



**Family**  
for every child

How to support

# KINSHIP care

Lessons learnt from  
around the world





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## Foreword

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Growing up in a safe and caring family is fundamental for achieving a child's rights. For the millions of children across the world who cannot be cared for by parents, care by the extended family or friends of the family offers the best chance of such a home.

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**Kinship care** is the first option that should always be explored when children become separated from parents. It allows children to be looked after by someone they know, offering vital continuity in otherwise disrupted lives. It strengthens children's right to identity, and provides them with a sense of belonging. It gives children an opportunity to flourish within a family. Norms around collective responsibility for children's upbringing mean kinship care is culturally valued in many contexts.

Despite the multiple benefits of kinship care, it is poorly supported by many governments. Kinship carers are often left to look after children with no or minimal assistance. Without this support, children and carers face numerous challenges. For example often elderly grandparent carers struggle to provide for the grandchildren in their care. When kinship care is the result of parental death, both children and carers are grappling with grief. When kinship care is the consequence of parental abuse or neglect, family dynamics become complex and hard to navigate. Whilst most children in kinship care are loved and well cared for, some are abused and exploited by relatives.

Well thought-through support to kinship care is necessary to maximise the benefits of kinship care and diminish the challenges. This guidance draws on lessons learnt from around the world to show how kinship care can be effectively supported. It provides an essential resource for any governmental or non-governmental agency working to achieve children's rights to family-based care. It is hoped that by providing clear evidence on how to effectively support kinship care, this essential safety net for vulnerable children around the world will be strengthened.

**Ann Skelton**

Chairperson: UN Committee on the Rights of the Child

January 2024



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<b>ABTH</b>	Terra dos Homens Brasil
<b>ACER Brazil</b>	Association for the Support of Children at Risk
<b>ACPHA</b>	Alliance for Child Protection in Humanitarian Action
<b>CAP</b>	Children Assistance Programme
<b>CFAB</b>	Children and Families Across Borders
<b>CPV</b>	Child Protection Volunteers
<b>DCF</b>	Danielle Children's Fund
<b>ISS</b>	International Social Services
<b>IZU</b>	Inshuti z'Umuryango
<b>MP</b>	Member of Parliament
<b>NGO</b>	Non-governmental organisation
<b>UK</b>	United Kingdom
<b>UN</b>	United Nations
<b>UNICEF</b>	United Nations Children's Fund
<b>US</b>	United States
<b>USD</b>	US dollar
<b>YCDA</b>	Youth Council for Development Alternatives



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## **Family members and a range of other agencies formed a drafting committee which oversaw the process for developing the guidance:**

- Association for the Support of Children at Risk (ACER Brazil)
- Catholic Relief Services (CRS)
- Challenging Heights
- Changing the Way We Care
- ChildLink
- Children and Families Across Borders (CFAB)
- Children Assistance Programme (CAP) Liberia
- Children in Distress Network (CINDI)
- CONACMI
- Danielle's Children's Fund
- Family Power
- Family Rights Group
- Farm Orphan Support Trust (FOST)
- Hope Village Society
- Kinship
- Kinship Care Ireland
- Maestral
- Railway Children
- SOS Children's Villages
- Terra dos Homens Brasil (ABTH)
- Tre Noir
- UNICEF (East and Southern Africa Regional Office)
- Youth Council for Development Alternatives (YCDA)



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- ACER Brazil
- CAP Liberia
- FOST
- Hope Village Society
- Railway Children
- Family Rights Group
- YCDA

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# Introduction

## Summary



Children who cannot be looked after by their parents often live with relatives or friends of the family. This care is known as kinship care. Kinship care is acknowledged in global guidance as the first form of care that should be explored for children outside of parental care. It is widely used across the world. However, it is poorly supported in many countries. This guidance explains why supporting kinship care is so important and provides principles of good practice and lessons learnt from across the world. The guidance is aimed at policymakers and programme managers working to improve the care of children. It was developed from a review of the literature, 28 key informant interviews, workshops with 41 policymakers and practitioners, and consultations with 215 kinship carers and 196 children in kinship care across seven countries.

## What is this guidance about and why is it important?

Children who cannot be looked after by their parents often live with relatives or friends of the family. **This care is known as kinship care.** In global guidance, such as the Guidelines for the Alternative Care of Children welcomed by the United Nations (UN) in 2009,<sup>1</sup> kinship care is acknowledged as a preferable form of care for children who can't be looked after by parents. It is widely used across the world as a response to poverty, conflict and climate change, lack of access to services, parental death or ill health, and violence in the home.<sup>2</sup> However, it is poorly supported in many countries.<sup>3</sup> This guidance explains why supporting kinship care is so important and provides principles of good practice and lessons learnt on kinship care from across the world.

## Who is this guidance for?

**This guidance is mainly aimed at policymakers and programme managers** working to improve the care and protection of children. It may also be of value to social service workers and psychologists directly supporting kinship care families. Sections of the guidance provide strategies useful for those advocating for greater and improved support to kinship care. Those working in sectors that are not directly responsible for children's care, but who are contributing to efforts to improve care, may also be interested in parts of the guidance. This includes legal, education and health care professionals, and agencies providing financial or livelihoods support to families.





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## What are the goals of the guidance?

It is hoped that the guidance will help achieve the following goals.

- Greater priority given to and investment in kinship care by governments and others working on children's care.
- Improved systems of child protection and care so that an enabling environment is created for kinship care. This includes policies, legislation and guidance on kinship care, a social workforce able to support kinship care families, and appropriate coordination mechanisms for and financing of kinship care services.
- Better services and support for kinship carers and the children in their care.

It is recognised that the needs of kinship carers and the children in their care vary greatly by setting. This guidance does **not** therefore give step-by-step instructions on how to support kinship care. Instead, it provides ideas and lessons learnt on supporting kinship care to be adapted to national and local contexts. These contexts may include low, middle and high income countries and both development and humanitarian settings.

## How was this guidance developed?

The guidance is based on:

- a review of the global literature, including research papers and reports and programme documents,
- key informant interviews with 28 programme managers across 23 countries,<sup>4</sup>
- virtual workshops involving 11 practitioner and programme managers,
- face to face workshops in four countries (Liberia, Egypt, Brazil and Zimbabwe) involving 30 policymakers and practitioners, and
- consultations with 215 kinship carers and 196 children in children in kinship care in seven countries (Brazil, Egypt, India, Liberia, Tanzania, UK, and Zimbabwe).

The drafting of the guidance was supported by a committee of 23 agencies working on kinship care (see [Acknowledgements](#) for details).

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# Ideas...

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This guidance provides ideas and lessons learnt on **supporting** kinship care.

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The drafting of the guidance was supported by a committee of **23 agencies** working on kinship care.

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## How to use this guidance

The guidance covers an array of strategies for supporting kinship care. Readers may want to review the entire document or focus on areas of relevance to their setting or work. To gain an overview of the entire guidance, a [22-page summary has also been provided](#), and each section also begins with a summary.



It is recommended that those who are unfamiliar with the nature and benefits of kinship care start by reading the section [Background on kinship care](#). All readers should review the section on [Principles for good practice in supporting kinship care](#).

**Policymakers and those advocating for policy reform** can use this guidance to help identify core strategies for supporting kinship care that should be reflected in national legislation and guidance. The 22-page summary of the guidance or the summaries at the start of each section may be useful for these stakeholders as they provide an overview of core elements of support for kinship care. The sections on [Creating an enabling environment for kinship care](#) (particularly the sub-section on policies, strategies and guidance) and on [pathways to services and support](#) are also of relevance for policymakers. The section on [case management](#) will be helpful for **those developing case management guidance** related to kinship care.

Those **designing and managing programmes** may also want to review the summary to gain an overview of areas that may need to be included in programmes. They can then select which sections on services and support to explore in further detail. Some readers of this document may be **policymakers or programme managers outside of the child protection and care sectors**, and may want to go straight to the sections related to their sectors. These include sections related to [mental health](#), [poverty and social protection](#) and [education](#).



The guidance is accompanied by over 40 examples of promising practice from across the world. References to these examples are provided in each section and readers can select the examples of most relevance and interest to them.

The guidance is truly global in scope, drawing on learning from across high, middle and low income countries in multiple continents. Reasons for entry into kinship care, social norms about kinship care, and consequent experiences in this care vary greatly by context. For example, in much of Africa kinship care is extremely common, and viewed as a normal part of childhood. Although it is sometimes a response to abuse or violence in the home, it is more commonly used as a response to parental death, poverty and migration, and lack of access to services.<sup>5</sup> In much of Europe and North America, kinship care is far rarer and usually represents a rupture in the family caused by child abuse or parental ill health, substance abuse or death.<sup>6</sup> Throughout the guidance, efforts are made to explore how experiences of kinship care and support needs differ in such vastly varying contexts. **Those using this guidance will need to reflect on their own setting, and think carefully about how learning from other contexts may or may not apply.** It is suggested that readers keep an open mind and not assume that they can only learn from settings the same as their own. For example, those working in high income settings may have much to learn from lower income contexts on mutual support and community engagement.





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## Overview of the guidance

Following on from this introduction, the guidance includes the following sections.

➤ **Background on kinship care:** This section explains what kinship care is, the forms it takes, and why it is important to support kinship care.

➤ **Principles in supporting kinship care:** This section lists overarching principles in efforts to improve support to kinship care.

➤ **Creating an enabling environment for kinship care:** This section looks at the evidence gathering, advocacy, policies and guidance, workforce strengthening, coordination structures, financing, and social norms needed to ensure that kinship care is properly supported.

➤ **The formalisation of kinship care and pathways to services and support:** This section explores the extent to which kinship care needs to be registered or brought into the formal child protection system, and the impact of this formalisation on access to services and support.

➤ **Services and support for kinship care:** This section examines the different services and support needed for safe and effective kinship care:

- social services support and case management support,
- supporting better informal decision making on kinship care,
- providing information about services and support and legal assistance for kinship carers,
- ensuring children feel that they are part of a loving family,
- protecting children in kinship care from abuse, neglect, exploitation, and discrimination,
- protecting kinship carers from violence,
- addressing poverty in kinship care,
- meeting emotional support and mental health needs,
- meeting physical health care needs,
- improving the education of children in kinship care,
- building caregiving skills and providing mutual support for kinship carers,
- supporting other children in the household,
- building connections with the wider family and community,
- supporting contact with parents and siblings,
- enabling return to parental care,
- providing support to young people leaving kinship care to live independently.

➤ **Variation in support needs:** This section looks at how support needs vary by factors such as form of kinship care, characteristics of the carer or child, and context.





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# Background on kinship care

## Summary



### **Kinship care can be defined as:**

“Family-based care within the child’s extended family or with close friends of the family known to the child, whether formal or informal in nature.”

### **The term kinship care encompasses a wide variety of caring arrangements. It includes:**

- care by elderly grandparents, adult siblings, and other relatives or friends of the family,
- informal arrangements made by the family, and placements formalised by the courts, and
- care lasting anything from a few days to entire childhoods.

The challenges and benefits of kinship care can vary by type of care. Recognising that kinship care involves multiple forms of care is essential for developing appropriate responses.

### **Supporting kinship care is important for the following reasons.**

- Kinship care has multiple benefits for children. Evidence shows that it is often their preferred form of care, and many children in kinship care are loved and well cared for. Compared to other forms of alternative care, such as foster or residential care, kinship care often offers greater continuity, stability, sense of identity and belonging, and social networks. Kinship care can also lead to better outcomes in

areas such as health, education, and emotional well-being than other forms of alternative care.

- Kinship care is often a vital component of strategies to remove children from harmful institutional care.
- Both the United Nations (UN) Convention on the Rights of the Child and the Guidelines for the Alternative Care of Children recognise the value of kinship care. The Guidelines state that if children can’t be cared for by their parents, maximum efforts must be made to support kinship care arrangements, as long as this is in children’s best interests.
- Kinship care can benefit carers too, providing companionship and support and a sense of satisfaction in caring for a vulnerable child.
- Kinship care is often culturally acceptable, making it easier to support than some other forms of care. After parental care it is the most common form of care for children globally.
- Kinship care is cost effective compared to residential or foster care.
- Kinship care families need assistance and are not currently being supported.





