



Save the Children
UK



Kinship Care

Providing positive and safe care
for children living away from home

Kinship Care

Providing positive and safe care
for children living away from home



Save the Children

Save the Children fights for children in the UK and around the world who suffer from poverty, disease, injustice and violence. We work with them to find lifelong answers to the problems they face.

Save the Children UK is a member of the International Save the Children Alliance, the world's leading independent children's rights organisation, with members in 28 countries and operational programmes in more than 100.

Published by
Save the Children UK
1 St John's Lane
London EC1M 4AR
UK

Tel +44 (0)20 7012 6400

www.savethechildren.org.uk

First published 2007

© Save the Children Fund 2007

Registered Company No. 178159

This publication is copyright, but may be reproduced by any method without fee or prior permission for teaching purposes, but not for resale. For copying in any other circumstances, prior written permission must be obtained from the publisher, and a fee may be payable.

Cover photo: Beatriz (second right) has lived with her grandmother, aunt and cousin since her mother died. Save the Children has supported the family. (Photo: Boris Heger)

Typeset by Grasshopper Design Company

Printed by Greenaways Ltd

Save the Children publications are printed on paper sourced from sustainable forests.

Contents

Acknowledgements	v
1 Introduction	1
2 The scope and characteristics of kinship care	2
3 The required policy and legislative framework for kinship care	6
4 The role of practitioners in assessing, supporting and monitoring kinship care	9
5 Concluding comments	14
Bibliography	15

Acknowledgements

This report was written for Save the Children UK by Professor Bob Broad PhD, Visiting Professor at the Institute for Social Policy and Urban Regeneration (SPUR), London South Bank University and Professor of Children and Families Research/Director of the Children and Families Research Unit, De Montfort University, Leicester. It was edited by Louise Melville, Protection Adviser, Save the Children UK.

Thanks are due to the following for their contributions: Daniela Luciani, Lynette Mudekunye, Aftab Mohammed, Amaraa Dorjsambuu, Salma Jafar, Maria Ines Cuadros, Alfia Mirasova, Florence Martin, Nicole Engering, Geoffrey Oyat, Jenifer Tavengerwei, Margarita Yanakieva, Feride Dashi and Bill Bell.

I Introduction

Kinship care, otherwise known as care by relatives or family friends, is the most significant form of out-of-home care globally for children who are unable to live with their parents. Surprisingly, the importance of kinship care has only recently begun to be seriously acknowledged, and it is emerging as a policy and practice issue that needs to be addressed in its own right.¹ This form of care remains largely unregulated, with most families organising alternative care for their children without contact with external agencies. While kinship care can provide enormous benefits to children, particularly when compared to non-family based care, there are concerns that many carers may be struggling to cope without access to support, and that some children in kinship care are exposed to harm.

This paper aims to present information about the prevalence of kinship care, describe its practice and related issues in different countries, and make recommendations to protect and support children living in kinship care arrangements. It is divided into 3 sections:

- The scope and characteristics of kinship care
- The required policy and legislative framework for kinship care
- The role of practitioners in assessing, supporting and monitoring kinship care

Note

¹ UNICEF / International Social Service (2004)

2 The scope and characteristics of kinship care

Defining kinship care

Kinship care is a form of alternative care that is family based, within the child's extended family or with close friends of the family known to the child.² Kinship carers therefore may include relatives, members of their tribes or clans, godparents, step-parents, or any adult who has a kinship bond with a child. Kinship care may be formal or informal in nature:

- *Informal kinship care* is any private arrangement provided in a family environment, whereby the child is looked after on an ongoing or indefinite basis by relatives or friends, at the initiative of the child, his/her parents or other person. Crucially, this arrangement will have been made without an order by an administrative or judicial authority or a duly accredited body.³ This is the most common form of kinship care; for example, of the estimated 2.1 million children in the USA being raised solely by grandparents, over 90 per cent are cared for on an informal basis.⁴
- *Formal kinship care* describes arrangements that have been ordered or authorised by a competent administrative body or judicial authority.⁵ It usually involves an assessment of the suitability of the family for the child and possibly the provision of some kind of continuing support and monitoring. In some instances the kinship carer may be an approved foster carer and subject to fostering regulations.

Typical kinship carers

Most kinship carers are grandparents. For example, in Namibia, South Africa and Zimbabwe, 60 per cent of orphans and vulnerable children are in grandparent-headed households.⁶ Other typical kinship carers include aunts and uncles, and older siblings. The culture and social norms within different countries determine who is likely to look after kin. For example, in a matrilineal culture the child is most likely to be placed with the mother's family, and in a patrilineal culture, with the father's family.

