventions.

Lastly, only five out of 13 studies assessed the impact of interventions on youth in kinship care outcomes. The scarcity of data affected the comparison across studies as well as consensus in the results to achieve generalisation. Perhaps, one of the reasons for not assessing youth in kinship care outcomes is that most studies evaluated informal kinship caregivers who did not have legal custody over the youth yet. Therefore, researchers where not legally allowed to apply tests and collect data

directly from youth in kinship care (Duquin et al., 2004). Even so, to assess the effectiveness of interventions in improving children and youth in kinship care outcomes, it is necessary to increase their inclusion in further studies.

5. Limitations

The results from this review should be interpreted within its limitations, such as publication and database bias. First, the reduced sample of studies, and the variability in the intervention components between studies makes the generalisation of conclusions difficult. Furthermore, this limitation stated the lack of studies focused on evaluating the specific intervention effects on kinship care outcomes. This result should encourage academia to run specific evaluations of interventions addressed to kinship care. Second, the focus of the review was group interventions aimed at kinship caregivers fostering children in adolescence. This inclusion criteria may have affected the sample size of included studies. Third, relevant articles might be missing due to the search items used and consulted databases. Fourth, some studies did not detail all the intervention components, therefore, it affected the comparison across studies and consensus in the results. Further research should describe the intervention components to assess their effectiveness in kinship care outcomes.

6. Conclusions

This study reviewed group interventions aimed at kinship caregivers raising children in kinship care at adolescent age and identified their effect on kinship caregivers and youth in kinship care outcomes. The study provided valuable information about which group intervention characteristics are more likely to promote improvements in kinship caregivers and youth in kinship care outcomes. Additionally, group interventions are beneficial to improve parenting skills and social support in kinship care families. These findings should be considered in designing future group interventions aimed at kinship care families.

The study also identified further research directions to improve group interventions aimed at kinship care. Further studies should assess the effect in kinship care outcomes of youth and kinship caregivers shared group interventions compared to not including youth in kinship care in group interventions. Second, to design effective and evidence-based interventions that respond to the cultural factors and diversity of each country properly, further international intervention assessments should be conducted. Third, we should include qualitative data in future studies to achieve a more comprehensive perspective of the impact of interventions aimed at kinship caregivers and youth in kinship care. Fourth, future interventions aimed to meet the unique needs and challenges of kinship care placements should be designed, and especially those focused on kinship caregivers fostering children at adolescent age. Fifth, to be able to assess the effectiveness of interventions at improving children and youth in kinship care outcomes, it is necessary to increase their inclusion in further studies. Responding to these knowledge gaps will increase the effectiveness of group interventions aimed at this target of population and outline orientations for child welfare practices for kinship care. However, this systematic review identified existing group interventions effective at improving parenting skills and social support in kinship caregivers, personal and social skills, and the placement permanency of youth in kinship care. Child welfare policies and programmes can benefit from these group interventions to address these outcomes.

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Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Data availability

No data was used for the research described in the article.

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