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## What is kinship care?

The Guidelines for the Alternative Care of Children were welcomed by the UN in 2009, and are viewed by many as the most widely recognised global policy on children's care.<sup>7</sup>

The Guidelines define kinship care as:

# kinship care



“Family-based care within the child's extended family or with close friends of the family known to the child, whether formal or informal in nature.”



Although this definition is used in this guidance, it is recognised that in some countries kinship care is defined more narrowly to only include care by the extended family (see [Example 9](#) from Cambodia). In other contexts, kinship care is defined more broadly to include individuals who are connected to the child but are not 'close friends' of the family.<sup>8</sup> Perceptions of the 'extended family' also vary and may include individuals who are not related to the child by blood or marriage, but who, for example, come from the same clan.<sup>9</sup> For the purpose of this document, kinship care does not include children living without any adult carers in child headed households.





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## What different forms does kinship care take?

**This broad definition encompasses multiple caregiving arrangements and may involve the following.<sup>10</sup>**

- Care by grandparents, aunts, uncles, adult siblings, and other close relatives, or by distant relatives.
- Care by friends of the family, who the child may know well or a little.
- Varying degrees of parental contact and engagement in children's upbringing.
- Both informal agreements between family members, and more formalised arrangements involving the courts or social service workers. There are often **multiple forms of formal kinship care**, as illustrated in [examples 16](#) and [17](#) from the United States (US) and United Kingdom (UK). Some arrangements sit between formal and informal agreements, such as 'private family arrangements' organised by social service workers but not formally recognised by courts or social services.<sup>11</sup> Kinship care arrangements may also be endorsed by community or religious leaders (see [Example 26](#)).
- Long-term arrangements, or flexible, short-term measures that see children moving frequently between households. Kinship care can be used to give parents a short break or whilst a parent is temporarily unavailable due to a period in hospital or prison, thereby preventing long-term separation of parents from children.
- Arrangements that are supported by the child and carer or enforced on them, either through coercion or the pressure of social norms.
- Arrangements involving individual children, sibling groups, or children related to one another in a range of ways (e.g., children placed with both cousins and siblings).



Informal care by grandparents is the most common type of kinship care globally.<sup>12</sup>

Each form of kinship care is associated with varying challenges and benefits to the child and carer.<sup>13</sup> The nature of support required to ensure high quality care also alters with the type of kinship care.<sup>14</sup> These differences are summarised [here](#). Recognising that kinship care involves multiple forms of care rather than just one form is essential for developing appropriate responses.





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## Why are children placed into kinship care?

Rates of entry into kinship care are affected by a range of interrelated factors including:<sup>15</sup>

- poverty,
- lack of access to services close to home,
- parental mental or physical ill health and death,
- parental imprisonment,
- violence, exploitation, neglect, and abuse of children and domestic violence,
- internal migration, emigration, and national immigration policies,
- disasters, conflict and instability (often linked to climate change),
- cultural beliefs, and
- the child protection policy response (e.g., the degree to which kinship care is supported as opposed to other forms of care such as residential care).



## Why support kinship care?

**Kinship care has multiple benefits for children and kinship care is often in the best interests of children outside of parental care**

**Evidence from around the world shows numerous benefits to children from kinship care, including the following.**

- **Children generally prefer kinship care to other forms of alternative care.** There is often a particularly strong preference for grandparent care as children feel they are loved unconditionally by grandparents.<sup>16</sup>
- **Many children in kinship care are loved and well cared for,** though it is acknowledged that this is not universally the case. Children should only be placed into kinship care if it is in their best interests, and efforts must be made to ensure that children in kinship care are protected from violence, abuse, neglect, and exploitation.<sup>17</sup>
- **Kinship care can offer children continuity, a sense of identity and belonging, and important social networks.** Children usually know their carers and share their customs and languages, and kinship care allows connections to family history and ancestors.<sup>18</sup> As a result, kinship care often provides children with a sense of belonging and the opportunity to learn about their culture and the values of their family and wider community.<sup>19</sup> This includes receiving spiritual guidance, a role emphasised by kinship carers from Brazil, Liberia and Zimbabwe.<sup>20</sup> Unlike residential care, kinship care teaches children how to communicate with others in a family and community setting.<sup>21</sup> Kinship care gives children a chance to form relationships with relatives that can benefit them later in life, and even strengthen entire clans or communities.<sup>22</sup>





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- **Kinship care is often more stable than others forms of alternative care.** Evidence from high income contexts shows kinship care arrangements are more stable than other forms of alternative care.<sup>23</sup> Arrangements may be more transitory in many lower income countries, where movement in and out of kinship care is a normal part of childhood. However, frequent movement between households may be less harmful to children in contexts where this is common.<sup>24</sup> The often informal nature of kinship care arrangements allows for flexibility in meeting the changing needs of the child and family. Parents trying to bring children up in the context of poverty, climate change, and other challenges can share responsibilities with the wider family.<sup>25</sup>
- **Kinship care tends to lead to better outcomes for children than other forms of alternative care.** Kinship care often leads to better outcomes than institutional care, which evidence shows is commonly harmful to a child's well-being, protection, and development.<sup>26</sup> Kinship care is often used effectively as part of strategies to de-institutionalise children. Evidence from high income contexts shows benefits of kinship care over foster care and small group residential care. For example, stronger relationships with carers, reduced or similar risk of abuse, and better health, educational, emotional, and behavioural outcomes.<sup>27</sup> Kinship care may also be less distressing than forms of care that involve removal from family and the intervention of courts and social service workers.<sup>28</sup>
- **Kinship care can allow siblings to stay together, something that is highly valued by children.**<sup>29</sup> Evidence suggests that growing up with siblings brings benefits both during childhood and as adults.<sup>30</sup>

# Stability

Evidence from high income contexts shows **kinship care arrangements are more stable** than other forms of alternative care.







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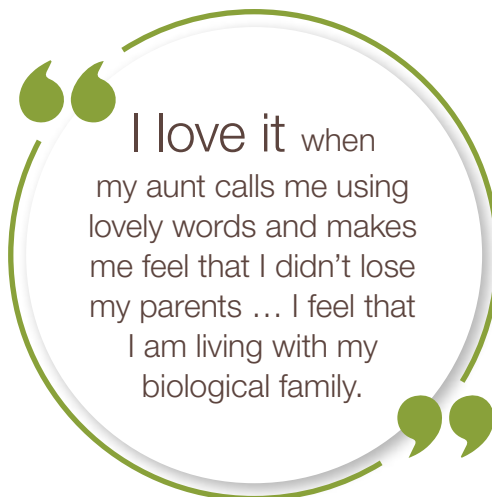
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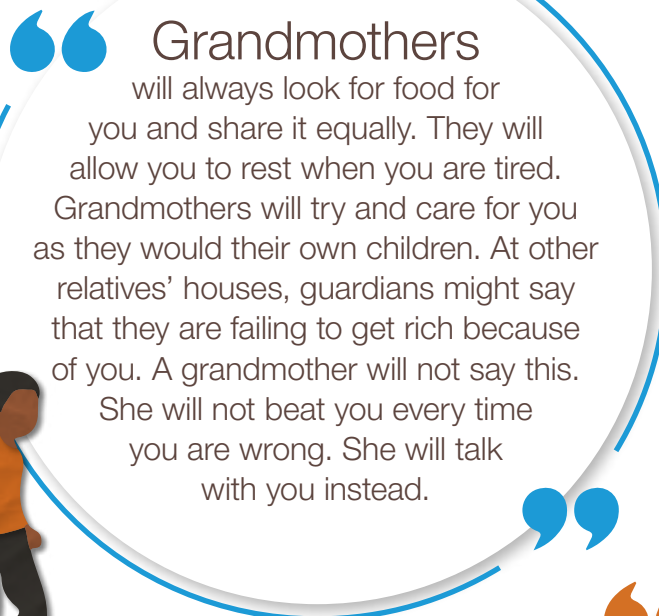
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I love it when my aunt calls me using lovely words and makes me feel that I didn't lose my parents ... I feel that I am living with my biological family.

(17-year-old Syrian girl, living with an aunt in a refugee camp, **Jordan**)<sup>32</sup>



**Grandmothers** will always look for food for you and share it equally. They will allow you to rest when you are tired. Grandmothers will try and care for you as they would their own children. At other relatives' houses, guardians might say that they are failing to get rich because of you. A grandmother will not say this. She will not beat you every time you are wrong. She will talk with you instead.

(Child in kinship care, **Malawi**)<sup>31</sup>



**Best of all** is that we can stay together and I have striven all this time for that, to keep this family united and not be separated, that each of us can continue as my mum would have wished us to be. And I know that many families like us need to be together, united, because I think the most important thing in a family is love.

(Young woman kinship carer caring for four younger siblings, **Bolivia**)



**It helped me** understand my identity a bit more and not have to explain to my carers because they would have some idea of what was happening within the family background.

(27-year-old woman who spent part of her childhood in kinship care, **Ireland**)<sup>33</sup>



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## The value of kinship care is recognised in global guidance

The preamble to the Convention on the Rights of the Child<sup>34</sup> states that:



“The child, for the full and harmonious development of his or her personality, should grow up in a family environment, in an atmosphere of happiness, love and understanding.”

Article 5 of the Convention describes the responsibility of parents to promote children’s rights and recognises that extended family or community members may also be caregivers. Article 8 of the Convention details children’s right to preserve their identity, including nationality, name, and family relations.<sup>35</sup>

The Guidelines for the Alternative Care of Children,<sup>36</sup> welcomed by the UN in 2009, outline a continuum of care which suggests that kinship care should be explored before other care options when children can no longer be cared for by parents. Article 3 of the Guidelines states that:



“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.”

The Guidelines suggest that children should only be removed from parents and other family carers when necessary for their best interests, and that kinship care is often the most appropriate form of care for children who cannot be cared for by parents. Article 18 of these Guidelines state that:



“Recognizing that, in most countries, the majority of children without parental care are looked after informally by relatives or others, States should seek to devise appropriate means, consistent with the present Guidelines, to ensure their welfare and protection while in such informal care arrangements.”

The Convention on the Rights of Persons with Disabilities also supports kinship care, recognising the key role that this form of care can play in ensuring that children with disabilities can remain in families. Article 23 of the Convention says that:



“States Parties shall, where the immediate family is unable to care for a child with disabilities, undertake every effort to provide alternative care within the wider family, and failing that, within the community in a family setting.”

Evidence from around the world suggests that the primacy of kinship care in the continuum of care is not always recognised, with greater investments in residential and foster care than in kinship care.<sup>37</sup>





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## Supporting kinship care prevents family separation

Both the Convention on the Rights of the Child, and the Guidelines for the Alternative Care of Children highlight the value of children growing up within *families*, rather than with parents. In doing so, this guidance is recognising that the responsibility of raising a child does not just lie with parents, and that the broader family also play a key role. Thus, kinship care can be both a response to separation from parents, and also prevent family separation. The state has a role to play in supporting both parents and kinship carers to fulfil their responsibilities. This is made clear in Article 5 of the Convention:



“States Parties shall respect the responsibilities, rights and duties of parents or, where applicable, the members of the extended family or community as provided for by local custom, legal guardians or other persons legally responsible for the child, to provide, in a manner consistent with the evolving capacities of the child, appropriate direction and guidance in the exercise by the child of the rights recognized in the present Convention.”

Although the state has a responsibility to support kinship care families, as discussed in further detail below (see [here](#)), the state does not have an automatic right to intervene in these families, unless of course there are significant concerns about children’s safety or well-being.

### After parental care, kinship care is the most common form of care for children

Across the world, most children who don’t live with their parents are in kinship care. Rates of kinship care vary between countries from under one per cent of children to almost 40 per cent of children.<sup>38</sup> Kinship care is far more common than other forms of alternative care, such as foster care or residential care.<sup>39</sup> In some settings children are over 20 times more likely to be in kinship than other forms of alternative care.<sup>40</sup>

## Role to play

Kinship care can be both a **response to separation from parents**, and also **prevent family separation**. The state has a role to play in supporting both parents and kinship carers to fulfil their responsibilities.