There is also evidence of an informal kinship care hierarchy. For example, in Sri Lanka, if 'first choice' aunts or uncles/siblings are not able to provide kinship care, then grandparents usually take on the role of carer.⁷

The prevalence of kinship care

Informal kinship care is the most significant out-of-home care option in the world.⁸ In the USA, an estimated 1.3 million children in the black community alone are in the care of relatives, as opposed to 300,000 in group care facilities and 290,000 in non-kinship foster care.⁹

In many African countries, more than 90 per cent of orphaned children are living with extended families, with most cared for by their grandparents.¹⁰ It is a similar picture in Asia; in Funan (Cambodia), for example, more than 90 per cent of orphaned children are cared for by extended families.¹¹ In post-tsunami Indonesia, 70–80 per cent of the 1,981 separated children who have not yet been reunified are living with members of their extended family in camps,

barracks and host communities.¹² In India, kinship care for children without adequate parental care is the most common form of care in almost all regions, religions, castes and ethnic groups. For instance, some ethnic groups in the Andaman and Nicobar Islands do not use the word “orphan” for a child who has lost both his/her parents, as the extended family and community takes care of the child.¹³

The need for alternative care

Kinship care is likely to become even more prevalent in the future, as the HIV pandemic continues to grow, resulting in ever-increasing numbers of orphans. Approximately 15.2 million children under 18 have lost one or both parents to AIDS, and millions more have been made vulnerable.¹⁴ In 2002, it was estimated that 90 per cent of the children orphaned by AIDS in sub-Saharan Africa, Asia and Latin America were being cared for by members of their extended family.¹⁵ The growing numbers of children in need of out-of-home care are not restricted to Africa; while HIV prevalence remains low, absolute numbers of orphaned children are much higher in Asia.¹⁶

Children also go into kinship care as a result of conflict and natural disasters; eg, in Kosovo, there are an estimated 1,200 orphaned children living with their extended families as a consequence of the war.¹⁷ In many parts of the world, parents who work abroad and/or emigrate to secure employment are forced to place their children in the care of family and friends. For example, as a result of the migrant labour system in South Africa, only an estimated 40 per cent of children are raised by both their father and mother, with many being cared for instead by grandparents and other relatives.¹⁸ Similarly, many parents in countries such as Mongolia, Sri Lanka and Colombia work abroad to earn a better income, either on labour contracts or illegally, leaving their children behind to be cared for by others.

In other locations, access to improved education or skills training results in children living away from home; eg, in Mongolia, where 30 per cent of the

population are nomadic or semi-nomadic, many children of herding families are cared for by others for nearly a whole year when they need to reside in villages to study in schools.¹⁹ Other reasons for children’s placement in kinship care include a lack of health and social welfare facilities for disabled children, poverty, sick parents unable to secure treatment, and young people being sent away to relatives to avoid being recruited into regular or irregular armed forces (eg, in Colombia).²⁰

Kinship care as a preferred form of out-of-home care

Kinship care is recognised as providing a host of benefits for children over other forms of alternative care such as orphanages. Primarily, it enables children to remain with familiar carers, reducing the need for separation from loved ones, and preserving attachments and a sense of identity. Children themselves identify care by close family and friends as preferable. In South Africa, Botswana and Zimbabwe, for example, children’s order of preference for alternative care was (in descending order): immediate family; extended family; community members; foster care; and care in a child-headed household.²¹

A number of benefits are common to both formal and informal kinship care. In principle, the advantages include:

- preservation of family, community and cultural ties
- reinforcement of a child’s sense of identity and self-esteem, which flows from knowing their family history and culture
- avoidance of distress resulting from moving in with strangers
- reduced likelihood of multiple placements (although in some circumstances children may find themselves being “passed round” members of their extended family)²²
- avoidance of institutionalisation and associated risks.

Kinship care is also frequently the most culturally appropriate form of care, rooted in long-standing

traditions of ‘looking after one’s own’. The degree to which members of the extended family feel responsible for a child who has lost or become separated from his or her parents varies. In many cultures in sub-Saharan Africa there is an unquestioning sense that the child ‘belongs’ to the extended family, who will automatically provide care. In many Asian countries, the sense of duty to care for one’s kin is also prevalent; for example, in Myanmar (Burma), Indonesia, Thailand and Malaysia, care by relatives is deeply rooted in local cultures.²³

Support issues relating to kinship care

While kinship care is the most common form of out-of-home care, it is also the care option least systematically recorded, monitored or supported. Given that most carers in developing countries are likely to be struggling with poverty, the lack of support is alarming. This is a recurring theme in a wide range of contexts, for example:

- In India, there is no legislation or government policy to support kinship carers. Most government support goes to institutional care and there is no agency or monitoring mechanism in place.²⁴
- In Funan (Cambodia), more than 90 per cent of orphaned children are cared for by their extended family, though three-quarters of these receive no financial assistance.²⁵
- In Rwanda, 37 per cent of all households, many of them female-headed, are caring for orphans but only 0.2 per cent of households hosting orphans receive a full package of care and support (including material and psychosocial support as well as access to health and education services).²⁶
- In Kosovo, in the Gjilani Centre for Social Work, of 67 children placed in kinship care, 21 received financial support from the state (50 euros per month) while 46 did not get any support from the state or other agencies. The reason for the latter not receiving support is that kinship carers were not perceived to be in need or it was assumed that the children had inherited goods/wealth from their parents.²⁷

