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# A feasibility study of **KINSHIP CARE MEDIATION**

 **Foundations**

What Works Centre for Children & Families

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## Funding and competing interests

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## About Foundations, the national What Works Centre for Children & Families

Foundations, the national What Works Centre for Children & Families, believes all children should have the foundational relationships they need to thrive in life. By researching and evaluating the effectiveness of family support services and interventions, Foundations is generating the actionable evidence needed to improve them, so more vulnerable children can live safely and happily at home with the foundations they need to reach their full potential.

## About Coram

Coram is the first and longest-continuing children's charity, established as The Foundling Hospital –the birthplace of children's social care – in 1739. Coram's vision for children is a society where every child has the best possible chance in life, regardless of their background or circumstances and the Coram Institute for Children is instrumental in realising this vision by turning insight into impact.

## About Family Solutions

Founded in 2007, Family Solutions is a multi-disciplinary team of specialist family law professionals dedicated to helping separating couples and families find ways of moving forward with their lives, with the least conflict possible. Family Solutions has six offices across Hampshire, mediates about 600 separated couples each year, and offers legal aid mediation.



# ABBREVIATIONS & ACRONYMS

Abbreviation / acronym	Description
ASGSF	Adoption and Special Guardianship Support Fund
Cafcass	Children and Family Court Advisory and Support Service
CAMHS	Child and Adolescent Mental Health Services
CAO	Child Arrangements Order
CEYP	Care experienced young people
DfE	Department for Education
DPIA	Data protection impact assessment
FGC	Family Group Conference
LA	Local authority
MIAM	Mediation Information and Assessment Meeting
SEND	Special educational needs and disability
SGO	Special Guardianship Order
TIDierR	Template for Intervention Description and Replication



# CONTENTS

<b>Abbreviations &amp; acronyms .....</b>	<b>3</b>
<b>Executive summary .....</b>	<b>5</b>
<b>Introduction .....</b>	<b>13</b>
<b>The intervention .....</b>	<b>17</b>
Introduction to Family Solutions .....	17
Previous intervention development .....	17
A TIDieR checklist.....	17
Intervention logic model.....	21
Why offer mediation training to referring professionals? .....	22
What is a MIAM? .....	22
What is a child consultation?.....	22
<b>Feasibility study .....</b>	<b>23</b>
Study rationale and aims .....	23
Research questions.....	23
Methodology.....	24
<b>Key findings .....</b>	<b>35</b>
Research question 1: To what extent is the kinship mediation intervention well specified and feasible to deliver?.....	35
Research question 2: Who did the intervention reach and how should the intervention be developed, scaled up, and replicated in future? .....	46
Research question 3: Are there signs that the intervention is achieving the outcomes listed in the logic model?.....	70
Research question 4: How should the intervention be evaluated in future? .....	77
<b>Limitations .....</b>	<b>91</b>
Absence of child and young person voice.....	91
Limited and self-selecting sample .....	91
Lack of suitable outcomes data.....	91
<b>Recommendations and next steps .....</b>	<b>92</b>
Implementation and delivery recommendations.....	92
Research recommendations .....	94
<b>Conclusion .....</b>	<b>97</b>
<b>References .....</b>	<b>98</b>
<b>Appendices.....</b>	<b>102</b>



# EXECUTIVE SUMMARY

## Introduction

The kinship care mediation intervention, delivered by Family Solutions, was offered for free to 20 kinship families across five local authority areas in the South of England from September 2023 to March 2025. The intervention included an individual Mediation Information and Assessment Meeting (MIAM)<sup>1</sup> with each participant and followed by up to four mediation sessions. A trained and accredited Family Solutions mediator delivered the MIAM and the mediation sessions.

Mediation is a confidential process in which a neutral third person (the mediator) supports participants to make mutually acceptable decisions and arrangements for their future. An intervention applying the mediation approach was selected to support kinship families to navigate the complex family dynamics and acrimonious relationships that can exist between kinship carers and birth parents (Selwyn et al., 2013) and the subsequent negative effect this can have on children's long-term outcomes (DWP, 2021). Mediation can be an effective approach to facilitate communication and help resolve disputes. This model used mediation with additional support for participants to improve their communication, manage conflict more effectively, learn positive parenting techniques, and understand the impact of conflict and trauma on children.

Delivering a mediation service specifically for kinship carers was a novel application of the mediation approach. Consequently, the scale and geographical scope of delivery was small. To understand the feasibility of implementing this model with kinship carers and the feasibility of a future impact evaluation, Foundations commissioned Coram to conduct a feasibility study from March 2023 to April 2025.

The feasibility study aimed to contribute to developing the evidence base on which interventions and support can work best for kinship carers, family members, and children in kinship care. It also aimed to provide evidence on how the kinship care mediation intervention could be developed and scaled and whether it can be evaluated on a larger scale in the future. Our main research questions were:

1. To what extent is the kinship care mediation intervention well specified and feasible to deliver?

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<sup>1</sup> A Mediation Information and Assessment Meeting (MIAM) is a meeting with each individual planning to take part in mediation sessions. At the meeting, which lasts about one hour, information about the mediation process is provided along with a discussion about the issues the person is experiencing. A MIAM must be completed before attending mediation sessions. In this project at the MIAM an explanation was given about voluntary and confidential nature of the mediation process, the time commitment, number of visits, data storage and future usage plans, consent to evaluation, identity check, screening for suitability (domestic violence including emotional abuse), information about alternative dispute resolution (mediation, collaborative law, arbitration), and how to obtain legal advice.





2. Who did the intervention reach and how should the intervention be developed, scaled up, and replicated in future?
3. Are there signs that the intervention is achieving the outcomes listed in the logic model (evidence of promise)?
4. How should the intervention be evaluated in future?

## Methods

For this mixed-methods study we:

- Interviewed 22 participants: seven kinship carers, five birth parents, six referring professionals, three mediators, and the project manager
- Observed two MIAMs
- Analysed administrative data provided for 94 adults who made up the caseload of 51 referrals into the service, including four Family Mediation Scales and one feedback form
- Analysed 125 to 130 responses to a training feedback survey and observed three training sessions (two online, one in-person) delivered to referring professionals
- Reviewed mediator case summaries for eight cases (containing 18 session summaries).

## Key findings

### Feasibility and acceptability of intervention delivery

The Family Solutions kinship care mediation intervention received 51 referrals to the service and delivered mediation sessions to 17 kinship care families between 1 September 2023 and 31 March 2025, achieving 85% of the study's delivery target of 20 families. Mediators delivered 76 MIAMs to 76 adults and 41 joint mediation sessions. Approximately three-quarters (73%) of cases were referred to the service by a local authority social worker. Three of the 17 cases that proceeded to mediation (18%) received a child consultation session.<sup>2</sup> These consultations were delivered to four children aged 12 to 15 years.

Family Solutions ran four online and one in-person training sessions for 130 professionals across three referring local authority areas. Training was received positively from attendees who reported improved understanding about mediation and greater confidence to appropriately refer kinship families to the service. Mediators deemed 88% of the referrals to the kinship mediation service as suitable for mediation.

The Family Solutions kinship mediation intervention was perceived as distinct from other services in the local areas by interviewees and regarded as highly credible. Findings from the interviews indicate signs that the intervention is achieving the outcomes listed in the logic model, specifically

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<sup>2</sup> A child consultation involves the child talking in-person with a trained mediator separately to the adults who care for them.



those relating to improved communication and reduced levels of conflict between parents and kinship carers.

Coram successfully conducted a feasibility study of the intervention and developed a set of recommendations for delivery and future evaluation studies.

## **Signs of promise**

There were many signs that the Family Solutions kinship care mediation intervention achieved the intended outcomes set out in the logic model. This was evidenced in our interviews with kinship carers, parents, and referring professionals.

### **Improved communication, reduced conflict, and better contact arrangements**

The study's findings demonstrate that the intervention has potential to improve communication and reduce conflict between kinship carers and birth parents. Kinship carers, parents, mediators, and referring professionals described positive shifts in kinship family dynamics following mediation during interviews.

Kinship carers who were interviewed reported entering mediation to address issues such as irregular contact, inconsistent parenting across households, or to avoid returning to court. As a result of mediation, kinship families were often able to establish clearer and more predictable contact arrangements, agree on shared rules and routines, and streamline their communication. Kinship carers appreciated having written plans from mediation sessions which helped to reduce misunderstandings and improve follow-through with childcare commitments. Kinship carers also described learning practical communication tools during mediation, which helped them manage conflict and keep conversations focused on the child's needs. Even where challenges remained, participants reported small but meaningful steps forward, making mediation a welcome alternative to more adversarial routes.

Birth parents we interviewed also reported improvements in communication and conflict resolution following mediation. Several described entering mediation at a breaking point in their relationship with the kinship carer, including long periods of no contact. Mediation created a safe space where they could begin to rebuild dialogue and, in some cases, start working more collaboratively with the kinship carer. For some, this translated into better communication and increased or more structured contact time with the child. Parents shared examples of applying new conflict management techniques and feeling more confident in their ability to co-parent.

Referring professionals supported these findings, observing improved cooperation, greater emotional relief for kinship families, and clearer roles and expectations. They also noted that even modest improvements helped lay important groundwork for future progress.



## **Barriers to implementation and delivery**

### **A lack of support to birth parents was a perceived barrier to intervention uptake and engagement**

During our interviews with mediators and referring professionals, there was a noted lack of support for birth parents in terms of professionals involved in their lives encouraging and helping them to engage with the kinship mediation study. It was suggested that this lack of support prevented birth parents from taking up the offer and engaging or even hearing about the offer in the first place. During interviews, birth parents talked about their anxiety to engage in the mediation service relating to previous experiences with the kinship carer(s) and some inaccurate perceptions about mediation.

### **Past conflict and the relationship between kinship carer and birth parent was a perceived barrier to intervention uptake and engagement**

Some birth parents expressed in interviews that the nature of their relationship with the kinship carer(s) was a big barrier for them. Sometimes this also involved disengagement on the part of the kinship carer. Some birth parents felt very worried about engaging with kinship carers, because of past conflicts and negative experiences.

## **Facilitators to implementation and delivery**

### **The Family Solutions team's supportive and flexible approach helped kinship carers and birth parents engage with the service once referred**

Kinship carers and birth parents commented in interviews on the organisation's overall warm and friendly approach. Many noted how responsive and accommodating the team were. Birth parents and kinship carers thought highly of the service and felt that, in mediation sessions, they were listened to and were able to express their point of view. Kinship carer and birth parent interviewees also discussed the mediators' warm and friendly approaches, which helped parents and kinship carers feel listened to and supported. The mediators provided time and space for all opinions and feelings the different parties had in the mediation sessions to be voiced and heard. Kinship carers talked about how this helped them to hear and understand different viewpoints (which had typically never happened with the other party before). This helped them make steps towards finding a solution to the disputes that they were having.

### **Mediation sessions being offered both online and in-person was helpful to enable people to attend according to their individual needs**

The parents and kinship carers we interviewed had completed mediation sessions via Zoom and in-person. Several kinship carers discussed how holding the sessions online contributed to them feeling more relaxed, as it created some distance between them and the other participant(s) and helped to reduce any confrontational feelings. Parents also felt that having different options for how sessions were held worked well in terms of logistics and options such as virtual and shuttle





mediation (where parties are in separate rooms and the mediator goes backwards and forwards between the two rooms) gave them a sense of control over sessions.

### **Access to a free and affordable mediation service was an important facilitator**

Knowing that mediation was funded was welcomed by referring professionals and helped birth parents and kinship carers to engage by removing any financial stress or pressure.

## **Barriers and facilitators to the feasibility study**

### **Challenges with the use of the Family Mediation Scale**

One important barrier was the challenge families experienced when completing the Family Mediation Scale, which was ultimately found to be an unacceptable outcome measure in this context. Mediators reported that its use disrupted the flow of the mediation process and caused friction between mediation parties. This highlights the tension between the need for a standardised outcome measure and the need to maintain a supportive and non-intrusive mediation environment. The scale is not suitable for ongoing use in this setting.

### **Limitations in routine local authority data**

The limited availability of outcome data from local authorities was another barrier. Local authority data systems did not routinely capture outcome data for kinship carers that could be used in place of self-reported data in a future evaluation. This made it difficult to assess changes over time without placing additional demands on mediation participants.

### **Adaptation in observations**

Observing joint mediation sessions was deemed infeasible by the mediation team and participants, largely due to concerns about confidentiality and the potential impact on the mediation space. However, the evaluation team adapted by attending two online MIAMs. These sessions were more acceptable to all involved and still allowed the researchers to gain insight into the mediation process and participant engagement, albeit in a more limited context.

### **Successes in qualitative data collection**

Despite these barriers, the qualitative methods used were highly effective. Interviews with kinship carers and birth parents were a successful component of the evaluation. These conversations provided rich insights into participants' experiences and the perceived impact of the mediation process. Repeat interviews were especially valuable: they not only allowed the research team to track changes over time but also supported the development of rapport with participants – crucial in working with individuals who may be dealing with high levels of stress or instability in their personal lives. Given the difficulty in reaching a broad sample of kinship carers and parents, repeat interviews also offered a practical way to gather more detailed data from a smaller, engaged group of participants.



# Recommendations and next steps

## Implementation and delivery recommendations

Based on our findings from this feasibility study we have made 10 detailed recommendations about how the kinship care mediation service can be strengthened and effectively rolled out in the future. These recommendations are summarised below.

### **1. Raise awareness and debunk preconceptions of mediation**

To support wider uptake of the mediation service, we recommend continued active promotion, particularly using positive feedback from kinship carers and birth parents who have already participated. Several interviewees noted that low awareness and misconceptions about mediation, such as fears it would be confrontational, could deter families from engaging.

### **2. Support birth parents more effectively to increase their understanding and engagement with the intervention**

A recurring theme was the need for more strategies to engage birth parents with the mediation service. Consideration should be given to who delivers the mediation offer to birth parents, as the person communicating the offer can influence willingness to participate. Offering birth parents the option to bring a supporter to mediation sessions could also make the service more accessible and supportive, especially when birth parents reported high levels of anxiety to attend sessions.

### **3. Refer kinship families to mediation earlier**

It was widely agreed by mediators, referrers, and participants that referring kinship families earlier in the kinship care journey (e.g. pre-SGO) could improve engagement. Earlier referrals mean birth parents may be more likely to feel supported and kinship carers may be more open to finding solutions. The risks of referring into the service earlier, such as unnecessary or inappropriate intervention, and diverting resources away from families that may benefit the most, should be carefully monitored.

### **4. Strengthen multi-professional training and knowledge of mediation with a focus on engagement**

Mediation training delivered to special guardianship support hubs, local authority staff, and professionals across disciplines (including legal) was well received and seen as a key component of the service. To maintain momentum and awareness, this training should be embedded as a regular feature of service delivery, with initial sessions offered at the start of local delivery and follow-up refreshers provided. Training should emphasise the relational work needed before a kinship family is ready for mediation, encouraging professionals to invest time in preparing kinship carers and birth parents.

### **5. Continue the role of the psychotherapist with clear boundaries**



The psychotherapist role introduced in February 2024 played a valuable part in supporting emotionally complex mediation cases, particularly those using shuttle mediation. This role should continue but with role-specific training to ensure alignment with mediation principles.

## **6. Allocate additional resources for engagement**

Engaging kinship families in mediation, especially birth parents, required significant time and persistence. Participants often needed multiple reminders and reassurance about how the process would work. Dedicated administrative capacity to follow up with families could improve attendance and reduce drop-out.

## **7. Provide comprehensive mediator training and supervision**

Delivering mediation in kinship care settings requires specialist skills and preparation. Future rollouts should include clear guidance and structured training for mediators. Training should cover trauma-informed practice, conflict resolution, understanding kinship care and SGO legal contexts, and techniques for maintaining impartiality in emotionally charged situations. Regular supervision is essential to support mediator wellbeing, given the emotional complexity and relational trauma present in many cases.

## **8. Treat the MIAM as a standalone intervention**

Mediators and participants described clear benefits from the MIAM, even when kinship families did not progress to joint mediation. Birth parents often reported feeling listened to and supported for the first time during these sessions. Future delivery should formally treat MIAMs as interventions, including ways to evaluate their standalone impact.

## **9. Consider building in follow-up sessions with participants**

Several interview participants and referring professionals noted that issues could resurface after the initial four mediation sessions. Offering follow-up sessions at three or six months post-final mediation session may help reinforce agreements and prevent breakdowns in arrangements. Extending the offer to six sessions (with the final two as follow-ups) may support families in maintaining the progress made through mediation and adjusting plans as circumstances evolve.

## **10. Tighten eligibility criteria for appropriate referrals**

Future delivery should apply tighter eligibility criteria to ensure the service is offered where it is most likely to be effective. We suggest excluding cases where:

- a.** Birth parents are restricted to in-person contact once a year or less by a court order
- b.** There is a history of severe trauma or neglect that would likely prevent meaningful engagement in mediation.

## **Research recommendations**

We have developed 10 recommendations based on learning from this feasibility study, which we summarise here. These recommendations are intended to inform the design of any future evaluation of the kinship care mediation service. These recommendations focus on strengthening



evaluation methods, improving data collection processes, and enhancing the consistency of the intervention across sites. Overall, we recommend undertaking further feasibility work ahead of moving to an experimental or quasi-experimental evaluation which should:

- Assess outcomes using an uncontrolled pre–post design and undertaking further work to identify a provisional control group. It is important to undertake this work prior to progressing to a pilot randomised controlled trial given the Family Mediation Scale was unacceptable and disrupted the mediation process and that local authorities do not routinely capture outcome data for kinship carers that can be used in place of self-reports.
- Explore the acceptability of randomisation in greater depth with beneficiaries, paying close attention to the safety and acceptability of delayed delivery or non-delivery of mediation (as in a ‘business as usual’ or waitlist control arm).
- Pilot an idiographic measure of progress towards goals which would better reflect how the outcomes kinship families aim to reach can be varied and that meaningful change may be harder to detect on traditional nomothetic quantitative scales.
- Develop methods to assess the impact and participant experience of the MIAM itself.

We also strongly recommend that a future study embeds a participatory approach with children and young people in kinship care. Children and young people should be given the opportunity to meaningfully influence the next stages of evaluating this intervention. Specifically, children and young people who are involved in the kinship mediation intervention should be active participants who contribute insights through qualitative research activities to ensure their voices can be represented. This is an essential part of a future study of the kinship mediation service.



# INTRODUCTION

Kinship families often face high levels of stress and conflict between kinship carers and birth parents, which can negatively impact children's long-term outcomes (Selwyn et al., 2013; DWP, 2021). A mediation intervention, which also supports communication and conflict management techniques, could help families resolve disputes and make shared decisions in the best interests of the child.

The kinship care mediation intervention, delivered by Family Solutions, was offered for free to 20 kinship families from 1 September 2023 to 31 March 2025 (18 months).<sup>3</sup> Family Solutions also offered mediation training to referring professionals about the mediation process and the intervention itself. To understand the feasibility of implementing this intervention and the feasibility of a future impact evaluation, Foundations commissioned Coram to conduct a feasibility study from March 2023 to April 2025.

## Background: Context and rationale

### What is kinship care?

Recently published statutory guidance for local authorities describes kinship care as: “any situation in which a child is being raised in the care of a friend or family member who is not their parent” (Department for Education, 2024a, p.7). The upcoming Children's Wellbeing and Schools Bill will put this definition of kinship carers into the statutory framework for the first time. Kinship care can be on a short-term, long-term, or permanent basis and arrangements can be informal or formalised by a court-issued order.

According to data from the 2021 census, there are around 113,690 children living in kinship care in England (Office for National Statistics, 2023). This represents a 26% decrease in children in kinship care compared to 2011 census data, where this number was estimated to be 152,910 children (Wijedasa, 2015). However, this census figure is likely to be an underestimate of the number of kinship carers in England due to the methodology used.<sup>4</sup> For instance, there are a further estimated 24,000 children living with kinship carers they are not related to, such as family friends, who are not captured in the 2021 census data (Foster & Mackley, 2025). In 2011, this number was estimated to be lower, at around 20,000 children (McGrath & Ashley, 2021).

The majority of kinship care is informal, meaning there is no legal or local authority involvement in the child's care (including private fostering arrangements). Kinship care can be formalised through

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<sup>3</sup> In September 2024, Foundations granted an extension of the delivery of the intervention to 31 March 2025. This was to allow for more time to engage 20 kinship families with the service.

<sup>4</sup> The Office for National Statistics states: “the quality of household relationship data improved in Census 2021, so the 2011 and 2021 estimates cannot be directly compared.” This means that this estimated percentage decrease should be treated with caution, as there are differences in data quality between the 2011 and 2021 census. For example: the 2021 census excluded households with six or more people (because of incomplete data).



a variety of court orders – kinship carers can be kinship foster carers, have a Special Guardianship Order (SGO),<sup>5</sup> or Child Arrangements Order (CAO)<sup>6</sup> (Nandy & Selwyn, 2011; Foster & Mackley, 2025). Between 1 April 2023 and 31 March 2024, the number of children who left the care system under an SGO was 3,860 – the same (3,840) as in 2022/23 (Department for Education, 2024).

Kinship foster care is when a family or friend becomes the approved foster carer for the child in their care, under a Care Order. The number of children living in kinship foster care has been increasing. Kinship foster carers now make up 24% of all foster placements – an increase from 19% from the previous year (2022/23) (Department for Education, 2024).

## Who are kinship carers and kinship children?

Most kinship carers are grandparents (Hunt, 2020), although any other family member or friend can be a kinship carer. According to the 2021 census, most kinship households were reported to be of White ethnicity. However, Black, Asian, or another minority ethnicity, such as Gypsy, Roma, and Traveller families were overrepresented as kinship carers at 21% (Office for National Statistics, 2023). As an indicator, the average age of children who left the care system under an SGO in 2023/24 was six years and two months (Department for Education, 2024).

Most children are living in kinship care because their birth parents were not able to look after them safely (Hunt, 2020). Many children in kinship care have therefore experienced adverse childhood experiences and can face poorer life outcomes than the general population of children (Kinship, 2024). Although kinship children have better average educational outcomes than children in local authority care (Sebba et al., 2015), their educational outcomes are still lower than the general population (Hunt, 2020). Furthermore, children in kinship care can often have physical and mental health needs. The 2021 census (Office for National Statistics, 2023) reported that 12% of all children living in kinship care were disabled compared with 7% of children living with at least one parent.

Kinship carers themselves also face many well-documented challenges, such as personal health difficulties or disabilities, living in poverty, and facing financial difficulties (Gleeson et al., 2016; Harwin et al., 2019; Taylor et al., 2020; Kinship, 2023). The combination of this, along with the pressure of supporting and caring for a kinship child, who often has a complexity of needs, can lead to stress (Harwin et al., 2019).

Despite these needs, it is reported that kinship carers do not always receive the support required to adequately look after their kinship children and a lack support from the local authority and other services (Harwin et al., 2019; McGrath & Ashley, 2021). Furthermore, support across different local authorities for kinship carers can be varied. In particular, there is evidence that Kinship carers

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<sup>5</sup> A Special Guardianship Order (SGO) is an order made by the family court. The person or people named on the SGO will become the child's special guardian. See <https://kinship.org.uk/support-and-advice/advice-and-information/special-guardianship-orders/#what-is-a-special-guardianship-order>.

<sup>6</sup> A Child Arrangements Orders (CAO), which replaced 'residence orders' and 'contact orders', decides where a child lives, when your child spends time with each parent, and when and what other types of contact take place. See [www.gov.uk/looking-after-children-divorce/types-of-court-order](http://www.gov.uk/looking-after-children-divorce/types-of-court-order).





from minoritised ethnic backgrounds feel that support services lack cultural sensitivity and competence, making them feel unheard, underserved, and that their ethnicity unfairly influences professional decisions (Tah & Selwyn, 2025).

## **What support is currently available to kinship carers?**

In October 2024, the UK government published kinship care statutory guidance which states that every local authority should have published information about the services they offer in their area for children in kinship care and their families and their approach towards meeting the needs of children in these arrangements (Department for Education, 2024a). This requirement will become a statutory requirement through the upcoming Children's Wellbeing and Schools Bill. The types of support on offer might include peer support groups and training, financial support, support with accommodation, family group decision making, and therapeutic support. Mediation is referenced in the guidance:

“Information should be made available to kinship carers about local contact centres and family mediation services, and how to make use of their services. Family mediation can help parties to communicate better and resolve disputes taking account of the child's wishes in a supported environment. Contact centres and mediation services need to be made aware of the particular challenges which may face kinship carers and be sensitive to their needs.” (Department for Education, 2024a, p. 44)

## **What is mediation?**

Mediation is a confidential process in which a neutral third person (the mediator) helps participants to make mutually acceptable decisions and arrangements for their future. Mediation should always be a voluntary process and sessions are confidential and privileged (meaning discussions cannot be referred to in court). Mediation can help families avoid going through stressful and generally more costly and formal court proceedings.<sup>7</sup>

Mediation can be used by any member of a family about any issue, but typically family mediation is used by separating couples, to help them reach their own decisions about their future, which often involves discussions about their financial situation and arrangements for their children. Mediation is usually privately funded unless covered by a legal aid certificate.

## **What is the kinship care mediation intervention?**

The kinship care mediation intervention applied the principles of mediation to create an intervention designed specifically for kinship families. It aimed to help kinship carers and birth parents (and any other care givers in the kinship family) communicate better. It also aimed to support kinship carers and birth parents to make decisions about children in kinship care with the

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<sup>7</sup> See: [www.cafcass.gov.uk/parent-carer-or-family-member/my-family-involved-private-law-proceedings/alternatives-time-and-energy-needed-go-court/mediation-and-dispute-resolution](https://www.cafcass.gov.uk/parent-carer-or-family-member/my-family-involved-private-law-proceedings/alternatives-time-and-energy-needed-go-court/mediation-and-dispute-resolution)



child's view considered where possible and appropriate (see [Figure 1: Logic model](#) for information on the intervention's components and intended outcomes).

## **Why is a targeted mediation intervention needed for kinship families?**

Frequent and poorly resolved conflict between parents and carers can place children at risk of mental health issues, academic problems and have a significant effect on their long-term outcomes (DWP, 2021). Studies have found evidence of stressful and acrimonious relationships between kinship carers and birth parents (Selwyn et al., 2013). Mediation may be a beneficial approach for improving communication to help families alleviate and resolve disputes.