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## Kinship care can benefit carers too

Children in kinship care can provide companionship and support to elderly carers.<sup>41</sup> Many kinship carers express a sense of satisfaction and joy in caring for a vulnerable child.<sup>42</sup>



**We are so happy and blessed** in our role as grandparents and carers. This is a joy words cannot fully express, more heartfelt, to be doing good in their lives. We are much richer for having them in our lives. Even with the challenges that come with it, I wouldn't change a thing.

**(Grandmother, Australia)<sup>43</sup>**



**Watching him grow and flourish** and knowing you're doing what's right for the child ... Watching her develop into a confident and caring child ... getting the love of the children is a pleasure.

**(Grandmother, India)<sup>44</sup>**

## Kinship care is often culturally acceptable and supported by faiths

Social norms across the world are commonly supportive of kinship care, with strong beliefs in many communities that children who cannot be cared for by parents should be looked after by extended family or wider kin networks.<sup>45</sup>

This contrasts with non-relative foster care and adoption which are not culturally acceptable in many contexts.<sup>46</sup> As illustrated by [Example 26](#), kinship care is also supported by some faiths.




**In Egypt** kinship care is very traditional, it comes before any legal procedures ... [Kinship care] is a very natural occurrence.

**(Key informant interview, Hope Village Society, Egypt)**





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## Kinship care is cost effective (compared to other forms of alternative care)

In the US, it is estimated that grandparents and other relatives caring for vulnerable children save the taxpayer USD 4 billion each year by keeping these children out of the foster care system.<sup>47</sup> In Brazil, support to kinship caregivers comes at a tenth of the cost of providing institutional care.<sup>48</sup> In the UK, the government has recently acknowledged that investing in kinship care makes economic sense for local authorities.<sup>49</sup>

The fact that kinship care is often cheaper than other forms of alternative care does not indicate that safe and effective kinship care is cost-free. As discussed [here](#), kinship care often places a huge financial burden on families, who are not usually adequately recompensed by the state. Ensuring that kinship care works well for children and carers requires increased investments in many contexts. However, this investment often prevents children from entering other more expensive forms of alternative care. Kinship care can also prevent the emotional distress, health problems, and developmental delays related to some other forms of alternative care, reducing a short and long-term burden on services.

## Kinship care families need assistance and are not currently being supported

Evidence presented in the remainder of this guidance shows how kinship care families across the world are struggling. Many have complex needs linked to low incomes, emotional distress, disability, long-term health problems, and restricted access to services. Despite recognition of kinship care in international policies,<sup>50</sup> and some national legislation (see examples [8](#), [9](#) and [10](#)),<sup>51</sup> commitments are not being matched by investments in services for kinship care families.<sup>52</sup>





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## Principles of good practice in supporting kinship care

### Summary

- Base all responses to kinship care on a contextual understanding of kinship care; there are no one-size-fits-all solutions.
- Enable the active participation of children in kinship care, young people who have grown up in kinship care, parents, and kinship carers in the design and delivery of interventions on kinship care.
- Take a kin-first, best interests-focused approach. This means that kinship care is always considered first and used where possible when children cannot be cared for by their parents, provided it is in the best interests of the child.
- Recognise and build on the strengths in kinship care families; don't just focus on the problems they have.
- Ensure sufficiently nuanced responses to kinship care that respond to different needs according to the form of kinship care and the characteristics and experiences of the child and carer. Don't exclude less common forms of kinship care, such as care by older siblings or friends of the family.
- Recognise that groups that are discriminated against are often over-represented in kinship care or may require particular support. This includes children with disabilities and children from indigenous communities. Ensure that programmes and policies that support kinship care are inclusive and address diverse needs.
- Recognise the fundamental differences between kinship and parental or foster care, but don't treat kinship care arrangements as somehow abnormal.

### Develop contextually specific responses based on evidence

All efforts to address kinship care must begin with estimates of numbers of children in this care, and an examination of reasons for entry into kinship care, social norms around kinship care, and benefits and challenges associated with this care.<sup>54</sup> To determine appropriate responses, it is also important to examine the strengths, weaknesses and approaches in care and protection systems that do or could support kinship care. Responses to kinship care must be based on the specifics of each context. Common contextual differences in relation to kinship care are discussed throughout this guidance and summarised [here](#).





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## Ensure the participation of children in kinship care, and their parents or carers

Children in kinship care and their parents and carers must be involved in determining responses to kinship care.<sup>55</sup> Young adults who have spent all or part of their childhood in kinship care also offer valuable insights.<sup>56</sup> Participation may include consulting children, young people, parents and carers in programme design, involving them in campaigns to promote kinship care (see examples [1](#), [3](#), [5](#) and [7](#)), and peer to peer support groups (see examples [30](#) and [32](#)). Carers can also be engaged as part of the paid or volunteer social service workforce supporting kinship care (see examples [12](#) and [31](#)).<sup>57</sup> Effective participation requires recognising and respecting the resilience and skills of kinship care families.<sup>58</sup>

## Take a kin-first, best interests-focused approach

A kin-first approach means that whenever a child cannot be cared for by parents, kinship care is explored before other options. This includes in instances where prospective carers are in another country. A kin-first approach recognises the inherent value of kinship care,<sup>59</sup> and implies a care system which invests more in kinship care than in foster, residential or other forms of alternative care. This does not mean always placing children in kinship care, and decisions must be made on a case-by-case basis, taking into consideration children’s best interests and the wishes and needs of prospective carers. Children should only be placed into kinship care when it is necessary to separate them from parents, and when this is the most appropriate form of care to meet their needs.<sup>60</sup> [Example 2](#) illustrates the use of this approach in the context of emergencies, including the war in Ukraine, and [Example 23](#) describes a kin-first policy in the US.

### Be involved

Children in kinship care and their parents and carers must be involved in **determining responses** to kinship care.



### Kin-first

Children **should only** be placed into kinship care when it is necessary to separate them from parents.



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## Take a strengths-based approach

A strengths-based approach involves recognising and building on the strengths of children, kinship carers, and wider family and community networks. These strengths often include flexibility and adaptability, resourcefulness, and strong commitments to children's well-being. A strengths-based approach means seeking to understand the challenges families face and the reasons behind them, rather than blame families for their problems. This type of approach contrasts with a deficit model which focuses exclusively on problems and challenges.<sup>61</sup> A strengths-based approach should be promoted in policy and guidance, reflected in decision making/gatekeeping and case management processes, and emphasised in social work practice. Examples [11](#) and [18](#) illustrate a strengths-based approach in Ecuador and the US.

## Consider diversity and inclusion

As outlined [here](#), kinship care takes on multiple different forms, each with their own support needs. Although grandparent care is the most common form of kinship care, it is important that other kinship carers, such as elder siblings or friends of the family, are not excluded from kinship care programmes.<sup>62</sup> Kinship carers living in rural or remote locations should also be included.

Experiences of kinship care and support needs vary by race or ethnicity, the age and gender of the child or carer, immigration status, disability, and reasons for separation from parents. Support needs associated with each of these factors are outlined throughout the guidance and summarised in [the final section](#) prior to the conclusion.

In considering the principles of diversity and inclusion, it is vital to recognise that historic and current racism has often shaped responses to kinship care and the support needs of carers (discussed in more detail [here](#), including in relation to indigenous populations in Australia and the US).<sup>63</sup>

# Strengths

A **strengths-based approach** involves recognising and building on the strengths of children, kinship carers, and wider family and community networks.







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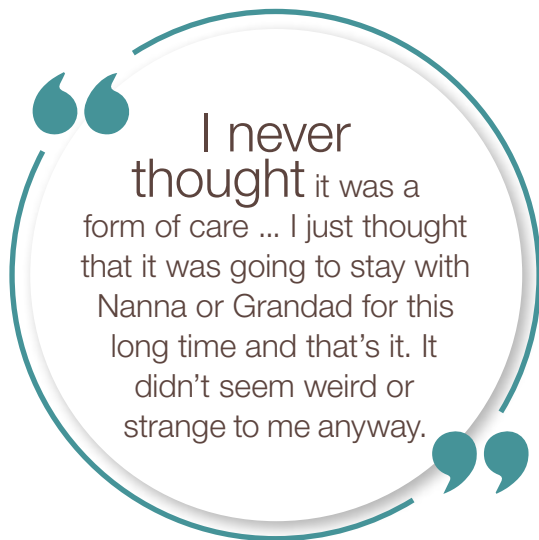
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## Recognise the difference between kinship and parental or foster care

### Differences between kinship care and parental care

For kinship carers to provide adequate supports to children, it is vital to recognise how their vulnerabilities may differ from parents.<sup>64</sup> For example, kinship care may be unexpected, leading to sudden changes to life plans. This can have both financial and emotional implications. Children in kinship care and their carers are often more likely to have experienced emotional distress and loss than children in parental care and parents. This is especially the case in contexts where most children enter kinship care because of abuse, neglect, or parental death. Children in kinship care often have an ongoing relationship with their parents which is important for child well-being but can be challenging (see [here](#) for details). Kinship carers may already have children of their own, which can create difficult family dynamics.

In recognising that kinship care families have unique needs, it is vital to avoid treating kinship care as somehow abnormal. Children in kinship care frequently speak about wanting to be seen as part of a ‘normal’ family, and disliking being labelled as different by social service workers and other practitioners.<sup>65</sup> This labelling can include use of terms such as ‘placement’ into kinship care, describing kinship care as a form of ‘alternative care’, or referring to children who have left kinship care as ‘care leavers’.<sup>66</sup> Some question whether the term ‘kinship care’ should be used at all in interactions with children and families.<sup>67</sup>



I never thought it was a form of care ... I just thought that it was going to stay with Nanna or Grandad for this long time and that's it. It didn't seem weird or strange to me anyway.

(21-year-old man who spent part of his childhood in kinship care, **Australia**)<sup>68</sup>



Don't treat us as special kids – because we're just **normal** kids, living our normal lives. Just different ways of living it.

(14-year-old boy in kinship care, **Australia**)<sup>69</sup>



[Kinship care] is seen as a very normative cultural practice, so **many don't see** the need to talk about it.

(Key informant interview with the Children in Distress Network, **South Africa**)



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## Differences between kinship care and foster care

Foster care is defined by the Guidelines for the Alternative Care of Children as:



# foster care

“Situations where children are placed by a competent authority for the purpose of alternative care in the domestic environment of a family other than the child’s own family that has been selected, qualified, approved and supervised for providing such care.”<sup>70</sup>

### **Kinship care is fundamentally different from non-relative foster care for the following reasons.<sup>71</sup>**

- Foster carers have no existing relationship with the child, parent, or wider family. Kinship carers often have a bond with the child and a connection to the wider family. They may have to navigate often difficult relationships with parents. They may also have more emotional investment in events that led to the child being in kinship care.
- Foster carers must be assessed for their general capacity to care for children as they may have multiple children with varying needs coming into their care. Kinship carers are caring for a specific child or children.
- Foster carers have the time and space to make careful considerations around whether to care for children. Kinship care is often thrust upon carers with limited warning.
- Outcomes for children are generally better in kinship than foster care (see [here](#) for details).<sup>72</sup>





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In some countries, kinship carers can become kinship foster carers with the same or similar supports and responsibilities as other foster carers.<sup>74</sup> Like other foster carers, kinship foster carers are part of the formal child protection system, they are supported by government, and the state is involved in the child's upbringing. However, kinship foster care arrangements remain different from non-relative foster care in many of the ways described above.

Even where kinship foster care exists, this is not an option either

open to all kinship carers or that all kinship carers want. In the US for example, kinship care families may not meet qualifying criteria to become foster carers as they lack the requisite bedrooms.<sup>75</sup> As explored [here](#), whilst kinship carers may want the additional financial benefits that often comes with foster care, they often don't want the scrutiny or state involvement in family decisions that come with being part of the formal system. This is especially true when past experiences have led them to mistrust the state.