Where support is available, however sporadic, it is much more likely to be for formal kinship care situations, where child protection is the reason for the child living in care. For example, in Colombia, formal kinship carers receive financial resources to pay for expenses directly for the child. With informal kinship care, there is no financial assistance.²⁸

In addition to the financial pressures created through caring for the child of a relative, common issues for carers are:

- the overall burden, especially when caring for disabled children
- a lack of time due to both parents working
- the behavioural problems displayed by children
- an increasing number of children to care for, with fewer relatives available
- the stigma associated with children orphaned by AIDS
- a lack of space within the home
- conflict within the family over the placement of the child, eg, where the child’s placement is without the consent of his or her birth parents or the child is born out of wedlock
- lack of parenting and child communication skills
- the assumption of a long-term responsibility to care for someone else’s child
- the impact on the carer’s health, particularly for grandparents and older carers.

Quality of care issues

A lack of support and monitoring raises concerns for the welfare of children and the impact on their current and future well-being, despite the best intentions of carers; for example, orphans in sub-Saharan Africa are more likely to live in households that are female-headed, larger and have more people dependent on fewer income-earners, and are less likely to attend school than children living with their parents.²⁹

There are also significant concerns regarding the potential exploitation, abuse and neglect of children in kinship care, particularly in placements with distant relatives, or when carers are living in

poverty. Experience in India suggests that a child in the care of relatives may not be treated equally with birth children in the same household (eg, the looked-after child is less likely to be given access to schooling). Children in kinship care placements are frequently used to undertake some form of labour, in the home or outside. In Sri Lanka, for example, there is a common belief that it is acceptable to get some work done by children as long as they are fed and sent to school.³⁰

Children looked after by relatives or family friends may also become caught up in intra-familial friction or a lack of clarity over roles and relationships. Children may have difficulty situating themselves on a generational or genealogical level when, for example, they may be brought up by grandparents, almost as though they were the brother or sister of one of their parents. Where carers receive higher allowances than those available to parents, or benefit from the labour provided by the child, reunification with the child's own family may be resented or obstructed. Extended family members who are poor may compete with others to become kinship carers in order to receive scarce social welfare resources or property upon the death of the child's parent.³¹

Notes

² Government of Brazil (2007)

³ *Ibid.*

⁴ US Department of Health and Human Services (2000)

⁵ Government of Brazil (2007)

⁶ HelpAge International and International HIV/AIDS Alliance (2005)

⁷ Internal Save the Children Communication, Save the Children in Sri Lanka (2007)

⁸ UNICEF / International Social Service (2004) p2; Tolfree (2006), p29

⁹ Rankin (2002); US Census (2000)

¹⁰ UNICEF (2007) p17

¹¹ Shang *et al* (2007)

¹² Dunn *et al* (2006)

¹³ Internal Save the Children Communication, Save the Children in India (2007)

¹⁴ UNICEF, UNAIDS, WHO (2007)

¹⁵ USAID, UNICEF, UNAIDS (2002)

¹⁶ UNICEF, UNAIDS (2004)

¹⁷ Internal Save the Children Communication, Save the Children in South Eastern Europe (2007)

¹⁸ Internal Save the Children Communication, Save the Children in South Africa (2007)

¹⁹ Save the Children Communication, Save the Children in Mongolia (2007)

²⁰ Internal Save the Children Communication, Save the Children in Colombia (2007)

²¹ Skinner *et al* (2004), p14

²² ISS/UNICEF (2004), p3

²³ UNICEF (2006), p28

²⁴ Internal Save the Children Communication, Save the Children in India (2007)

²⁵ Shang *et al* (2007)

²⁶ Demographic and Health Survey, Rwanda (2005), Rwanda Census (2002)

²⁷ Internal Save the Children Communication, Save the Children in South Eastern Europe (2007)

²⁸ Internal Save the Children Communication, Save the Children in Colombia (2007)

²⁹ UNAIDS (2006)

³⁰ Internal Save the Children Communication, Save the Children in Sri Lanka (2007)

³¹ ISS/UN (2004), p4

3 The required policy and legislative framework for kinship care

Children and families' preference for out-of-home care to be provided by relatives and close friends, and its recognised benefits for children, means that governments have a responsibility to consider how best to promote this form of care when children are unable to live with their parents. The use of kinship care also entails a responsibility to ensure that carers are supported and children protected within placements. This section provides guidance on how governments and social welfare organisations can best regulate and support kinship care placements.