Although family mediation has been around for over 40 years, there has been a small number of studies on its impact, particularly in the context of its use with kinship families. There is some evidence that mediation can have positive outcomes for children and families involved with local authority children's services (Mantle & Critchley, 2004; Maynard, 2005) and in kinship arrangements, specifically (Wilhelmus, 1998). There are also some studies that question whether mediation can lead to longer-term improvements in communication or a reduction in future conflict, particularly in the absence of intensive and interactive educational or therapeutic interventions being delivered (Trinder et al., 2011; Heard et al., 2024).

Therefore, the kinship care mediation intervention also aimed to provide support for birth parents and kinship carers to develop communication and conflict management techniques, plus positive parenting techniques and to help participants to understand the impact of trauma and conflict on children, in addition to providing mediation to help improve strained relationships. These extra elements were delivered by the Family Solutions trained and accredited mediators, who were also trained in trauma-informed practice, positive parenting techniques, and communication skills.

## **How can mediation promote the voice of the child?**

Mediation can be a powerful tool for enabling children's voices to be heard and included in the decisions that are made about their lives (Birnbaum, 2009). Many argue that it is essential to include a direct consultation with children whenever possible in the mediation process, as it can reduce the anxiety children experience during family disruption, helps parents and carers to focus on resolving issues for the children rather than on past hurts, and supports parents' and carers' awareness of the impacts of the conflict on their children (Goldson, 2006; Drapkin & Bienenfeld, 2008; McIntosh et al., 2008; Pali & Voet, 2012). Child consultations<sup>8</sup> are typically for children aged 10 years and over so do not necessarily represent younger children's voices.

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<sup>8</sup> A child consultation involves the child talking in-person with a trained mediator (who is the same mediator working with the parent(s)/carer(s) separately to the adults who care for them. For more information see the [section](#) later in this feasibility study.



# THE INTERVENTION

## Introduction to Family Solutions

Family Solutions is a team of experienced family professionals (family lawyers, family mediators, and psychotherapists) who help families find ways of moving forward with their lives after a separation of some form. Family Solutions provides mediation to 600 families per year.

## Previous intervention development

Prior to this feasibility study, Family Solutions delivered mediation to 50 families involved in the child protection process through WWCS Practice in Need of Evidence (PINE) programme.<sup>9</sup> This work indicated that kinship care families were more likely than other families in the cohort to reach decisions and make new arrangements in mediation. Through their participation in PINE, Family Solutions learned that:

- Many social workers and other professionals did not understand the process of mediation. This meant that families who could have benefited from mediation were often not referred or were referred in too late when conflict had become already entrenched
- From the cohort of 50 families, people who were most likely to attend and make agreements in mediation were families where the child was living with a kinship carer.

As part of this work, Foundations and Family Solutions developed the Family Mediation Scale consisting of selected questions from the Parenting Alliance Measure (Abidin & Brunner, 1995) and the Marital Conflict Scale. The scale sought to measure levels of cooperation, communication, mutual respect, and conflict.

## A TIDieR checklist

Table 1 sets out a Template for Intervention Description and Replication (TIDieR) checklist which includes background information on the intervention including what it involved in delivery and who the intervention intends to reach and why. The intervention's logic model is also included in this section (Figure 1) and the programme's theory of change is included in [Appendix 1](#).

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<sup>9</sup> The (PINE) programme aimed to find promising practice and support social care organisations to evaluate their own practice to a high standard.

**Table 1: TiDieR checklist**

<b>Brief name</b>	Kinship care mediation intervention
<b>Why</b>	<p>Family Solutions delivered mediation to 50 families involved in child protection processes and found kinship carers were more likely to engage with mediation.</p> <p>Frequent conflict between birth parents and carers can have a significant effect on children's long-term outcomes and studies have found evidence of stressful and acrimonious relationships between kinship carers and birth parents.</p> <p>Mediation could be a beneficial approach for improving communication to help kinship families alleviate and resolve disputes.</p> <p>Kinship families can lack support and face many well-documented challenges such as financial difficulties.</p>
<b>What (procedures and activities)</b>	<p>Provide mediation for 20 kinship families:</p> <ul style="list-style-type: none"> <li>• Each kinship family would be offered four mediation sessions, which would typically take place over 16 weeks (sessions offered in person or online depending on families' preferences)</li> <li>• Prior to the four mediation sessions, a MIAM would be held individually with each adult taking part in the mediation sessions</li> <li>• MIAMs (and mediation sessions) would be delivered by a specifically trained, accredited Family Solutions mediator</li> <li>• In addition to standard mediation, the sessions would include additional support in conflict management, positive parenting techniques, and impact of conflict and trauma on children</li> <li>• A child consultation would also be offered (where appropriate) as part of the four sessions (more about child consultations below).</li> </ul> <p>Provide mediation training for at least 70 professionals (between September 2023 and February 2024) who are based in one of the four referring local authority areas. This was intended to reach local authority social workers and professionals, Cafcass, family courts, and local charities as they were the intended primary source of referrals into the service. Family Solutions aimed for this to increase the number of appropriate referrals to the intervention. Family Solutions viewed the referral training as a key component of the intervention. This part of the intervention is detailed in the logic model (Figure 1) as an input that facilitates the delivery of mediation with kinship families.</p>
<b>What (materials provided)</b>	<p>Mediation for kinship care families – standard mediation documentation (Agreement to Mediate and Outcome Summaries at end of each session) plus where appropriate use of materials on:</p> <ul style="list-style-type: none"> <li>• Understanding the impact of conflict on children, trauma, and adverse childhood experiences</li> </ul>



	<ul style="list-style-type: none"><li>• Support around communication and conflict management, using: H.A.L.T.,<sup>10</sup> STOP signs,<sup>11</sup> I Wish You Would,<sup>12</sup> Ten Steps,<sup>13</sup> and Feelings Wheel<sup>14</sup></li><li>• Support around parenting, using: Incredible Years Parenting Pyramid, The Emotional Bank Account and Building Self-Esteem.</li></ul> <p>Family mediation awareness training:</p> <ul style="list-style-type: none"><li>• Using a mixture of PowerPoint presentation, discussions and questions and answers.</li></ul>
<b>Who provided</b>	<p>The intervention was provided by trained, accredited family mediators at Family Solutions.</p> <p>Each Family Solutions mediator held the Family Mediation Accreditation – a recognised quality standard for practitioners who carry out mediation.</p> <p>Each mediator received additional training in trauma and adverse childhood experiences (and its impact on children), communication and conflict management techniques, and positive parenting styles and skills.</p>
<b>How</b>	<p>Kinship families could be referred to the intervention from five different local authority areas:</p> <ul style="list-style-type: none"><li>• Hampshire County Council</li><li>• Portsmouth City Council</li><li>• Southampton City Council</li><li>• Isle of Wight Council</li><li>• Kent County Council (on boarded in March 2024).</li></ul> <p>Professionals in each of the local authorities (e.g. social workers) could refer kinship carers and parents to the intervention. Alongside this, professionals based in other organisations in the community (e.g. law firms, schools, GP surgeries) could also make referrals. Parents and kinship carers could also self-refer to the intervention.</p> <p>The referral process consisted of an email from the referring professionals (or parent/carer if self-referral) with contact details for each family member. No referral form was used to make it as easy as possible for busy referrers to refer and to not add any additional burden.</p>

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<sup>10</sup> Used to as a method to pause to consider if basic needs are met. H.A.L.T stands for: hungry, angry, lonely, tired.

<sup>11</sup> STOP signs teaches parents how to recognise destructive patterns of behaviour (based on Gottman and Levenson, 2002). An inability to recognise and act on these danger signs is therefore likely to be present in the relationship of separating parents. STOP is an acronym for: Scoring points, Thinking the worst, Opting out and Putting down.

<sup>12</sup> This relates to appropriate and healthy assertiveness of needs and wishes relating to parenting. Using “I” messages meaning stating concerns, feelings and needs in a manner that is easier for the listener to hear and understand i.e. re-framing from “You always....” to “I” messages.

<sup>13</sup> Healthy management of conflict: choosing a time to discuss matters, appropriate venue, brainstorming and evaluating solutions, agreeing on a way forward, review, using the 10 steps to work through solutions.

<sup>14</sup> Parents/carers are presented with several feelings choose from which may help them articulate what is going on for them. The Feels Wheel is a tool that allows individuals to better navigate their inner emotions and understand why they are feeling and reacting the way they are.



	<p>After referral acceptance, individuals each attend a Mediation Information and Assessment Meeting (MIAM) (online or in-person) and up to four joint mediation sessions (online or in-person).</p> <p>Family mediation awareness training delivered in four local authorities – Hampshire County Council, Portsmouth City Council, Southampton City Council, and Isle of Wight Council. For each local authority, training comprised:</p> <ul style="list-style-type: none"><li>• One: one-hour online session offered to all professionals who work with families</li><li>• One: two/three-hour face to face session for professionals who work directly with kinship care families</li></ul>
<b>Where</b>	<p>Family Solutions offices in Southampton, Fareham, Havant, Emsworth, Petersfield, and Ryde (Isle of Wight). Families attend the office most convenient to them. Services can be run online if this reduces barriers to attendance. All offices are fully accessible and close to public transport (apart from Emsworth).</p> <p>Or online via Zoom.</p>
<b>When and how much</b>	<p>It cost Family Solutions £59,800 to deliver the intervention excluding VAT (£71,760 including VAT).</p> <p>Programme Delivery costs – £30,000 (about 50% of the pre-VAT budget). This covers direct delivery, e.g. kinship care mediation and individual assessments.</p> <p>Other costs – £29,800 (about 50% of the pre-VAT budget) spread across: programme set up, recruitment, project management, liaising with evaluators, steering groups, etc.</p>
<b>Evaluator</b>	Coram Centre for Impact
<b>Development stage</b>	Feasibility





# Intervention logic model

**Figure 1: Logic model for the kinship care mediation intervention** ([go to accessibility text](#))

**PROGRAMME DESCRIPTION:** Family Solutions' kinship care mediation project pilot offered mediation sessions to **20 kinship families** over 18 months (Sep 2023 to Mar 2025)\*. The project was funded by Foundations - What Works Centre for Children & Families Practice in Need of Evidence (PINE) programme for £59,800. Referrals came from a range of organisations in Portsmouth, Southampton, Hampshire, the Isle of Wight and Kent (Kent from Apr 2024). Family Solutions delivered training for social care and other professionals about mediation. The team offered 1 hour online and 2-3 hour in-person mediation education sessions to at least 70 professionals in Portsmouth, Southampton, Hampshire and the Isle of Wight. The project was independently evaluated by Coram from May 2023 to Apr 2025 using a feasibility study. The evaluation cost £61,565. Mediation is a confidential process in which a neutral 3<sup>rd</sup> person (the mediator) helps people make mutually acceptable decisions and arrangements for their future. Mediation should always be a voluntary process and sessions are confidential & privileged, meaning discussions cannot be used in court.

\*Originally delivery was planned for 1 year, Sep 23 – Sep 24. In Sep 2024 a 6 month extension to delivery was granted by Foundations. The purpose of this was to give Family Solutions additional time to engage kinship families with the service after experiencing instances of kinship families not continuing past MIAM stage or not showing for appointments.

CONTEXT	INPUTS	OUTPUTS	10 SHORT TERM OUTCOMES	7 LONG TERM OUTCOMES
<p><b>Why kinship care families?</b></p> <ul style="list-style-type: none"><li>There are around <b>113,690 children living in kinship care</b> in England (Office for National Statistics, 2023). Most children live in kinship care because their parents are not able to look after them safely (Hunt, 2020). Many have experienced adverse childhood experiences and can face <b>poorer life outcomes</b> than the general population of children (Kinship, 2024)</li><li>Kinship carers <b>may lack statutory support</b> because living with a kinship carers often means the child is no longer in the care system, and limited access to advice and support has been documented in research (McGrath and Ashley, 2021)</li><li>Compared to parents in the general population, <b>kinship carers are more likely to be experiencing deprivation</b> (Hunt, 2020)</li><li>The combination of the above (supporting children with these experiences + lack of support + experiences of deprivation) can lead to stress and conflict (Harwin et al., 2019)</li><li>Kinship carers &amp; parents need to work together to make contact arrangements and other decisions relating to the child. Balancing a parent's wish to see their child with carer's/children's services concerns about the parent's behaviour is difficult &amp; can lead to further conflict</li><li>The court process can be adversarial. In this process the parent may feel less heard and feel they have a lack of power</li><li>During delivery of a <b>Child Protection Mediation project</b> Family Solutions learned that people most likely to attend &amp; make agreements at mediation were members of kinship families. Family Solutions also found that the project received many inappropriate referrals from professionals.</li></ul> <p><b>Why mediation?</b></p> <ul style="list-style-type: none"><li><b>Frequent, intense and poorly resolved conflict</b> between parents and carers can place children at risk of mental health issues &amp; behavioural, social &amp; academic problems (GOV.UK, 2021)</li><li><b>Mediation has a developing evidence base</b> with evidence of it working in certain contexts (Mantle and Critchley, 2004; Maynard, 2005). There is limited evidence that mediation can lead to <b>longer-term improvements in communication or a reduction in conflict</b>, particularly in the absence of intensive and interactive educational or therapeutic interventions being delivered alongside (Trinder et al., 2011, Heard et al., 2024). This project will also provide support in <b>communication &amp; conflict management techniques</b> from accredited mediators who are trained in trauma informed practice, positive parenting techniques &amp; communication skills.</li></ul>	<p>3 Family Mediation Council accredited mediators additionally trained in:</p> <ul style="list-style-type: none"><li>running direct child consultation</li><li>trauma informed practice</li><li>positive parenting techniques</li><li>communication skills</li><li>conflict management</li></ul> <p>Suitable &amp; confidential mediation spaces in <b>6 offices in 6 locations</b></p> <p>1 trained therapist to support selected cases where appropriate</p> <p>Locations are accessible by public transport</p> <p>Sessions can be online (in-person preferred by mediators)</p> <p>2 mediators to co-run direct child consultation sessions</p> <p>2 mediators to co-run training for professionals who may refer into the project. This also acts as a way to advertise the project</p> <p>Referrals from local authorities or other professionals from other organisations working with kinship families</p>	<p>Deliver <b>80 free mediation sessions to 20 kinship families</b></p> <p>Deliver individual <b>1 hour Mediation Information &amp; Assessment Meetings (MIAM)</b> to all adults referred to the project. The MIAM includes screening &amp; risk assessment to take part in the mediation process</p> <p>If proceeding to mediation, kinship families will typically receive <b>4 60–90-minute mediation sessions over 12–16 weeks</b></p> <p>This is likely to impact 40 adults (2 per family) &amp; 30-40 children</p> <p>Mediation sessions include additional support which can include:</p> <ol style="list-style-type: none"><li>education about the impact of trauma &amp; conflict on children</li><li>communication &amp; conflict management skills</li><li>learning about positive &amp; age appropriate parenting techniques.</li></ol> <p>Additional support will be tailored to each kinship family so that the mediator provides information most relevant to the family's concerns</p> <p>1 session can be a direct child consultation (if appropriate for the child) for children typically 10 years old+ &amp; only with parent/carer agreement. Up to 20 direct child consultation sessions may be delivered. These are co-run by 2 mediators trained in direct child consultation. The child's feedback from session is fed back to parent and carers in subsequent adult mediation sessions with child's permission</p> <p>Deliver 1-hour online training to at least 70 multi professionals plus 2–3-hr in-person training to connected carer teams across the geographic areas</p> <p>Parents &amp; kinship carers are signposted to services whether mediation takes place or not. Services include parenting courses, domestic abuse agencies, counselling</p> <p>Outcome summary produced after each mediation session which is confidential to parents &amp; carers involved</p>	<ol style="list-style-type: none"><li>Kinship carers &amp; parents <b>understand the nature and aims of mediation process</b></li><li>Kinship carers &amp; parents <b>feel confident &amp; safe to communicate</b> honestly to each other during mediation sessions and are more prepared to listen to each other's viewpoints</li><li>There is an <b>improvement in communication</b> between kinship carers &amp; parents outside of mediation sessions and they have tools to use</li><li>Kinship carers &amp; parents <b>can make decisions about contact</b> &amp; other important aspects of the child's life more amicably (and in line with agreed plans)</li><li>Kinship carers &amp; parents <b>better able to engage in future focussed discussions</b> &amp; problem solving relating to the child</li><li>Kinship carers &amp; parents have a better understanding of <b>age appropriate behaviour and parenting techniques</b> where there has been disagreement</li><li>Kinship carers &amp; parents <b>make decisions with the child's views taken into account</b>, where appropriate</li><li><b>Referring professionals feel more confident</b> to refer the kinship families to the mediation project</li><li><b>Kinship families are referred appropriately</b> to the project (this may include timing of the referral and/or levels of entrenched conflict)</li><li><b>Parents feel heard, more included &amp; involved</b> in the child's life. Parents feel more acceptance of the agreed plans and able to stick to agreed plans for the child</li></ol>	<ol style="list-style-type: none"><li><b>Reduced conflict</b> between parents &amp; kinship carers</li><li>Kinship carers &amp; parents <b>feel less stressed</b> because of reduced conflict</li><li>Kinship child(ren) <b>feel more settled in the home</b> they live</li><li>Kinship children <b>feel more settled in other environments</b> (e.g. school)</li><li>Kinship children grow up in kinship care placements with <b>fewer placement disruptions</b> or breakdowns</li><li>Fewer kinship children <b>return to local authority children's services</b></li><li>Kinship children whose birth parents are unable to care for them have the <b>best possible health, education and employment outcomes</b> (linked to parental conflict reduction (GOV.UK, 2021))</li></ol> <p><b>UNINTENDED CONSEQUENCES</b></p> <ol style="list-style-type: none"><li>Parents feel more distressed if the process does not achieve their preferred outcomes (e.g. a parent wishes the child to return home) which may lead to increased conflict</li><li>Parents or kinship carers feel more frustrated if one party pursues mediation and the other party does not engage.</li></ol>



## Why offer mediation training to referring professionals?

This part of the intervention was developed due to the high rates of inappropriate referrals (for instance, families with long-term, deeply entrenched conflict) in Family Solutions' previous child protection mediation project (see [Suitability for mediation](#) for more information on how referrals were deemed as inappropriate). These inappropriate referrals caused barriers to delivery of the intervention (for instance, Family Solutions staff time spent on reviewing and rejecting inappropriate referrals). Arguably, this part of the intervention is proximate, in that it enables the delivery of the mediation sessions. However, from our preliminary intervention development work with Family Solutions it appeared that it serves an important function to enable the delivery of the intervention in full.

## What is a MIAM?

A MIAM stands for a Mediation Assessment and Information Meeting. A MIAM is an individual meeting with the parent or kinship carer prior to any mediation taking place. It is an opportunity for the mediator to gather important information about the kinship carer and parent's situation, along with explaining the mediation process to them and safeguarding procedures.

## What is a child consultation?

A child consultation involves the child talking in-person with a trained mediator (who is the same mediator working with the parent(s)/carer(s) separately to the adults who care for them. Family Solutions always runs child consultations with two trained mediators present. Child consultations typically involve children aged 10 and over, although in some cases they can be younger. Child consultations can be with multiple children such as a sibling group. It is explained to the child that what they say at the consultation (with the exception of safeguarding matters) is confidential from anyone else including their carer and parent(s) unless they give permission for the information to be shared with their parent(s) and carer(s). If the child gives permission, the mediator then brings what the child has said into the following (adult) mediation sessions. In this study, if a child consultation did not take place, then an adult mediation session would take place instead.



# FEASIBILITY STUDY

## Study rationale and aims

This feasibility study aimed to contribute to developing the evidence base to help understand what interventions and support can work best for kinship carers, parents, other family members, and children in kinship care.

We selected a feasibility study because mediation services specifically for kinship carers are a novel application of the mediation approach. The intervention intended to target a small number of people (20 kinship families) in one geographic region and would not have had a large enough sample to be suitably powered for an impact evaluation. The participants in the intervention are less represented in research studies (for example see Harwin et al., 2019) and the existing administrative data available was in a developing stage. This feasibility study, therefore, also intended to provide evidence about the best ways in which the kinship mediation intervention should be developed and if it can be feasibly evaluated on a larger scale in the future. This was a core component of our research questions, detailed below.

## Research questions

We developed a set of predominantly formative research questions,<sup>15</sup> which incorporated Foundations' key feasibility study questions:

### **To what extent is the kinship care mediation intervention well specified and feasible to deliver?**

- Is the intervention well specified?
- Is the intervention distinct from other services?
- Is the intervention feasible to deliver with high fidelity?
- Is the intervention acceptable to key stakeholders?

### **How should the intervention be developed, scaled up, and replicated in future?**

- Who did the intervention reach from the eligible population?
- What were the referral routes to the intervention? Where did these come from and at what point in the child's journey through children's services?

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<sup>15</sup> Formative research (as opposed to summative research) focuses on gathering information to guide the development and improvement of an intervention before it is further implemented.



- Who was referred to the intervention in terms of their characteristics, legal status, and geographical location?
- What were the barriers to successful implementation and delivery of the programme?
- What were the facilitators to successful implementation and delivery of the programme?
- What can be improved about the intervention's design and delivery?

## **Are there signs that the intervention is achieving the outcomes listed in the logic model (evidence of promise), such as:**

- Reducing levels of conflict between parents and kinship carers?
- Improving communication and increasing cooperation between parents and kinship carers?
- Increasing parent and kinship carer understanding of the impact of ongoing conflict on children?

## **How should the intervention be evaluated in future?**

- What would be the best evaluation design and approach?
- What are the priority outcomes for a future evaluation?
- What are the proposed outcome measures for a future evaluation?

# Methodology

## **Research design**

As this was a feasibility study, we used an approach based on rapid-cycle design. Rapid-cycle design is a method to develop, test, refine, and improve services (Green et al., 2021). We took a two-phased approach to fieldwork and acted as a collaborative, supportive, and critical learning partner to Family Solutions as the intervention developed over the 18-month delivery phase. Our study team met with Family Solutions fortnightly allowing for us to frequently communicate any insights and learnings. This also included reflecting on and adapting our own evaluation approaches.

Prior to the beginning of the fieldwork, we worked with Family Solutions to review and refine their existing logic model and develop a theory of change. The logic model and theory of change were used to co-create an evaluation framework with Family Solutions, as well as with Foundations, which set out data collection methods and processes for the study. The logic model and theory of change were treated as live documents. We reviewed them in December 2023 and in January 2025 as the intervention and our learning developed.

We answered the feasibility study's research questions by analysing qualitative data from interviews, observations, and feedback about the acceptability and suitability of outcome measures, along with feedback about the training for professionals and analysis of Family Solutions' administrative data.



## **Phase 1: Piloting our approaches and gathering formative learning**

Phase 1 of the study (September to November 2023) focused on formative aspects of the intervention, such as initial enablers and barriers to implementing the service across the local authority areas. As the mediation intervention was over 16 weeks, a kinship family had not yet completed the full mediation process at this stage. In this first phase we:

- Observed MIAMs
- Interviewed kinship carers, parents, referring professionals, and mediators
- Explored involvement of children and young people in the research
- Reviewed and collated possible outcome measures to be tested in phase 2
- Planned, reviewed, and set up data collection systems for existing administrative data collected by Family Solutions, including:
  - number, dates, and sources of referrals to the service
  - characteristics of families including legal status, geographic location, gender, age, disability, occupation, partner relationship, history of domestic abuse, number of children in family, child characteristics
- Developed a short survey to evaluate the mediation training provided to multi-professionals and observed training sessions to gain understanding of the intervention.

Phase 1 of the fieldwork culminated in an end of (calendar) year review meeting with Family Solutions and Foundations to discuss early findings. Findings fed into 2024 delivery and refining evaluation methods and tools for phase 2 fieldwork (below).

## **Phase 2: Understanding the feasibility of the intervention and any perceived effects**

In phase 2 (February 2024 to March 2025) we focused on perceived effects and learning by:

- Interviewing kinship carers, parents, referring professionals, and mediators
- Testing outcome measures with kinship carers and parents and mediators through discussions as part of our interviews
- Collecting existing administrative data from Family Solutions.

Our data collection methods, sample sizes, and analysis approaches are listed in more detail in the Data collection section and Table 2 below.

## **Data collection**

Table 2 lists our target population and actual participants in the study. It also includes when data collection took place, and our analysis methods. Additionally, it states which research question each method aims to address and the logic model relevance. In summary we:

- Interviewed 22 participants
- Observed two online MIAMs
- Analysed 125 to 130 responses to a training feedback survey and observed three training sessions (two online, one in-person)



- Analysed administrative data provided for 94 adults who made up the caseload of 51 referrals into the service
- Analysed Family Mediation Scales for four adults who completed these at baseline
- Analysed one feedback form for the one adult who completed this after mediation
- Reviewed mediator case summaries for eight cases (containing 18 session summaries).

For our 22 interviews, we spoke with:

- **Seven kinship carers** between November 2023 and March 2025 based in Hampshire, Southampton, Portsmouth, and Kent. We interviewed most (5) between December 2024 and March 2025. All kinship carers had attended at least one MIAM and/or a joint mediation session. Five participants had completed their set of mediation sessions (with an average of four sessions) and two participants were still attending mediation when we interviewed them. All kinship carer interviews were over the phone. Six interviewees were female and one was male. Interviews lasted 35 minutes on average.
- **Five parents** based in Hampshire, Kent, and Southampton. Two parents were interviewed at multiple points throughout their journey through the feasibility study. We interviewed between November 2023 and March 2025, with most interviews (5) taking place between November 2024 and March 2025. Parents had had at least one mediation session. Interviews were held either over the phone or on online via Zoom. Interviews took 35 minutes on average. The birth parents we spoke to were likely those who were most engaged with mediation, as they would be more likely to agree to additional calls and being part of the research. For both parents and kinship carers it required multiple contacts (emails, phone calls, and text message follow-ups) to book in interviews and some (7) did not respond
- **Six referring professionals** from four local authority areas: Portsmouth, Hampshire, Southampton, and Kent. This included five practitioners working in teams to support kinship carers in the local authority and one lawyer working in private practice. Interviews took place between November 2023 and February 2025, were held online and lasted around 45 minutes. There was one joint interview with two referrers and one repeat interview, to capture the thoughts of a practitioner at the start and end of the referral process
- **Three mediators and the project manager** of the kinship mediation study. Interviews took place between November 2023 and March 2025, with most (6) taking place between January and March 2025. We also had brief discussions with the psychotherapist who supported some mediation sessions and the Family Solutions administrator. These two discussions were used for context and were not thematically analysed. In the report we call all four participants 'mediators' to maintain the anonymity of the project manager. Three mediators were interviewed at two times to understand the experiences at the start and end of delivering the project. Two mediators delivered mediation to families referred in from Southampton, Hampshire, and Portsmouth areas and one mediator only worked in Kent. Of the seven interviews that took place, four were in-person and three were online calls. On average, interviews took 54 minutes.