Aside from kinship foster care, other forms of both formal and informal kinship care generally receive less support than foster care.<sup>76</sup>

**Diagram 1:** Key differences between parental, kinship and foster care

	Caring for another child is often unexpected	Children often have high rates of emotional distress	Need to manage relationship with parent and carer	No existing relationship/bond between carer and child	Carers often have existing connections to the child's wider family/community
Parental care	✗	✗	✗	✗	✓
Kinship care	✓	✓	✓	✗	✓
Foster care	✗	✓	✓	✓	✗





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# Creating an enabling environment for kinship care

## Summary

**The following is vital to create an environment where all the necessary services and support can be offered to kinship care families.**

- **Collect evidence** on the reasons for entry into kinship care, the scale of kinship care, support needs, the strengths and weaknesses in the existing care and protection system, effective strategies for supporting kinship care, and outcomes from kinship care. This requires a combination of quantitative and qualitative data and must include gaining an understanding of the experiences of kinship carers, parents, children in kinship care, and young people who have grown up in kinship care.
- **Promote kinship care.** Promoting kinship care may involve highlighting the scale of kinship care, sharing the experiences of kinship care families, setting up kinship carer associations, and lobbying and campaigning to raise political interest and encourage policy change. Strategies should be based on an understanding of why kinship care is currently neglected by governments.
- **Develop policies, strategies, and guidance on kinship care** that define kinship care, promote a kin-first approach and other principles of good practice, outline a package of support for kinship carers and children, and explain when kinship care needs to be formalised. These policies should be underpinned by a child rights approach.
- **Strengthen the social service workforce to support kinship care.** Social service workers can include professionals, paraprofessionals, and community volunteers. Ensure that there are enough social service workers based in communities and with insights into kinship care. Give social service workers the time and skills to work directly with families in strengths-based and participatory ways. Make sure that social service workers understand the needs of kinship care families and work to build their trust. Recognise the role of community volunteers and paraprofessionals but ensure that they are supervised by and linked to professional social workers.
- **Work across sectors and coordinate responses to kinship care.** Ensure that those working in key sectors such as child protection, education, health, social protection/financial support, housing, and justice understand and try to meet the needs of kinship care families.
- **Ensure that services and support for kinship care are properly financed.** Estimate how much is already being spent on kinship care and what needs to be spent, and lobby for increased investments.
- **Ensure social norms support kinship care.** Celebrate norms that are supportive of kinship care and challenge those that may place children and carers at risk.





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**Diagram 2:** The enabling environment for kinship care



## Data, research, and evaluation

**Evidence on kinship care is needed in each context to examine:**

- reasons for separation from parents/ entry into kinship care,
- child well-being in kinship care (as compared to other forms of care),
- support needs,
- existing strengths that can be built on,
- effective strategies to support kinship care, and
- the scale of kinship care.<sup>77,78</sup>

Research on kinship care should be sufficiently sophisticated to determine how support needs vary by form of kinship care or characteristics of the child or carer.<sup>79</sup> Evidence should be sought on both the more and less common forms of kinship care, including kinship care across borders.<sup>80</sup> A combination of qualitative and quantitative research is required to truly understand kinship care<sup>81</sup> (see [examples 3 and 4](#)). In some contexts, administrative data, such as data collected as part of social work case management, can be used to learn more about kinship care. Appropriately designed census data or demographic surveys can also be revealing (see [Example 4](#)).



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It is vital to seek the perspectives of children, parents, kinship carers and young people who have grown up in kinship care, and to remember that these groups are often marginalised. Methodologies should be empowering, connecting carers, children and young people with others in similar situations, and focusing on problem solving.<sup>82</sup> Particular efforts may be needed to consult with disadvantaged groups such as children with disabilities.

## Promoting kinship care

As outlined in more detail [here](#), kinship care is widely neglected by governments across the world.<sup>83</sup> This is particularly true of more informal or less common forms of kinship care.<sup>84</sup> Before determining the best strategies to promote kinship care, it is important to assess why kinship care is not supported. **This varies greatly by context, with evidence highlighting that one or more of the following reasons often contribute to the neglect of kinship care.**

- **There is a reluctance to interfere in the private sphere of the family.**<sup>85</sup>
- **Kinship care is less visible than other forms of alternative care, such as care in large institutions.**<sup>86</sup> In some countries, such as Brazil, kinship carers are not identified in large scale analysis of different family forms, including from census data.<sup>87</sup>
- **Kinship care is taken for granted.** There is an assumption that families and communities will always care for children, and that state budgets do not need to be allocated for this form of care to continue.<sup>88</sup> This is especially likely to be the case where kinship care is culturally acceptable and widely used.
- **Kinship carers are not seen as competent.** For example, in the US, grandparent kinship carers looking after children who have been abused are sometimes blamed for raising children who abuse their own children.<sup>89</sup> Some argue that there is an element of racism associated with these beliefs (see [here](#) for details).<sup>90</sup>
- **Authorities fear that children in kinship care are being harmed.** Kinship care cannot be regulated and controlled by the state in the same way as foster care, particularly when it is a private arrangement made between family members. As a result, some authorities fear that children will be abused in kinship care.<sup>91</sup> These fears are often exaggerated.<sup>92</sup>
- **Governments think they cannot afford to support kinship care.** Where kinship care is very widely used, governments may fear that admitting that carers need extra support will overwhelm already stretched child welfare budgets.<sup>93</sup> These beliefs fail to consider the savings associated with children not entering institutional or foster care.
- **Governments lack the capacity to support kinship care.** For example, in relation to supporting kinship care across borders, governments often see this as too costly and complex and don't know how to identify and communicate with prospective carers.<sup>94</sup> A lack of investment in kinship care as opposed to other forms of care perpetuates this problem. Governments do not carry out the necessary piloting or evaluations needed to build knowledge and fall back on forms of care they are more familiar with.<sup>95</sup> Governments also lack clear guidance on how to support kinship care.<sup>96</sup>





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### Ways to promote more support for kinship care include the following.

- Getting evidence on the scale and benefits of kinship care, and sharing stories around the experiences of kinship care families (see examples [3](#), [4](#) and [5](#)).
- Ensuring that policymakers also understand the challenges associated with kinship care, and the consequent need to invest in kinship care.
- Discussing kinship care in the context of wider care reform efforts. Such discussions should demonstrate the value of supporting kinship care in efforts to deinstitutionalise children and improve their care.
- Setting up kinship care associations (see [Example 5](#) from Ireland), or ensuring that kinship care is recognised within wider movements on improving children's care (see [Example 6](#) from Brazil).
- Ensuring understanding of kinship care across the multiple sectors responsible for improving kinship care.
- Emphasising the cost-benefits of kinship care. It is important to outline both the immediate cost savings of avoiding other more expensive forms of alternative care, and the long-term costs savings associated with the better health, educational and other outcomes from kinship care (see [here](#)).
- Getting politicians interested in kinship care and campaigning on legislative change (see [Example 7](#) from the UK).



Across all of these activities, evidence suggests a key role for kinship carers and children in kinship care.<sup>97</sup>





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## Policies, strategies, and guidance on kinship care

### Kinship care needs to be recognised in relevant policies, strategies and guidance, including:

- laws, policies, and national or sub-national strategies on children's care,
- guidance for the social service workforce, including case management guidance, and
- policies, strategies, and guidance on issues that may affect the well-being of kinship care families, such as social protection/financial supports, education, justice, health care, identity and birth registration, parenting, early childhood development, disabilities, and migration and immigration.<sup>98</sup>

### Combined, policies, strategies and guidance related to kinship care should:

- define kinship care and lay out the different forms that it takes,
- promote a kin-first approach, that ensures kinship care is used when in the best interests of the child, and adheres to the other principles of good practice in supporting kinship care outlined [here](#) (see [Example 2](#)),<sup>99</sup>
- outline a package of support for kinship carers and children in kinship care (as discussed in the section on [services and support](#)) that is consistent across the country, and
- explain when and how kinship care should be registered, and the circumstances in which social service workers should intervene.



If implemented, effective policies, strategies and guidance should ensure more comprehensive and consistent support for kinship care.

Policies, strategies and guidance must be based on evidence, including the perspectives of children and carers.<sup>100</sup> They should recognise the different forms that kinship care takes, and explain how both formal and informal kinship care will be supported.<sup>101</sup> In some countries, the focus of care reform efforts is on reducing the number of children in residential or institutional care. Policies and strategies on kinship care provide an opportunity to broaden this agenda to enhance the care of all children outside of parental care.<sup>102</sup> In addition to developing policies, it is of course also important to ensure that policies are communicated and implemented. Policies need to be accompanied by strategies and resource allocations. Examples [8](#), [9](#) and [10](#) provide kinship care-related policies, strategies and guidance from Kenya, Cambodia, and Liberia.





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## Strengthening the social service workforce to support kinship care

The social service workforce includes professional social workers, paraprofessionals, and community volunteers (referred to collectively for ease in this guidance as ‘social service workers’).<sup>103</sup> **This workforce has an important role to play in supporting kinship care, including:**<sup>104</sup>

- assessing families,
- identifying support needs and linking families to support,
- monitoring kinship care arrangements in cases where there are child protection concerns,
- providing emotional support,
- enabling contact with parents and facilitating reintegration back to parents where in children’s best interests and,
- helping resolve any tensions or conflict in the family.

**For the workforce to fulfil these functions and effectively support kinship care, it is necessary to orientate it in six ways.**



**First, more of the social service workforce need to be based in communities,** close to kinship care families, rather than in head offices or residential care homes.<sup>105</sup>



**Second, at least some members of the workforce should have first-hand insights into kinship care.** Evidence from the US, South Africa and Australia shows the value of having social service workers who have either been in kinship care or are kinship carers themselves, or are from the same backgrounds as kinship carers.<sup>106</sup> This provides knowledge on the experiences of kinship carers and helps build trust with families.



**Third, social service workers should recognise the value of a kin-first approach** (see [here](#)).



**Fourth, social service workers need to understand the particular needs of kinship care families and work to build their trust.** Evidence from the UK, Ireland, Brazil, and South Africa shows that kinship carers often feel misunderstood and judged by social service workers.<sup>107</sup> Kinship carers may not want to admit that they find caring for a child that is not their own hard, particularly in contexts where kinship care is culturally normative. Many kinship carers are also fearful that admitting to problems will lead to the children in their care being taken away.



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**Fifth, social service workers should focus on direct work with children and families, using a participatory and strengths-based approach. To support these households effectively, social service workers need to:**<sup>108</sup>

- balance discussions on problems with a greater focus on strengths, and work to identify and assess these strengths,
- listen carefully and with empathy to concerns raised by carers and children,
- mutually agree goals and next steps, giving family members choices where possible,
- be able to manage family dynamics and conflict with strong negotiation skills and,
- practise humility, recognising that they do not hold all the solutions.

Practitioners have found that this approach is vital for building trust between social service workers and kinship care families, and is more successful than a deficit-focused model.<sup>109</sup> Evidence from Ecuador, the US, the UK and South Africa suggests that moving towards a strengths-based approach often requires a new mindset, training, and a change in processes so that social service workers have smaller caseloads and less admin.<sup>110</sup> Examples [11](#) and [18](#) shows the use of this approach in Ecuador and the US.



**Sixth, the workforce need to be culturally sensitive and aware of the discrimination experienced by many kinship carers.**<sup>111</sup> For example, in the US and Australia, building a workforce that understand the traditions and challenges of African American, Native American, and Aboriginal communities is essential for effective support to kinship care.<sup>112</sup> Kinship care is more common in these communities. Historic and current racism and harmful practices by child welfare agencies have led to especially high levels of mistrust amongst kinship carers in these communities. Social service workers need to work extra hard to rebuild trust. Social service workers also need to be aware of the particular challenges faced by kinship care families affected by disability.



Many of these improvements to the workforce require capacity building such as training or mentoring, and kinship care should be incorporated into capacity building packages.