The role of governments and social welfare organisations in supporting kinship care

Children have the right to be cared for by their parents and, for most children, parental care will offer them the best form of protection. The priority for governments therefore is to support parents to be able to provide adequate care, and indeed this role is enshrined in the UN Convention on the Rights of the Child (UNCRC). Where parental care is not possible, care by the extended family and others with a kinship bond with the child should be pursued as a priority. This prioritisation is at the forefront of the draft UN guidelines for the appropriate use and conditions of alternative care for children (2007):

“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. Ensuring that families have access to necessary forms of support in their care-giving role is the responsibility of the State.”³²

The challenge for social welfare organisations, however, is to consider how to support kinship care, either through direct services or payments, without interfering unnecessarily in family life, and in a way that is feasible in particularly low-resource settings. For example, the types of support offered to kinship carers may include:

- finding and assessing a member of the family willing and able to care for the child
- preparing the child and family for the placement
- facilitating adequate housing to support the placement
- referring the carers and/or children to, or providing directly, services and other support to enable adequate care, eg, healthcare, access to schooling, financial services, parenting classes, daycare
- monitoring the placement to ensure the child is protected and to reassess the level of support required.

While most families would welcome access to services and financial support, undertaking an assessment or ongoing monitoring of a placement may be seen as obtrusive and undermining of the placement. It is vital therefore to consider not only what services are needed and when, and the level of monitoring, but also the manner in which this is carried out. Ideally parents, kinship carers and foster carers should all be entitled to services that are required for the well-being of children, with assessment and monitoring focusing on carers who are unknown to the child, or where child protection concerns have been identified.

One area that is less clear is the degree to which formal and informal carers should receive financial support. While poverty is prevalent among kinship carers, and greatly undermines a child's ability to develop according to their potential, there are also concerns that financial support may encourage some relatives

to care for a child largely for material gain. Where kinship carers receive more financial support than parents, returning a child to parental care may be more difficult. Where foster carers receive more cash benefits than kinship carers, it can encourage relatives to register as foster carers, creating an enormous burden on the state to assess and monitor placements, as is the case in South Africa.³³ States need to be clear on the criteria for a placement remaining informal, and ensure a level of equity between services provided to parents, kinship carers and foster carers.

Key challenges include:

- How best to promote care by parents, and avoid children's unnecessary placement into care?
- How can kinship carers be located and registered?
- Based on what criteria should a kinship carer be assessed as suitable?
- At what point does a kinship carer become a registered foster carer?
- What level of support do parents have access to, and how does this compare with kinship and foster carers? Are there inequities that cause problems for children, their parents, carers, or the state?
- Does the level of support available to carers enable the adequate care of children?

For *informal kinship care*, the draft UN guidelines recommend that all carers be required to register, and that governments undertake an assessment of the carer's needs for support, supervise the provision of care, and ensure counselling, support and access to all services and benefits likely to assist in the care and protection of the child.³⁴

The key overarching strategies, in line with the draft UN guidelines,³⁵ are:

Prioritise parental care and prevent children's unnecessary placement into care

- Ensure that families have access to necessary forms of support in their care-giving role, addressing the root causes of child abandonment, relinquishment and separation of the child from his/her family (eg, the right to birth registration, access to adequate housing and to basic health, education

and social welfare services, as well as measures to combat poverty).

- Develop and implement policies that prevent the need for alternative care and ensure that, wherever possible, children in alternative care placements may be reintegrated with their family under appropriate conditions.
- Provide culturally appropriate and child-sensitive support measures to especially vulnerable children and families, eg, single and adolescent parents and their children.

Prioritise care by the immediate and extended family for children unable to live with their parents

- Alternative care should maintain the child as close as possible to his/her habitual place of residence, in order to facilitate contact and potential reintegration with his/her family and to minimise disruption of his/her educational, cultural and social life. It should prioritise stability for the child, with permanency generally being a key goal. Siblings should not be separated unless there is risk to the child/children.
- Where a child requires permanent alternative care, a social work assessment should be undertaken to determine whether there are other family members who wish to take responsibility for the child, either through adoption, *kafala* or legal guardianship, and whether such arrangements would be in the child's best interests.
- Ensure that children have the protection of a legal guardian or other recognised responsible adult at any time.

Provide the framework, co-ordination, and resources required to enable the adequate care of children

- States should ensure that the legislative, policy and financial conditions exist to provide for adequate alternative care options, allocating sufficient human and financial resources to ensure that children without parental care have access to education, health and other basic services, the right to identity, language and protection of property and inheritance rights.