**Table 2: Overview of feasibility study research methods**

<b>Data collection methods</b>	<b><u>Target:</u> participants/ data sources</b>	<b><u>Actual:</u> participants/ data sources</b>	<b>Time point</b>	<b>Data analysis method</b>	<b>Research question addressed</b>	<b>Logic model relevance</b>
Interviews with kinship carers	7 kinship carers referred to mediation service	7 kinship carers referred to mediation service (1 interview in Phase 1)	Phase 1: Sep – Nov 2023 Phase 2: Feb 2024 – Feb 2025	Thematic analysis	3, 4	Short-term (ST) outcomes: 1, 2, 3, 4, 5, 6, 7 Long-term (LT) outcomes: 1, 2, 3, 4, 5
Interviews with parents	4 parents referred to mediation service	9 interviews with 5 parents referred to mediation service (2 interviews in Phase 1)	Phase 1: Sep – Nov 2023 Phase 2: Feb 2024 – Feb 2025	Thematic analysis	3, 4	ST outcomes: 1, 2, 3, 4, 5, 6, 7, 10 LT outcomes: 1, 2
Interviews with referring professionals	5 children's social care professionals (or other referrers) who support and refer to the mediation service	7 interviews with 6 referring professionals (5 children's services professionals, 1 legal professional) who support and refer to the mediation service (3 interviews in Phase 1)	Phase 1: Sep – Nov 2023 Phase 2: Feb 2024 – Feb 2025	Thematic analysis	1, 3, 4	ST outcomes: 8, 9 LT outcomes: 5
Interviews with Family Solutions delivery team	2 mediators delivering sessions	7 interviews with 4 delivery team members: 3 mediators delivering sessions 1 project manager Plus brief discussions with 1 administrator 1 psychotherapist supporting the mediation sessions (2 interviews in Phase 1)	Phase 1: Sep – Nov 2023 Phase 2: Feb 2024 – Feb 2025	Thematic analysis	1, 2, 4	ST outcomes: 9
Feedback survey of professionals from mediation training + observation of training sessions	70 multi-professionals	Survey responses from 125 – 130 multi-professionals who attended mediation training Observation of 3 training sessions	September 2023	Descriptive statistics Notes	3	ST outcomes: 8, 9



<b>Data collection methods</b>	<b><u>Target:</u> participants/ data sources</b>	<b><u>Actual:</u> participants/ data sources</b>	<b>Time point</b>	<b>Data analysis method</b>	<b>Research question addressed</b>	<b>Logic model relevance</b>
Observations of mediation intervention	Observation of 1 MIAM session Observation of 1 child consultation session Observation of 1 adult mediation session	Observation of 2 online MIAM sessions	September – October 2023	Notes	3	ST outcomes: 1, 2
Outcome measures testing	With 5 kinship carers, 2 parents, 2 mediators at interviews	With 5 kinship carers, 2 parents, 2 mediators at interviews	Phase 2: Feb 2024 – Feb 2025	Notes	2	N/A
Administrative data collection	Administrative data for all families referred and the 20 families that progress to specialist mediation delivery	Administrative data available for 51 families referred and the 17 families that progressed to mediation	End of service delivery – April 2025	Descriptive statistics	1, 2	ST outcomes: 4, 5, 7, 9
Desk based scoping on feasibility of future data collection and measurement	Databases of kinship family numbers, consultation with local authority data leads, professionals, and Family Solutions staff	Databases of kinship family numbers, consultation with Family Solutions staff	November 2024 – April 2025	Written summary	2, 3	N/A
Parent and kinship carer Family Mediation Scale	Scale responses for all 20 families that progress to specialist mediation delivery	Scale responses for 2 families (2 parents, 2 kinship carers, N=4) that progressed to mediation	August 2023 – April 2025	Descriptive statistics	2, 4	ST outcomes: 3 LT outcomes: 1



Data collection methods	Target: participants/ data sources	Actual: participants/ data sources	Time point	Data analysis method	Research question addressed	Logic model relevance
Parent and kinship carer feedback surveys	Survey responses for all 20 families that progress to specialist mediation delivery	Survey response for 1 individual in 1 family that progressed to mediation	August 2023 – April 2025	Descriptive statistics	4	N/A

## Sample recruitment and selection criteria

### Quantitative sampling approach

We accessed administrative data collected using Family Solutions' routine data capture system, ResolveIT. The data was captured and entered by mediators. This data comprised information about all families referred to the service, although more data was available for individuals that attended a MIAM (meaning they did not disengage immediately). Participants were handed a data privacy notice at the MIAM session to explain how their data would be used as part of the study.

We have outlined the number of participants at each phase of the mediation service to help illustrate the total sample available (Table 3).<sup>16</sup>

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<sup>16</sup> The numbers of parents and kinship carers did not always add up to the total number of adults. For some cases, the nature of the relationship between the adult and the child is missing from the data. For some cases, additional adults (e.g. a grandparent) attended in support of the birth parent. There were also case(s) where two kinship care parties (as opposed to a birth parent and kinship carer) attended mediation.



**Table 3: Number of families and participants at each stage of mediation for all cases (n=50 closed cases, n=1 open case)**

	Referrals made	MIAM attended	Mediation attended	Child consultation attended
Number of cases (kinship families)	51	43 <sup>17</sup>	17 <sup>18</sup>	3
Number of kinship carers	44	38	18	N/A
Number of birth parents	38	31	17	N/A
Number of children/young people	56	N/A	N/A	4 <sup>19</sup>

### Qualitative sampling approach

We intended to sample 21 participants for interviews and finished with a sample of 22. We always planned to be flexible with the exact sample sizes for each cohort, depending on engagement with the intervention and the research.

We used convenience sampling (meaning a sample of people that were accessible to the researchers) because Family Solutions experienced challenges in engaging kinship families in the mediation process itself, therefore it was difficult to also engage these participants in the research as an additional ask. We decided to use repeat interviews with birth parents. We chose this so we could follow up on their progress in mediation and build rapport with participants. The Family Solutions' project manager and mediators acted as intermediaries to the participants.

Figure 2 outlines how we informed participants about the evaluation and how their data would be shared, along with how we would invite them to take part in an interview. We created an evaluation pack for Family Solutions. A mediator gave the pack to mediation participants at the MIAM or emailed it to participants before the MIAM. The pack contained:

1. General info sheet about Coram, the team, and the study
2. A data privacy notice
3. Interview information sheet
4. Observation information sheet
5. Consent form for interviews
6. Consent form for observations

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<sup>17</sup> Number of cases where at least one party attended a MIAM.

<sup>18</sup> Number of cases where at least one mediation session was attended.

<sup>19</sup> With 2 of these children attending 1 child consultation together.

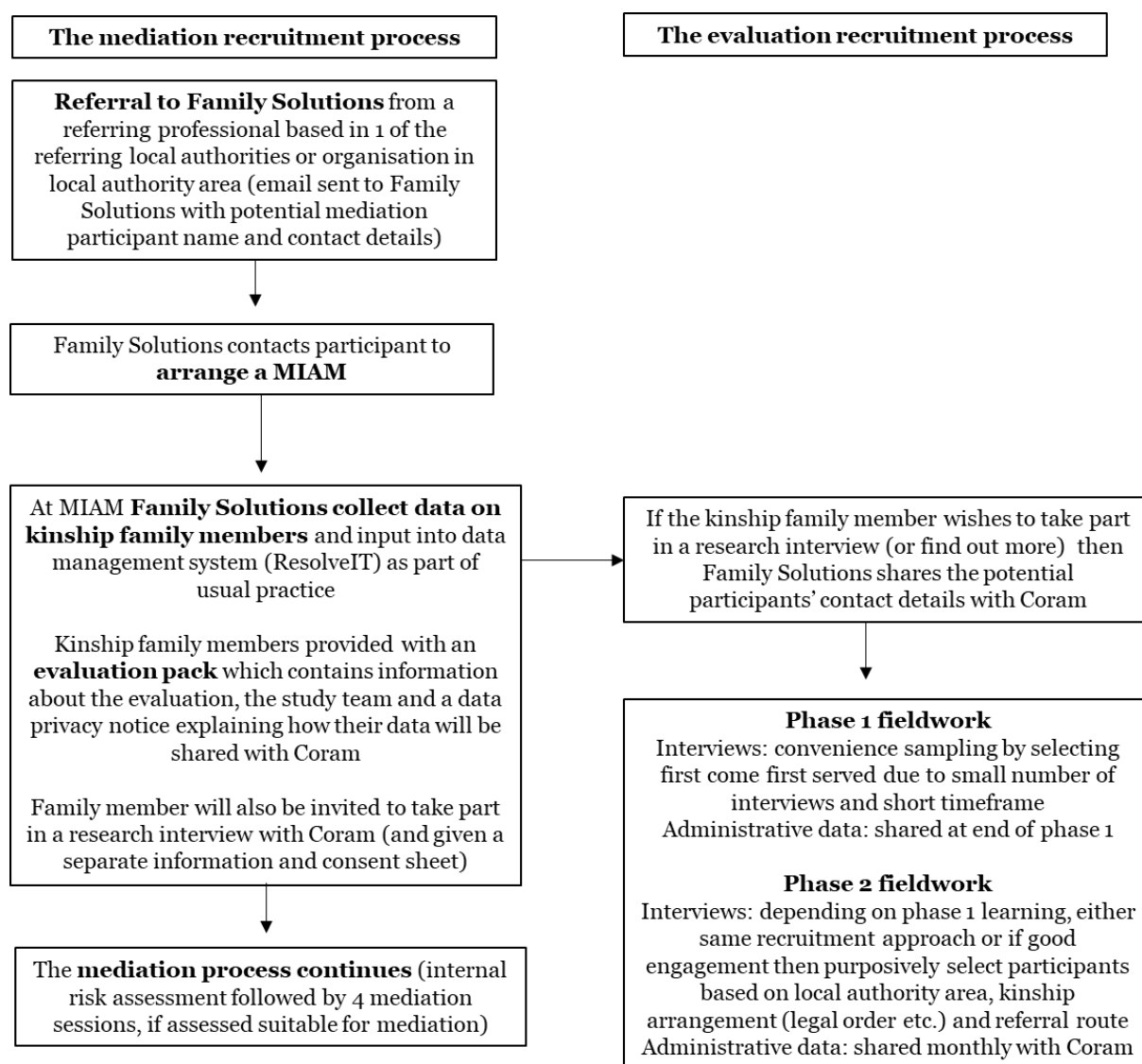


7. Family mediation scale
8. Child and young person feedback form
9. Parent/kinship carer feedback form.

Of the seven kinship carers we interviewed, most were grandparents. Four interviewees were grandparents to their kinship children, one was a friend kinship carer, one was an aunt, and one was a step-parent. The seven kinship carers cared for nine kinship children in total with a wide range of ages (between 0 and 16 years old with an average age of nine and a half years at the time of interview). Three of the kinship carers held a Special Guardianship Order and one was in the process of obtaining a Special Guardianship Order. Three participants did not have a Special Guardianship Order.

## Figure 2: Mediation and evaluation participant recruitment process

[\(go to accessibility text\)](#)





## Data management and processing

In line with guidance from Foundations, Coram was the joint controller of personal data throughout the evaluation, with Family Solutions. We made decisions together about what data would be collected and how this would be processed for the evaluation. We delivered the evaluation in accordance to our data protection impact assessment (DPIA), which was reviewed by Foundations, and Coram's data protection and information governance policy.

Personal data was collected on the basis of public interest (Article 6(1) (e) of the GDPR). The legal basis was appropriate because the processing was in the public interest so that we can provide more evidence about how interventions can support kinship families. We were not aware of any other way to perform this task in a less intrusive way. When obtaining informed consent from participants taking part in the feasibility study activities (for example, for interviews) we:

- Wrote clear guidance and a data privacy notice on how we handle, collect, and process participants' personal data with the legal basis stated plainly
- Used accessible participant information sheets and consent forms
- We communicated participants' rights to see or change the data we collect about them, or to have it deleted within a given timeframe
- Only recorded interviews when additional informed consent to do so was obtained
- Interview recordings will be deleted after publication of the final report
- Transcribed all parent, kinship carer, and referring professional interviews in-house by a member of the study team because of the heightened sensitivity and personal nature of the conversations. For the delivery team (Family Solutions) interviews, we explicitly asked for consent to use a third-party transcription service and made clear this was completely optional.

As per our agreed data arrangements of the feasibility study:

- We stored data securely on our internal server which was only accessible by the Coram study team
- We transferred data securely via secure egress protected email
- We will securely delete project data at the end of the evaluation, after report publication, and delete names from the data
- We will not use identifying information when reporting and disseminating findings
- Data obtained in this study will not be placed in a data archive by Foundations or any other organisation.

## Analysis

### Qualitative data analysis

Our qualitative data came from notes and intelligent verbatim transcripts (meaning an account of speech which omits pauses, sounds, and filler words) of interviews with participants based on video and audio recordings. All participants consented to being recorded. Our approach to thematic qualitative analysis involved a systematic, inductive process by two researchers in the





study team. First, written transcripts were reviewed to identify initial codes inductively. These codes were then organised in Excel to make a clear thematic overview and help to identify patterns. Themes were refined into sub-themes and specific codes were developed in Microsoft Word.

Researchers first conducted separate analysis by cohort of participants (e.g. kinship carers). The two researchers discussed analysis frequently to understand overlaps, contradictions, and where data could be synthesised.

Our team believes that researchers are intersubjectively involved with participants, therefore we see reflexivity and maintaining a critical awareness of our positions as researchers as vital to the analysis (Gabriel, 2018). We used a reflexive approach throughout this study. The qualitative analysis also included semi-structured notes from our observations of two MIAM sessions.

## **Reflexivity and positionality of the researchers**

As part of the reflexive process the two Coram researchers who carried out the analysis and writing considered their own values, social positions, and personal interests. Both researchers attended reflective supervision sessions throughout the study. Both have an interest in creating equitable research which works to represent those who are less heard. Specifically, they are passionate about amplifying the voices of birth parents, who have likely experienced systemic disadvantage and trauma. Their shared commitment to advocating for birth parents may have shaped how they framed the findings and were mindful of the potential for bias towards more sympathetic narratives. At the same time, their values helped them to focus on power dynamics and ethics, which strengthened the depth and integrity of the analysis.

## **Quantitative data analysis**

We analysed administrative data using descriptive statistics. The majority of the data was categorical (e.g. kinship care arrangement) and was summarised using counts and frequencies. We summarised continuous variables (e.g. number of days between sessions) using means and standard deviations. We intended to analyse group-level pre to post score change on the Family Mediation Scale descriptively using mean pre–post change and Cohen’s d effect size. However, the measure was abandoned early in the study due to concerns over its use (see [Acceptability of the Family Mediation Scale](#) for more information about the concerns), meaning no post-intervention scores were available. Our focus instead was on exploring the acceptability of the scale in terms of rates of missingness and floor/ceiling effects. Response rates were not sufficient to allow for further psychometric exploration such as internal consistency. We undertook robust quality assurance such as cleaning and checking administrative data and querying data errors with Family Solutions. All data was analysed in Excel and the logic of the analysis was checked for quality by a second researcher.

## **Protocol registration and ethical review**

Coram developed an evaluation protocol between March 2023 and July 2023. Family Solutions developed a separate intervention protocol, with some input from Coram. The protocols were



reviewed and published by Foundations in August 2023.<sup>20</sup> The feasibility study was registered with the Open Science Framework (OSF) in September 2023.<sup>21</sup>

Coram's independent Research Ethics Committee, chaired by Professor Jonathan Portes, approved the study in August 2023 (reference: C-REC-2023-019). The ethical application process involved submitting a comprehensive ethics application, with accompanying research tools and materials, and presenting to the ethics committee and taking critical questions. No research fieldwork began until ethical approval was received.

## Steering group

Coram established an independent voluntary steering group for the evaluation. The advisors met six times and advised on evaluation design and participant recruitment. Three members reviewed a draft of the final report. The principal investigator chaired the meetings and all meetings were attended by the Family Solutions kinship mediation project manager. The five advisors were:

- **Dr Chris Bevan**, Professor in Property Law at the Faculty of Law, National University of Singapore, and formerly Durham University. Chris served as Deputy Dean, Director of Research and Director of Postgraduate Research at Durham Law School. Prior to this, Chris practised as a common law barrister specialising in employment and family law.
- **Dr Jennifer Ginger**, doctoral student at the Rees Centre, University of Oxford. Jennifer has worked in adoption support as a Parent Consultant for Adoption UK and as Head of Peer Services at PAC-UK. Her PhD focused on adoptive families where the adoptive parents also have birth children.
- **Arabella Tresilian**, Mediation and Training. Arabella is an accredited Mediator registered with the Civil Mediation Council, and a conflict resolution trainer/coach. She specialises in facilitating dispute resolution and employee wellbeing in the public sector, with a particular focus on mental health, neurodiversity, and disability.
- **Clare Seth**, CoramBAAF kinship care consultant. Clare is a qualified social worker with over 25 years' experience in children's services, including children protection, fostering, adoption, and kinship. Clare also works as a freelance social worker, assessing and supporting kinship families. Clare is a qualified trainer with experience of delivering the Separated Parents Information Programme.
- **Dr Gillian Stokes**, Assistant Professor at the Social Research Institute, UCL. Gillian conducts health-focused systematic reviews, with topics ranging from impact of medical conditions on various demographic groups to health benefits of improved domestic services.

There were no conflicting interests which we were aware of that may be perceived to influence the design, conduct, analysis, or reporting of this study.

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<sup>20</sup> See: <https://foundations.org.uk/our-work/current-projects/kinship-care-mediation/>

<sup>21</sup> See: <https://osf.io/5rup6/>



## KEY FINDINGS

### Research question 1: To what extent is the kinship mediation intervention well specified and feasible to deliver?

Overall, the Family Solutions kinship care mediation intervention was feasibly delivered over the course of the study. The model was mostly delivered to fidelity, with one notable adaptation introduced which is detailed in this section. The intervention received 51 referrals to the service and delivered mediation sessions to 17 kinship care families (the target was to deliver mediation sessions to 20 kinship families). Mediators delivered 76 MIAMs to 76 adults (10% in person, 84% online, and 6% on the telephone). Coram was able to carry out a feasibility study of the intervention successfully.

The mediation service was perceived as distinct from other services in the local areas by interviewees and regarded as highly credible. Below we detail the evidence we generated about the intervention in relation to distinctiveness and credibility.

#### Is the intervention well specified?

##### Logic model development

For this feasibility study we continuously reviewed and developed the programme's logic model and theory of change with the delivery team as our learning about the intervention developed. In Table 4 below, we appraise the intervention's logic model (Figure 1) against key feasibility criteria related to distinctiveness, credibility, and fidelity. Overall, we are confident that a logic model has been produced which is accurate to the model used in this study. The theory of change ([Appendix 1](#)) would benefit from more exploration of the causal mechanisms in future evaluations.



**Table 4: Appraisal of the intervention’s logic model**

Appraisal question	Any adaptations made during the study	Appraisal and supporting evidence sources	Any further work suggested
Are the activities in the logic model well specified?	<ul style="list-style-type: none"> <li>The intended activities in the original logic model (Sep 2023) remained the same</li> <li>An input was added to the theory of change in the revisions made in early 2025. This was to represent the involvement of the psychotherapist in the service (at select cases): “1 trained therapist to support selected cases where appropriate”.</li> <li>The MIAM has been added to the outputs of the logic model change (Feb 2025) to acknowledge that it is part of the intervention in its own right.</li> </ul>	<ul style="list-style-type: none"> <li>The intended activities are detailed and specific</li> <li>Referring professionals we interviewed understood the mediation offer</li> <li>Although some kinship carers and parents we interviewed did not fully understand the mediation prior to referral, once they had attended the MIAM they understood the mediation offer and process</li> <li>The introduction of the psychotherapist was a decision made by the Family Solutions team based on the levels of trauma that were present during the kinship care mediation project sessions. The interviewees we spoke to who had been at sessions with the psychotherapist present had found this helpful and supportive.</li> </ul>	<p>To continue to specify the involvement of the therapist in the sessions, namely:</p> <ul style="list-style-type: none"> <li>What type of sessions are they needed for most?</li> <li>What are mediation participants’ views on their involvement?</li> <li>What type of support do they provide to mediation participants?</li> </ul>
Are the activities distinct from business-as-usual support?	None	<ul style="list-style-type: none"> <li>Yes – activities appeared to be distinct</li> <li>See <a href="#">Table 5</a> for an overview of support on offer in local authority areas.</li> </ul>	Review local kinship support offer provided by local authorities following the upcoming Children’s Wellbeing and Schools Bill.



Appraisal question	Any adaptations made during the study	Appraisal and supporting evidence sources	Any further work suggested
Are the assumptions in the logic model grounded in theory?	Some of the assumptions made in the logic model are now better supported following literature reviewing for the feasibility study.	All assumptions are backed with supporting evidence (where possible).	Continue to review the assumptions by carrying out regular literature reviews, particularly with upcoming Children's Wellbeing and Schools Bill.
Do causal mechanisms (how change happens) seem accurate?	<p>Some additions to the short-term outcomes were added in Feb 2025:</p> <p><b>Short term outcome 1:</b> "Kinship carers &amp; parents understand the nature and aims of the mediation process" – this was added as an important first step and mechanism for parents/carers to understand the process and address any misconceptions about mediation.</p> <p><b>Short-term outcome 2:</b> Kinship carers &amp; parents feel confident &amp; safe to communicate honestly to each other during mediation sessions &amp; are more prepared to listen to each other's viewpoints" – this was added as it serves as a causal mechanism to short-term outcome 3 ("There is an improvement in communication between kinship carers &amp; parents outside of mediation sessions and they have tools to use") to recognise the importance of feeling supported and heard in sessions to help support listening and communication outside of sessions.</p>	These extra short-term outcomes were added based on learning from delivery and from our interviews with parents, kinship carers, mediators, and referring professionals. They are therefore supported by insights from mediation participants, delivery, and referral staff that we interviewed.	Continue to strengthen causal mechanisms by adding in arrows into the theory of change (Appendix 1) detailing which outcomes lead to another and ultimately to the long-term outcomes.



Appraisal question	Any adaptations made during the study	Appraisal and supporting evidence sources	Any further work suggested
	<b>Short-term outcome 10:</b> “Parents feel heard, more included & involved in the child’s life. Parents feel more acceptance of the agreed plans and able to stick to agreed plans for the child” – this was added to recognise the importance of that mediation played in helping birth parents, who often felt powerless, to feel heard and more included and this serves as a mechanism to support better communications and contact arrangements between birth parent and child in kinship care.		





## Is the intervention distinct from other services?

### Distinctiveness of the service in delivery areas

Overall, the Family Solutions kinship mediation service was perceived as distinct from other services on offer to kinship families in the local authority areas based on our interviews with referrers, mediators, kinship carers, and birth parents. Through a desk-based review of local support offers we also found that mediation was not routinely offered in these areas (Table 5). As discussed in the Background section (What support is currently available to kinship carers?), the types of support on offer in a local authority might include peer support groups, family group decision making, and therapeutic support. Information should be made available to kinship carers about family mediation services.

The referring professionals we interviewed perceived the kinship mediation service as unique. They felt there was not a similar service available for the kinship carers that they worked with, at least not for free or operating in their area. Referring professionals we interviewed were excited and enthusiastic about the intervention and felt that many kinship families could benefit. Referrers found they could quickly identify families who would potentially benefit from the intervention. They wanted to see the service help to establish better communication skills and better dialogue between kinship carers and birth parents. They were pleased that the initiative was being funded and offered for free to kinship families.

Referrers we interviewed also felt that the mediation service complemented the other types of support available for kinship families in their local authority areas. Some reported that the existing support available to kinship families in their local area tended to be limited and/or informal. Referring professionals told us that most support was focused around the kinship carer or child in kinship care rather than the birth parent. In particular, it was reported that support was limited for families who did not qualify for the Adoption and Special Guardianship Support Fund (ASGSF)<sup>22</sup> or were in informal kinship care arrangements. Referrers discussed that the support available to most kinship families tended to be non-specialist and informal, such as WhatsApp groups.

One referrer we interviewed identified that they are seeing kinship families accessing legal services privately on a more regular basis. They discussed mediation being particularly helpful for these families as it can prevent cases going to court. Referrers mentioned mediation could also complement Family Group Conferences (FGCs).<sup>23</sup> For example, where FGCs are perceived as inappropriate due to an observed lack of a friend and family support network for the parent or

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<sup>22</sup> In spring 2025 the ASGSF was also subject to a cut in funding and further restrictions which will likely affect the support kinship carers can access through the fund. For more on eligibility for the fund see: [www.gov.uk/guidance/adoption-support-fund-asf](http://www.gov.uk/guidance/adoption-support-fund-asf)

<sup>23</sup> A family group conference is a family-led decision-making process in which the family and friends network come together to make a plan for a child. The process is supported by an independent coordinator who helps the family prepare for the family group conference. See: <https://frg.org.uk/family-group-conferences/what-is-a-family-group-conference/>



kinship carer (meaning mediation can be used when the support network is viewed as small as mediation is typically delivered to a smaller number of participants than an FGC).

“We [the local authority] don’t really have anything similar in place ... we just suggest the [kinship] carers to go to Citizens Advice or get a solicitor ... then we’ll access like voluntary groups, charities, that sort of thing.” **Referring professional 4**

We carried out a desk-based scoping review of the support on offer for kinship carers in Hampshire, Portsmouth, Southampton, the Isle of Wight, and Kent (Kent onboarded from February 2024). Our review highlighted that mediation was not a standard offer for kinship carer in the areas that Family Solutions delivered the programme (Table 5). It is possible that there are local Home-Start (or similar) organisations with offers for kinship carers in these areas, but we were unable to find this information.

**Table 5: Typical support local authorities provide for special guardians in Hampshire, Portsmouth, Southampton, and Kent (as at February 2025)**

Local authority	Summary of support offer to kinship carers	Distinct from kinship mediation offer?
Hampshire <sup>24</sup>	Family Connections Service: <ul style="list-style-type: none"><li>• free guidance, advice and support</li><li>• weekly drop-in sessions</li><li>• support groups</li><li>• training and information sessions available for special guardians to attend – these can be full-day training sessions or shorter sessions over lunch time.</li></ul>	Yes – no reference to a mediation offer

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<sup>24</sup> Source: [www.hants.gov.uk/socialcareandhealth/childrenandfamilies/specialguardians/iamaspecialguardian](http://www.hants.gov.uk/socialcareandhealth/childrenandfamilies/specialguardians/iamaspecialguardian).