Community volunteers or paraprofessionals can play a key role in supporting kinship care, particularly if these individuals are recruited from communities where there are large numbers of kinship carers.<sup>113</sup> The role of these volunteers and paraprofessionals is especially valuable in countries where there is a small professional social workforce, and in humanitarian contexts.<sup>114</sup> It is important to train and support these individuals. They must be linked with the professional workforce and able to make referrals in cases where there are serious concerns about children's well-being. [Example 12](#) illustrates the role of community volunteers and paraprofessionals supporting kinship care in Eastern and Southern Africa.





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## Working across sectors and coordination

As explored in more detail [here](#), meeting the needs of kinship care families requires action from a range of sectors, including child protection, education, physical and mental health, social protection and financial support, housing, and justice.<sup>115</sup> In the US<sup>116</sup> and the UK<sup>117</sup> it has been recommended that any public sector professionals serving kinship care families are trained in their unique circumstances and needs. Efforts must also be made to make services across all sectors more accessible to kinship care families.<sup>118</sup>



“Often kinship caregivers will read or hear of a program for ‘parents’ and think it does not include them. Staff must be sensitive to this and the many ways access to programs can differ for kinship families.”<sup>119</sup>

A multi-sectoral approach requires mechanisms for coordination and collaboration. These must be in place at multiple levels, including within case management support to kinship care families, in service provision at the national and sub-national levels, and in national policy development. [Example 13](#) describes a kinship care navigator programmes in the US which promote and coordinate service provision.

## Financing services and support to kinship care

**There are five steps for ensuring that services and support for kinship carers are properly financed by governments.**<sup>120</sup>

1. Explore the needs of kinship care families.
2. Estimate how much is already being spent on supporting kinship care, and how these resources are being allocated.
3. Consider if this expenditure matches commitments in national policies, the prioritisation of kinship care in international standards, and the needs of kinship care families.
4. Identify gaps in expenditure or ways in which funds may need to be re-directed to meet policy commitments and the needs of kinship care families.
5. Advocate to increase investments in kinship care and also develop plans for how these increases can be achieved. Here, identifying and highlighting the cost-benefits of kinship care can be advantageous.

[Example 14](#) provides further tips on how to ensure the adequate public financing of kinship care. The section on [promoting kinship care](#) may be useful for advocating for increased investments in kinship care.



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## Ensuring that social norms support kinship care

As demonstrated [here](#), kinship care is widely culturally acceptable across the world. Indeed, in many contexts there is a strong expectation that families and communities will care for children who cannot be looked after by parents. In settings where kinship care is very common, it is often seen as a normal part of childhood. In parts of Africa, Asia, the Pacific Islands and the Middle East, kinship care is viewed as an opportunity to build bonds with wider family or community, and is a rite of passage that many children go through.<sup>121</sup> Part of creating an enabling environment for kinship care involves celebrating these norms and the generosity, kindness, sense of mutual responsibility, and love associated with them.

Some social norms can also cause problems for kinship carers and the children in their care and need to be challenged. For example, the expectation that families will care for children can lead to a strong sense of social obligation, pushing family members to agree to look after children they may not want or be able to care for. Evidence from Indonesia, Syria and West Africa shows that arrangements made on this basis can lead to feelings of resentment which damage the relationship between carer and child.<sup>122</sup> As shown [here](#), policymaker assumptions that families will care for children no matter what can also be used as an excuse for not supporting kinship care families.

Social norms can determine who a child lives with, shaping both social service workers' perspectives of children's best interests,<sup>123</sup> and informal decision making within families. These norms can mean that kinship care arrangements are not made in reference to children's best interests or preferences (see [here](#) for further details). Although children in kinship care are often loved and well cared for, they can be discriminated against and treated differently from other children in the family. This behaviour may be sanctioned by social norms.<sup>124</sup> See [Example 43](#) on efforts to change harmful norms around kinship care in Liberia.

Despite the widespread social acceptance of kinship care, children in kinship care can still be perceived as different or stigmatised and bullied.<sup>125</sup> This is especially likely to be the case in countries where a relatively small proportion of children are in kinship care, and arrangements are made as result of some kind of crisis, rather than a usual part of childhood. However, key informant interviews carried out for this guidance found instances of stigmatisation even in contexts where kinship care is very common.

### Normal part of childhood

**In many contexts** there is a strong expectation that families and communities will care for children who cannot be looked after by parents. **In settings where kinship care is very common,** it is often seen as a normal part of childhood.







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# Pathways to services and support and the formalisation of kinship care

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**There are two main ways in which kinship care ceases to be an informal arrangement made within families and becomes a more formal arrangement involving the courts or social service workers.**

- An assessment by social service workers to determine the suitability of kinship care arrangements, often involving the courts, and followed by monitoring and support by social service workers.
- Legal registration of kinship care arrangements that recognises the rights and responsibilities of kinship carers, but does not involve social service or court assessments, endorsement, or ongoing engagement.

The social service workforce does not automatically need to assess, monitor, or support all kinship care arrangements. Social work intervention in kinship care families should be determined by the same criteria which guide social work involvement in any family. These vary by context, but may include, for example, children having complex needs that require intensive and coordinated support, or children being at risk of harm.

Although there are many benefits to social service workforce engagement, the overuse of social work intervention in kinship care can bring difficulties. The involvement of social service workers in family life may be resisted by families

who mistrust social services or the state. Social work engagement with the family could prevent potential kinship carers from coming forward to care for the child. Requirements that social service workers regularly monitor all kinship care families can also overwhelm child protection systems.

Legal registration of kinship care is valuable for providing clarity in terms of who is responsible for children's care, allowing carers to make key decisions about the child's life. Although there are many advantages to this recognition, it can also be resisted by kinship carers if they are mistrustful of the state.

Overall, support should always be made available to kinship carers based on their needs, and regardless of legal recognition or social services intervention. This means that access to financial support or other services should not be dependent on the type of kinship care arrangement. Kinship care families should have some choice in selecting the form of care most suitable to meet their needs. This means having information about the different kinship care arrangements available in their context.





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## What does the ‘formalisation’ of kinship care mean?

# formalisation



- An assessment by social service workers to determine the suitability of kinship care arrangements, often involving the courts, and followed by monitoring and support by social service workers. In some countries, this includes kinship carers becoming kinship foster carers, and in many high income contexts there are range of formal kinship care arrangements (see [Example 16](#) from the US and [Example 17](#) from the UK).



- Legal registration of kinship care arrangements that recognises the rights and responsibilities of kinship carers, but does not involve social service worker or court assessments, endorsement, or ongoing engagement.

In many countries, there are arrangements which sit somewhere between a formal and informal arrangement. For example, ‘private family arrangements’ organised by social service workers but not formally recognised by courts or social services.<sup>126</sup>

**Decisions about whether a kinship care arrangement should be formalised in some way must be made on a case-by-case basis, considering the best interests of the child and the views and wishes of the child, parents, and kinship carers.** These decisions need to be made based on clear information about the different options available. Families and children can only make these choices if all forms of kinship care are resourced and supported by governments. In many countries, particularly in settings where kinship care is currently almost exclusively informal, there are debates around the feasibility and necessity of developing more formalised forms of kinship care.<sup>127</sup> This section seeks to inform these discussions by outlining some of the benefits and challenges of these two different forms of formalisation.





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## Does all kinship care need to be regulated and monitored by social service workers?

Bringing kinship care into the formal child protection system allows social service workers to assess and monitor families. This may help to ensure that children in kinship care are safe and protected. Social service workers can also help vulnerable families access support.<sup>128</sup> **However, evidence from across the world suggests that this means of formalising kinship care is neither necessary nor possible for all kinship care arrangements for the following reasons.**

- The limited evidence that exists on violence, neglect, abuse, and exploitation within kinship care suggests it is relatively rare and that not all children in kinship care need to be monitored.<sup>129</sup>
- Regular social service worker assessment and monitoring can distress carers and could prevent some potential kinship carers from agreeing to take on the role. Kinship carers may have bad experiences of child protection services, which can be adversarial and discriminatory.<sup>130</sup> As a result, kinship carers may distrust social service workers, or simply dislike state interference in family life, and state involvement may not automatically lead to improvements in their lives.<sup>131</sup>





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- Social work involvement in kinship care families risks making this care feel abnormal or unusual to carers, children and the wider community. This could lead to stigma and discrimination.<sup>134</sup>
- Bringing social service workers into kinship care arrangements in contexts with long standing traditions of informal kinship care could result in the meaning and motivation of these arrangements changing. In the consultations carried out for this guidance in Tanzania, participants spoke of carers becoming motivated by the financial benefits attached to formal forms of kinship care rather than by concern for child well-being.
- Over-stretched social services do not have the capacity to monitor all kinship care arrangements, especially when a large proportion of children are in kinship care.<sup>135</sup> Experiences in contexts such as South Africa suggest that a requirement for social service workers to carry out case management with all kinship carers can overwhelm social services, diminishing the resources available for other children in need of child protection services or financial support (see [Example 29](#)).<sup>136</sup>

This evidence suggests that social services engagement in kinship care families should not be universal, and that decisions should instead be made using the same criteria as for social work engagement in any family. This criteria varies by context but may include, for example, children having complex needs that require intensive and coordinated support, a child being at risk of harm, or placements being considered unstable or fragile. Families may also request to have more social service worker involvement and support (see [Example 8](#) for an illustration of this approach in care reform strategies in Kenya).<sup>137</sup>

Kinship care families that don't require social services intervention do often still need assistance, but there should be other pathways to this support.<sup>138</sup> Financial and other forms of support should not be contingent on formalisation through social work intervention. Researchers in the US and the UK argue that community-based networks of support should be developed outside of the child protection system. These would coordinate support regardless of whether the family is monitored by social services.<sup>139</sup>



Children's best interests should be the primary consideration in determining which families should receive support from social services. In the US, concerns have been raised about families being kept out of the formal child protection system to save money (see [Example 16](#)).<sup>140</sup>





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## Should all kinship care arrangements be legally recognised/registered?

Another way in which kinship care can be formalised is through legal arrangements which recognise the ‘parental’ rights and responsibilities of kinship carers. These arrangements may include kinship carers formally adopting a child, becoming legal guardians (see [Example 40](#)), or simply registering with local authorities that they are the primary carers. Each of these arrangements carries different expectations in terms of the role of kinship carers, and the specific implications of different legal arrangements vary by country. In many settings, when kinship carers adopt, they gain the same legal rights as a parent. Guardianship usually means the carer takes parental responsibility for the child and can access services more easily, but if mothers or fathers are still living they often remain children’s legal parents (see [Example 17](#) from the UK).<sup>141</sup>

These legal arrangements may be necessary to allow carers to register children in schools, access other services, or take medical decisions about the child. Legal arrangements can also give carers clarity in terms of their roles and responsibilities and provide a greater sense of the security of arrangements to the child and carer.<sup>142</sup>

As with social services engagement, legal recognition of kinship care is not always welcomed by kinship carers or children, who may mistrust or dislike this engagement of the state in a family arrangement (see [Example 40](#) from the UK and US).<sup>143</sup> Parents may have strong views about other family members being formally recognised as taking on parental responsibilities. There may also be cultural or religious norms that prevent another person assuming the role of the parent.<sup>144</sup> In Bolivia, SOS Children’s Villages have found that accompanying families through the process of legally registering kinship care helps to allay these fears.<sup>145</sup> **Nonetheless, it is important to ensure that kinship care families have a choice and can still access services and support even without the legal recognition of kinship care.**<sup>146</sup>

## Guardianship

Guardianship usually means the **carer takes parental responsibility** for the child and can access services more easily.





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# Services and support for kinship care

## Priority support needs



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Children and carers consulted for this guidance prioritise children being part of a loving family. Other areas of support highlighted in the consultations included child protection, health, education, and material needs.

The consultations carried out for this research suggest a wide range of support needs. For children in kinship care, being in a loving and caring family clearly emerged as the top priority, and linked to this were being understood and respected by carers and feeling a sense of belonging in kinship care families. **Other areas repeatedly highlighted by children across the six countries where they were consulted included the following:**

- safety and child protection,
- health,
- education,
- having material needs met, including food, shelter and clothing, and
- play and time with peers.

