



Background

“The family being the fundamental group of society and the natural environment for the growth, well-being and protection of children, efforts should primarily be directed to enabling the child to remain in or return to the care of his/her parents, or when appropriate, other close family members. The State should ensure that families have access to forms of support in the caregiving role.” (United Nations General Assembly 2010, p.2)

Approximately one in ten children around the world live in kinship care. Rates vary greatly between and within regions, with the use of kinship care consistently higher in Sub-Saharan Africa, and the lowest rates in North Africa, the Middle East, South Asia and some parts of Europe, and yet still with large numbers of children in kinship care in these regions. (Delap and Mann 2019, p.5)

Informal kinship care is more common than formal kinship care and children are most likely to be placed with grandparents than other relatives. In countries such as the UK, Indonesia, and Rwanda, children are up to 20 times more likely to be placed in kinship care than other forms of alternative care. In many settings, the use of kinship care is increasing. (Delap and Mann 2019, p.5)

Explanations for the trend in kinship care

“The widespread and growing use of kinship care can be explained by seven interrelated factors:

- Poverty
- Lack of access to services
- Parental ill health and death
- Internal migration, emigration, and national immigration policies
- Disasters, conflict and instability (often linked to climate change)
- Cultural beliefs
- The child protection policy response.

The relative influence of these factors varies by context. For example, in high income countries kinship care is often caused by parental abuse and neglect, and in recent years has been widely promoted in child protection policies. In lower income settings, kinship care is more commonly related to migration, lack of access to services, and poverty. Social norms affect the number of children in kinship care and children’s experiences in this care across all contexts.” (Delap and Mann 2019, p.6)

The value of kinship care

Kinship care is often the preferred care option for children who cannot live with parents as:

- Children prefer it to other choices such as institutional or foster care, and many children in kinship care are loved and well cared for.
- Kinship care offers continuity and stability for some children, and the opportunity to enhance important social networks for others;
- Kinship care is undoubtedly a better alternative to harmful institutional care, and in high income contexts, research demonstrates better outcomes to other forms of alternative care such as foster care. For example, children in kinship care have less or similar risks of abuse, neglect, and coming into contact with the law, and more stability of placements than foster care.
- Children in kinship care can often maintain relationships with parents, especially in low and middle income countries.
- Kinship care benefits caregivers, providing companionship, practical support and the satisfaction of helping a much loved child to flourish.
- Kinship care supports households' livelihood strategies by enabling migration, and can save the state resources that would otherwise have to be spent on costly residential or foster care.

A key benefit of Kinship care for the children is it enables children to remain within their family, preventing family separation. Where separation has already occurred kinship care can provide reintegration back into the family with the potential for final return to parental care. This continued connection with the extended family, enables children to maintain a sense of their cultural identity and belonging which are important for their personal development and mental wellbeing. Recent studies on kinship care indicate better outcomes for children than for those in foster care (Farmer, E, 2009).

The impact on a child of the loss of identity has received scarce attention, despite having serious lifelong consequences. Such harm can arise when children cannot grow up in their family of origin” This can occur in cases where “family kinship care may not be prioritised or when siblings are unnecessarily separated, which inevitably leads to discontinuity in family relationships and cultural identity of the child. (Dambach, M., 2022, P. 7)

Kinship care, when well supported, can prevent family separation and provide a bridge for children being re-integrated back into family based care.

Current and future challenges

The main challenge faced by kinship care families is, despite the value of kinship care, there is a lack of acknowledgement and recognition and as a consequence a lack of support, and when kinship care is poorly supported it can lead to increased vulnerability of both the caregivers and the children.

Support needs for safe and effective kinship care

“Research suggests that support needs include:

- **Emotional support:** Children often come into kinship care having experienced the trauma of separation from parents, or abuse, neglect and violence, and in many contexts there are a disproportionate percentage of children with mental health problems in kinship care.
- **Poverty alleviation:** Kinship care households are often poorer than average.
- **Education support, and access to other services:** Children in kinship care frequently do less well in school, than those in parental care, similar to children in other forms of alternative care settings. Children in kinship care with disabilities are likely to need particular assistance.
- **Protection from abuse, neglect, exploitation and discrimination:** Whilst many children in kinship care are loved and well cared for, some are treated differently from others in the household, and are more vulnerable to early sexual debut, child marriage and child labour.
- **Managing relationships with parents:** Relationships with parents are particularly fraught in high income contexts where kinship care is most usually caused by abuse, neglect or violence by parents.
- **Practical and emotional support for caregivers:** Kinship caregivers can struggle with dramatic changes to their life plans, stress, or health problems, particularly if they are elderly.
- **Support to other children in the household:** kinship care also impacts on other children in the household, who may suffer from a loss of parental attention or resources and need support.