Local authority	Summary of support offer to kinship carers	Distinct from kinship mediation offer?
Southampton <sup>25</sup>	<p>Kinship Carers Café:</p> <ul style="list-style-type: none"><li>• provides advice on issues related to special guardianship</li><li>• facilitates consultation and mediation with various agencies, including education, housing, and health care</li><li>• offers advice on working with birth parents and managing family time and contact</li><li>• ensures access to training opportunities and support groups for kinship carers</li><li>• member of Kinship, a national charity offering independent advice and support to kinship carers</li><li>• provides advice on financial support, conducts financial assessments, and signposts in respect of benefits</li><li>• offers signposting to therapeutic support services for children</li><li>• reviews and updates special guardianship support plans, if needed</li><li>• undertakes a needs assessment alongside carers and children.</li></ul>	Yes – mentions mediation but in relation to working with agencies
Portsmouth <sup>26</sup>	<ul style="list-style-type: none"><li>• works with landlords to ensure kinship carers living in social housing are given priority to get appropriate accommodation to meet their needs</li><li>• promotes Family Time (meaning planned meetings between children in care and their family members)</li><li>• offers a family group conference at an early stage or after a child becomes looked after, if they have not had one.</li></ul>	Yes – no reference to a mediation offer

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<sup>25</sup> Sources: <https://kinship.org.uk/groups/kinship-carers-cafe/> and <https://www.southampton.gov.uk/children-families/childrens-social-care/special-guardianship-orders/#:~:text=Southampton%20City%20Council%20has%20a,managing%20family%20time%20and%20contact.>

<sup>26</sup> Source: [https://portsmouthchildcare.proceduresonline.com/p\\_fam\\_frien\\_care\\_pol.html](https://portsmouthchildcare.proceduresonline.com/p_fam_frien_care_pol.html)



Local authority	Summary of support offer to kinship carers	Distinct from kinship mediation offer?
Kent <sup>27</sup>	<p>Direct financial support:</p> <ul style="list-style-type: none"><li>• one-off payments used to overcome a crisis</li><li>• money for setting-up, i.e. for items such as clothing, furniture, if it is deemed through a financial assessment that the carer cannot otherwise afford these things</li><li>• weekly living contribution</li></ul> <p>Other forms of support:</p> <ul style="list-style-type: none"><li>• works with landlords to ensure kinship carers living in social housing are given priority to get appropriate accommodation to meet their needs</li><li>• promotes Family Time</li><li>• offers a family group conference at an early stage or after a child becomes looked after, if they have not had one</li><li>• Subscribes to PAC-UK (an organisation providing adoption and permanency support), which offers a Special Guardianship Support Service.</li></ul>	Yes – no reference to a mediation offer
Isle of Wight <sup>28</sup>	Provides free Family Fun Sessions for foster carers, adopters, and Kinship carers within a soft play centre.	Yes – no reference to a mediation offer

## Is the intervention feasible to deliver with high fidelity?

### Intervention delivered as intended with one adaptation

Family Solutions felt that the intervention was broadly delivered as intended in terms of the mediator training and session implementation. One notable deviation, however, was the introduction of a psychotherapist to support some cases.

The psychotherapist was introduced to the service in February 2024. Their role was to support birth parents and kinship carers, particularly during shuttle mediation.<sup>29</sup> This development came in February 2024 after working with kinship care families who had experienced traumatic situations. This will be maintained by Family Solutions as an offer in any future service rollout.

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<sup>27</sup> Source: <https://kentcs.trixonline.co.uk/chapter/kinship-care?search=provision+of+financial+support#provision-of-financial-support-general-principles>

<sup>28</sup> Source: <https://familyinfohub.iow.gov.uk/kb5/iow/directory/service.page?id=pilAb3JeLyY&familychannel=3-4>

<sup>29</sup> Shuttle mediation means parties are in separate rooms and the mediator goes backwards and forwards between the two rooms.



“Some of them [mediation cases] we’ve just really felt that everybody’s really stuck, and until you can unstick them from that place you can’t get them to talk about anything. And all they do is talk about whatever they are stuck on, which tends to normally be the trauma of the actual removal [of the child].” **Mediator 1**

**1**

Mostly, the psychotherapist was used in shuttle mediation and the team found it helpful to have this support included in the offer, as the support helped clients stay calm when they were left alone in the room while the mediator consulted the other party.

“...it was around keeping them emotionally up to dealing with the process itself, which could feel a lot for people.” **Mediator 4**

The use of the psychotherapist in this way was trying to achieve the best of both worlds, where it was not possible to offer the kinship carers and parents a set of individual therapy sessions, due to funding restrictions and the short timeframe in which this intervention was delivered. The mediators noted that longer-term therapy would have been helpful to many of the participants who had experienced great trauma:

“I think what would be really good is that they [parents/kinship carers] had some individual sessions with a therapist first, to get them into a place where they weren’t stuck and they were open to being able to then mediate, and then we wouldn’t need the psychotherapist in the mediation.” **Mediator 1**

At interviews, referring professionals told us about a range of topics they perceived mediation could be used for and benefits which were in line with the programme’s logic model and intended outcomes. Referring professionals wanted to see the service improve contact arrangements with children, improve kinship carer and parent relationships, and reduce conflict between parties.

Parents we interviewed told us that they were doing mediation to improve the situation for their child. This included increasing or improving contact, improving the relationship between parents and kinship carers, reducing conflict, and agreeing a plan of action with the kinship carer for contact and communication arrangements. All kinship carers we interviewed discussed contact arrangements along with communication issues with the other party as the main reason for being referred to or wanting to engage with mediation. Therefore, these intentions were in line with the programme’s logic model intended outcomes.

## Consistency of delivery across sites

Family Solutions reported that mediation was delivered consistently, with MIAM and mediation session plans followed across all sites.

## Number of mediation sessions

There was evidence of some inconsistency in the number of sessions offered based on one of our interviews with a mediator. The kinship mediation service is specified as comprising a MIAM for each party and four joint mediation sessions. While four sessions were always offered, some



families did not attend all of these. This could be because they felt that they made sufficient progress in fewer sessions. A mediator at one site described using greater flexibility when determining the number of sessions offered to a family (i.e. continuing to provide mediation after the four sessions). They also described delivering sessions over a longer period of time than the 16-week period.

“I really stretched those four meetings over a really long period of time, like we started maybe last July, and we finished last month [January 2025], but they will probably go [on for a few months more not under this funding scheme].”

**Mediator 3**

## Addressing emotional impact

Mediators increasingly recognised the value of acknowledging and addressing the emotional impact of the family’s history (for example, distress linked to parental substance misuse or neglect of the child) early in the mediation process. This approach helped participants feel heard and created space for them to begin focusing on future hopes and arrangements. This learning was shared across the Family Solutions team to help ensure that mediators had a consistent approach to relating to kinship families.

## Assessing fidelity in the future

Ensuring that intervention fidelity is maintained will be important in a future evaluation to ensure consistent delivery across sites and to facilitate the testing of the theory of change.

In the future, with expanded delivery at more sites, we recommend delivering in-person training to newly onboarded mediators that involves role-play to highlight this important aspect of working with kinship families. We recommend that a future fidelity checklist specifically assesses:

1. Whether mediators received training in-person
2. Whether time was allowed for role-play at training
3. The order in which mediators move through the content of the sessions during mediation (specifically whether fears are addressed early in mediation)
4. The number of mediation sessions delivered.

Family Solutions captured and returned administrative data on all referrals received. To assess fidelity in a future study the scope of this administrative data could be expanded to provide further information on delivery, such as delivery of specific components of mediation at each session.

As this study showed that observation by evaluators was broadly unacceptable to families in kinship mediation, we recommend the use of mediator self-report fidelity checklists. In line with Bellg et al.’s (2004) work on implementation, we recommend a future evaluation develop a checklist to assess fidelity across the five domains of: (1) design of study, (2) training providers, (3) delivery of treatment, (4) receipt of treatment, and (5) enactment of treatment skills. In addition to fidelity checklists, we recommend embedding more mature administrative data-capture systems to





support this assessment (see section [What are the priority outcomes to measure in a future evaluation?](#)**Error! Reference source not found.**).

## Is the intervention acceptable to key stakeholders?

Kinship carers, parents, and referring professionals all viewed the kinship mediation intervention as acceptable. We base this assessment on our analysis of the interview data where participants spoke highly of the offer and would recommend it to other people. All kinship carers and parents interviewed had a positive experience of mediation and would recommend it to others in a similar situation.

“It’s definitely something that I would signpost people to ... from, you know, that initial contact over email, and inquiring, all the way up to [mediator name] and sort of the aftercare, if you like, ... I would definitely signpost people over to them [Family Solutions].” **Kinship carer 1**

Similarly, the referring professionals interviewed thought highly of the kinship care mediation offer and would recommend it to other practitioners.

“I think really all [parents and kinship carers] should have to do it. I think it’s absolutely brilliant. I think they’d all benefit from it.” **Referring professional 4**

Some of the kinship carers we interviewed were recommended to Family Solutions (by their referrer) or had previously heard of them. Based on this, the kinship carers we spoke to had a good first impression of Family Solutions. This first impression was then reinforced by ongoing positive experiences with Family Solutions. For one kinship carer they selected to use Family Solutions when it was not necessarily the most local mediation service to them:

“I did a little bit of research about what was a bit more local to us, just to try and make it a bit more accessible for [birth parent], but Family Solutions were the quickest at getting back to me and they were kind of the most comprehensive reply.” **Kinship carer 1**

Kinship carers talked about their trust in Family Solutions as a credible organisation. The reasons for this were the consistent friendly, responsive, and reliable service that Family Solutions had provided throughout their involvement in the mediation service. This was from the first point of contact through to completing mediation. Kinship carers talked about the flexibility that Family Solutions offered them in terms of the format of mediation sessions, the days and times they were offered and the tailored approach to how much time between mediation sessions there should be (for example, leaving a longer gap if someone was away or if there was an action that needed a little longer to test out).

“When I rang the receptionist ... I spoke to her a few times about having to change [appointments] because of work, she was just absolutely brilliant and she would go back through and find times that were good around our work, and that was a nice thing as well, that it was very accommodating.” **Kinship carer 6**



Kinship carers trusted the mediators and described them in a way that suggested they believed they would follow through with any actions on their side. Kinship carers appreciated the written summaries and plans that were made between them and the other party at mediation sessions. Kinship carers viewed these written decisions and summaries made at mediation as helpful and influential to their kinship care arrangements. These plans were viewed as formal and something that could be referred back to as a set of ground rules for both parties. This overall felt preferable and less stressful than going to court. For kinship carer 4, they came to mediation with the hope of getting a plan in place around contact and boundaries and this was achieved.

“We did get it all sorted and it’s all better now because it’s all in writing, do you know what I mean? And things are a lot more settled between us two [kinship carer and other care giver].” **Kinship carer 4**

One feedback form (see section [Acceptability of the feedback forms](#) for details on feedback form responses) was received from a kinship carer who attended mediation. They gave the mediation service the highest possible score (10 – very helpful) in terms of helpfulness, explaining that the mediation service enabled them to reach an agreement with the other party about contact arrangements at Christmas. They said that the mediation service “has been very helpful and made things run better for the children”.

## Research question 2: Who did the intervention reach and how should the intervention be developed, scaled up, and replicated in future?

### Eligible population for the mediation service in the local authority areas

To explore the success of recruitment we attempted to estimate the eligible population across the five local authorities. The eligible population for the mediation intervention is kinship households which comprises:

- Kinship foster care
- Carers granted an SGO
- CAO (replacing Residence/Contact Orders in 2014)
- Kinship carers for children in an informal arrangement where there is no court order (which includes private fostering arrangements).

Given the variety of legal orders, including informal arrangements, it is challenging to estimate the number of households eligible for the study. We have based our estimations on the publicly available statistics for the point at which an order is granted, given that this is when kinship families are most likely to be referred due to involvement with the court process and children’s social care.



We contacted all five local authorities to request information on the number of kinship carers on their current caseload but only one responded. In Southampton, they reported that there were 23 new kinship households last year (comprising 28 SGOs and 2 CAOs), with a current caseload of 33 approved kinship fostering households, 25 temporarily approved kinship foster carers and 31 special guardianship households.

In total, 51 referrals were made into the kinship care mediation service during the study. If we take the total number of children who left care through an SGO and the estimated number of friend/family (kinship) foster placements from Table 6 below (n=432) as a conservative estimate of the number of kinship households across the five local authorities, the number of referrals is equivalent to 12% of the population.

It is challenging to assess what proportion of kinship carers comprise an ‘eligible’ population as these would be households that feel that mediation is necessary due to, for example, disagreements over contact or communication issues (and may not meet the eligibility criteria for the service).

National data<sup>30</sup> gives us further information about the characteristics of some of these kinship households. Children who were the subject of an SGO during the year (ending March 2024) tended to be young, with 75% aged 9 years and under. The majority of children were White (82%) and there was an almost even gender split (51% male). The majority of children (77%) had abuse or neglect recorded as their primary need for entering care.

**Table 6: Number of formal kinship placements by local authority**

Local authority	Hampshire	Portsmouth	Southampton	Isle of Wight	Kent	Total
Number of children who left care through SGO <sup>31</sup> 2023–24	73	11	30	6	39	159

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<sup>30</sup> See: <https://explore-education-statistics.service.gov.uk/find-statistics/children-looked-after-in-england-including-adoptions>

<sup>31</sup> This number includes SGOs made to carers or former foster carers, other than relatives or friends.



Local authority	Hampshire	Portsmouth	Southampton	Isle of Wight	Kent	Total
Estimated total foster placements inside council boundary with relative or friend <sup>32</sup>	98	30	34	13	98	273
Total						432

## What were the referral routes to the programme?

Where the source of referral was known (n=41 cases), three-quarters (n=30, 73%) of cases were referred by a social worker, eight (20%) were self-referred, and three (7%) were referred by a lawyer/solicitor. Of the referrals from social workers, the greatest proportion came from Hampshire County Council (n=17, 57%). Individuals who self-referred heard about mediation through social workers, lawyers/solicitors, and mediators themselves.

Most kinship carers we interviewed (n=4) had been referred to the mediation intervention by their social worker. One kinship carer self-referred, one was referred by a solicitor and one was invited to take part in mediation by the other party (the birth parent). Two kinship carers discussed their mediation being court ordered, but this was not viewed as a negative for them as it ended up in a positive outcome, for example:

“In a way my hand was kind of forced, I mean I wouldn’t have necessarily gone to mediation if it hadn’t been you know part of the [court] application process said ‘you have to go to mediation’ so ... if it hadn’t been from that point of view I probably wouldn’t have bothered, I would have just gone down the court process.” **Kinship carer 3**

Birth parents we interviewed described hearing about the mediation service through a social worker or lawyer. We did not interview to any birth parents who had been first introduced to the mediation offer through the kinship carer or a kinship carer’s social worker. Two birth parents had directly sought out mediation themselves and both had previously used or worked with Family Solutions.

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<sup>32</sup> Based on the number of total foster placements inside council boundary with a relative or friend for children in England who started to be looked after in 2024 (Department for Education, 2024), adjusted by local authority rates of all children taken into care 2023–24. Council boundary estimates are used here to reflect the localised nature of the mediation service offer.



## Suitability for mediation

We worked with Family Solutions to agree their definition of an ‘inappropriate’ referral to the service ahead of the training delivered to local authority professionals. An inappropriate referral was defined as:

1. The case is urgent, in that an immediate application to court needs to be made
2. There is a history of domestic abuse between participants to the extent that the victim does not feel safe even in separate rooms (i.e shuttle mediation)
3. There is extreme or entrenched conflict
4. There is an imbalance of power which the mediator cannot redress
5. One person refuses to engage in mediation
6. Mediation has recently been tried unsuccessfully within the past four months.

The mediator deemed 88% (n=37) of referrals to be suitable for mediation (of 42 cases for which this information was available). For the five cases that mediators deemed unsuitable for mediation, one was due to the stability of a birth parent, one was due to a lack of engagement from birth parents, and for three cases the reason was not provided.

## Recruitment to the service

We have not been able to identify any specific local, regional, or national datasets to facilitate the recruitment of participants.

During the study, Family Solutions identified an informal parenting group (a local forum run by four women who have had their children removed from their care by local authority children’s services) that could encourage referrals from birth parents. In a future evaluation we would recommend identifying these groups with the help of local authorities and social media and engaging parents in the referral process. We also recommend collaborating with local organisations, such as Kinship (the national charity for kinship carers) peer support groups, to publicise the service.

Family Solutions felt that their approach to engaging local authorities worked well and could be used in future. Strategies involved meeting with local authority children’s services team leads, introducing teams to mediation, providing one-hour online training sessions of what mediation is and how to refer. As outlined, some local authorities were more engaged than others, with one local authority making no referrals into the service. Family Solutions suggested providing refresher training to local authority teams at a midpoint (or every six months) of future delivery to encourage referrals and gather useful feedback.

It is important to note that Family Solutions did have existing relationships with the local authorities (excluding Kent, onboarded in February 2024). The team suggested that from a ‘cold’ start with a local authority, it could be helpful to emphasise how kinship mediation can be an effective way to prevent placement breakdown and ease the pressure on the courts by helping families work through conflict before it escalates further. The team recommended offering free



workshops or short lunchtime sessions to introduce the concept to local authorities and show how it could support their work.

Family Solutions felt that they were successful in recruiting a range of kinship care relationships, including sibling carers. They reflected that they may need to consider issues around diversity and cultural differences in a future evaluation in different areas; the current low recruitment rate of global majority kinship family members was reflective of the demographic composition of the local authorities, so we cannot comment on whether families from global majority groups experience any barriers to engaging with the service.

## Who was referred to the programme in terms of their characteristics, legal status, and geographical location?

### Characteristics of kinship carers referred

Data was provided for 94 adults who made up the caseload of the 51 referrals into the service. Information on referred kinship carers was available for 44 kinship carers in 41 cases.

As shown in Table 7, the most common form of kinship care arrangement was an SGO (55%) and the majority (72%) of kinship carers were female.

Half of kinship carers were grandmothers (n=22, 50%) and about a quarter (n=10, 23%) were grandfathers. Six were other family members including aunts and uncles (14%), three (7%) were family friends, and three (7%) were listed as special guardians or foster carers.

Most kinship carers were aged 46 and over (80%) and the majority described their ethnicity as White (95%). One kinship carer was described as having a disability and two were described as experiencing mental health issues. No kinship carers were described as being care-experienced themselves.

The majority of kinship carers were not in employment (74%) with 60% in receipt of benefits.<sup>33</sup>

**Table 7: Characteristics of kinship carers referred to the mediation service**

Characteristic		N	%
Kinship care arrangement (n=44)	SGO	24	55%
	Foster carer	7	16%
	CAO	3	7%

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<sup>33</sup> Data on receipt of benefits only available for n=25 kinship carers.





Characteristic		N	%
	Informal	10	23%
Relationship to child (n=44)	Grandparents	32	73%
	Other family members	6	14%
	Family friends	3	7%
	Special guardians or foster carers	3	7%
Gender (n=39)	Male	11	28%
	Female	28	72%
Age (n=35)	26–35	4	11%
	36–45	3	9%
	46–55	15	43%
	56+	13	37%
Ethnicity (n=42)	White	41	98%
	Global majority <sup>34</sup>	1	2%
Disability (n=39)	Yes	1	3%
	No	38	97%
Mental health issues (n=39)	Yes	2	5%
	No	37	95%
Care leaver (n=35)	Yes	0	0%
	No	35	100%
Employment (n=39)	Working full-time	6	15%
	Working part-time	4	10%
	Not working	29	74%
Receiving benefits (n=25)	Yes	15	60%
	No	10	40%

<sup>34</sup> Grouped to avoid statistical disclosure from low counts.



## Characteristics of birth parents referred

In total, 38 birth parents were referred to the service across 34 cases. Two-thirds were mothers (66%) and a third were fathers (34%, of total n=38). The majority of parents (63%) were aged 26 to 35 years and 94% described their ethnicity as White. Four birth parents were care-experienced (13%). Four (13%) had a disability and 24 (23) had experience of mental health issues including anxiety, depression, and addiction.

The majority (87%) of birth parents were not in employment and 93% were receiving benefits<sup>35</sup> (all characteristics of referred birth parents listed in Table 8 below).

**Table 8: Characteristics of birth parents referred to the mediation service**

Characteristic		N	%
Gender (n=37)	Male	10	27%
	Female	27	73%
Age (n=32)	16–25	5	16%
	26–35	20	63%
	36–45	5	16%
	46–55	2	6%
Ethnicity (n=34)	White	32	94%
	Global majority <sup>36</sup>	2	6%
Disability (n=31)	Yes	4	13%
	No	27	87%
Mental health issues (n=31)	Yes	24	77%
	No	7	23%
Care leaver (n=31)	Yes	4	13%
	No	27	87%
Employment (n=31)	Working full-time	2	6%
	Working part-time	2	6%

<sup>35</sup> Data on receipt of benefits only available for n=26 birth parents.

<sup>36</sup> Grouped to avoid statistical disclosure from low counts.



Characteristic		N	%
	Not working	27	87%
Receiving benefits (n=26)	Yes	25	96%
	No	1	4%

### Characteristics of children in kinship families referred

Data was provided about 56 children across 45 cases. In the majority of cases (n=36, 80%) there was one kinship child in the household, with 7 households (16%) with two children and two households (4%) with three children.

As shown in Table 9, there was an almost even gender split for the children (52% male). Children were aged from less than 1 year to 15 (mean = 7 years), with a third of children (34%) aged 4 years. The majority (98%) of children were White. Just over half had previously been in care (58%). A quarter of children had a Child in Need (CiN) legal status and a third (31%) were on a Child Protection Plan (CP). Most children did not have any identified of mental health issues (74%) and almost all children did not experience any physical health issues (94%).

**Table 9: Characteristics of children in households referred to the mediation service**

Characteristic		N	%
Gender (n=56)	Male	29	52%
	Female	27	48%
Age (n=56)	Under 1	2	4%
	1–4	17	30%
	5–8	14	25%
	9–12	14	25%
	13–16	9	16%
Ethnicity (n=56)	White	55	98%
	Global majority <sup>37</sup>	1	2%
	Yes	32	58%

<sup>37</sup> Grouped to avoid statistical disclosure from low counts.



Characteristic		N	%
Previously looked after (in care; n=55)	No	23	42%
Legal status (n=42)	CiN	10	24%
	CP	13	31%
	Neither	19	45%
Mental health issues (n=50)	Yes	13	26%
	No	37	74%
Physical health issues (n=51)	Yes	3	6%
	No	48	94%

## Intervention delivery

Of the 51 referrals, 50 cases (98%) were closed to the service at the time of the final administrative data return shared with Coram (10 April 2025), with one case remaining open. As shown in Table 10, a third of closed cases progressed to mediation (17 of 50 referrals, 34%). For 16% of closed cases neither party attended the MIAM, and for a third just one party attended the MIAM. For 16% of closed cases both parties attended the MIAM but did not progress to mediation.

**Table 10: Status of closed cases (N=50)**

Case status	N	%
Neither party attended a MIAM	8	16%
Only one party attended a MIAM	17	34%
Both parties attended a MIAM but case did not progress to mediation	8	16%
At least one mediation took place	17	34%
<b>Total</b>	<b>50</b>	<b>100%</b>

Across the 94 adults in 51 families referred to the service, 76 adults attended a MIAM (therefore 76 MIAMs were delivered). Eighty-two per cent of kinship carers and 86% of parents referred to the service attended a MIAM, meaning at least one MIAM was attended in 43 (84%) cases. For the cases where only one party attended a MIAM, in 11 cases (69%) the birth parent(s) did not attend the MIAM, and in five cases (31%) the kinship carer(s) did not attend (n=1 case where this



information is not available). Forty per cent of cases where at least one MIAM took place proceeded to mediation (17 of 43 cases).

MIAMs happened on average 20 days after the referral was received, but this ranged from six to 101 days.<sup>38</sup> The mean average number of days between a MIAM and the first mediation session was 54 days, ranging from 15 to 171 days.<sup>39</sup>

Based on information gathered by mediators at the MIAMs, adults described a range of presenting issues, including changes to contact arrangements (most often that a birth parent wanted more contact with their child), a desire to improve communication and a change to care arrangements (e.g. informal kinship carers applying for an SGO).

The majority of adults (n=66 out of 74 reported, 89%) felt that conflict was entrenched<sup>40</sup> at the start of the mediation process. This is similar to the view of mediators, who felt that conflict was entrenched for 91% of families (n=39 out of the 43 where there was data reported) but assessed that the mediation process could still go ahead.

Most adults felt that the conflict between parties had been going on for one to two years (n=42, 65%), with 23% (n=15) feeling it had gone on for three to four years and 12% (n=8) felt it had gone on for more than five years. For almost three-quarters of families (n=30, 73%) there was a history of court proceedings and of these there was most often just one set of proceedings (n=25, 69%).

Sixty-eight per cent of cases where both parties attended a MIAM proceeded to mediation (17 of 25 cases). Of the eight cases that did not proceed to mediation, despite both parties attending MIAMs, for two cases there was a lack of engagement in mediation by one party (i.e. repeat cancellations), in two cases there was a change to legal orders/living arrangements for the child(ren), in two cases court proceedings started, in one case there was one party that did not want to proceed to mediation, and in one case the mediator deemed mediation unsuitable.

Of the 17 cases where mediation took place, 41 mediation sessions were delivered overall (not including MIAMs or child consultations), meaning a mean average of 2.4 sessions per family. Four cases had one mediation session (24%), five had two sessions (29%), five had three sessions (29%), and three had the full offer of four sessions (18%). For the three cases with all four sessions, the time between the first and last session ranged from 120 to 168 days (4 to 5 months) with a mean average of 147 days. Across all mediation sessions there was a mean average of 38 days (just over one month) between each session, although this ranged from six to 91 days.

Of the 17 cases where at least one mediation session was held, 15 cases (88%) involved at least one kinship carer and one birth parent, and 2 cases (22%) involved two kinship carer parties. The majority (95%) of kinship carers at mediation were grandparents and the majority of birth parents (71%) were mothers. In the majority of cases at mediation, the kinship carers had an SGO (n=13,

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<sup>38</sup> This does not include one case where the referral was sent 15 days after the MIAM was carried out.