For kinship carers in the seven countries where they were consulted, material needs were most highlighted, including having sufficient money or livelihood opportunities and food, shelter and clothing. Carers also spoke about access to information on supports and services, understanding child development, and being able to deal with children's behavioural problems. All of these issues are covered in the subsequent sections of this guidance. It is interesting to note that children's and carers' priorities are not always the same, indicating the need to consult both groups in the design of policies and interventions.

Many of the needs of kinship care families are similar to the needs of other families, though as discussed in the remainder of this section, kinship care families also have some enhanced or unique needs. As a starting point, kinship care families should have access to the same packages of services and support available to any vulnerable family, and efforts must be made to ensure that they are not discriminated against in service provision.





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## Social services support and case management

### Summary



Where social work intervention is needed in kinship care families, case management can be valuable. Approaches and tools must be adjusted to reflect the needs of kinship care families, which are often different from parental or foster care households. High levels of child and carer participation are vital for understanding and addressing the unique needs of these families. Social service workers should focus on strengths and work to build the family's trust.

### What is case management?



# case management



“a way of organising and carrying out work to address an individual child’s (and their family’s) needs in an appropriate, systematic and timely manner, through direct support and/or referrals.”<sup>147</sup>

#### It usually involves social service workers:

- identifying vulnerable children and families who would benefit from case management support,
- assessing the child, kinship care family and parents,
- determining if kinship care is the most suitable option, based on the best interests of the child,
- identifying areas of support,
- developing a plan to secure this support,
- making referrals or providing some forms of support themselves,
- regularly monitoring the child and kinship care family to review progress and check that the child is safe,
- supporting reintegration to parents and contact with parents (if in the child’s best interest), and
- closing the case once social service workers no longer need to be involved.

Courts or other decision-making bodies may also be involved in determining the options for the child and identifying support needs.



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## Principles for case management

**Research suggests the following principles in using a case management approach to support kinship care families.**

- **Use case management/social work intervention where necessary.** Case management/social work intervention is not needed in every kinship care family. Decisions should be based on general criteria for social services engagement in the family, which vary by context but may include the child being at risk or having complex support needs (see [here](#) for a longer discussion on this point).
- **Focus on strengthening the whole family and not just the child.** This includes building relationships between the child and carer (as opposed to just working with each separately)<sup>147</sup> and considering the needs of any other children in the household (see [here](#) for further details).<sup>148</sup>
- **Take a participatory and strengths-based approach.** This involves listening to and responding to the needs of children and families and identifying and building on their strengths. For further examples of a strengths-based approach in practice, see examples [11](#) from Ecuador and [18](#) from the US.
- **Use case management to link children and families to other sectors.** Ensure that other professionals in contact with children and families feed into case management reporting and processes.<sup>149</sup>
- **Ensure that case management processes are sufficiently nuanced to meet the needs associated with different forms of kinship care, and of different groups of carers and children.** Case management can be used across a range of contexts, including humanitarian settings and across borders. See [Example 19](#) for case management guidance on cross-border kinship care arrangements. Case management tools may need to be adjusted to meet the specific needs of certain groups. See [Example 20](#) for culturally sensitive tools for use in Native American<sup>150</sup> and Aboriginal communities.<sup>151</sup> The need for culturally sensitive case management further suggests the importance of not importing tools from one context to another without adaptation. It is also important to avoid generalisations about the needs of children and families and to ensure that the unique circumstances and support needs of each kinship care arrangement are recognised.
- **Allocate a social service worker who can consistently support kinship care families to build relationships of trust.**<sup>152</sup>
- **Recognise that levels of supported offered by social service workers vary over time.** Families typically receive more intensive support at the start of kinship care arrangements, with this support tapering until the case is closed.<sup>153</sup> Closing a case once the kinship carer, parents, and child no longer need to rely on social service workers should be a key goal of case management (see [Example 31](#) from South Africa).<sup>154</sup>
- **Ensure an appropriate role for professional social workers, paraprofessionals and volunteers.** Professional social workers need to have a role in case management, but may allocate some responsibilities to paraprofessionals and volunteers (such as monitoring the family).





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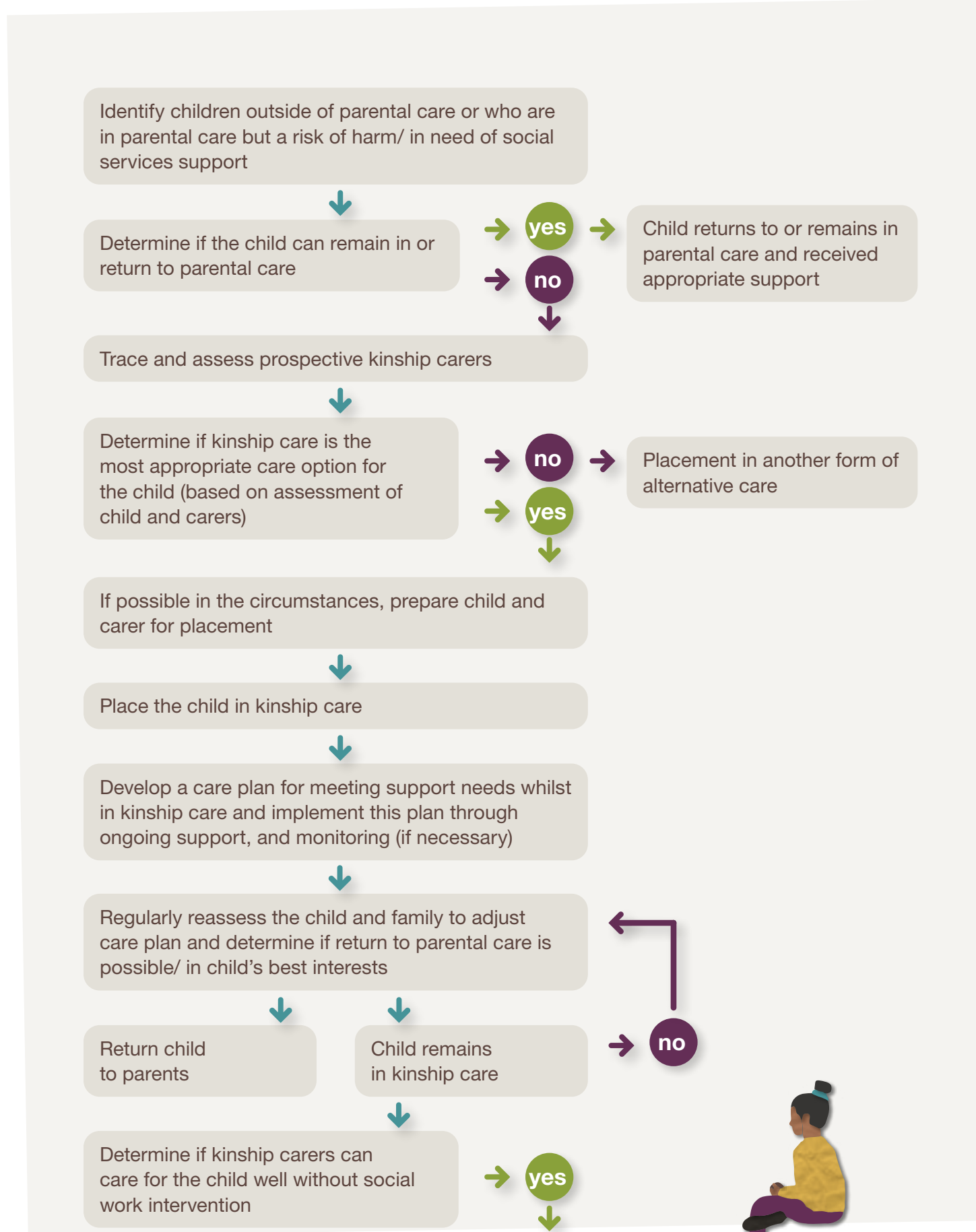
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## Identifying children in kinship care in need of case management support

Children and kinship carers can be identified as in need of case management support in **two ways**.

**1.** The child is already in an informal kinship care arrangement and it is felt that the child requires social work intervention (for example, as the child is at risk or has complex care needs).



**2.** The child is at risk as they are either in another care arrangement or are living without any adult care (such as on the streets) and kinship care is being considered as the most suitable option.

**For the first category of children**, identification often involves neighbours, service providers, community child protection committees, community leaders and others in direct contact with the child and family flagging concerns to social services.<sup>155</sup> In some contexts, all children identified by government authorities as being in kinship care are assessed to see if they need case management support.

**The second category of children** only receive kinship care-related case management support after a decision is reached both that:

- kinship care is the best option for them and,
- they require case management support.

Often a history of failed care arrangements and a period with no adult care at all means that these children do need this support. However, this is not always the case, and may depend on factors such as the length of separation from carers.

### Tracing potential kinship carers

A kin-first approach means that maximum efforts need to be made to find potential kinship carers for any child who cannot be cared for by parents, including exploring kinship care options overseas (see [Example 19](#) from the UK).<sup>156</sup> Family tracing can be time-consuming and adequate resources need to be devoted to this.<sup>157</sup> The process of finding kin to care for the child should begin as soon as authorities are aware that the child may become separated or has already been separated from their parents.<sup>158</sup> Tracing prospective kinship carers can provide children with new networks even if they are not eventually placed.<sup>159</sup> Family finding programmes in the US are outlined in [Example 21](#).

In some cases, potential kinship carers may need to be persuaded that they can and should take children in. This process needs to be handled delicately as children cared for out of a sense of social obligation can be at greater risk of harm.<sup>160</sup> Carers may benefit from information about the support they are eligible for, and assistance in overcoming any prejudices or misconceptions about groups of children who are often discriminated against. [Example 44](#) from Uganda shows how potential kinship carers for children with disabilities can be supported to reduce the sense that these children will be a burden on the family.





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## Assessment

Assessment performs **two functions**:

**1.** Determining if kinship care is a suitable option for the child, and



**2.** Identifying existing strengths to be built on and support needs to help ensure that kinship care arrangements are successful.

**In carrying out an assessment the following is important.**

- Balance the need to place a child as quickly as possible with the need to carry out a thorough assessment.<sup>161</sup> Assessments should be carried out in a timely way to avoid unnecessary delays in decision making that may harm the child, kinship carer and parents.<sup>162</sup>
- Assess the entire kinship care family and examine relationships and dynamics in the household.<sup>163</sup> Consider if the child has a pre-existing relationship with the prospective carer.
- Focus on strengths but also examine challenges.<sup>164</sup>
- Use clear criteria that consider multiple aspects of child and kinship care family well-being including material well-being, risk of abuse, neglect or exploitation, mental and physical health, relationships, and access to education and other services (see [Example 22](#) from Brazil).
- Carry out assessments in a way that is culturally sensitive (see [Example 20](#) from Australia and the US).
- Ascertain children's views and preferences.
- Recognise the needs and vulnerabilities of specific groups of children in kinship care (see [Example 44](#) on assessment tools for children with disabilities in Uganda).

Assessment processes should take into account the mistrust of authority in many kinship care families. For example, in Myanmar, Save the Children recommends that social service workers avoid filling out official forms in front of the child or family and carry out several home visits to build up trust.<sup>165</sup>

If an assessment is being made to determine whether kinship care is in the best interests of the child, it is a good idea to assess more than one potential kinship carer. This allows children to be placed with the most suitable carer, and means that back-up carers can be identified in case something goes wrong with the original arrangement.<sup>166</sup>



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In countries where there is more than one form of formal kinship care, assessment should help determine which form of care is suitable for the child and carers. This can have implications for the degree of support carers receive and their level of autonomy in making decisions about the child (see examples [16](#), [17](#) and [40](#) on the US and UK). Where possible within the legal system, carers should be part of this decision and have the information needed to make appropriate choices.<sup>167</sup>

### Deciding if kinship care is the most suitable option for the child and matching the child to carers

Decision making on kinship care involves both:

- deciding if kinship care is the best option for the child and



- matching the child to the most appropriate kinship carer to meet their needs.