- Facilitate active co-operation among all relevant authorities, the allocation of appropriate budgets, and the mainstreaming of child and family welfare issues within all relevant ministries.
- Ensure that organisations and individuals providing services to support the care of children are authorised to do so, and that accreditation, monitoring and supervision of staff is in place.
- Special attention should be paid to the quality of alternative care provision, including in family-based care, in particular as regards the professional skills, selection, training and supervision of carers. Roles and functions should be clearly defined.
- Recognise the *de facto* responsibility of informal carers for the child. In the absence or incapacity of the parents, when a child is in the informal care of grandparents or adult siblings, the relatives concerned should in principle be recognised as legal guardians.
- Consider appropriate mechanisms for formalising placements.
- For children in formal kinship care, ensure that a care plan is developed and regularly reviewed, which prioritises the reunification of the child with their birth parents, and the permanency of their care, according to their best interests.

Ensure that children in kinship care placements and their carers are adequately protected and supported

- Establish a system for the registration of kinship carers, and encourage all kinship carers to register in order to receive financial or other support services.
- Assess carers' and children's needs in terms of protection and support, and ensure that they have access to services and support.
- Monitor kinship care placements through regular home visits where there are protection and support requirements or concerns, particularly where children are cared for by non-relatives, relatives previously unknown to the child, or far from the child's habitual place of residence.

In any decision-making process, the child, parents or legal guardians, and potential carers should be consulted with respect to his/her particular needs, convictions and special wishes and should be able to challenge the placement decision before a court.

Notes

³² Government of Brazil (2007)

³³ Internal communication, Save the Children in South Africa (2007)

³⁴ Government of Brazil (2007)

³⁵ *Ibid.*

4 The role of practitioners in assessing, supporting and monitoring kinship care

As well as highlighting the strategic policies needed at government level, it is also necessary to provide guidance on the role of practitioners in supporting kinship care. Where a child is unable to live with his or her parents, even with support, assistance may be required to place the child in alternative care. This starts with an assessment of the child's needs and situation, identifying where he or she is currently living, and initiates a process of care planning involving initial and regular reviews (eg, at six-month intervals). This means working with the child, his/her birth family, relatives, and others involved in the child's care and well-being (for example, the child's teacher or doctor).

A significant challenge for those working with children may be in securing a kinship care placement, particularly in countries affected by a heightened prevalence of HIV and AIDS, or where care by kin is less common. Tracing members of extended families may be complex, and there may not necessarily be a pre-existing or meaningful relationship between the child and the family member with whom they are placed.

Undertaking an assessment

When potential kinship carers have been located or come forward for support, or when concerns are raised about the quality of care provided, an initial assessment should be undertaken. This will determine the likelihood of the kinship carer being able to safeguard and protect the child, to meet the child's physical and emotional needs, and to provide stability and behavioural boundaries. Discussions with a prospective kinship carer would cover his/her level of motivation for providing a permanent home for the child, current family relationships and functioning, the carer's experience of parenting their own children, and their ability to meet the particular child's needs.

The table below provides a framework for assessing the strengths of prospective and existing kinship care families, and any concerns.

Table 1: Risk and protective factors when assessing kinship care families³⁶

Areas to be examined	Risk factors <i>Some examples</i>	Protective factors <i>Some examples</i>
Initial care planning	Child expresses serious reservations about proposed arrangement	Child expresses a positive view about going to live with kinship carers
Ongoing care planning – child is consulted	Child expresses serious reservations about current arrangement	Child expresses a positive view about living with kinship carers

continued overleaf

Table 1: Risk and protective factors when assessing kinship care families *continued*

Areas to be examined	Risk factors <i>Some examples</i>	Protective factors <i>Some examples</i>
Family composition	Existing major relationship difficulties with children Presence of household members who have a negative, potentially or actually abusive relationship with the child/children	Supportive relationships within the family, sharing responsibilities Prospective carers and any children have positive, well-established relationship with the child/children
Family network	Persistent discord and divided loyalties in the network	Awareness of the child's need to maintain links with significant people and ability to manage contact arrangements
Family history and current functioning	Existence of mental illness, problem alcohol and/or drug use, domestic violence, or other concerns about a family member's behaviour Lack of understanding of how personal experiences have affected themselves and their families	Resolution of past problems – alcohol, drugs, mental illness, domestic violence. Evidence of this Ability to appreciate how personal experiences have affected themselves and their families
Belief system	Inability to see that the child's developmental needs are paramount Lack of respect for the child's opinions Preventing the child from practising their religion, or discriminating on the grounds of ethnicity	Ability to see that the child's developmental needs are paramount Listening to the child and taking into account his or her wishes Enabling the child to maintain religious and ethnic identity
Health and offending	Major current or chronic physical and/or mental health problems Record of offences against children	Ability to maintain effective functioning through periods of stress Evidence of having moved on from any early offending behaviour
Family's access to community resources	Inability to give some indication of their peer group and social support networks	Ability to develop a good enough support system within community and personal networks
Parenting capacity	Carelessness about the whereabouts and safety of children Poor standards of physical care Difficulty feeding child, managing routines	Ability to provide a good standard of physical care and promote healthy development throughout childhood
Ability to provide for the child	Inability to provide an adequate diet or shelter for the child, or to afford basic goods and services, eg, medicine, school, healthcare	Ability to access other support networks and families/ extent to which support package can be provided
Carer's motivation for the placement	Carer does not want the child Carer expects the child to work in exploitative or hazardous labour in order to 'earn their keep' Carer intends to send the child to a lesser form of education than birth children, or for the child not to attend any form of schooling	Carer demonstrates keen motivation to look after the child because this is first and foremost in the welfare interests of the child
Ensuring safety – capacity to protect	Denial of any child protection concerns and risks identified by authorities	Ability to protect children from damaging contact with people who have abused them Ability to recognise the particular vulnerability of individual children to abuse and discrimination