<sup>39</sup> This longer time occurred when one party did not want initially to engage (attend a MIAM) and then changed their mind later on during the intervention delivery.

<sup>40</sup> Parents and kinship carers (and other adults) were asked “Is conflict entrenched between you and other party? Yes/No” at MIAM stage.



72%), with three (18%) with informal arrangements, and one (6%) with a fostering order. The majority of these cases were referred by a social worker (n=11, 65%), five (29%) were self-referrals, and one (6%) was referred by a lawyer/solicitor. The majority of the cases that reached mediation had a history of court proceedings (n=11, 79%), the majority of which had one set of proceedings (n=9, 82%).

Mediation reportedly broke down for three of these cases. Mediation broke down after the first session for one family due to a bereavement. For another family, mediation broke down after two sessions when the parent chose to apply to court. Despite this, the family was able to reach some level of agreement as a result of mediation. For the third family, mediation broke down after three sessions when parties felt unable to move past previous traumatic events.

## **Child consultations delivery and attendance**

Child consultations were held for three cases (18% of cases where mediation took place). For one case, two child consultations were held; one for each of the two children in the family. Children (N=4) attending child consultations were aged 12 to 15 years. The most commonly cited reason in Family Solutions' administrative data for child consultations not taking place was that the child was too young (mean age of children in kinship families referred was 7 years old and child consultations are typically deemed suitable for children aged 10 and above).

Reasons also included adults not wanting a consultation with the child to be held and cancelled appointments. On average, child consultations took place 26 days after the first mediation session, although this ranged from 5 to 75 days. Two child consultations happened between mediation sessions one and two, one consultation happened on the day of mediation session two, and one happened on the day of session three. It is challenging to summarise the children's wishes without identifying individuals, but their wishes mostly referred to the extent of contact with their birth families. For one case, the child asked for things disclosed at the child consultation not to be shared with the adults. For all three cases where a child consultation took place, Family Solutions reported that the adults involved followed the child's wishes.

## **What were the barriers to successful delivery of the programme?**

This section discusses the perceived barriers of the service implementation and delivery from the perspectives of the kinship carers, parents, referring professionals, and mediators whom we interviewed.

### **Barriers according to referring professionals**

#### ***Limited support for birth parents to engage in the intervention***

A lack of support for birth parents prevented them from taking up the offer or engaging. Most referrers we spoke to worked with kinship carers and reported a complete lack of support for birth parents once court proceedings had concluded. To our knowledge, services that support birth parents following proceedings, such as the Family Drug and Alcohol Court in Wales (FDAC; Meindl & Westlake, 2024) are not common. This made it very difficult for birth parents to understand the





mediation process and benefits and therefore take up the offer or engage with the mediation service. Referrers also talked about the complex challenges birth parents were facing (such as mental illness and trauma-related impacts) which could prevent engagement. This lack of support to birth parents (post-court order) was also noted by the mediators and they found this to be a surprising part of service delivery.

“[The biggest learning was] that the social workers don’t keep in touch with the biological parents afterwards [post-court order], it never really occurred to me to be honest. Which kind of makes sense, but I kind of thought that they’d have an ongoing role with some sort of facilitation of support for the family as they grappled with the new arrangements.” **Mediator 4**

“Ideally we [Family Solutions] would have more funds to ... ring them Monday, Tuesday, Wednesday, ‘You’re coming Thursday. Have you got a taxi? Have you got your train fare?’” **Mediator 1**

### ***Recent or ongoing court proceedings creates reluctance to engage with the intervention***

Referrers reported that recent or ongoing court proceedings often acted as a barrier to engagement with mediation. Birth parents were seen as reluctant to participate, feeling that mediation offered little benefit after legal decisions had been made, particularly when relationships with kinship carers had broken down. Some kinship carers were also hesitant, fearing that mediation might lead to parents challenging court orders or seeking inappropriate levels of contact.

“The emotions of proceedings can be quite difficult if the proceedings are contested, and I also think for birth parents, even the ones that haven’t opposed the making of a Special Guardianship Order, there is still a level of finality post-order.” **Referring professional 3**

### ***Negative past experiences can reduce motivation to engage***

The relationship between families and professionals, local authority staff, was sometimes a barrier to parties engaging with mediation. Negative past experiences or a perception that services were not acting in their interests made some birth parents distrustful of offers coming from these sources. Referrers who worked mainly with kinship carers also struggled to find appropriate professionals to engage birth parents directly, especially given strained relationships and the lack of consistent contact.

Despite this, referring professionals described the referral process itself as smooth and manageable, which was important given their already high workloads. However, persuading kinship families to accept or even consider mediation often required significant effort, including multiple conversations and a strong understanding of the mediation process. Training was key in helping professionals explain the benefits of mediation clearly and accurately, which supported more effective engagement with both kinship carers and birth parents.



“It does take a lot of talking and convincing that this is actually going to be really positive.” **Referring professional 1**

## **Barriers according to mediators**

### *The complex histories and relationships between parties*

Mediators felt that the main barriers to the implementation and delivery of the mediation service were the complex relational dynamics and histories between parties. They also discussed the challenges in engaging birth parents and kinship carers. It took a lot of engagement work to get parties to show up to mediation sessions (for instance, multiple reminders were required) and the stop–start nature of this meant that momentum in mediation could be lost.

“Then on and off, things got moved, people kept cancelling, one would turn up, then the other one wouldn’t turn up and then they fell out and didn’t really get back on track again.” **Mediator 2**

### *Staff turnover in referring local authorities*

Mediators also discussed the relatively high turnover of local authority staff in the referring areas being a barrier. This meant that staff who knew about the mediation intervention may have moved on and new staff were less equipped to inform kinship families about the offer (as they had not attended the mediation-awareness training delivery by Family Solutions).

### *There can be too much to cover in the four sessions available*

Mediators mentioned that the amount of content to cover in four mediation sessions could be challenging to deliver. For some mediators they found that the kinship families were not ready to move to the ‘mediation plus’ components of the model (communication and conflict management techniques, positive parenting, and the impact of conflict and trauma on children) and had to stick to the standard elements of mediation.

“There’s ... a lot of content to get through. And as I say, in a typical mediation you’d be doing a bit of coaching, but that would actually be quite a small part of what you were doing, you’d mainly be focusing on negotiation.” **Mediator 3**

## **Barriers according to kinship carers**

### *Overall, kinship carers had a positive experience of the intervention once involved*

As all kinship carers we interviewed had a positive experience of mediation and said they would recommend it to others in a similar situation, they did not suggest many barriers or improvements to the service at interviews.

**Interviewer:** Do you think there’s anything that could be improved about how it [the mediation service] is run?

**Kinship carer 6:** No definitely not, I don’t have anything to say, no nothing.



***Without a trusted referrer, kinship carers may not see the value of mediation and are less likely to engage***

The main suggestions kinship carers made were about widening the awareness of mediation to more kinship carers and families so that they better understand what mediation is, what it offers and where someone can go to access a mediation service.

“I do think I may have struggled to have found a mediator or more information if I wasn’t guided strongly from the solicitor.” **Kinship carer 5**

Some kinship carers we interviewed had an inaccurate perception of mediation and what it would involve before attending a MIAM. For some kinship carers, they viewed mediation as geared towards divorcing couples or as a very formal process which was linked with court processes. Some of the kinship carers had had previous experience of mediation (with both negative and positive experiences reported – there were no negative prior experiences of Family Solutions). However, one kinship carer, who did understand what mediation would entail, was reluctant to attend because they at first felt it was not needed for their situation. One kinship carer discussed how the word ‘mediation’ itself was associated with court processes, which could feel off-putting and frightening.

“I think a lot of people are scared of that word ‘mediation’ because they think ‘oh what’s that going to entail? Does that mean that’s going to be court next?’”

**Kinship carer 6**

“I initially, I have to admit, thought that mediation was only open for people who were getting divorced ... it’s always painted a picture of a bit Jeremy Kyle-esque ... these two parties going at each other with a person in the middle trying to find the middle ground.” **Kinship carer 1**

However, for one kinship carer, it made sense straight away to them how mediation could be applicable to kinship families even if it was associated with divorcing parents:

“... it’s a similar process isn’t it [to divorce]? At the end of the day, it’s two people with parental responsibility squabbling over children. So, in a way, it didn’t really make a difference whether it was two people getting a divorce or our sort of situation.” **Kinship carer 3**

One kinship carer noted how the birth parent(s) may have been reluctant to be involved with the mediation service because of their previous involvement with children’s services. This sentiment was echoed in our interviews with birth parents.

“I think there is more social service [local authority children’s services] involvement than they ... are comfortable with, so I think it’s just a case of, kind of, self-preservation for them and [from the birth parents’ perspective] the least people that are involved [in their lives] the better ... I think they feel quite vulnerable.” **Kinship carer 1**



Another kinship carer talked about how they wanted the mediator to share more details about what had happened at the mediation sessions with their local children's services (note: mediation should always be confidential and privileged). They thought it would be helpful for children's services to understand more about what had been agreed at mediation sessions between the kinship carer and birth parents so that this agreement could be reinforced. Also, when the birth parent displayed any obstructive and unhelpful behavior at mediation sessions, they wanted this to be noted with children's services.

“... my only negative part on it [mediation] was that no report goes back to children services. They [Family Solutions] just do an overall general review of the mediation session and sort of give the outcome, which generally our outcome is good by the end of each session.” **Kinship carer 2**

## **Barriers according to birth parents**

### ***A poor relationship with the kinship carer or reluctance from the kinship carer to participate***

The biggest barrier for parents that we spoke to was the relationship with the kinship carer or the kinship carer not engaging with mediation. For one parent, this meant that only one session took place. Some birth parents felt very worried about engaging with kinship carers because of past conflicts and experiences. However, the parents we spoke to were willing to work through this, and endure a lot of stress, for what they thought was best for their child.

“I was really nervous and I started shaking and because I knew I was making a step forward and I was doing it for [child] and I knew I had to be strong and, like, do it. [...] I have to do this like, otherwise nothing's going to change.” **Parent 3**

It could be very disappointing for the parent when a kinship carer did not engage with the process. A lack of engagement might look like the kinship carer not turning up or not being open to change. Parents speculated that kinship carers might not engage if they were not sure what mediation was going to be like. For three parents, there was no problem with the kinship carer engaging. But for the parents where this was an issue, it was a significant one.

“I'm being like, really easy and going, 'yep whenever' I will drop everything, I'll come, and they're being a lot more difficult.” **Parent 2**

Like kinship carers, birth parents often misunderstand or lack awareness of the benefits of mediation, which can hinder uptake. Some parents felt that a lack of awareness or negative pre-conceptions of what mediation is like could prevent more families from taking up the mediation offer. Compared with the kinship carers that we interviewed, parents overall had a less clear understanding about what mediation would be like before taking part. Some parents didn't know what mediation was, or had negative pre-conceptions. Others had been through mediation processes before. For those who did not know about mediation before the offer from Family Solutions, parents felt that it had been explained well. For some, it took direct conversations with the mediator to understand the service, and a few only felt like they fully understood once they had experienced the process for themselves.



“I did hear of [mediation] like, marriage and divorce and things, but I didn’t know that they did situations like mine.” **Parent 1**

Some parents wished they had found out about mediation sooner and suggested that most parents only find out about it when they are dealing with court. Parents felt that other parents should be made more aware and made aware earlier in their journey with kinship care. Negative preconceptions included thinking mediation would be dramatic or confrontational, that they would have to sit in the same room as the kinship carer.

“I mean obviously seen on TV [...] there’s a big drama, and obviously a lot of people think that happens in real life because they’ve never gone through it, or you know you don’t know what to expect.” **Parent 5**

## **What were the facilitators to successful delivery of the programme?**

### **Facilitators according to referring professional and mediation delivery teams**

#### ***The bespoke training offer for referrers facilitated improved professionals’ understanding of the intervention and confidence to refer families***

The mediation training delivered by Family Solutions in September improved professionals’ understanding of mediation and confidence to refer to the service. By the end of the training, almost all attendees (99%) felt confident explaining mediation, deciding who to refer and making referrals, up from just 12–37% at the start of training. This improvement highlights the value of the training as a core component of service delivery (see [Appendix 3](#) for all results from mediation awareness training feedback).

#### ***For some referrers, the time of referral facilitated more engagement from families, but this was not experienced consistently***

Referrers felt they generally had more success recruiting kinship families to the service who had not yet gone through the court process. However, for many referring professionals, this was not possible as they exclusively worked with families already under SGOs (post-court). The motivation to keep the case out of court or prevent the case returning to court was strongly linked to increased uptake and being interested in the offer. Some referrers talked about how court-recommended mediation could increase uptake (mediation should still be voluntary). For one parent we interviewed, they described mediation as court ordered. For them, mediation still resulted in a positive outcome:

“[Court-ordered mediation] built that bridge between us because [...] the court is making it slowly come in, forcing it in, but this [mediation] is us actually like walking across the bridge, and like holding our hand out and saying, ‘look, come on, let’s do this together’ in a sense.” **Parent 2**



### ***Unsurprisingly, a strong relationship between the referring professional and the kinship carer and a safe setting facilitates a better experience for all***

A good relationship between a kinship carer and referring professional and service helped kinship families to be open to the mediation offer. Referrers identified the following as selling points: reassuring parents they did not have to be in the same room as the kinship carer; that the service was free; and that mediators were highly experienced and neutral. It took lots of time and patience from referrers, often including repeated attempts and follow-ups to encourage parents and kinship carers to take up the offer.

Direct engagement and communication with all family members made it more likely that the birth parent agreed to a referral. Referrers felt it was important to explain the mediation service and process to both birth parents and kinship carer separately, which was not always possible as many professionals did not work directly with the birth parents. Referrers felt that uptake might increase if there was someone to support the birth parent and to introduce the offer from ‘their’ side. Having avenues for parent and kinship carers to self-refer was another way that referrers felt increased uptake.

Referrers felt that parents and kinship carers were more likely to engage when they felt that the setting was ‘safe’. Referrers described kinship carers and birth parents feeling less stressed about mediation when they knew that they did not have to be in the same room (shuttle mediation) and that the space was impartial and not associated with children’s services. Zoom mediation also worked well for some, as it gave parents and kinship carers more control over the situation.

“It’s a safer way of sort of getting those thoughts and feelings out there really and I think they [kinship family members] feel really held.” **Referring professional 1**

### ***The manner and approach of the mediator leads to increased confidence in the referrer and a better experience for families***

Referrers felt that the mediators’ experience and manner facilitated parents and carers to engage. The mediators’ calm demeanours soothed and reassured parents. Referrers felt that having experienced mediators also helped families engage, as some kinship families had been let down by inexperienced social workers in the past. The mediators’ patience and the ability to work around chaotic or busy schedules also helped parents and carers to engage. Referring professionals talked about how, because the mediator had no role in legal proceedings, kinship family members perceived them as having no ‘agenda’.

“I think being able to reassure people that this is person is neutral, but they’re also an expert – they’ve been doing this a long time – is really helpful.” **Referring professional 6**

Multi-professionals (meaning professionals from a range of disciplines who engage with kinship carers and parents) preparing and giving correct information to kinship carers and parents about SGOs (and matters related to kinship caring) prior to the mediation taking place helped mediators focus on mediation, rather than explaining the remit of an SGO, for example.





### ***Centring the needs of the child and having a child consultation, where appropriate, can speed up progress towards resolution***

Keeping mediation sessions child-focused facilitated successful mediation sessions. Although there were only a handful of families eligible for child consultations during the delivery period, these were highly effective. In one case, the child consultation was the decisive factor in progressing the family towards resolution.

“I think when the child comes into the child con[sultation] and they [parents/carers] almost invariably follow what the child wants, so that is a huge and significant thing ... that makes a massive difference.” **Mediator 4**

### ***The MIAM is a key engagement mechanism that works to increase uptake of the intervention***

Treating the MIAM as a tool to build rapport and trust was another facilitator noted by mediators:

“I think it’s [the MIAM] about building that rapport, it’s about making them [parent/carer] feel that you’re not someone else there that’s judging them.”  
**Mediator 2**

Mediator qualities and experience were also a key facilitator. Mediators needed to be well prepared for sessions and open to and patient with taking it slowly with participants. Mediators accepted smaller outcomes and were creative with ideas to reach smaller compromises. Mediators asked kinship families to test out different strategies and plans and were prepared to revisit, refine, and even scrap these approaches if needed at subsequent mediation sessions.

“Mediation is a very reflective process, you try something, you do it and you’ve got the opportunity to go: ‘let’s try this, come back again next time, and tell me how it went.’” **Mediator 3**

### ***A psychotherapist was brought into sessions to support mediators when family members disclosed past traumatic experiences***

Alongside this the mediators we interviewed displayed huge amounts of patience, resilience, and compassion for all members of the kinship families. The mediators were highly experienced and expert in the field of family mediation, for example they had previously mediated for families involved in child protection processes. Despite this experience, mediators still felt the kinship mediation work was much more complex and surfaced experiences of past trauma far more than most other mediation sessions they had delivered. Mediators generally found it harder to deliver mediation in this context than they had first expected. Mediators were exposed to traumatic stories, such as experiences of physical and sexual abuse, and experienced some significant disclosures at mediation sessions. Consequently, mediators required supervision and support to deliver the mediation sessions to some families with more complex histories and needs.

“The [birth parent] disclosed quite horrific stuff to [the kinship carer], she was very young when she had the child, and it was like, ‘wow, okay, this is quite hardcore.’” **Mediator 2**





In this context, it was very helpful to have the presence of the psychotherapist in sessions to support participants if there were topics disclosed and discussed that were outside of the mediator's perceived skill set.

"We have had a therapist working with us alongside and, I do think, actually for kinship [mediation], that has helped because some of the things that were disclosed, 'this is beyond where I am' in terms of professional capability ... so in terms of the future, I think having therapeutic input definitely is one area that can help." **Mediator 2**

### *The separation of mediation from other services facilitates confidentiality*

It was important that mediation was a non-judgemental, confidential space that is separate from children's services, where mediators did not necessarily know the details of the family's history, particularly around why the child was removed from the birth parent's care. This is also a key factor in setting the service apart from FGCs, where FGCs may be run in-house by staff/social workers who work for the local authority.

"... because it's an hour of talking to a professional who hasn't been involved in anything else [to do with their lives/child], completely independent, people feel helped by it and often heard ... mediation is just them ... and helping them feel confident to talk to each other in a safe environment." **Mediator 4**

## **Facilitators according to kinship carers and birth parents**

### *A supportive and non-judgemental approach*

Birth parents and kinship carers consistently described the Family Solutions kinship mediation service as warm, approachable, and supportive. This tone, set by both the mediators and the wider Family Solutions team, helped reduce anxiety and encouraged participation. Kinship carers highlighted the responsive nature of the service, with one noting:

"They're all lovely ... if I've emailed about something they've got back to me ... I can't complain about it really!" **Kinship carer 4**

Mediators were viewed as calm and impartial, creating a safe space even in emotionally charged situations. Their ability to manage conflict without judgement was essential for kinship carers and parents who were often under stress or navigating difficult relationships.

"She's just so calm ... she listens and can work out what I'm saying ... and explain it to the other person." **Kinship carer 7**

"I don't feel judged at all through Family Solutions." **Parent 2**

### *Feeling heard and understood*

Birth parents and kinship carers valued feeling listened to and being given the space to express themselves honestly. The mediators made room for each participant to speak openly, which helped both sides hear and consider one another's perspectives.



“I said what I needed to say ... I could speak openly and honestly.” **Kinship carer 5**

“It enabled us to talk through difficult situations in a more controlled environment.” **Kinship carer 2**

### ***Flexible and accessible delivery***

Flexible scheduling, the option to reschedule, and a choice between in-person, , or virtual sessions helped families fit mediation around their complex lives. For busy kinship carers and anxious birth parents, this flexibility made a real difference.

“Zoom works perfect for me ... only really got like half an hour to myself ... [otherwise] it would have took two and a half hours.” **Kinship carer 5**

“I was in the safety of my own home, so I knew I could leave at any point.” **Parent 2**

Birth parents also appreciated the option of shuttle mediation, which reduced tension by allowing parties to remain in separate spaces.

“Me and [birth parent] were at the point that we can’t even be in the same room ... they would do it separately and run between [rooms].” **Kinship carer 4**

### ***Pre-session communication and reassurance***

Pre-mediation contact, through phone calls, emails, and the MIAM, helped to ease fears and build trust. Being informed about what to expect and knowing there were ‘safety nets’ such as bringing a supporter or having things written down, made birth parents feel more confident to attend mediation sessions.

“The more that people know there is a safety barrier ... you’re not going to go in and get rained on [shouted at] ... you’re going to be fine.” **Parent 3**

### ***Free access and perceived value***

The fact that the kinship mediation service was free made it more accessible, particularly to birth parents who might otherwise assume mediation was too costly. Some kinship carers and parents noted that just knowing support was available, regardless of whether full resolution was reached, was valuable. Mediators also recognised the emotional challenges parents face in simply showing up, which helped foster an empathetic, trauma-informed delivery.

“I think it’s a big ask [to birth parents] ... to come to mediation to talk to the person [kinship carer] who’s got your child, who still judges you on what you were like then ... I think they just need to know that it’s okay that we expect it [to be hard].” **Mediator 1**



## Centering the child in mediation facilitates outcomes for all

Birth parents we interviewed told us that they valued the focus on child's wishes and perspective as part of mediation. Sometimes this looked like a child consultation, which took place for three of the parents we spoke to. Other times, mediators helped parents centre the child's perspective in the process. One parent initially preferred for their child "not to be involved" (**Parent 3**) because of their age and felt the process could be too scary. One parent told us that their children enjoyed the child consultation and another said they had told their parent that it was "a bit boring" (**Parent 5**), but that they did not mind doing it.

"We were quite shocked that he [kinship child] actually spoke to them [mediators] because obviously he doesn't really speak to anyone especially strangers, when it comes to things like, you know, feelings and things like that."

**Parent 5**

"[We learnt] how to keep things child focused as well. So not all about me. Not all about [the] kinship carer. It's kind of all about the children and we keep it centred to them."

**Parent 4**

Parents also reported some initial positive impacts on their child or children. Some parents said that children were happier after having more contact with the parent, or seemed to enjoy contact more. Other parents said that their child was benefiting from new routines or plans and doing better in school, for example. Parents suggested that their improved wellbeing was likely having a knock-on effect on their child. Parents also felt that the improved relationship between parents and carers would benefit the children and parents or carers were less likely to pass on stress about the situation.

"I had my first call, and he [the child] was quite shocked really, he was like 'ah!'... We were on FaceTime and he was so excited. It was the most beautiful thing to see [...] I think he's so much happier."

**Parent 3**

"Having that third party is actually helping us to become pretty much the co-parents we should be ... I can actually say ... they [children] actually look forward to seeing me now."

**Parent 4**

Kinship carers also noted how mediation felt focused on the kinship child's needs and wishes. Some discussed how mediation had had an indirect effect on the kinship child even when their child had not attended a direct child consultation with a mediator. For example, the child felt more settled or happier because contact arrangements were better planned. In mediation sessions, kinship carers noted how the mediators brought the focus back to the child's wellbeing, to keep parents and kinship carers focused on the main goal and in an attempt to overcome the long-term disagreements that existed.

"It certainly has improved the contact ... it was like I was knocking on a constantly closed door before, whereas now, it's like the door's ajar ... so it's definitely improved that, which ultimately would give my [kinship child] a better life experience."

**Kinship carer 2**



Kinship carer 4's teenage kinship child had attended a child consultation as part of the mediation process. This kinship carer identified this as the most helpful part of the mediation process. From the kinship carer's perspective, the child consultation gave the young person a chance to express themselves openly, particularly about their views on their living and contact arrangements. It was important that the young person was given this opportunity to say what their wishes and feelings were without parents or kinship carers present, so that they did not have to worry about upsetting either the parent or kinship carer.

"It's what's best for him [kinship child] you know, but obviously it needed to come from someone else [i.e. the mediator], not us [parent or carer] because sometimes kids think they want to say the right thing and don't want to upset anyone, and I just wanted a little insight of what does he want [in relation to contact and living arrangements]." **Kinship carer 4**

In mediation, it was important to referrers that the child was given the chance to speak and be heard, even if the mediation had not necessarily been successful or completed. Referrers felt that hearing directly from the child could change dynamics between parents and kinship carers, by putting priorities into perspective. Some referrers even framed the offer to kinship carers and parents around the opportunity to hear the child's perspective in a safe and supported way. One referrer felt that the voice of the child worked well in mediation because local authority involvement can make conversations between family members overly focused on legal proceedings; focusing on what could be used for/against them, rather than focusing on what is best for the child. Mediation can provide neutrality and safety that allows families to focus on the child.

"That [child consultation] really works. That was so powerful for the little child that we've got. Absolutely amazing. He sort of, he grew a few inches after that, I would say, he just changed." **Referring professional 2**

## **What can be improved about the intervention's design and delivery?**

### **There is potential to explore whether more sessions can be offered to those in need of more support**

The one kinship carer who completed a feedback form indicated that they wanted to have more mediation sessions. In our interviews, most kinship carers were satisfied with the number of sessions they had received and the period of time in which the sessions were delivered in. However, a few kinship carers did want to have more sessions. For one kinship carer they felt that the number of sessions should be tailored according to how many sessions are needed for each kinship family, although they acknowledged this might not be possible with funding restrictions. This was also because they acknowledged that due to the birth parent's disadvantages and challenges, progress was often met with setbacks.

The kinship carers that we interviewed attended about four mediation sessions on average. Most were satisfied with the number of sessions they had received and the period of time over which the sessions were delivered. However, a few kinship carers did want to have more sessions.



“If somebody only needs four sessions [of mediation], then that’s good for them. If somebody needs 15 or 20 [sessions], maybe that’s how long it [needs to be] ... I just feel in my circumstance it [mediation] does need to run longer. And as I said, I mean it was bad at the start. Mediation helped and it was going really well. And now we’re coming to the end [of mediation], we’ve gone back to bad [the parent is experiencing big challenges again].” **Kinship carer 7**

For the parents we interviewed, one parent suggested having more sessions: six to eight, instead of the current offer of four.

## **Referring families earlier in their journey, where possible and necessary, may lead to better outcomes for the child**

Family Solutions found that the approach used in the current study of local authorities referring kinship families after legal orders had been made, meant that it was difficult to engage birth parents. At this point in the families’ journeys through the care system, kinship carers may still be supported by social workers, but birth parents were largely not and were no longer involved with the local authority.