Depending on the social services and legal systems in a country, a range of individuals may be involved in making decisions about formal care, including judges, members of gatekeeping panels and social service workers. It is vital that all of those involved in such decision making take a kin-first, best interests-driven, and strengths-based approach. A kin-first approach involves going beyond simply stating that kinship care is a preferred option to actively seeking out and supporting potential kinship carers.<sup>168</sup> Examples [11](#), [21](#), [23](#) and [25](#) show this approach in practice in decision making on care in Ecuador, the US, Kenya and India.

All decisions should be made with the best interests of the child as the primary consideration. This means that although kinship care should be actively pursued, children should not be placed into kinship care if this will cause them harm. Having an advocate who considers and promotes the child's best interests in child protection proceedings can be valuable.<sup>169</sup> Consideration must also be given to the needs and wishes of carers, who should not be pressurised into taking children in.<sup>170</sup>

A strengths-based approach involves a thorough assessment of the family's strengths, identifying risks, and exploring how these risks can be minimised. Decisions based on narrow criteria (such as financial solvency) should be avoided.

It is easier and quicker to make decisions around kinship care if the process of identifying potential kinship carers begins whilst the child is still living with vulnerable parents. For example, in Kenya, social service workers visit parents who are terminally ill to help them plan for who will care for the child after they die.<sup>171</sup> In the US, 'pre-removal' meetings are held with families struggling to care for children well to discuss other options. Often, kinship carers are identified as a contingency in case the parents can no longer cope.<sup>172</sup>





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Decision-making mechanisms which involve a high degree of child, family and community participation are best for promoting kinship care and ensuring children get placed with the right family members.<sup>173</sup> Allowing families and children to drive decision making respects their expertise in their own lives, and the use of family-led processes has been shown to strengthen families and lead to better outcomes for children.<sup>174</sup>

Research demonstrates that these approaches are less distressing for children, are culturally respectful in many contexts, empower the child and family, and mean children are less likely to spend long periods in formalised alternative care.<sup>175</sup> Allowing children a say in decisions about their care highlights their priorities. For example, for many children being kept together with siblings is vital as they feel a strong bond with siblings, and a sense of responsibility towards their younger brothers and sisters.<sup>176</sup>

Family-led decision making also promotes the engagement and support of the wider family in children's lives, and discourages adversarial decision making where one family member is pitted against another.<sup>177</sup>

Despite the benefits of family-led decision making, there are also some limits to this approach, especially if it is poorly facilitated.<sup>178</sup> For example, the focus on family members solving their own problems can be hard for families with weak support networks and can negate state responsibility.<sup>179</sup> [Example 24](#) provides further details on the process, benefits and limits of family-led decision making for kinship care. [Example 20](#) illustrate the cultural appropriateness of such decision making amongst Native American communities in the US.

Community-led decision making involves community members in decisions about children's care. It can be used in conjunction with family-led processes. Community decision-making processes can effectively promote a kin-first approach as this principle aligns with social norms in many settings. Community members often have a clear idea of the situation and capacities of prospective kinship carers, and can readily identify support needs. Involving community members at the start of kinship care arrangements also encourages their ongoing support to kinship care families.<sup>180</sup> [Example 25](#) outlines the use of community-led decision making in relation to kinship care in Kenya and India.

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## Strengths-based

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A **strengths-based approach** involves a thorough assessment of the family's strengths, identifying risks, and exploring how these risks can be minimised.

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## Care planning

Care or action plans are used to identify goals for the child, kinship care family, and parents, and outline steps and responsibilities for achieving these goals. It is important that these plans extend beyond the child to consider the wider family. Plans should be developed in collaboration between social service workers, the child, and the family. Care plans cover preparation for transition to kinship care, follow-up monitoring and support after children go to live with kin, and, if it is in the child's best interests, enabling contact with and return to parents.<sup>181</sup> Care plans need to be regularly reviewed and updated to reflect changing needs and circumstances. According to international guidance this should be done at least every three months.<sup>182</sup>

## Preparing the child and the kinship care family

Kinship care arrangements are often made quickly, for example following the sudden death of a parent, or in humanitarian emergencies. In these cases, there is very little time for the child or the carer to prepare for this dramatic change in their lives. In other instances, for example, where the child is in a safe residential or non-relative foster care placement, time can be allocated to preparation. **This involves:**<sup>183</sup>

- short visits by the child to the kinship care family or the family visiting the child in residential or foster care, with opportunities for the child to meet everyone in the household,
- orientating the child to household routines and familiarising them with their new community,
- explaining to the child where they will sleep and keep their belongings,
- showing the child where they will go to school,
- determining how much contact the child will have with parents and how this contact will be managed,
- reaching agreements around expectations in terms of household chores, and
- making any necessary referrals to service providers to ensure that the needs of the child, carer and wider kinship care family are met.

## The transition from residential to kinship care

Some countries are working to address an over-reliance on residential care through systematically reuniting children with families.<sup>184</sup> Kinship care is commonly used in these contexts, and it is often more usual for a child to leave residential care to live with their extended family than with parents.<sup>185</sup>





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Evidence from countries such as Kenya and Rwanda suggests that children need help through case management processes to adapt to community living. For example, children may need to adjust to using new types of toilets, eating different food, and not having entertainment such as TV. It is also common for children to initially miss friends and carers from residential care facilities.<sup>186</sup> Children with disabilities may have been placed into residential care to avoid stigma or to access services not available in the community.<sup>187</sup> Extra efforts need to be made to ensure that families get the help they need to care for a child with disabilities (see [Example 44](#) from Uganda). [Example 41](#) provides more details of children's experiences in the transition from residential to kinship care in Kenya and Rwanda.

### Monitoring and ongoing support

Social service workers should ensure that children in formal kinship care and their carers receive ongoing support to meet the needs laid out in the care plan. Some children and families will also need regular monitoring, especially in cases where the child may be at risk of abuse, neglect or exploitation. In Australia, the Government of the Northern Territory recommends early intensive support from social service workers to build on strengths within the family and ensure that kinship care arrangements are set up to succeed.<sup>188</sup> **In Brazil, the NGO the Association for the Support of Children at Risk (ACER Brazil) describes three phases of support for kinship care families.**<sup>189</sup>

- **Doing for:** The social service worker carries out activities for the family, such as requesting documents, or making an appointment for a doctor.
- **Doing with:** The family knows what needs to be done, but still requires support. For example, social service workers attend a school meeting with the family.
- **Do it by yourself:** The family performs independently without the support of social service workers.

### Supporting contact with and reintegration back to parental care

Social service workers should regularly assess the child and family to determine if return to parents is in the child's best interests. Social service workers also have a role to play in supporting contact with parents, again if in the child's best interests. See [here](#) and [here](#) for further details on effective strategies for safe contact with parents and reintegration to parental care.

### Case closure

Case closure occurs when the family (parents or kinship carers) can continue caring and providing for the child independently without case management support. ACER Brazil close cases when:



“the family demonstrates the ability to deal with stressful situations, manage conflicting situations, articulate the care and protection network for the child autonomously and offer a space for healthy development that meets the child's particular needs.”<sup>190</sup>

After cases are closed, information may need to be stored securely for a period in case issues arise with the children's care in the future.



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## Supporting better informal decision making on kinship care

### Summary



In many countries, the available evidence suggests that it is more common for decisions on kinship care to be made informally, with a relatively small proportion of kinship care arrangements formalised by courts or social welfare systems. Supporting decision making within families and communities is therefore vital. Families should be encouraged to consider the perspectives of all family members, including children, and to focus on the best interests of the child. Families should also have access to information to help inform decisions.

Informal decision making on kinship care involves an arrangement made between family members without the engagement of courts or social services. Sometimes, community or religious leaders may also be involved (see [Example 26](#)).<sup>191</sup>

Across the world it is far more common for decisions on kinship care to be made informally, with only a small fraction of kinship care arrangements in most countries formalised by courts or social services.<sup>192</sup> **Evidence suggests the following challenges related to informal decision making on kinship care.**

- Children are not routinely consulted in these decisions.<sup>193</sup> Other household members may also be excluded. For example, in South Africa decisions are typically made by female household members leaving men feeling excluded and potentially resentful.<sup>194</sup> In other contexts, women are disempowered, even though they will take on the majority of caring responsibilities.<sup>195</sup>
- Decisions are not always made with the best interests of the child as the primary consideration. For example, in some parts of Vietnam, social norms around who should care for a child mean that children separated from parents are automatically sent to live with paternal grandparents. This is despite children often having a stronger relationship with maternal grandparents.<sup>196</sup>
- Children may be separated from siblings, an issue of major concern to many children.<sup>197</sup>
- Prospective kinship carers lack information on the supports and services available to them to make informed choices about whether they should become kinship carers.<sup>198</sup>
- Decisions are often made very quickly, following the death of a parent or other family emergencies. Prospective carers don't have the time to reflect and are often making choices when they are recently bereaved or upset.<sup>199</sup>





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“After a few days, an aunt took me to her house to stay with her. Thus, separating me from my siblings. This made me extremely sad and depressed. I would constantly worry about my siblings and think about how they would manage the house on their own. I was particularly worried that my younger brother continues his education, but I was afraid that he might stop school due to additional responsibilities as I was not there. After a few days, I convinced my aunt and returned to my grandparent’s house.”

(Young adult in India who grew up in kinship care)<sup>201</sup>

### These problems suggest the following recommendations.

- Parents and wider families should be encouraged to make plans in case the child can no longer be looked after by parents, considering children’s best interests and wishes. These plans should be discussed and shared within the family and added to wills. The need to plan ahead is particularly acute in settings where conflict or other emergencies may result in separation.
- Families should be encouraged to include the perspectives of all members of the household in decisions around kinship care, including other children in the family. Both women and men should be involved in decisions.
- Easy to access information and advice should be made available to prospective kinship carers on the services and support they are likely to receive (see [here](#) and [Example 27](#) from the UK and US).
- Those frequently involved in informal decisions around kinship care, such as community or religious leaders, should receive training and guidance to ensure decisions are made in consultation with children and carers, and in the best interests of the child (see [Example 43](#) from Liberia).
- Community child protection committees or community gatekeeping panels should offer support to families making decisions around kinship care where needed (see [Example 25](#) from Kenya and India).

In some cases it may be advisable for informal decision making to be semi-formalised, with some involvement of social service workers in the process to help inform and support families.



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## Providing information about services and support and legal assistance for kinship carers

### Summary



Kinship care families need information about where they can get services and support, legal advice, and help navigating child protection systems. In some countries, kinship carers require information on processes for legal documentation/registration of children, as such processes can be harder for kinship carers than parents.

Kinship care families need information about where they can get services and support.<sup>201</sup> For example, in the consultations carried out for this guidance, carers in India wanted information on eligibility to social security and free legal advice. Carers may require free legal support to access services in some cases, or to navigate other legal issues, such as inheritance rights.<sup>202</sup> Kinship carers who are involved in formal child protection proceedings often need help navigating these systems.<sup>203</sup> This is particularly the case where placements are across borders involving more than one child protection system, especially as care arrangements made in one setting may not be recognised in another.<sup>204</sup> In countries where there are multiple forms of kinship care, carers also need advice and legal guidance to understand the ramifications of these different arrangements.<sup>205</sup> In some cases, kinship carers may want to move towards a more formalised form of kinship care, such as guardianship, but lack the legal aid required to make this shift.<sup>206</sup> Legal support for both parents and kinship carers can be especially important in cases where they disagree on the best form of kinship care.<sup>207</sup>

In the key informant interviews carried out for this guidance, NGO staff in Brazil, South Africa and Uganda spoke of the challenge accessing services for children without birth registration or other documentation. Documenting children in kinship care arrangements may be less straightforward than documenting children in parental care, leading to the need for additional information or legal support for kinship carers. Documentation can be especially challenging when kinship care arrangements are across borders.



**Many carers** get into substantial debt to secure the legal support they need. Charities like Family Rights Group provide free, independent advice to kinship carers to help them to understand the law and their rights and options. But kinship carers also need access to legal aid. Families shouldn't have to navigate a complex legal system alone when they are seeking to provide a safe and loving home for children.

(Kinship carer in the UK)<sup>209</sup>







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Advice on services and support can be provided through helplines or websites (see [Example 27](#) from the US and the UK) or by social service workers who should have regularly updated access to the relevant information (see [Example 12](#) from Kenya, Rwanda, and South Africa).