The vulnerability of children in kinship care is affected by factors such as: the degree of relatedness to caregivers, the nature and amount of contact with parents, the reasons for placement, and in social norms around kinship care.” (Delap and Mann 2019, p. 7)

The neglect of kinship care

“The value of kinship care is recognised in some international and national policies on children’s care. However, these policies have not been put into practice. For example:

- International campaigns on care have tended to focus on deinstitutionalisation, and pay only limited attention to the need to devote more resources to kinship care.
- National governments often expect caregivers to care for children with no or minimal support.
- There is a lack of research on kinship care and there are many gaps in understanding.

Kinship care and COVID

There hasn’t been any research into the impact of COVID on kinship care placements, however due to the nature of COVID, primarily affecting the elderly, it is fair to assume that there was an impact on Kinship care as many kinship caregivers are grandparents.

In previous pandemics such as the HIV pandemic, it was found that the support of relatives “particularly grandmothers, was crucial to children’s survival and well-being. These elderly and usually extremely poor women were largely left to care for their grandchildren alone, with little or no assistance.” (Delap and Mann 2020a, p. 1)

“Many [predicted] that COVID-19 [would] see a rise in the need for kinship care. In addition to parental ill-health or death, the virus and responses to it are likely to exacerbate the factors that lead

girls and boys to being placed in kinship care, such as poverty, loss of basic services, and violence in the home. In some contexts, the challenges posed by COVID-19 may lead to the failure of formal systems of care, leading, for example, to mass closure of residential facilities, or restrictions being placed on the number of children placed in the care of the state. In these instances, informal kinship care may be the only viable option for children who cannot be looked after by parents.”

Despite the increased need for kinship care due to the COVID-19 pandemic, it is unclear if this need was able to be met due to the nature of COVID-19 “disproportionately affecting the elderly, meaning the grandparents, who form the majority of kinship carers globally, may no longer be able to care for children.”(Delap and Mann 2020a, p.2)

Our recommendations

Family’s research “suggests that supporting kinship care is a priority: it is widely and increasingly used, it is a valuable resource for preventing the family separation of vulnerable children, and it carries risks for both children and caregivers if not properly supported. Despite its value, it has been neglected by policymakers and practitioners in many parts of the world.” (Delap and Mann 2019, p. 40)

For national governments

1. Conduct research on the scale, nature, causes and impacts of kinship care. This research should specifically seek to identify which groups of children in kinship care in a given context face the greatest risk.
2. Consult children in kinship care and their caregivers to assess their needs
3. Alter national policies and interventions on alternative care so that they prioritise supporting safe and effective kinship care. Specifically:
 - Ensure that the end goal of care reform is that all children can grow up safe and protected in families, and that kinship care is always considered as the first option when children cannot be cared for by parents.
 - Offer a full package of support for children in kinship care and their caregivers that includes: psychosocial, financial, educational, and child protection services and support.
 - Ensure that high-risk cases are monitored and provided with more extensive support (but do not attempt to monitor all cases).
 - Train the child care workforce to recognise and respond to the needs of children in kinship care.
4. Ensure that kinship care is considered in other relevant national policies and interventions. For example:
 - When determining national migration and immigration policies, ensure that the needs of migrants’ children, including those in kinship care, are recognised.
 - When defining childhood vulnerability or targeting social protection, recognise the particular vulnerability of children in kinship care, and their caregivers.