“At that point [pre-order] they still want to work with the local authority. There’s several reasons: 1) because pre [legal order], the biological parents still have a social worker themselves. The SGO’s got a social worker. They want the local authority to sign off that the SGO’s going to have the children. So, everyone’s working together at that point.” **Mediator 1**

Family Solutions suggested that encouraging referrals earlier in the families’ journeys could mean more referrals to the service and give families the opportunity to engage in mediation prior to going to court.

“There’s lots of reasons why it’s so much better earlier, because you’re not trying to then put the genie back in the bottle. Most of the themes are, ‘When I [birth parent] agreed to an SGO, I didn’t realise that they [kinship carer] would say no to me.’ So, to be able to get in early and say, ‘They can. They could move, they could go. They could choose a different school to the one you want him to go to. They could change doctors without you knowing. You don’t have equal rights.’”

**Mediator 1**

Some of the parents we interviewed also felt that offering mediation earlier might prevent families going to court to resolve issues. Parents viewed mediation as a better alternative to court and understood the court process as long and stressful.

“I didn’t know about mediation, I probably would have just taken them straight to court to get [the child] back, which would have been a really hard, long process and I might have lost.” **Parent 3**

“I think mediation is really, really good ... I think families would be better doing mediation than going to court.” **Parent 4**



Another parent highlighted the impact of mediation at any point for a family.

“I think even at any stage, mediation’s always going to have an impact. Whether you offer to them [kinship families] right away or down the line, I think it would be beneficial.” **Parent 2**

However, it is important to recognise that kinship families may not be at the point where they feel they need mediation earlier in their kinship care journey, as one kinship carer explained:

“For me personally we weren’t at a complete state of not talking and not able to discuss anything so maybe we could have plodded along ourself ... when it came to the mediation, maybe we thought: ‘actually there’s no point, we’re bumbling along quite well, there’s no point in doing it now.’” **Kinship carer 2**

We have discussed a number of concerns about referring families to mediation during pre-proceedings with Family Solutions and members of the advisory group, and have outlined these in Table 11 alongside possible mitigating actions. Our view is that this approach should be rolled out with careful monitoring of risks.

**Table 11: Benefits, risks, and associated mitigations of expanding eligibility to include kinship care families in pre-proceedings**

Benefits	Risks	Mitigations
Birth parents will still have a social worker to provide them with support and guidance, which may improve engagement and act as a route to advertise the service.	Families may feel overwhelmed by competing pressures and services during pre-proceedings.	Families could be made aware of the offer of voluntary mediation at the stage of pre-proceedings (attendance at mediation encouraged by their social worker) but not invited to take part until after court.
Mediation earlier could allow for discussion of issues that would otherwise contribute to the development of entrenched conflict.	Birth parents and kinship carers may agree to things during mediation that are not realistic or they otherwise would not have, due to the fear of losing their child(ren) into care. Birth parents in particular may feel that engaging in mediation may reduce the likelihood of their child(ren) being removed from their care.	Parties will be reminded that mediation is confidential and privileged (unless safeguarding concerns) meaning information from mediation sessions would not be provided to children’s services or courts. Birth parents will be reminded that mediation will not change the outcome of a case.
Earlier mediation allows for role-playing of arrangements post-court order, including issues that may arise, to help parties better realise specific areas of contention.	There may be a crossover of remit between the work of the case worker and the work of the mediator, such as the social worker looking into care planning and making contact recommendations in parallel to this being discussed and agreed at mediation.	Mediation would not discuss the amount of contact unless this was expressly permitted by the case worker. Focus would be on reconciling differing views, communication, issues important to the child, etc.



## Research question 3: Are there signs that the intervention is achieving the outcomes listed in the logic model?

There were many signs from our interviews with kinship carers, parents, referring professionals, and mediators that the intervention demonstrated potential for impact on outcomes for kinship carers, birth parents, and children in kinship care. This section details the promising findings for each target audience in turn.

### How does the intervention demonstrate potential for impact on outcomes for the whole family?

In terms of outcomes for the whole family, administrative data collected by Family Solutions indicates positive influence of mediation on families' ability to agree to contact arrangements. For 14 cases where at least one mediation session had taken place (82%) arrangements between the parties were reached. As shown in Table 12, the most common form of arrangement reached concerned contact (65%). For four cases (24%), arrangements were reached regarding where the child(ren) lived.

For four cases (24%), other cases were put in place for the child(ren), including play therapy and school support.

**Table 12: Arrangements reached during mediation**

Type of agreement reached	N	% (cases where at least one mediation session took place, n=14)
Any form of agreement	14	82%
Contact	11	65%
Christmas	6	35%
Holidays	4	24%
Residence	4	24%
Birthday	3	18%
Telephone calls	1	6%





## How does the intervention demonstrate potential for impact on outcomes for kinship carers?

Intended outcomes for kinship carers included understanding the nature and aims of the mediation process, developing the confidence to communicate honestly with birth parents during mediation sessions, and being prepared to listen to their viewpoints. Other outcomes included an improvement in communication between kinship carers and parents outside of mediation sessions, once they are equipped with new communication tools, and an ability for kinship carers and parents to make decisions about contact and other important aspects of the child's life more amicably.

### **Kinship carers reported improved contact arrangements, communication and consistency**

All kinship carers that we interviewed discussed positive outcomes that had resulted from their participation in mediation sessions. These mainly related to amended and improved contact arrangements for the kinship child and better communication between the two parties, which also had helped to facilitate smoother contact arrangements. Kinship carers talked about communication now being more streamlined and straightforward because it now focused on the key points to facilitate contact. Outcomes also related to more consistent routines and boundaries across the different households (i.e. the kinship carer and parent houses). Overall, the outcomes kinship carers described aligned with their original motivations and aims for why they attended mediation in the first place. It was important to many kinship carers that the arrangements and plans made in mediation sessions were set out in writing.

“It's no good [birth parent] letting him [child in kinship care] on his Xbox 'til 2 in the morning, and then he comes back to me and, you know, he doesn't want to do anything and then he thinks he's better off at his [birth parent's] house ... so we did get it all sorted, and it's all better now because it's all in writing ... and things are a lot more settled between us two [kinship carer and parent].” **Kinship carer 4**

“For myself it's taken out hours of emailing back and forth to the other party, of, you know, say tit for tat, the other one trying to score above another one, keeping to the facts ... you've got to sort of stay on track and keep to the point and keep focused on what it is at hand, and it just takes a lot of, you know, arguments away.” **Kinship carer 5**

### **Motivations to access mediation often centre on relationship challenges at the time of referral**

All kinship carers we interviewed discussed contact arrangements, along with communication issues with the other party, as the main reason for being referred to or wanting to engage with mediation. This included kinship carers wanting contact between their kinship child and the birth parents to be more established, routine or predictable and changing, planning, and agreeing the amount of contact between the child and the birth parent. For one mediation case, it was about re-



establishing contact between siblings who had been separated due to care proceedings and had not had contact for a couple of years. Some kinship carers also wanted to agree more consistent parental rules and boundaries across the two residences where the child spent time (the kinship carer's and the birth parent's). A few kinship carers also talked about mediation as a way of preventing going back to court, which was viewed as a last resort.

“... contact with their [the children's] parent wasn't going very well. I was actually considering going back into court, but [social worker] suggested the mediation, to give it a go and see if it helped.” **Kinship carer 7**

Most birth parents we interviewed felt they were not on amicable terms with the kinship carer, and some were not speaking at all, before mediation. Some parents described being at ‘loggerheads’ (Parent 1, Parent 5) with the kinship carer prior to mediation. All the parents we spoke to described a feeling of being stuck or at breaking point in their relationship with the kinship carer.

“I was quite nervous about the first [mediation session] because before, like, me and [kinship carer] weren't on talking terms at all.” **Parent 5**

## **Providing new communication tools and techniques**

Several kinship carers referenced the new communication tools and techniques that they had learned about through mediation. Some interviewees offered us examples of how they had used these new tools in practice with the other party. Kinship carers also talked about tools and resources that had been put in place to help with routines, consistency, and parental boundaries.

“There was, like, some communication, ideas and strategies ... I do look at them ... you know, thinking before you're messaging and considering what you've sent ... it was a lot [of tools/strategies] for them [birth parent] and a few bits for me ... and they have helped.” **Kinship carer 7**

“Before we went [to mediation], I was writing [kinship child] a monthly planner and putting it on my fridge ... and I took them [the planner] along and [the mediator] was like ‘that's a really good idea, [birth parent] we need you need to have one on your fridge so when he's [child in kinship care] at your house he still knows what he's doing on what day of the week’ and [the mediator] also suggested ... to maybe get a meal planner. So I've ordered a meal planner, so now on a Sunday we write down what are we having for dinner this week.” **Kinship carer 4**

## **Relational dynamics present a challenge to improving outcomes for kinship carers but mediation can be beneficial**

For some kinship carers they found that mediation resulted in fairly quick resolutions to issues which had big effects on their lives, but for others ongoing challenges with the birth parent remained with small steps in the right direction.

“They [the mediator] came up with a plan almost immediately, so it wasn't a hard fought out sort of battle type thing, you know.” **Kinship carer 3**



“We’ve put hundreds [of boundaries] in place, so mediation in that respect has helped, but the other person still struggles to stick with them.” **Kinship carer 7**

The one feedback form received as part of this evaluation indicated that the kinship carer felt that their communication with the parent had improved as a result of mediation. They said mediation has helped them to understand the parent and when asked what they were now doing differently they responded, “communicating more and listening”.

## **How does the intervention demonstrate potential for impact on outcomes for birth parents?**

Intended outcomes for birth parents included feeling heard, and involved in the child’s life, as well as feeling more accepting of the agreed plans with the kinship carer and an improved ability to stick to these plans. Other outcomes included parents being better able to communicate honestly with kinship carers, to engage in future-focused discussions and problem solving relating to the child, and to be able to discuss important aspects of the child’s life more amicably with kinship carers.

### ***Birth parents experienced increased confidence, inclusion, and empowerment***

Through this study we gained a lot of feedback and learning about the involvement of birth parents in a mediation service for kinship families. Through interviews we found that mediation improved confidence and wellbeing for parents, giving them a voice and chance to be heard. Birth parents spoke about mediation being an important and powerful experience for them. Parents told us they had felt heard for first time and really valued the opportunity to have a voice and share their perspectives. For some parents, this gave them more confidence to have a say over things related to their child, or to be more involved in decisions. Parents spoke about how mediation made them feel less alone: typically, they felt they were not as confident as the kinship carers, so appreciated having someone there to support them and make sure they could get their point across. Parents told us about how mediation can represent a new beginning and a chance to move forward. Taking part in mediation improved parents’ confidence and wellbeing over time and some even felt relief after mediation sessions had taken place.

“[Mediation has] given me that opportunity to kind of be heard, and I feel like I have been heard [...] I just felt heard for the very first time.” **Parent 2**

“I feel more confident, I feel way more confident, and I feel a relief. I feel like I’ve got a weight off my shoulder where it’s not all on me.” **Parent 3**

Parents told us that they were doing mediation to improve the situation for their child. This looked like increasing or improving contact, improving the relationship between parents and carers, reducing conflict and coming up with a plan of action. For some, it was about preventing the family going to court. For others, it was about repairing or returning to plans that were put in place previously.



“I am working towards something that I really want [contact] and that my [child] really wants. And it’s for [my child] ... and that’s all I’m thinking about, all I think about is the future.” **Parent 3**

The parents we spoke to would recommend mediation to other parents and would use it again. Some told us that they wished they had found out about it sooner.

“I would [recommend mediation to other parents], of course, because I thought mediation wouldn’t help us the way it has but it’s made me understand that if you actually sit in a room with somebody and actually raise your concerns and things like that, you might actually get a light at the end of the tunnel.” **Parent 4**

“If I haven’t done mediation [...] then I wouldn’t even be where I am with everything right now. And our relationship will still be really, really tough and you know, when I first started the whole process, that was awful, like, I was nervous, I wasn’t confident. And I also didn’t really like to be around [kinship carer] and if she was there and we’d argue. Whereas now we’ve got this kind of routine in place and I know that it’s moving forward.” **Parent 3**

### ***Practitioners and referring professionals observed improved confidence and empowerment among birth parents, but feel that birth parents can require more support than kinship carers to experience these benefits***

The referring professionals we interviewed felt that mediation sessions could improve or address existing unequal power dynamics and that the process could be empowering for birth parents, kinship carers, and children. Referrers reported that kinship carers or parents became more confident throughout the mediation process and felt more able to make decisions themselves or between themselves. This was a particularly important outcome for referrers because parents and kinship carers could feel like they had lost a lot of control after proceedings – mediation could be used to help to get a feeling of control back.

“It gives the power back to the families a bit, doesn’t it? [...] it’s about giving that power back and kind of empowering families to make their own decisions. And ultimately, 99% of the time, they will make the right decision actually.”

**Referring professional 3**

Mediators noted how attending mediation was a “big ask” (**Mediator 1**) for the birth parent especially without a great deal of support to attend. It was therefore not surprising to them when there were multiple no shows at appointments. We suggest that extra reminders and engagement strategies are needed for this cohort who have experienced trauma and experienced anxiety around attending mediation.

### ***Birth parents reported improved communication and felt more equipped to rebuild relationships***

For parents, mediation helped increase and improve communication between them and kinship carers. For some, improved communication looked like the kinship carer texting back, or texting more often than they did previously, and sharing more information about the child. Some parents



told us that they felt more able to communicate with the kinship carer without worrying that things were going to be misunderstood or taken the wrong way. This applied both in the mediation sessions themselves and outside of sessions. One parent spoke specifically about applying conflict management techniques learned in mediation.

“It was quite emotional [...] because that was what, like a year and a half worth of non-communication, you know between us. But mediation really smoothed that out.” **Parent 3**

“[Kinship carer] did say to [mediator] on Monday she feels like mine and her communication got better. And that our relationship has got stronger.” **Parent 2**

Parents told us at interview that mediation has helped in strengthening relationships and reducing or managing conflict with the kinship carer. Parents spoke about mediation being a negotiation and a way to find common ground in their relationship with the kinship carer. Some parents talked about being on the same page, same side, or working as a team again as a result of mediation. For others, this kind of relationship was a long way off, but through small improvements in communication parents felt like the seed may have been planted. Parents felt that mediation had impacted on how they understood the kinship carer and how the kinship carer understood them.

“I feel sometimes [kinship carer] is trying to score points. But now I realised she’s not actually trying to score points. She’s trying to help in some way.” **Parent 4**

“[Teenage kinship child] was sort of playing us off against each other [but now] since mediation, we obviously have come to work as a team.” **Parent 5**

### ***Birth parents felt mediation improved the quality and implementation of their co-parenting strategies***

Mediation helped parents and kinship carers to put plans and strategies in place. For some, this was instead of court proceedings. For others, the plans made in mediation were made to support parents and kinship carers working together, and in some cases these plans were sent to social workers and courts. Plans and arrangements included setting out what contact was going to be like, and where the children lived most of the time. Parents felt that having these plans written down helped them know where they stood, work together, and move forward.

“I think it’s a wonderful experience that that has happened, because if it weren’t for mediation, like, we wouldn’t have been able to come up with this plan, and we’d still be at logger-heads, because I have my way and [kinship carer] has his way.” **Parent 1**

“They [mediators] can make a plan of action. Like, something set in stone, almost, without having to keep going back to court.” **Parent 2**

The birth parents we interviewed reported a range of positive and appropriate improvements to contact. For some, this was new opportunities for contact such as phone calls, increased contact time, or contact being made more routine. For one parent, mediation led to an extra phone call with her child every other week after just one session. For another parent, mediation made sure



that siblings were still able to see each other. Parents also told us about how they had taken on board ideas to improve contact, such as bringing things like games or toys. One parent said she felt able to take on much more responsibility for contact after mediation.

“It did help and I got an extra phone call with my son. [...] I got extra time. Only a little bit, but it’s progress, so, well, I do thank mediation for that.” **Parent 3**

Parents told us that their experience of mediation was nerve-wracking, but positive overall. Parents told us that the process was balanced and gave them an opportunity to be heard. Parents also felt that the process could be very intense, emotional, and anxiety inducing, particularly at the start or before the first session. To prepare for the first session, one parent described “spending the whole morning writing notes and sticking them to like [her] TV” (Parent 3). Some parents reported growing in confidence as sessions went on and eventually finding it less overwhelming or daunting. The psychotherapist helped parents to deal with emotions arising from the sessions.

“... it’s like raw emotions. It’s almost like a little rollercoaster, but like a kid’s one, you know, not too intense, it can be stopped at any point .... That’s the best way I can explain it, I think.” **Parent 2**

“The counsellor [psychotherapist] that was there, she was really good, you know. I was shaking a lot. I had a bit of a panic attack, you know, I was freaking out because it’s really hard to talk about things from the past as well. But the mediation made me feel safe because I could talk.” **Parent 3**

***By comparison, kinship carers reported feeling less nervous and apprehensive about attending mediation than the parents we interviewed. Referring professionals believe the therapeutic value of mediation has high potential to positively impact kinship families***

Referrers also reported a range of positive outcomes from mediation for kinship families, including practical changes in contact, communication, relationships, as well as more therapeutic benefits of being heard or gaining confidence. Most referrers had mainly or only spoken directly with the kinship carer, but suggested these positive outcomes could impact the child(ren) or birth parents as well. Referrers spoke about the importance of small changes and improvements, and about having realistic expectations. This looked like, accepting where the kinship family was at and using mediation as base or ‘groundwork’ (**Referring professional 2**) for things to get better. Practitioners who worked with kinship carers felt that mediation could help take some of the pressure off their workload.

“[Mediation has] sort of taken some of the pressure off of me. I’m trying to balance something when I’m only aware of the information from one side, when the problems are about a relationship between two people and I’m not involved with the second person.” **Referring professional 6**





## How does the intervention demonstrate potential for impact on outcomes for children?

Longer-term outcomes for kinship children included feeling more settled in the home in which they live and other environments like school, growing up in kinship care placements with fewer placement disruptions or breakdowns, and fewer kinship children returning to local authority children's services. A potential short-term outcome for Kinship carers and parents was that they will be able to make decisions, taking the child's views into account, where appropriate.

We have less evidence from our interviews about signs the kinship mediation project increased parent and kinship carer understanding of the impact of ongoing conflict on children. However, kinship carers and parents frequently referenced at interview the importance of doing mediation for the child's best interests.

The kinship carer who completed a feedback form demonstrated an awareness of how the conflict and poor communication was impacting the children and how this had improved since mediation. She described that the most useful thing about mediation was that they were 'able to sit down and talk about problems and what we both [kinship carer and parent] thought was acceptable and managed to compromise to make it work for the children'.

Child consultations were designed to gain the view of the children in kinship families, so that mediation could be informed by their thoughts and feelings. For all three cases where a child consultation took place, Family Solutions reported that the adults involved followed the child's wishes.

## Research question 4: How should the intervention be evaluated in future?

### What would be the best evaluation design and approach?

We reviewed evidence (interviews, consultations, and administrative data) against a framework of design criteria to make recommendations about the best evaluation design for a future evaluation of the kinship mediation service. We have outlined a series of possible designs, their benefits, limitations, risks, and mitigations in Table 11 13 below. Some evaluation designs, such as regression discontinuity designs are not appropriate for this intervention and have therefore not been critically considered.<sup>41</sup>

Overall, we recommend undertaking further feasibility work ahead of moving to an experimental or quasi-experimental design. We recommend assessing family-level outcomes using an uncontrolled pre-post design and undertaking further work to identify a provisional control group. We think it is important to undertake this work prior to progressing to a pilot randomised

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<sup>41</sup> There is no obvious continuous variable which could be easily employed as a 'cut-off' to distinguish to groups for treatment and control in this quasi-experimental design.





controlled trial given the finding that the Family Mediation Scale was unacceptable and disrupted the mediation process, and that local authorities do not routinely capture outcome data for kinship carers that can be used in place of self-reports. We suggest the following research aims:

1. To develop a suite of outcome measures that capture the short-term outcomes and are acceptable to the extent to which there is a reasonable response rate (e.g. at least 80%)
2. To identify a potential control group and establish the extent to which data can be captured from them.

There are further issues that need to be resolved ahead of a randomised controlled trial being piloted. We heard mixed views on the acceptability of randomisation, with one kinship carer indicating that a waitlist control trial arm may have deterred them from taking part in mediation, while a parent felt that they would be happy to wait if they had information about how long the wait would be.

“I think it does depend on the person. Some people don’t mind waiting [for a service]. I’m quite, if I know it’s happening, I need it to happen. So, for me ... if I was waiting for a prolonged amount of time, I think the longer that went on, the less I would have been enthused to do it.” **Kinship carer 2**

“There’s waiting lists for everything now. So, I think people are used to waiting and I don’t think ... If I had like a timescale, like OK, it’s not happening now, but in two months’ time, they’re going to get in contact with me and we’re going to start it, you know, had like a goal towards rather than we don’t know, but we’ll be in touch. But yeah, kind of having that set space.” **Birth parent 2**

We recommend future scoping work explores the acceptability of randomisation in greater depth with beneficiaries, paying close attention to the safety and acceptability of delayed or non-delivery of mediation (as in ‘business as usual’ or waitlist control arm) and the extent to which this would introduce compounding biases to a control group, such as conflict becoming more entrenched. In future, a pilot randomised controlled trial could be an appropriate design for evaluation of the intervention provided that a suitable comparison group can be identified and sufficient data collected.



**Table 13: Benefits, limitations, risks, and mitigations of evaluation designs for a future study**

Research design	Benefits	Limitations	Risks	Mitigations
Pre–post uncontrolled comparison	Lack of control group means that the design is relatively straightforward, meaning fewer resources in terms of time and funding.	Cannot infer causation due to a lack of a control comparison.  Challenges with distinguishing ‘genuine’ change from practice effects and regression to the mean.	May lack sufficient outcome data to analyse pre–post change.  Change may be statistically significant but not ‘clinically meaningful’.	Employ strategies to boost outcome measure completion.  Use reliable change indices to understand the extent to which change is not due to measurement error.  Report effect sizes alongside p values.  Use indices of clinically significant change to analyse extent to which change is meaningful.



Research design	Benefits	Limitations	Risks	Mitigations
Contribution analysis	<p>Identifies plausible causal pathways by which the intervention contributes to outcomes.</p> <p>Can provide enhanced contextual understanding of how, why, and for whom the intervention leads to outcomes.</p>	<p>There is a degree of uncertainty implicit in the conclusions around the extent to which the intervention achieves its outcomes.</p> <p>Alone this method cannot quantify the extent to which outcomes achieved are statistically significant or comparable with other interventions (e.g. through standardised effect sizes).</p>	<p>May lack sufficient data to inform analysis of causal pathways (including on other influencing factors) leading to over/underestimation of intervention's effect.</p> <p>Evidence needs to be gathered at multiple levels.</p>	<p>Sufficient time and resource will be required to allow time to build up multiple-strand systems of data capture and to allow for an iterative approach.</p>
Matched comparisons (including propensity score matching)	<p>Allows for causal inferences to be made from intervention to outcome without the use of randomisation.</p>	<p>Statistical matching can be challenging, resource-intensive, and imperfect.</p>	<p>Identifying a comparison group of kinship carers will be challenging.</p> <p>Gathering sufficient data to enable matching will be challenging, especially for kinship carers that do not have SGOs and whom local authorities have less sight of.</p>	<p>Working closely with local authorities to share data regarding kinship families to be used in score matching.</p>



Research design	Benefits	Limitations	Risks	Mitigations
Difference in difference	Allows for causal inferences to be made from intervention to outcome without the use of randomisation.	Assumes that outcomes for intervention and 'control' group would be similar had the intervention not occurred.	Identifying a comparison group of kinship carers will be challenging.  Gathering sufficient data on the comparison group of kinship carers will be challenging.	Identifying 'control' groups of kinship carers with local authorities, which may require financial reimbursement for time/effort.
Randomised controlled trial	Gold standard for inferring causality by isolating treatment effect through randomisation.	Costly in terms of expense and time.  Ethical considerations of 'withholding' intervention from individuals.	Randomisation at an individual (family) level may be challenging with individuals rejecting allocation to control group.  A waitlist control group may not be appropriate if the mediation intervention is deemed most suitable at a certain point in families' care journeys.	Group-level randomisation (by local authority) may ease concerns over control allocation rejection.  A stepped wedge design may support a phased rollout over multiple local authorities.

## What are the priority outcomes to measure in a future evaluation?

This section outlines findings related to which outcomes of kinship care mediation should be prioritised in a future evaluation. The perspectives of mediators and referrers are captured and broadly align with the outcomes outlined in the intervention's intervention logic model (see [Figure 1](#)).



## Priority outcomes according to mediators and referring professionals, and alignment with logic model

Mediators and referring professionals suggested several outcomes of mediation which they felt would be important to measure in a future evaluation.

Table 14 below outlines the outcomes proposed during the qualitative research, their alignment with the existing intervention logic model, and any proposed outcome measures that could be used in a future evaluation to measure these outcomes.

**Table 14: Proposed outcomes and alignment with existing logic model**

Proposed priority outcome	Alignment with existing logic model
Family harmony	This is a broad-spectrum outcome that <b>aligns closely</b> to the following existing long-term outcomes: <ul style="list-style-type: none"><li>• Reduced conflict between parents and kinship carers</li><li>• Kinship carers and parents feel less stressed because of reduced conflict</li><li>• Kinship children feel more settled at home they live</li><li>• Kinship children feel more settled in other environments, e.g. school.</li></ul>
A reduction in negative behaviours that may impact the child(ren)	This proposed outcome <b>encompasses a range of outcomes</b> in the logic model, as a reduction in negative behaviours is theorised to be influenced by an increase in future planning, specific decision making, and communication.
Change in practical arrangements Changes in contact arrangements	These two related proposed outcomes <b>align closely</b> with short-term outcome 4 of the intervention's logic model: Kinship carers and parents can make decisions about contact and other important aspects of the child's life more amicably.
Improved communication	<b>Close alignment</b> with the logic model's short-term outcome 3: There is an improvement in communication between kinship carers and parents outside of mediation sessions.
Relationship disruption	<b>Close alignment</b> with the logic model's short-term outcome 3: There is an improvement in communication between kinship carers and parents outside of mediation sessions.
Whether families have resolved their central dispute Whether families avoid returning to court	These proposed outcomes were <b>not aligned</b> with the intervention logic model, suggesting future research should consider including these in the logic model if designing a future evaluation.



## Days spent in court was found to be an infeasible primary outcome for a future evaluation

In addition to the existing and proposed outcomes listed above, Family Solutions expressed a desire to understand whether mediation could lead to a reduction in the number of days birth parents spend in court for private law applications relating to contact and therefore a reduction in costs for the Ministry of Justice. This was echoed by referring professionals.