continued opposite

Table 1: Risk and protective factors when assessing kinship care families *continued*

Areas to be examined	Risk factors <i>Some examples</i>	Protective factors <i>Some examples</i>
Emotional warmth – capacity to meet the child’s emotional needs	Lack of empathy for the child and persistent complaints about his/her behaviour Lack of understanding of how abuse, separation and loss affect children	Enjoyment of the child’s company, liking the child Ability to promote the child’s self-esteem Ability to accept the individual child as he/she is and to provide appropriate care
Stimulation	Lack of understanding of the child’s need to play and learn Inappropriate expectations (too high or too low) of the child’s capacity	Creating appropriate opportunities for children to learn and play as well as contribute to home
Education	Lack of appreciation of the importance of education for a child	Recognises importance of education and supportive of child’s activities and interests
Guidance and boundaries	Rigid, coercive discipline without time, patience and coaxing to obtain the child’s compliance Regular use of physical punishments, threats or bribes	Ability to set appropriate boundaries and manage child’s behaviour
Respect for privacy	Lack of a private area for hygiene and sanitary needs Lack of a designated space for the child’s belongings and bed	Children are afforded a degree of privacy appropriate to their age and gender Children have a place to sleep and store their belongings

The assessment of the carer’s ability and suitability to parent the child should involve full consultation at all stages with the child (and parents where possible) in order to ascertain their wishes. To this end, all concerned should be provided with the necessary information on which to base their opinion. Ideally, in initial and ongoing childcare planning, a whole family approach is advocated in which one worker co-ordinates services for the family. The needs of the child and other children in the placement and indeed the carers are not perceived as separate but connected. This is a child-focused, family-centred approach. These new roles will require social work methods to build relationships with family networks, making agreements with the wider supportive family network to support kinship care families, focusing on the needs of individual children without setting off their interests against other family members.

Following an assessment, a care plan should be developed, outlining the immediate and longer-term strategy, as well as whether and how family contact

and reunification will be undertaken. The child, parents and carers would then ideally be helped in preparing for the move.

Once the child is in placement, the care plan should be reviewed at regular intervals in full consultation with the parents, child and carer, with the placement monitored via regular home visits e.g. minimum of every 6 months. Where there are concerns that the child is being neglected, abused or exploited, child protection proceedings should be initiated.

Supporting placements

Multi-agency family support services are vital to support kinship care wherever possible. Those working with children and families would be expected to deliver directly or refer carers and the child/children for support and services that can improve the child’s development, well-being and protection, and promote the sustainability of the placement. These are

identified as including social welfare practice/advice but also educational support, peer and support groups, and access to health services. A good assessment identifies a range of child-centred support and services, including respite options, and support from the family network for the child and the caregivers.

Support services include, among others:

- (a) information and advice on rights, entitlements, eligibility and how to access services
- (b) healthcare, including prevention, treatment and rehabilitative services, eg, for HIV and AIDS infection, drug and alcohol abuse, and disabilities
- (c) education, including catch-up classes and life skills training, and HIV and AIDS awareness raising
- (d) daycare and respite care
- (e) parenting courses, the promotion of positive parent-child relationships and conflict resolution skills
- (f) financial support, including benefits, vouchers, and in-kind payments
- (g) income generation and vocational training
- (h) mediation and conciliation services
- (i) psychosocial services, including direct work with children.

Care planning in kinship care often happens after an arrangement is made, so social services need flexibility to respond appropriately. This will involve listening to

the concerns of carers and children, and providing information. In particular, research evidence points to many kinship carers expressing a need for more family involvement in assessments, clearer information about services, more support/advice from NGOs, and help with finances, education and healthcare provision.

The challenges in supporting kinship care

It is recognised that principles of best practice in kinship care are not easy to implement, either in child welfare systems already struggling to undertake child protection duties or in the absence of such systems (which is the case in some countries). On the other hand, kinship care needs to be included in policy and funding frameworks in order to thrive, and will work best within existing frameworks of customs and beliefs, duties and responsibilities. Child-focused practice should lie at the heart of kinship care assessments and care planning, and should not be bureaucratized to the point where implementation is prevented or hindered.