- When designing parenting , nutrition or early childhood development programmes or support for children with disabilities recognise that often it is kin rather than parents who are the primary caregivers. Target interventions and messages appropriately.
 - Ensure that schools work with kinship caregivers as well as with parents, and recognise that particular challenges that children in kinship care face in gaining an education.
5. Recognise that children in kinship care and kinship caregivers were amongst the most vulnerable during the pandemic, and develop a full package of support to address the impacts of this.
 6. Local civil society organisations(CSOs) are often the organisations that understand the situation best and have developed successful interventions. They should always be included in the development of legislation and policy development and implementation.

Recommendations for donors and UN agencies

- Offer financial and technical support to enable national governments to appropriately support kinship care
- Expand global campaigning. Continue to support the deinstitutionalization of children, but ensure that more resources are devoted to promoting the support of kinship care.
- Fund research and knowledge exchange on kinship care, including the impact of COVID-19 and other humanitarian crises.
- Investing in local CSOs and their established practice with families and communities is often the most sustainable and contextually relevant response.
- Promote learning from the community and national level.

Recommendations for regional institutions, such as the African Union (AU) and Southern African Development Community (SADC)

1. Revitalise discussions among member countries on the importance of supporting kinship care and its key role in achieving the goals laid out and agreed to in the African regional policy frameworks. Task the Committee of Experts within the AU to compile questions for states when countries are presenting their reports on the African Charter, and to follow up on the pace and extent of implementation and delivery. Within SADC, refer to kinship care in all relevant protocols to include recognition and support for kinship care. In the UN's Economic and Social Council (ECOSOC), target the relevant stakeholders in the Social Development Policy Division to integrate kinship care in their research, technical support to government and transformation agenda. (Delap and Mann 2020b, p. 10)
2. Support regional body departments and committees, such as the Social and Human Development Directorate (SADC), African Committee of Experts on the Rights and Welfare of the Child (ACERWC - AU) and the Social Development Policy Division (ECOSOC), to collaborate with CSOs to engage in dialogue, share research and learning and identify promising and scalable approaches. (Delap and Mann 2020b, p. 10)

Voices of lived experience

“You’re ‘out on your own’ and there is no support or help - you are invisible and a nonentity.”
Kinship carer, UK (Delap and Mann 2020b, p. 41)

“I have no other problems with my grandchildren, I love them dearly and they bring me so much joy, but I need money.”
Kinship carer, Australia (Delap and Mann 2020b, p. 31)

“Whenever a child is left alone because the biological parents have died, migrated or are incapacitated by poverty or illness, it is the responsibility of friends and relatives to immediately take custody of that child. Our values have taught us that a child belongs to the community, a child is a community asset and therefore it is the responsibility of the community to take care of that child whenever the parents are unable to do so.”
Focus Group Discussion (FGD) with community members in Bindura, Zimbabwe (Delap and Mann 2020b, p. 2)

“My grandmother treats me better than my biological mother. She is caring so I like her and would prefer to live with my grandmother till I grow up. She does not beat me; she normally advises me.”
Boy in Kinship care, Winneba, Ghana (Delap and Mann 2020b, p.4)

“When I brought him home, he had studied at five different schools, and was always fighting with his classmates. Currently, he has become stable and is studying very well. He has even improved and is regular at school. Teachers tell me that he is a good child and I feel very proud of him.”
Female kinship caregiver, Kigali, Rwanda (Delap and Mann 2020b, p.4)

“The adage that ‘chirere chigokurerawo’ [‘look after a child and tomorrow the child will look after you’] is very true. If you take good care of the children you are looking after and send them to school, most of them will take good care of you later on in life.”
Female kinship caregiver, Binmdura, Zimbabwe (Delap and Mann 2020b, p.4)

Bibliography

- Dambach, M. (2022). *Policy Brief 2: Child's right to identity in alternative care*. Geneva, Switzerland: Child Identity Protection
- Delap, Emily and Gillian Mann. (2019) *The paradox of kinship care: the most valued but least resourced care option - a global study*: Family for Every Child
- Delap, Emily and Gillan Mann (2020a) *Prioritising support to kinship care in response to COVID-19*: Family for Every Child
- Delap, Emily and Gillian Mann (2020b) *Kinship care in Sub-Saharan Africa: An asset worth supporting*: Family for Every Child

Farmer, Elaine (2009) *How do placements in kinship care compare with those in non-kin foster care: placement patterns, progress and outcomes?* Child & Family Social Work, V14, Issue 3.