“I think it’s looking at who do we keep out of court and who did we get back on track. You know, what children have benefited from a lack of break in relationships. The continuity of the relationships, because the carers were able to access a service that facilitated that quickly ... You can measure success of how the parties felt about the process. But in terms of outcome, ‘did I keep it out of court or not?’ I guess that’s, that’s one measure.” **Referring professional 6**

We understand that this is an interesting and important area for future research, but following consultation with specialist researchers in the field of family justice, we think this line of inquiry will prove challenging. Evaluations looking to days in court and related cost savings, such as the recent Pathfinder pilot evaluation,<sup>42</sup> are limited by issues of data quality and availability. Where data is available, it can be challenging to analyse comparatively given nuances including regional variation, variation by case complexity, and differences in court practices. We therefore do not recommend using days in court as a primary outcome in a future evaluation. We do, however, recognise its importance and recommend its inclusion as an exploratory outcome to assess data quality and potential for further analysis.

## What are the proposed outcome measures for a future evaluation?

This section outlines findings related to how priority outcomes might be measured in a future evaluation. A focus of the feasibility study was to trial the Family Mediation Scale as an outcome measure at baseline and endline time points during delivery. The study found this measure challenging to implement in practice and an alternative, suitable measure was not found to replace this during the feasibility study delivery period. It is recommended that further scoping work be conducted to determine which validated measures are acceptable and can be implemented within this setting. This section also outlines the potential for drawing on other data sources to support a future evaluation, such as administrative data and non-validated measures such as feedback forms.

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<sup>42</sup> See: <https://assets.publishing.service.gov.uk/media/67e134b2d8e313b503358c94/private-law-pathfinder-pilot-process-evaluation.pdf>



## Acceptability of the Family Mediation Scale

Using the Family Mediation Scale was abandoned early on in evaluation as mediators felt that it was detrimental to the service. They reported that use of the scale disrupted rapport and even at times triggered conflict.

“Sometimes when using those sort of questionnaires at the beginning, can almost put people in the wrong frame of mind in that environment, it almost can trigger an argument.” **Mediator 2**

“I did it [Family Mediation Scale] once, that was the last one I did, and I said to [project manager], ‘I think I’m giving up.’ I did it with grandma and grandad and both the biological parents were in the room, and the chaos it caused as to which parent they were referring to, I can’t tell you. I think we spent nearly an hour trying to just get the form done.” **Mediator 1**

The Family Mediation Scale was also challenging for respondents to complete, as the questions were not always relevant to kinship families and their preferred answers would not fit the response options. This was reflected in feedback from a kinship carer (below) who felt that the questions did not address their current situation or what they were hoping to achieve in mediation. It may be that an option for an open-ended response could encourage engagement with the measure.

“They [birth parents] couldn’t seem to be able to answer the questions because they said ‘we haven’t got a choice.’ And that would be continually all the way through the answers. Regardless of where it says, ‘Do you think that you and the other parent has the same view on discipline?’ they’re saying, ‘Well it doesn’t matter, does it, because they’ve got the final say.’ So you only get that, you don’t get an answer to the question.” **Mediator 1**

“I think the questionnaire [the Family Mediation Scale] going through to see whether mediation is needed or not was all totally irrelevant to me.” **Kinship carer 5**

“It’s open to answer how you’d want to answer, you know, and some people might say ‘not applicable’ or, you know, and that would be their choice. But I think, yeah, it’s really good to have an open-ended question, so people can explain or speak.” **Birth parent 2**

There were also practical challenges to kinship families completing the scale, such as parents and kinship carers answering the scale jointly rather than individually, the wording of the scale being challenging to read in terms of its literacy levels and the logistics of family members moving to separate rooms to complete the scale privately.

There were mixed views about how this could be overcome; one kinship carer felt that it would be better to be sent the survey by email, but another felt that they would not have completed it after the session as a follow-up. One solution was to ask individuals to complete a questionnaire over the phone, to ensure that it is returned while giving them time and privacy.





“I find it’s probably better to be given it to you to be taken away ’cause I feel sometimes if you’re in that room and you’ve been given this questionnaire I feel like you’re a bit under pressure to like fill it out quickly do you know what I mean? And sometimes I have to read things a couple of times for it to sink in you know.” **Kinship carer 4**

“If it was an email with a survey on if I’m absolutely honest, I probably wouldn’t have got round to it because I am quite busy and always on the go, so having time to sit down and go through it on a piece of paper is very different to speaking to somebody on the phone. If you’ve got a commitment with an appointment, you tend to stick with it more so for me”. **Kinship carer 2**

“Maybe if you do it on a call like this [interview] to get it filled out, [I can imagine] trying to get them [the questionnaires] back is a nightmare.” **Birth parent 2**

The Family Mediation Scale was used in two early cases, comprising two parents and two kinship carers, prior to the measure being abandoned over concerns over its use. Two individuals responded to all items, and two individuals missed one item each: item 1, ‘My child’s other parent enjoys being with our child’, and item 7, ‘They are willing to make sacrifices to help take care of our child’. One individual who missed an item also responded to item 2 (‘We work out a solution together if there is a problem with our child’) by circling responses and indicating that one referred to the mum and one to the dad. While this is a small volume of missing responses (4% missing items) this does suggest that individuals may not find the questionnaire easy to answer.

Scales had notes written against the responses that suggest that some questions are not easy to respond to using a discrete numbered scale for individuals. For example, next to item 15 (‘I believe they are a good parent’) the mediator has written a clarifying statement that the other party needs supporting in this. Similarly, next to item 1 (‘My child’s other parent enjoys being with our child’) the mediator had written that one party finds that this can be a burden. For one question there was also evidence of a possible floor effect, item 6 ‘They make my job of being a parent harder’, as all respondents selected the highest response of 5 (strongly agree).

As there were only four responses to the Family Mediation Scale, scope for analysis was limited. Total scores ranged from 43 to 52 (out of a theoretical range of 20 to 100) where higher scores indicated a more harmonious relationship between parent and kinship carer. The mean average total score was 45.

Of the two parent–kinship carer dyads, the birth parents each scored lower than the kinship carer indicating a less harmonious relationship. For one dyad, scores given the kinship carer and parent were similar with just a 3-point difference, but for the second dyad scores varied substantially with a 15-point difference.

After the Family Mediation Scale was abandoned, Coram and Family Solutions explored other possible measures that could be used. At this point in the feasibility study, there was not a suitable alternative that Family Solutions found acceptable with, for example, appropriate wording that



reflected the different family set-ups and various relationships. Also, at this stage, Family Solutions had to prioritise recruitment and engagement of kinship families in mediation sessions.

## **Feasibility of using administrative data in a future evaluation**

Family Solutions recognises that a future evaluation of the kinship mediation intervention would benefit from a more mature data system to capture administrative data. The current data system used by Family Solutions serves its purpose of supporting the running of the mediation service. However, it is time consuming to extract data from, and has potential to capture more detailed information in a way that is easier to analyse and necessary for an impact evaluation, such as dates of mediation sessions. Administrative data extracted for the current evaluation required substantial cleaning prior to analysis, particularly for the newly onboarded site. We recommend providing training in data capture and extraction to mediators and mediation project managers to support any future evaluation along with a data system that captures more details about the mediation service. Alternatively, budget could be made available for a dedicated data monitoring manager/officer to reduce the workload of mediators.

Family Solutions provided all data requested from their administrative data capture systems. However, there are ways to improve the richness of data captured to better inform analyses in a future evaluation. For example, while data is captured on the types of arrangements reached (e.g. contact, birthday, etc.) the current data does not tell us whether an arrangement around each of these areas was of interest to the parties and an aim of mediation. The current administrative data system also does not indicate which party was first referred to mediation, but instead referral information for the case as a whole. In a future evaluation we recommend a period of close working between the evaluator and Family Solutions to see whether these areas of data capture can be improved.

We consulted a local authority kinship care lead to explore the availability of routinely collected data for kinship carers for evaluative purposes. Due to the varying care arrangements and legal orders of kinship care households, there is no single available dataset collected by local authorities or the Department for Education on kinship care. A member of a participating local authority's kinship care team explained that the ASGLB quarterly data return is completed for households with SGOs. CAOs and private law SGOs are tracked separately. The local authority also recorded information on the involvement of post-order support in SGO cases.

Local authorities in England are only required to collect the Strengths and Difficulties Questionnaire (SDQ; Goodman, 2001) once a year from children in care (which would typically exclude children with an SGO and informal kinship care). While some of this data may provide useful information on kinship carers, there is no single dataset that is collected by all local authorities across all types of kinship care households. We therefore think it will be challenging to use this in a future evaluation and we recommend this is explored in further feasibility work.

## **Local authority eligibility criteria**

We recommend using broad eligibility criteria for the inclusion of local authorities in a future study. Family Solutions feels that the most important characteristic for inclusion is a local authority buy-in, meaning a willingness and openness to use mediation for kinship families. An



expression of interest approach to recruiting local authorities may therefore be most appropriate. Given that recruitment can be challenging for referring professionals with high workloads, we recommend eligible local authorities have achieved either ‘outstanding’, ‘good’, or ‘requires improvement’ Ofsted ratings for their children’s services at their most recent inspection. Local authorities with ‘inadequate’ ratings may not be in a position to effectively incorporate kinship mediation into their service offer, given their pressing need to address the concerns identified in the inspection report.

## Developing participant eligibility criteria

For a future evaluation, we recommend expanding and further testing Family Solutions’ exclusion criteria for referrals (see Table 12). The two additions arose from discussions with Family Solutions, who reported two instances in which mediation is unlikely to be successful:

1. When birth parents have a court order meaning they can only have in-person contact with the child(ren) once a year or less
2. When there is severe trauma and/or neglect that means that the parties would not be able to work well with the mediation service.

**Table 15: Current exclusion criteria and recommended additional exclusion criteria for a future evaluation**

Category	Criteria
Existing exclusion criteria for an appropriate referral	<ul style="list-style-type: none"><li>• The case is urgent – meaning an immediate application to court is needed</li><li>• There is a history of severe domestic abuse and violence to the extent that the victim does not feel safe in separate rooms</li><li>• There is extreme and/or entrenched conflict</li><li>• There is an imbalance of power which the mediator cannot redress</li><li>• One person refuses to engage in mediation</li><li>• Mediation has recently been tried unsuccessfully (within last four months).</li></ul>
Additional exclusion criteria following this feasibility study	<ul style="list-style-type: none"><li>• Birth parents must not have a court order that states they can see the child a minimum of once a year or less</li><li>• Cases where neglect and/or trauma is so severe that parties cannot participate in mediation.</li></ul>

Where children have been in a settled long-term kinship care placement for a considerable length of time (e.g. five or more years), mediation may be unlikely to change any well-established relationships. For example, one mediator suggested it was more difficult to mediate with kinship families post-court order:

“I think that some of the post-court [kinship families], where an SGO has been in place for a long time, the sort of ... the lines are drawn and there’s, I would say,



the word I want to say is ‘stubbornness’, there’s an element of ‘I’m in control, this is the way it goes, I’m not going to budge on anything.’” **Mediator 2**

For this reason, referrers to mediation may also want to consider the stability of the kinship placement when making a referral, but this should be done on case-by-case basis.

## **Capacity for scaled-up delivery**

Family Solutions has promising plans to scale up delivery, should there be further funding for the intervention. The scale-up plans seem realistic and appropriate. To increase capacity, experienced, self-employed mediators would be contracted across target local authorities. These mediators would be recruited through the Family Mediation Council (FMC) to ensure that they are FMC-accredited and recruitment would specify the need for qualification in child-inclusive mediation. Family Solutions is confident that there would be interest in this opportunity; feedback from a talk on kinship mediation at family mediation week (January 2025) was positive and many of the 112 attendees expressed interest in doing more work in this area. This would function in the same way as it did with the mediator in Kent in the current trial, with the provision of extended training for mediators, case file review, and quarterly check-ins with sites. To ensure safety of delivery, we recommend that each site involved in a future kinship mediation service is assigned a designated independent trained psychotherapist or suitable therapeutic practitioner. Family Solutions employed a psychotherapist during the current study (in February 2024) to support birth parents in select cases. The reason for this was:

“Initially it was because obviously the issues that the clients faced, particularly the birth parents, they were so traumatised, and the whole thing was so difficult and upsetting that [mediator name], I think they [the mediation team] all felt that they’d [the birth parent] just really benefit from someone else to talk to.”

**Mediator 4**

This was mostly used in shuttle mediation when it could be particularly challenging to leave one party alone in a room feeling distressed:

“... because often clients can get really agitated, if you’re in shuttle [mediation] and you’re leaving to go and see one client and the other one is left by themselves.” **Mediator 4**

## **Acceptability of the feedback forms**

We heard positive views about the use of feedback forms and outcome measures to capture the views of families.

“I don’t mind doing sort of surveys and feedback purely because it offers better support going forward, doesn’t it? Once you’ve done the reports and people can review them, it gives better services moving forward.” **Kinship carer 2**

“Well, I mean, my experience of wanting mediation was to feel heard and have a voice. And I think being able to get that down for others to see would be something that would be beneficial to me too.” **Birth parent 2**



However, in practice the feedback forms were not widely used across the service and we only received one completed feedback form for analysis. We suspect there was not sufficient buy-in from mediators to use the forms due to the amount of work that needed to be done to engage and support mediation participants. In future we recommend delivering training to mediators on using the feedback forms to support them in inviting families to complete the forms. This training would focus on approaches to supporting families to complete feedback forms in the least burdensome way possible and would emphasise the importance of the forms for evaluation and capturing service user views.

## **Suggestions on how to turn intervention activities and delivery tools into outcome measures for future evaluation**

A mediator suggested using the parenting pyramid (as used in the Incredible Years programme<sup>43</sup>) as scaffolding for an outcome measure.

One parent suggested measuring progress towards goals. One kinship carer felt it was important to capture whether an agreement around the main issue at the heart of the dispute was reached. Another suggested that it was important to capture what individuals feel they have taken away from the mediation process, such as tools to move relationships forwards.

“So ‘what would you like to get from, or what did you expect to get from it, and what did you get?’ Maybe like the difference, to kind of then see you know what, people’s expectations of it are as well.” **Birth parent 2**

“Hopefully the main outcome is what ... an agreement from both parties resolving whatever their issues are ...” **Kinship carer 5**

## **Summary of outcome measure implementation challenges and next steps to explore**

There are challenges to measuring important outcomes from mediation. To measure whether improvements to communication or specific agreements reached at mediation are maintained, outcomes should be captured at a follow-up period not only at the end of mediation. This requires resources to support with follow-up contact and would likely mean a substantial proportion of drop-out, impacting statistical power. Referring professionals and mediators highlighted that the positive outcomes from mediation can be small (but meaningful for families) meaning that a measure would need to be sensitive enough to detect this change. Similarly, the outcomes can be highly nuanced and individual to family’s circumstances and history, meaning that they cannot be easily captured using standardised measures and compared with the outcomes of another family like-for-like.

An idiographic measure such as the Goal Based Outcome measure (Duncan et al., 2022) or the Goal Attainment Scaling (Turner-Stokes, 2009) could provide a more individualised assessment of

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<sup>43</sup> See: [www.incredibleyears.com/](http://www.incredibleyears.com/)



change. One referring professional emphasised the importance of interviews to capture the complexity of outcomes and stressed the need for these to be trauma-informed.

“I think the problem is how do you measure success in in situations like this? For one family, one outcome would be successful, whereas the same outcome from a similar family might be disastrous. And they’ve got such unique, nuanced issues within these families.” **Referring professional 6**

We recommend that future feasibility work explores adaptations to the Family Mediation Scale that may lead to greater acceptability from both kinship carers and birth parents. We also recommend piloting the Goal Based Outcomes measure (Duncan et al., 2022) or Goal Attainment Scaling (Turner-Stokes, 2009), as well as an adapted measure of parent/carers communication, such as the Quality of Co-parental Communication Scale (QCCS; Ahrons, 1981). Further effort should be made to capture the child’s voice in a future evaluation; we have not identified any suitable outcome measures but creative approaches to capturing feedback may provide useful information on the impact of the service.



# LIMITATIONS

This feasibility study encountered several limitations in both data collection and methodology, which should be considered when interpreting the findings and in future research and evaluations.

## Absence of child and young person voice

One of the most significant limitations was the absence of direct input from children and young people involved in kinship care. The study did not collect outcomes data relating to the child, aside from what was shared second-hand during interviews with adults. This limits the ability to assess how the intervention may have impacted the children at the centre of these family arrangements. This gap is further addressed in the [Recommendations and Next Steps](#) section.

## Limited and self-selecting sample

The qualitative data collection relied on a small, self-selecting sample. Most of the kinship carers and birth parents who took part in interviews were likely those already positively engaged with the mediation process, as they were more inclined to agree to follow-up calls and participate in research activities. This introduces a risk of bias in the findings. Additionally, the study was unable to purposively sample from more diverse groups, such as minoritised ethnic families, who are historically underrepresented in kinship care research (Tah & Selwyn, 2025). The professionals interviewed were also likely to be those most supportive of the service, as they had actively made referrals to the feasibility study.

## Lack of suitable outcomes data

The study also faced challenges in collecting and analysing outcomes data. The Family Mediation Scale, which was originally selected as the primary measurement tool, proved unfit for purpose. Although the study had planned to analyse group-level pre-to-post intervention changes using mean scores and Cohen's d effect size, no post-intervention scores were available. Furthermore, response rates were too low to conduct further psychometric analysis, such as testing for internal consistency. This limited the ability to draw conclusions about measurable changes resulting from the intervention. The administrative data required considerable cleaning and could benefit from a more mature data system to enable quicker access to data and improve data quality.





# RECOMMENDATIONS AND NEXT STEPS

## Implementation and delivery recommendations

Drawing on our findings from this feasibility study, the following 10 recommendations focus on how the kinship care mediation service can be strengthened and effectively rolled out in the future. These recommendations cover promotion and awareness, training, engagement strategies, therapeutic input, mediator support, and key operational improvements.

### **1. Raise awareness and debunk preconceptions of mediation**

Lack of awareness and common misconceptions about mediation were key barriers to participation. Parents often reported only learning about the service once legal proceedings were already under way, limiting the time and space for meaningful engagement. Promoting the service earlier on in the kinship families' involvement with local authority children's services, would allow time to challenge myths and support informed decisions. Some birth parents believed mediation would be confrontational or require sitting in the same room as the kinship carer. Offering clear, practical information (e.g. about shuttle or virtual mediation options) and using quotes from birth parents who have used the service could help demystify the process. In particular, information should be delivered by trusted professionals or peers, as birth parents could feel mistrust of local authority professionals.

### **2. Support birth parents more effectively to increase their understanding and engagement with the intervention**

A recurring theme was the need for more strategies to engage birth parents with the service. Consideration should be given to who delivers the mediation offer to parents, as the person communicating the offer can influence trust and willingness to participate. Currently, there are few clear routes to reach this group or provide support for them to engage. Offering birth parents the option to bring a supporter to mediation sessions could also make the service more accessible and supportive, especially when birth parents reported high levels of anxiety to attend sessions.

### **3. Refer kinship families to mediation earlier**

It was widely agreed by mediators, referrers, and participants that referring kinship families earlier in the kinship care journey (pre-SGO) could improve engagement. Earlier referrals mean birth parents may be more likely to feel supported and kinship carers may be more open to finding solutions. Timely referrals also enable early intervention in strained relationships, supporting more constructive and sustainable arrangements for children. The risks of referring into the service earlier should be carefully monitored.



#### **4. Strengthen multi-agency training and knowledge of mediation with a focus on engagement**

Training for professionals across social care, legal, and SGO support services was seen as an enabler of referrals and effective mediation. Future delivery should embed an ongoing training offer, including initial sessions at service launch and refresher training every six months.

Training should emphasise the relational work needed before a kinship family is ready for mediation, encouraging professionals to invest time in preparing kinship carers and birth parents. Online one-hour formats were accessible and well received, and could be complemented by brief updates on referral data and outcomes to keep teams engaged.

#### **5. Continue the role of the psychotherapist with clear boundaries**

The psychotherapist role introduced in February 2024 played a valuable part in supporting emotionally complex mediation cases, particularly those using shuttle mediation. This role should continue but with role-specific training to ensure alignment with mediation principles. Unlike therapy, mediation requires strict impartiality and focuses on facilitating agreements rather than personal insight or emotional processing. Some participants may also benefit from therapeutic support prior to mediation. Where appropriate, families should be signposted to longer-term or preparatory therapeutic input to increase their readiness to engage constructively in the process.

#### **6. Allocate additional resources for engagement**

Engaging kinship families in mediation, especially birth parents, required significant time and persistence. Participants often needed multiple reminders and reassurance about how the process would work. Dedicated administrative capacity to follow up with families, offer practical support (e.g. arranging transport) and answer questions could improve attendance and reduce drop-out.

#### **7. Provide comprehensive mediator training and supervision**

Delivering mediation in kinship care settings requires specialist skills and preparation. Future rollouts should include clear guidance and structured training for mediators. Training should cover trauma-informed practice, conflict resolution, understanding kinship care and SGO legal contexts, and techniques for maintaining impartiality in emotionally charged situations. Regular supervision is essential to support mediator wellbeing, given the emotional complexity and relational trauma present in many cases.

#### **8. Treat the MIAM as a standalone intervention**

Mediators and participants described clear benefits from the MIAM, even when families did not progress to joint mediation. Birth parents often reported feeling listened to and supported for the first time during these sessions. Mediators described the MIAM as an opportunity to offer a different perspective and validate participants' experiences. Future delivery should formally treat MIAMs as interventions, including ways to track and evaluate their standalone impact.

#### **9. Consider building in follow-up sessions with participants**

Several participants and referring professionals noted that issues could resurface after the initial four mediation sessions. Offering follow-up sessions at three or six months post-final mediation



session may help reinforce agreements and prevent breakdowns in arrangements. Extending the offer to six sessions (with the final two as follow-ups) may support families in maintaining the progress made through mediation and adjusting plans as circumstances evolve.

### **10. Tighten eligibility criteria for appropriate referrals**

Future delivery should apply tighter eligibility criteria to ensure the service is offered where it is most likely to be effective. Based on feasibility findings, we suggest excluding cases where:

1. Birth parents are restricted to in-person contact once a year or less by a court order
2. There is a history of severe trauma or neglect that would likely prevent meaningful engagement in mediation.

## **Research recommendations**

We have developed the following ten recommendations based on learning from this feasibility study. These recommendations are intended to inform the design of any future evaluation of the kinship care mediation service. These recommendations focus on strengthening evaluation methods, improving data collection processes and enhancing consistency of the intervention across sites.

### **1. Undertake further feasibility work**

We recommend undertaking further feasibility work ahead of moving to an experimental, or quasi-experimental design. This work should develop a suite of acceptable outcome measures that capture short-term outcomes of the service, identify a potential control group, and establish the extent to which data can be captured for them and explore the acceptability and safety of delayed delivery of mediation in a potential waitlist control arm.

### **2. Develop methods to measure impact of MIAMs**

Almost half (36 of 76, 47%) of participants that attended a MIAM did not progress to mediation. Given that we found evidence in our interviews that MIAMs themselves may lead to benefits for kinship carers and birth parents, we recommend exploring methods to measure the impact of MIAMs themselves. We recommend piloting a brief evaluation form assessing perceived impact for MIAM attendees with an option to provide further details.

### **3. Introduce an expression of interest approach to recruit local authorities**

We recommend the use of an expression of interest approach for an expanded study. Local authorities with 'inadequate' Ofsted ratings should be excluded given potential challenges with embedding referrals to a new service. For individual households, we have added two further exclusion criteria based on findings from the current study: 1) when birth parents have a court order meaning they can only have in-person contact with the child once a year or less; and 2) when there is severe trauma and/or neglect.



#### **4. Expand recruitment to include kinship households in pre-proceedings**

We recommend that expanding recruitment to include kinship households in pre-proceeding should be rolled out with careful monitoring of risks. To mitigate these risks, we suggest that families could be made aware of the offer of mediation at the stage of pre-proceedings but not invited to take part until after court, that parties are reminded that mediation is confidential (unless there are safeguarding concerns) meaning information from mediation sessions would not be provided to local authority children's services, and that mediation does discuss the amount of contact unless this was expressly permitted by the case worker.

#### **5. Develop the data system for the evaluation**

A future evaluation should make time for a period of close working between the evaluator and Family Solutions to develop a more mature data system to capture administrative data. We also recommend providing training in data capture and extraction to mediators and service managers to support any future evaluation.

#### **6. Outcome measurement: Adapt Family Mediation Scale and pilot idiographic measure**

We recommend that future feasibility work explore adaptations to the Family Mediation Scale to improve acceptability. We also recommend piloting an idiographic measure of progress towards goals, such as the Goal Based Outcome measure (Duncan et al., 2022) or Goal Attainment Scaling (Turner-Stokes, 2009) as well as an adapted measure of parent/carer communication. Data quality of days spent in court should be explored as a potential outcome measure. All outcomes should be captured after a period of follow-up in addition to the end of the service delivery. We recommend offering multiple modes for outcome measures and feedback forms to be completed, including digitally and paper copies.

#### **7. Directly involve children and young people in future research**

We recommend that future studies should meaningfully include children and young people in kinship care to support the development of evaluation design and to be participants in the evaluation. Child's wishes may be assessed from child consultations notes (or other) against the plans, decisions made, and outcomes of mediation. Just as the child's voice is important to include in mediation (Goldson, 2006; Drapkin & Bienenfeld, 2008; McIntosh et al., 2008; Pali & Voet, 2012) it is also important to include in research regarding the family and kinship care, as Shuttleworth (2022) demonstrates. In this research, we made several attempts to include children and young people which was met with ethical and practical barriers (see [Appendix 4](#) for details).

#### **8. Run training for mediators on administering feedback forms**

We recommend delivering training to mediators on using the feedback forms, emphasising the importance of the forms for evaluation and capturing service user views.

#### **9. Introduce a fidelity checklist**

To ensure consistency of delivery across multiple sites, we recommend developing and implementing a fidelity checklist that covers training, and the content and number of mediation



sessions. It will be important that training for newly contracted mediators is delivered in-person and features role-play to enact nuanced learning about relating to kinship families.

#### **10. Collaborate with local partners**

We recommend collaborating with local organisations, such as Kinship peer support groups and informal support groups, to publicise the service and boost recruitment. Future research should look to build partnerships with organisations that support birth parents (such as FDAC) to encourage referrals and engagement from this group. We also recommend providing refresher training to local authority teams at the midpoint of a future evaluation to encourage referrals and gather useful feedback.