The different approaches to assessing and supporting kinship care need to be guided by considerations about what resources are available and what options

Case study – an example of support to kinship care in Pakistan³⁷

Niaz Saleem is ten years old and lives in Union Council Bani Pasari, Pakistan. He has four brothers and one sister. His father died three years ago from a heart attack while working on a saw machine. Before his father's death, Niaz was going to the government primary school in Numan Poora. After his father died, Niaz and his brothers and sister were taken in by his uncle, as their mother had also died some time ago.

Niaz's uncle was unable to meet all of the financial

needs of the children, so Niaz had to work at a mechanics workshop for 50 rupees a day.

Save the Children helped Niaz by providing his uncle with 50,000 rupees to open a bakery shop. With the bakery shop running well, Niaz's uncle is now earning 300 rupees a day, so Niaz has been able to go back to school. Niaz explains, *"I dropped out of school because of poverty. Save the Children's financial support helped us with our household domestic needs and meant that me and my brothers and sister are able to go to school."*

exist, as well as which legal option is most appropriate and which professional assessment framework works best. In countries where social work systems and trained staff are lacking, it is likely that community-based organisations and volunteers will play a vital role in supporting parents and carers and ensuring the protection of children.

Notes

³⁶ Adapted from Broad and Skinner (2005), p40

³⁷ Save the Children in Pakistan

5 Concluding comments

Kinship care, both formal and informal, constitutes the most prevalent out-of-home care option for vulnerable children around the world and therefore needs far greater recognition of its value and contribution to children's welfare. Investment in the development and expansion of family-based care, protective laws and standards, child welfare services, social mechanisms and a supportive community is needed to protect and support children in kinship care.

There is no 'one fits all' template for kinship care. But it is crucial that all kinship care arrangements are based on one clear principle: that children are entitled to be protected and have their welfare safeguarded and monitored, wherever and however possible, always subject to international and national protocols and guidance.

Bibliography

- Association of Children's Welfare Agencies (1998) *Children out of Home: Analysis of substitute care data 1991/92 to 1995/96*, Association of Children's Welfare Agencies, Sydney
- Better Care Network (2007) *Kinship Care* http://crin.com/bcn/topic_more.asp?topicID=1012&themeID=1002 accessed 24 September 2007
- Birdthistle, I (2004) *Understanding the needs of orphans and other children affected by HIV and AIDS in Africa: the state of the science*, USAID Working Draft, www.aed.org
- Bridges, A (2005) 'Strengthening community support to promote the health and well-being of HIV/AIDS-affected children in Ethiopia', unpublished MA dissertation, Institute of Education University of London
- Broad, B 'Kinship care for children in the UK: messages from research, lessons for policy and practice', *European Journal of Social Work* 7 (2) 2004, pp. 211–227
- Broad, B and Skinner, A (2005) *Relative Benefits: Placing children in kinship care*, British Association for Adoption & Fostering, London
- Burhanova, G (2004) *Recognition and promotion of kinship care in Kyrgyzstan on the basis of children in institutional care*, EveryChild Kyrgyzstan, Bishkek
- Cantwell, N 'The challenges of out-of-home care', *Early Childhood Matters*, 2005, pp. 4–12, Bernard van Leer Foundation, The Hague
- Carter, R (2005) *Family Matters: A study of institutional childcare in Central and Eastern Europe and the former Soviet Union*, EveryChild London
- Castle, S E 'The current and intergenerational impact of child fostering on children's nutritional status in rural Mali', *Human Organization*, 55, 2, 1996, pp. 193–205
- Connolly, M (2003) *Kinship Care: A selected literature review*, Department of Child, Youth and Family, Department of Social Work, University of Canterbury, New Zealand
- Crumbley J. and Little, R (1997) *Relatives Raising Children: An overview of kinship care*, Child Welfare League of America (CWLA), Washington DC
- CWLA (1994) *Kinship Care, a natural bridge*, CWLA Press
- CWLA (2004) *Kinship Care – FAQ* www.cwla.org
- DEPSOS (Department of Social Affairs, Republic of Indonesia) and Save the Children (2006) *Children's homes in post-tsunami Aceh*, Save the Children, Indonesia
- Dunn, A, Parry-Williams, J and Petty, C (2006) *Picking up the Pieces: Caring for children affected by the tsunami*, Save the Children, London
- Early Childhood Matters (2005) *Children without Parental Care: Qualitative alternatives*, No. 105, Bernard van Leer Foundation, The Hague
- Government of Brazil (2007) *Draft UN guidelines for the appropriate use and conditions of alternative care for children*
- Greeff, R (ed) (2001) *Kinship Care: An international perspective*, Avebury, Aldershot
- Hegar, R and Scannapieco, M (eds) (1999) *Kinship Foster Care: Policy, practice and research*, Oxford University Press, Oxford
- HelpAge International (2005) *Forgotten Families: Older people as carers of orphans and vulnerable children*, Brighton
- International Social Service (2005) *A global policy for the protection of children deprived of parental care*, International Reference Centre for the Rights of Children Deprived of their Family, Geneva
- Luna, M (2005) 'Experience in the city of Buenos Aires, Argentina', UN Committee on the rights of the child, Children without parental care, working group 1, states' role in preventing and regulating separation, 16 September, UN, Geneva
- Mann, G (2002) *Family Matters: the Care and Protection of Children Affected by HIV/AIDS in Malawi*, Save the Children, London

- McFadden, E J 'Kinship care in the United States', *Adoption and Fostering*, 22, 3, 1998, pp. 7–15
- McLeod, D (2003) *Community-Based Social Services: Practical Advice Based upon Lessons from Outside the World Bank*, Social Protection Discussion Paper Series, 0327, December 2003, World Bank, Washington DC
- Naughton, D and Fay, K 'Of kin and culture US children and international kinship care placements', *Adoption & Fostering*, 27, 4, 2003, pp. 30–37
- Rankin, S 'Why they won't take the money: Black grandparents and the success of informal kinship care', *The Elder Law Journal* 10, 2002, pp. 153–185 quoted in UNICEF/ISS 2004
- Roby, J I and Wood Eddleman, N 'When She is Gone: Child Care Plans of Mozambican Mothers With Terminal Illnesses', *Families in Society: The Journal of Contemporary Social Services* 88, 2, 2007, pp. 292–301
- Save the Children UK (2007) *Protecting Children: Community attitudes to child sexual abuse in rural Mozambique*, Save the Children, Mozambique
- Shang, Xiaoyuan, Li Zhengang and Saunders, P 'Using budget standards to estimate the costs of children: the case of Funan County', *Journal of Family Studies*, 13, 1, 2007,
- Statistics South Africa (2006) Report no. 03-09-06 (2006) Statistics South Africa, Pretoria
- Subbarao, K, Mattimore, A and Plangemann, K (2001) *Social protection of Africa's orphans and other vulnerable children: Issues and good practice program options*, Human Development Sector, Africa Region, World Bank, Washington DC
- Thoburn, J (2007) *Globalisation and child welfare*, Social Work Monograph, School of Social Work and Psychosocial Sciences, University of East Anglia, Norwich
- Tolfree, D (2006) *A Sense of Belonging: Case studies in positive care options for children*, First Resort Series, Save the Children, London
- UNAIDS and UNICEF (2004) *The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS*, UNAIDS and UNICEF, New York
- UNICEF (2006) *Alternative care for children without primary caregivers in tsunami-affected countries: Indonesia, Malaysia, Myanmar and Thailand*, UNICEF, Thailand
- UNICEF (2007) *Enhanced Protection for Children Affected by AIDS: A companion paper to The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS*, UNICEF, New York
- UNICEF / International Social Service (2004) *Improving Protection for Children without Parental Care – Kinship Care: An issue for international standards*, UNICEF/ISS, Geneva
- UNAIDS, UNICEF and USAID (2002) *Children on the Brink 2002: A joint report on orphan estimates and program strategies*, USAID, Washington DC
- UNAIDS, UNICEF and USAID (2004) *Children on the Brink 2004: A joint report of new orphan estimates and a framework for action*, USAID, Washington DC
- UNICEF, UNAIDS, WHO (2007) *Children and AIDS: A stocktaking report – Actions and Progress during the first year of Unite for Children, Unite against AIDS*, UNICEF, New York
- US Census Bureau (2000) US Census quoted in *UNICEF/ISS, Improving Protection for Children without Parental Care – Kinship Care: An issue for international standards*, UNICEF/ISS, Geneva
- US Department of Health and Human Services, (2000) *Adoption and Foster Care Analysis and Reporting System (AFCARS)*, October 2000 estimates, Washington DC
- Van Wyk, B et al (2006) *Community-Level Behavioural Interventions for HIV Prevention in Sub-Saharan Africa*, Human Sciences Research Council (HSRC) Press, Cape Town, South Africa



Save the Children
UK

COVER PHOTO: BORIS HEGGER

Kinship Care

Providing positive and safe care for children living away from home

Kinship care, otherwise known as care by relatives and family friends, is the most common form of out-of-home care globally for children who are unable to live with their parents. It is also the care option least monitored and least supported, leaving many carers struggling to cope, and children potentially exposed to harm.

This report gives an overview of the issues facing children and their kinship carers, and provides guidance on the necessary policy legislation and practice requirements for positive and safe kinship care.

Save the Children
1 St John's Lane
London EC1M 4AR
UK

Tel +44 (0)20 7012 6400

www.savethechildren.org.uk