# CONCLUSION

This feasibility study, delivered by Coram, has successfully demonstrated that a kinship care mediation service is a viable and promising intervention for supporting kinship carers and birth parents in experiencing conflict and communication challenges.

The intervention, delivered by Family Solutions across five local authority areas, showed early signs of improving communication, reducing conflict, and helping families reach more stable and child-focused arrangements. Some kinship carers and birth parents perceived mediation as a potential alternative to court, or as a way to prevent families from entering legal proceedings. Importantly, the study found strong support for the model from both participants and professionals, with mediators, and the Family Solutions team more generally, praised for their flexible and compassionate approach.

Despite some challenges around data collection and engaging birth parents, the study was able to collect rich and meaningful insights through qualitative methods.

With further refinement of training, delivery, and evaluation tools, the kinship care mediation service has the potential to become an important part of the support landscape for kinship families.

We hope that the findings from this study help to develop effective services for kinship families.



# REFERENCES

- Abidin, R. R. & Brunner, J. F. (1995) Development of a parenting alliance inventory. *Journal of Clinical Child Psychology*. 24 (1), 31–40. [https://doi.org/10.1207/s15374424jccp2401\\_4](https://doi.org/10.1207/s15374424jccp2401_4)
- Ahrons, C. R. (1981) The continuing coparental relationship between divorced spouses. *American Journal of Orthopsychiatry*. 51, 415–428. <https://doi.org/10.1111/j.1939-0025.1981.tb01390.x>
- Bellg, A. J., Borrelli, B., Resnick, B., Hecht, J., Minicucci, D. S., Ory, M., Ogedegbe, G., Orwig, D., Ernst, D. & Czajkowski, S. Treatment Fidelity Workgroup of the NIH Behavior Change Consortium. (2004) Enhancing treatment fidelity in health behavior change studies: Best practices and recommendations from the NIH Behavior Change Consortium. *Health Psychology*. 23 (5), 443–451. <https://doi.org/10.1037/0278-6133.23.5.443>
- Birnbaum, R. (2009) *The voice of the child in separation/divorce mediation and other alternative dispute resolution processes: A literature review*. Department of Justice Canada. Available at: <https://www.justice.gc.ca/eng/rp-pr/fl-lf/divorce/vcsdm-pvem/pdf/vcsdm-pvem.pdf> [Accessed 15 August 2025].
- Department for Education. (2024) Children looked after in England including adoptions, Reporting Year 2024. <https://explore-education-statistics.service.gov.uk/find-statistics/children-looked-after-in-england-including-adoptions#releaseHeadlines-charts> [Accessed 15 August 2025].
- Department for Education. (2024a) Kinship care: Statutory guidance for local authorities. [https://assets.publishing.service.gov.uk/media/670d3ed5e84ae1fd8592f2fa/Kinship\\_Care\\_-\\_statutory\\_guidance\\_for\\_local\\_authorities\\_October\\_2024.pdf](https://assets.publishing.service.gov.uk/media/670d3ed5e84ae1fd8592f2fa/Kinship_Care_-_statutory_guidance_for_local_authorities_October_2024.pdf) [Accessed 15 August 2025].
- Department for Work and Pensions [DWP]. (2021) Reducing Parental Conflict: The impact on children. [www.gov.uk/guidance/reducing-parental-conflict-the-impact-on-children](http://www.gov.uk/guidance/reducing-parental-conflict-the-impact-on-children) [Accessed 15 August 2025].
- Drapkin, R. & Bienenfeld, F. (2008) The power of including children in custody mediation. *Journal of Divorce*. 8 (3–4), 63–95. [https://doi.org/10.1300/J279v08n03\\_07](https://doi.org/10.1300/J279v08n03_07)
- Duncan, C., Cooper, M. & Saxon, D. (2022). Test–retest stability, convergent validity, and sensitivity to change for the Goal-Based Outcome tool for adolescents: Analysis of data from a randomized controlled trial. *Journal of Clinical Psychology*. 79 (3), 683–696. <https://doi.org/10.1002/jclp.23422>
- Foster, D. & Mackley, A. (2025) *Kinship carers in England*. House of Commons Library. <https://commonslibrary.parliament.uk/research-briefings/sn02967/> [Accessed 15 August 2025].
- Gabriel, Y. (2018) Stories and narratives. In *The SAGE handbook of qualitative business and management research methods* (pp. 63–81). [www.doi.org/10.4135/9781526430236](https://www.doi.org/10.4135/9781526430236) [Accessed 15 August 2025].
- Gleeson, J. P., Hsieh, C. & Cryer-Coupet, Q. (2016) Social support, family competence, and informal kinship caregiver parenting stress: The mediating and moderating effects of family





resources. *Children and Youth Services Review*. 67, 32–42.  
<https://doi.org/10.1016/j.childyouth.2016.05.012>.

Goldson, J. (2006) *Hello, I'm a voice, let me talk: Child-inclusive mediation in family separation*. [online] Wellington: Families Commission. <https://thehub.sia.govt.nz/assets/documents/IP-hello-im-a-voice.pdf> [Accessed 15 August 2025].

Goodman, R. (2001) Psychometric properties of the strengths and difficulties questionnaire. *Journal of the American Academy of Child & Adolescent Psychiatry*, 40 (11), 1337–1345.

Gottman, J. M. & Levenson, R. W. (2002) A two-factor model for predicting when a couple will divorce: Exploratory analyses using 14-year longitudinal data. *Family Process*. 41 (1), 83–96.  
<https://doi.org/10.1111/j.1545-5300.2002.40102000083.x>

Green, F., Lowther, K., Simpson, D. & North, J. (2021) Rapid-cycle design and testing: What, why, and how? Dartington Service Design Lab.  
<https://static1.squarespace.com/static/67c2b7d2c8308d77d480c5bb/t/680774fb876b0c4edfcc8f42/1745319164733/Rapid-cycle%2Bdesign%2Band%2Btesting%2Bpaper%2BJan+%281%29.pdf> [Accessed 15 August 2025].

Harwin, J., Alrouh, B., Golding, L., Mcquarrie, T., Broadhurst, K. & Cusworth, L. (2019) *The contribution of supervision orders and special guardianship to children's lives and family justice*. Centre for Child and Family Justice Research, Lancaster University. [www.cfj-lancaster.org.uk/app/nuffield/files-module/local/documents/HARWIN%20main%20report%20SO%20and%20SGOs%20%204Mar2019.pdf](http://www.cfj-lancaster.org.uk/app/nuffield/files-module/local/documents/HARWIN%20main%20report%20SO%20and%20SGOs%20%204Mar2019.pdf) [Accessed 15 August 2025].

Heard, G., Lohan, A., Petch, J. Milic, J and A. Bickerdike, A. (2024) Participation, agreement and reduced acrimony through family mediation: Benefits for the ambivalent client in a mandatory setting. *Conflict Resolution Quarterly*. 41 (4), 573–590. <https://doi.org/10.1002/crq.21426>

Hunt, J. (2020). *Two decades of UK research on kinship care: An overview Two decades of UK research on kinship care*. Family Rights Group. <https://frg.org.uk/wp-content/uploads/2020/12/Overview-research-kinship-care.pdf> [Accessed 15 August 2025].

Kinship. (2024) Forgotten. Support for kinship children's education and mental health. <https://kinship.org.uk/wp-content/uploads/2024/10/forgotten-report-2024.pdf> [Accessed 15 August 2025].

Kinship. (2023) *Breaking point: Kinship carers in crisis*. <https://kinship.org.uk/wp-content/uploads/2024/10/breaking-point-report-2023.pdf> [Accessed 15 August 2025].

Mantle, G. & Critchley, A. (2004) Social work and child-centred family court mediation. *British Journal of Social Work*. 34 (8), 1161–1172. <https://doi.org/10.1093/bjsw/bch134>

Maynard, J. (2005) Permanency mediation: A path to open adoption for children in out-of-home care. *Child Welfare*. 84 (4), 507–26. <http://www.jstor.org/stable/45400370>



- McGrath, P. & Ashley, L. (2021) *Kinship care: State of the Nation Survey 2021*. <https://kinship.org.uk/wp-content/uploads/2024/09/Kinship-State-of-the-Nation-2021.pdf> [Accessed 15 August 2025].
- Meindl, M. & Westlake, D. (2024) Evaluation of the Family Drug and Alcohol Court in Wales pilot: Final report. CASCADE, Cardiff University.
- McIntosh, J. E., Wells, Y. D., Smyth, B. M. & Long, C. M. (2008) Child-focused and child-inclusive divorce mediation: Comparative outcomes from a prospective study of postseparation adjustment. *Family Court Review*. 46 (1), 105–124. <https://doi.org/10.1111/j.1744-1617.2007.00186.x>
- Nandy, S. & Selwyn, J. (2011) Spotlight on kinship care: Using Census microdata to examine the extent and nature of kinship care in the UK – Part 1 of a two-part study on kinship care. University of Oxford. <https://www.education.ox.ac.uk/wp-content/uploads/2019/06/Spotlight-on-kinship-care-An-Analysis-of-2001-Census-Data-Stage-1.pdf> [Accessed 15 August 2025].
- Office for National Statistics (2023) *CT21\_0105\_Census 2021*. [www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/adhocs/1345ct210105census2021](http://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/adhocs/1345ct210105census2021)
- Pali, B. & Voet, S. (2012) Family mediation in international family conflicts: The European context. Katholieke Universiteit Leuven.
- Sebba et al. (2015) *The educational progress of looked after children in England: Linking care and educational data*. University of Oxford. [www.education.ox.ac.uk/wp-content/uploads/2019/05/Linking-Care-and-Educational-Data-Overview-Report-Nov-2015.pdf](http://www.education.ox.ac.uk/wp-content/uploads/2019/05/Linking-Care-and-Educational-Data-Overview-Report-Nov-2015.pdf) [Accessed 15 August 2025].
- Selwyn, J., Farmer, E., Meakings, S. & Vaisey, P. (2013) *The poor relations? Children & informal kinship carers speak out*. University of Bristol. [www.bristol.ac.uk/media-library/sites/sps/migrated/documents/report.pdf](http://www.bristol.ac.uk/media-library/sites/sps/migrated/documents/report.pdf) [Accessed 15 August 2025].
- Shuttleworth, P.D. (2022) Recognition of family life by children living in kinship care arrangements in England. *The British Journal of Social Work*. 53 (1). <https://doi.org/10.1093/bjsw/bcac114>
- Tah, P. & Selwyn, J. (2025) *Raised by relatives: The experiences of Black and Asian kinship carers*. Kinship. <https://kinship.org.uk/our-work-and-impact/research/raised-by-relatives/> [Accessed 15 August 2025].
- Taylor, E. P., Di Folco, S., Dupin, M., Mithen, H., Wen, L., Rose, L. & Nisbet, K. (2020) Socioeconomic deprivation and social capital in kinship carers using a helpline service. *Child & Family Social Work*. 25 (4), 845–855. <https://doi.org/10.1111/cfs.12763>
- Trinder, L., Bryson, C., Coleman, L., Houlston, C., Purdon, S., Reibstein, J. and Smith, L. (2011) *Building bridges? An evaluation of the costs and effectiveness of the Separated Parents Information Programme*. Department for Education. <https://ore.exeter.ac.uk/repository/bitstream/handle/10036/3354/DFE-RR140.pdf?sequence=2&isAllowed=y> [Accessed 15 August 2025].



Turner-Stokes, L. (2009) Goal attainment scaling (GAS) in rehabilitation: A practical guide. *Clinical Rehabilitation*. 23 (4), 362–70. <https://doi.org/10.1177/0269215508101742>

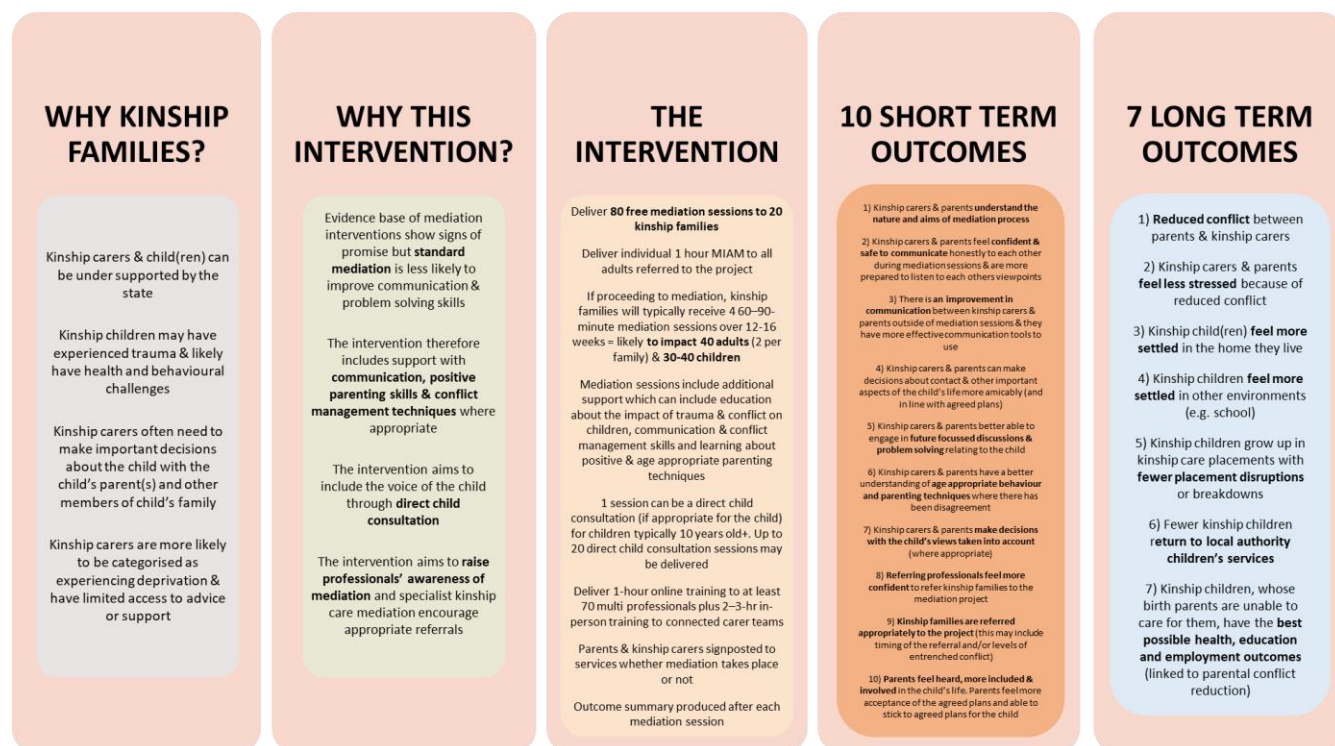
Wijedasa, D. (2015) The prevalence and characteristics of children growing up with relatives in the UK – Briefing paper 1: Characteristics of children living with relatives in England: Part 1. University of Bristol. [https://research-information.bris.ac.uk/ws/portalfiles/portal/360556000/England\\_Kinstat\\_Briefing\\_Paper\\_001\\_V3.pdf](https://research-information.bris.ac.uk/ws/portalfiles/portal/360556000/England_Kinstat_Briefing_Paper_001_V3.pdf) [Accessed 15 August 2025].

Wilhelmus, M. (1998) Mediation in kinship care: Another step in the provision of culturally relevant child welfare services. *Social Work*. 43 (2), 117–126. <https://doi.org/10.1093/sw/43.2.117>



# APPENDICES

## Appendix A. Theory of change for the kinship mediation intervention



## Appendix B. Feedback form completed by referring professionals before and after training sessions with Family Solutions

These questions are about how you currently feel about referring families for mediation. We will ask you these questions again at the end of the training. We will not be able to see how you have answered individually. You do not have to answer these questions if you don't want to.

If you are happy to, please select an answer to show how strongly you agree or disagree with the following statements:

I feel confident explaining what mediation is to families.

Strongly disagree, Disagree, Neither agree nor disagree, Agree, Strongly agree

I feel confident deciding whether families should or should not be referred for mediation.



Strongly disagree, Disagree, Neither agree nor disagree, Agree, Strongly agree

I feel confident referring families to mediation.

Strongly disagree, Disagree, Neither agree nor disagree, Agree, Strongly agree

What factors would you consider when deciding whether families should or should not be referred to mediation?

(free text response)

## Appendix C. Feedback about mediation awareness training from referring professionals

In September 2023, Family Solutions ran five training sessions for professionals across four local authority areas – Portsmouth City Council, Southampton City Council, Hampshire County Council, and Isle of Wight Council. Four of the training sessions were online and lasted 1 hour and one session was held in person and lasted 2 hours. In total, 130 participants attended the training.

Responses to polls (see Appendix 2 for questions) were provided by attendees at the start and end of the training sessions. The response rates varied for the before and after polls and by question, and response rates are detailed below. The polls (Appendix 2) asked how much participants agreed with three statements:

1. I feel confident explaining what mediation is to families.
2. I feel confident deciding whether families should or should not be referred for mediation.
3. I feel confident referring families to mediation.

Here, we summarise overall results from all four of the training sessions run by Family Solutions.

### Confidence in explaining mediation

Attendees' confidence in explaining what mediation is to families was higher at the end of training sessions than at the beginning. Before the training, 37% of attendees agreed or strongly agreed that they felt confident explaining what mediation is to families, compared to 99% of attendees by the end of the training. No attendees disagreed with the statement by the end of the training. This question was answered by 130 people at the start of training and 125 people at the end of the training.

### Confidence in deciding who to refer

Attendees' confidence in deciding whether families should be referred for mediation was also higher at the end of the training than at the beginning. Before the training, just 29% of attendees agreed or strongly agreed that they were confident in deciding whether families should be referred, compared to 100% of attendees by the end of the training. Again, no attendees disagreed with the



statement by the end of the training. This question was answered by 129 people at the start of training and 125 people at the end of the training.

## **Confidence in referring families for mediation**

Attendees' confidence in referring families for mediation was higher after the training. This indicator seemed to show the most change. Before the training, only 12% agreed or strongly agreed that they were confident in referring families for mediation, compared to 99% of attendees at the end of the training. This question was answered by 128 people at the start of training and 125 people at the end of the training.

As part of the feasibility study we conclude that the training is an important part of service delivery and the logic model and recommend its continued use as an embedded part of the intervention delivery.

## **Appendix D. Coram study team attempts to include children and young people in this research**

The direct child consultation is a fundamental part of the Family Solutions' kinship care mediation model, typically taking place as session two or three of the process. At the child consultation, the child talks face to face with mediators separately to their parents and carers. This is on the basis that what the child says is completely confidential from anyone else, including their carers/parents (unless there are safety concerns). Mediators reported that children usually have something that they want the mediators to tell their parent/carer and that they would like the parent/carer to take into consideration when making their decision. Strictly with the child's permission, the mediators would then bring the child's voice into the subsequent mediation sessions.

Coram believed that it would be important to include children and young people in this research because the child consultation is a vital mechanism in the mediation process. The child is also a stakeholder in the intervention and therefore an important voice in feeding back about the experience of the service.

We therefore made several attempts to include children and young people in this feasibility study – listed below. We were met with ethical and practical barriers, which we explain. We ultimately concluded that we could not include children and young people in this research, other than anonymous feedback forms completed by the child at the end of the child consultation session, which were collected as standard practice by the mediators.

### **Attempt 1 (July 2023)**

First, Coram planned to interview a small sample (n=3) of children and young people who took part in a child consultation about their experience of consultation. Interviews would take place straight after the child consultation. This was rejected by Family Solutions because Family Solutions was concerned that it was disproportionate to the intervention (i.e. a 45-minute one-time





session with the child after only a 45 to 60-minute child consultation) and that the child is at a point of vulnerability and therefore meeting with a new adult may be stressful.

## **Attempt 2 (August 2023)**

Family Solutions agreed that the mediation team could offer three children/young people an additional feedback session with the mediator after the mediation process was complete (i.e. after mediation session 4). The number offered was limited to three by Family Solutions because these sessions would not be funded and would require two mediators for each session. The session would serve two purposes:

1. For the mediator to feed back to the child how the subsequent adult mediation sessions went after the child consultation and to check understanding.
2. For a Coram researcher to be present and to ask the child two to three questions about their experience of mediation.

This was submitted to the Coram Research Ethics Committee in August 2023 and rejected because:

- The child may not feel able to give their free opinions about the mediation when the mediator is present.
- The child has not been given enough time and space to consent to the process.
- Only some children from the cohort would be offered this additional feedback session.

## **Attempt 3 (September 2023 onwards)**

Other iterations of including children and young people were then considered. We suggested that a Coram researcher would ask a child/young person what would make taking part in research most comfortable for them, so that this could support recommendations for future research with children and young people in kinship care families. We proposed asking:

“If you were going to speak to a researcher about your experience of these sessions, what would help you feel most comfortable to tell them your opinions?”

With three probing questions:

- Where would it take place?
- Who would be with you?
- What is the best way to say your opinions, for example do you like talking or do you prefer something else like drawing or making things?

We suggested that the child be asked this question at the parent/carer interview, as it is not about the mediation experience and is about involvement about research generally. This would also mean that the researcher was not one to one with the child/young person, mitigating the concerns raised by Family Solutions (see attempt 1). This was rejected by Family Solutions due to it requiring a disproportionate amount of involvement from the parents and carers and potentially altering the equitable dynamic of the mediation:





1. To speak to the child, Coram would have needed the consent of all adults who have attended the mediation, not just the kinship carer.
2. There was a risk the other adults would perceive the kinship carer had power over them because they know what the child said to the Coram researcher and the other adult did not. This might change the dynamic of the mediation.
3. The Coram researcher may not have a good-enough idea of the situation between everyone on the day of the parent/carer interview, therefore there is not enough control over whether the call would trigger a reaction. Coram would also not know who is in the room and whether there is any coercion, for instance.
4. If Coram speaks to the child in the way set out above, this would require feedback to everyone with parental responsibility.

## Agreed version

We therefore arrived at just capturing the anonymous child consultation feedback form (as already planned and part of standard practice).

## Appendix E. Accessibility text

### Figure 1: Logic model for the kinship care mediation intervention

This image shows a detailed logic model of the Family Solutions kinship care mediation pilot. The logic model is presented as a large table divided into five coloured sections: context, inputs, outputs, short-term outcomes, long-term outcomes, and unintended consequences.

#### Context

This section describes the context for this work, highlighting that around 113,650 children live in kinship care in England, many facing poorer life outcomes compared to the general population. Kinship carers often lack statutory support and experience deprivation, which can cause stress and conflict. Parents and carers must negotiate complex arrangements that may otherwise be resolved in adversarial court settings. The section explains why mediation is used: frequent unresolved conflict risks children's wellbeing; mediation has growing evidence of effectiveness in improving communication and reducing conflict; and it provides education in trauma-informed practice, communication, and conflict management skills.

#### Inputs

The pilot was delivered by Family Mediation Council accredited mediators with trauma-informed training. Inputs included access to suitable, confidential mediation locations, a trained therapist for direct consultation where appropriate, and delivery of Mediation Information and Assessment Meetings (MIAMs), delivered online or in person. Two mediators to co-run direct child consultation sessions, and two mediators to co-run training for professionals who may refer into the project.



## **Outputs**

Planned delivery was 80 mediation sessions across 20 kinship families, with each family receiving an individual MIAM. Sessions typically lasted 60–90 minutes over 12–16 weeks, with around 40 adults and 30–40 children participating. Support included education on trauma and conflict, communication skills, and age-appropriate parenting techniques. Up to 20 direct child consultation sessions could be run, feeding back the child's views into mediation. Training was provided to mediator teams across the region (aim was to deliver to 70 multi professionals). Parents and kinship carers are signposted to services whether mediation takes place or not. Outcome summary produced after each mediation session which is confidential to parents and carers involved.

### **Short-term outcomes (10 items)**

- Carers and parents understand the nature and aims of mediation.
- They feel confident and safe to communicate honestly.
- Communication between carers and parents improves.
- Families make more amicable decisions about child contact.
- Families are better able to engage in future-focused discussions and problem-solving.
- Parents and carers gain understanding of age-appropriate behaviour and parenting techniques.
- Families make decisions with children's views taken into account.
- Families feel more confident to seek support from mediation.
- Kinship families are referred appropriately to other services.

Parents feel heard, involved, and able to stick to agreed plans.

### **Long-term outcomes (7 items)**

- Reduced conflict between carers and parents.
- Families feel less stressed.
- Children feel more settled in their home.
- Children feel more settled in other environments such as school.
- Children experience fewer placement breakdowns.
- Fewer children are referred to local authority services.

Kinship children whose parents are unable to care for them achieve the best possible health, education, and employment outcomes.

### **Unintended consequences**

- Some parents may feel more distressed if mediation does not meet their desired outcomes e.g. the child does not return home, which may lead to further conflict.
- Parents or Kinship carers may feel frustrated if mediation results in one party pursuing mediation but the other not engage



[Return to main body of text](#)

## Figure 2: Mediation and evaluation participant recruitment process

This image is of a flowchart showing the mediation recruitment process alongside the evaluation recruitment process, from referral to Family Solutions through to fieldwork interviews and data sharing with Coram. The flow diagram is split into two parallel processes: the mediation recruitment process on the left and the evaluation recruitment process on the right.

### Mediation recruitment process

- Referral is made to Family Solutions by a professional in one of the referring local authorities or organisations in the local area, with participant details sent by email.
- Family Solutions contacts the participant to arrange a Mediation Information and Assessment Meeting (MIAM).
- At the MIAM, Family Solutions collects data on kinship family members and enters it into the ResolveIT data management system. Families are given an evaluation pack with details about the evaluation, the study team, and a privacy notice explaining how data will be shared with Coram. They are also invited to take part in a research interview with Coram, with a separate information sheet and consent form provided.
- If assessed as suitable for mediation, the mediation process continues with an internal risk assessment and up to four mediation sessions.

### Evaluation recruitment process

- If a kinship family member agrees to take part in a research interview (or requests more information), Family Solutions shares their contact details with Coram.
- **Phase 1 fieldwork:** Interviews are conducted using convenience sampling (first come, first served) due to a small number of interviews and limited timeframe. Administrative data are shared at the end of phase 1.
- **Phase 2 fieldwork:** Depending on phase 1 learning, interviews either continue with the same recruitment approach or shift to purposive sampling. Selection may be based on local authority area, kinship arrangement (such as legal order type), and referral route. Administrative data are shared monthly with Coram.

[Return to main body of text](#)