## Ensuring children feel that they are part of a loving family

### Summary



In the consultations carried out for this guidance, children in kinship care emphasised the importance of being loved, valued, respected, and accepted, and feeling they belonged to their new family. Interventions that may increase the likelihood of children feeling that they are part of a loving family include: challenging discriminatory social norms, providing caregiving supports, careful decision making about who a child is placed with, and child protection measures.

Across all the consultations carried out for this guidance, children in kinship care emphasised the importance of being in a loving family. This issue was the top priority for children, above material supports or help with schooling. Children wanted to feel loved, valued, respected, and accepted for who they are, and to feel that they belonged to their new family. Carers also emphasised the importance of children being loved. For example, grandparents in Egypt placed this issue as the top priority for successful kinship care arrangements. In Brazil and India, kinship carers felt that love and attention were key needs for children in kinship care.

Whilst it is hard for policymakers and practitioners to guarantee that a child will be loved or to measure this, several of the interventions described in this section could make this more likely. These include challenging discriminatory social norms, providing caregiver supports, careful decision making about who a child is placed with, and child protection measures.

“ The most important thing for children in kinship care **is love** or a good heart because it is what enables provision of adequate food, shelter, clothes, disciplining, among others. ”

(Kinship carer, **Zimbabwe**)<sup>210</sup>

“ The main thing that children living with their relatives need is to feel part of the families they live with. ”

(Adolescent in kinship care, **Tanzania**)<sup>211</sup>



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## Protecting children in kinship care from abuse, neglect, exploitation, and discrimination

### Summary



Although many children in kinship care are loved and well cared for, like children in any family, some are at risk of harm. Children may experience violence in the family, be discriminated against and treated differently from other children in the household or be exploited by carers. In some countries, evidence shows that risks are greater when children are living with more distant relatives. Strategies to mitigate the risk of harm include: reducing poverty, which may result in exploitation and other harms; providing additional supports to stressed carers; community monitoring and support of families; social services intervention; and challenging discriminatory social norms.

Although many children in kinship care are loved and well cared for, some do experience violence, abuse, or neglect.<sup>211</sup> Children may also be discriminated against and treated differently from other children in the household<sup>212</sup> or exploited by carers or others.<sup>213</sup> This may include children being asked to do more chores in the home or given less access to schooling than other children in the family, or sent out to work in exploitative child labour. Key informant interviews show a thin dividing line between a kinship care arrangement and child labour in some cases, with children in contexts such as Liberia effectively being used by relatives as unpaid domestic servants. In some cases, children are sent out to work because kinship care families are desperately poor, rather than because carers wish to exploit them.<sup>214</sup>

Evidence indicates that children are more vulnerable to violence, neglect, abuse, exploitation, and discrimination if they are living with more distant relatives or friends of the family,<sup>215</sup> or if the kinship carer was forced or felt obliged to care for the child.<sup>216</sup> The consultations carried out for this guidance indicate that certain groups of children are also more vulnerable. For example, in Tanzania, children with disabilities or albinism or who had spent time living on the streets faced particular discrimination. Across contexts, the forms of exploitation and violence against children in kinship care were said to vary by gender. The consultations indicated discrimination and bullying by other children in the household as well as by adult carers.



“When family members make a difference between children in the household, the difference in treatment is shocking.”





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(Children in kinship care in **Brazil**)<sup>218</sup>

Research across Africa,<sup>218</sup> and in China,<sup>219</sup> Indonesia,<sup>220</sup> Jordan<sup>221</sup> and the UK<sup>222</sup> also indicates that children in kinship care more often experience child marriage or early sexual debut than children in parental care. This issue was highlighted in the consultations carried out for this guidance in India.

**Strategies to reduce the risk of violence, abuse, neglect, exploitation, and discrimination of children in kinship care include the following.**

- **Reducing poverty in kinship care households.** For example, poverty is linked to child labour, child marriage and early sexual debut.<sup>223</sup> Giving kinship carers access to livelihoods or material support is important for protecting children in kinship care (see [here](#)).
- **Providing support to stressed carers.** Unexpectedly caring for a new child can be very stressful, manifesting in violence against the child. Mutual support groups, respite care, and 'parenting' programmes which provide strategies for non-violent discipline may help (see [here](#) and [here](#) and examples [30](#) from Zimbabwe, [32](#) from Kenya, and [36](#) from the UK).
- **Community monitoring of risk.** Community child protection committees or community volunteers can be used to monitor at risk kinship care families and make referrals to professionals where necessary (see examples [12](#) and [25](#) from Eastern and Southern Africa and India).
- **Social service support.** Social service workers should provide case management support where necessary (see [here](#)).
- **Changing social norms.** Social norms that make discrimination or violence against a child in kinship care acceptable should be challenged, as should the wider acceptability of violence against children (see [here](#)). Discriminatory norms, for example related to gender, disability or albinism, also need to be addressed.



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## Children who have experienced

certain levels of violence are normalised to it, so it's hard to convince them that it needs addressing and to adjust their expectations of what a safe space looks like ... [In Guyana] very few families will take the side of the child, even in cases of sexual abuse: often the child is vilified in these situations.



(Key informant interview, ChildLink Guyana)

Although children may appear powerless in the face of violence and discrimination, they do often find ways to exert control in harmful situations. For example, research in Ecuador, Vietnam and Brazil shows children running away from abusive carers to seek help from others in the family.<sup>224</sup> In many contexts it is socially acceptable for kinship care to be a reciprocal arrangement with children contributing to household chores in exchange for their care.<sup>225</sup> Evidence from India suggests that some children choose to increase their contributions to the family to reduce discrimination and resentment.<sup>226</sup> Listening to children, understanding their choices and wishes, and ensuring that they remain protected from harmful work or exploitation by family members is vital.

There was apparent discrimination in how they treated their children and my sister and me. It made me feel sad, and I would miss my parents even more ... I realised that I had to earn my place in my uncle's family. I would help my aunt in the household work so that others don't feel burdened because of me.



(Young woman who grew up in kinship care, India)<sup>228</sup>





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## Protecting kinship carers from violence

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In some high income contexts, evidence shows that children's traumatic experiences can result in violence towards kinship carers. Social service workers must build trust with carers so that they can honestly share such difficulties. Children in kinship care should be provided with support to process trauma and address challenging behaviours.

In the UK, 21 per cent of 1,600 kinship carers surveyed had experienced violence from the children in their care.<sup>228</sup> In New Zealand, 14 per cent of kinship carers reported being assaulted by a child in their care.<sup>229</sup> In Australia, one study with 36 grandparent carers found most experienced violence daily.<sup>230</sup> These studies suggest that this violence was the result of behavioural difficulties linked to childhood trauma and had a huge impact on carers. In Australia, violence against these carers led to depression and in some cases alienation from the wider family, who could not understand why grandparents continued to care for a violent child.<sup>231</sup> This study also found a reluctance to report violence for fear that the child could be taken away, and that social service workers focused on the well-being of the child to the exclusion of the well-being of the carer.<sup>232</sup>

Research in South Africa found that children in kinship care were sometimes violent against their grandparent carers when they felt they were unfairly withholding money from them.<sup>234</sup> However, evidence from other contexts on violence against kinship carers is limited, and it is not known how common such violence is in lower and middle income countries.

This evidence reiterates the need for social service workers to build trust with carers so that they can honestly share their challenges without fear of negative consequences. Social service workers and others supporting kinship care families should be aware of the risk of violence against carers. Children in kinship care may need help to process emotional distress and address challenging behaviours (see [here](#)).



(Carer of a nine-year-old granddaughter, Australia)<sup>234</sup>



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## Addressing poverty in kinship care families

### Summary



Evidence from across the world shows that kinship care families are often poorer than other households. Efforts must be made to ensure kinship carers can access financial support aimed at vulnerable families, or to create social protection programmes specifically for kinship carers. Financial support should be inclusive so that families in less common kinship care arrangements are eligible for assistance. Support should be assigned based on the needs of the family rather than the form of kinship care. Programmes which combine cash with other forms of assistance, such as referrals to social service workers, are more likely to be beneficial than cash alone. Financial support must be carefully designed to avoid any unintended negative consequences, such as creating perverse incentives for placing children in kinship care or creating jealousy between children in the family.

Evidence from across the world shows that kinship care families are often poorer than other households.<sup>235</sup> For example, in New Zealand, 75 per cent of kinship care households have below average income.<sup>236</sup> In the UK 86 per cent of kinship carers are forced out of work to care for children,<sup>237</sup> and 43 per cent of kinship carers say they don't have enough money to provide adequately for children.<sup>238</sup> In Thailand, 10 to 20 per cent of kinship care families are estimated to live in extreme poverty.<sup>239</sup> Kinship carers and children consulted in the development of this guidance also repeatedly highlighted the issue of poverty. For example, children in Liberia reported that money is the number one need for their grandparent carers. Addressing poverty is vital for meeting children's material needs, but also for multiple other aspects of child and carer well-being. For example, research in South Africa found that government grants helped kinship care families to meet material needs, save for emergencies, and improve relationships between carers and children.<sup>240</sup>

#### **Kinship care families commonly live in poverty for the following reasons.**

- Kinship carers are often older and unable to work.<sup>241</sup>
- Kinship carers often have to give up work to care for children and are not eligible for parental leave or other support from employers.<sup>242</sup>
- In contexts where families pool resources, when kinship care is the result of the death of a parent, the loss of this breadwinner makes the entire family poorer.<sup>243</sup>
- Kinship care families are often larger than average with higher ratios of dependents to income earners.<sup>244</sup>
- Kinship care is often unexpected, and carers have not had the opportunity to financially plan for the cost of caring for an extra child.<sup>245</sup>





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- Kinship care can be driven by poverty and the need for parents to migrate to earn a living. In some cases, migration leads to a rise in household incomes due to remittances, but this is not universally true, and it often takes time for migrant workers to establish themselves before they can send money home.<sup>246</sup>
- Kinship carers can struggle to access financial support from governments. They may not be eligible for supports available to parents and rarely get the same level of financial assistance as foster carers (unless they register as foster carers).<sup>247</sup>
- There are a disproportionate number of both children in kinship care and kinship carers with disabilities in many contexts, and such disability is often associated with additional costs and poverty (see [here](#)).



One of the first steps in alleviating poverty in kinship care families is reviewing all relevant existing government grants for vulnerable households to ensure they are accessible to and do not discriminate against kinship carers.<sup>250</sup> For example, in some countries there is cap on the number of children in one family that can receive child benefits. This discriminates against large kinship care households.<sup>251</sup> Grandparent carers often begin looking after children in kinship at an age where they are too young to be eligible for state pensions.<sup>252</sup> Kinship carers need information and, in some instances, legal aid to ensure that they can access existing grants (see [here](#) for further details).<sup>253</sup>

Increasingly, there are calls for grants specifically for kinship care families. It is argued that kinship carers need more or different forms of support to parents as they are often especially poor and vulnerable.<sup>254</sup> Such grants already exist in countries such as New Zealand and South Africa (see examples [28](#) and [29](#)).



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As well as government grants, there are other ways to boost income in kinship care families. For example, giving in-kind material support, such as bedding or school uniforms, or income generating programmes designed for kinship carers (see examples [30](#) and [31](#) from Zimbabwe and South Africa). Giving kinship carers in formal employment paid leave when children first enter the family is also of value. Paid parental leave allows carers to adjust to their new circumstances and provide the intensive support children in kinship care often need in the early days of being in kinship care. Paid parental leave can also give carers time to find childcare so that they can continue working.<sup>255</sup> Kinship carers often need help with the cost of housing as the family has expanded and more space is required. Housing benefits and other support with accommodation can make a huge difference to the material well-being of kinship care families.<sup>256</sup>

Regardless of how financial support is provided, it must be based on needs rather than the form of kinship care that the child is in.<sup>257</sup> This is not the case in many contexts, with families in formalised kinship care arrangements generally eligible for more government grants than those in informal arrangements.<sup>258</sup> Informal carers either have to go without government financial support or, where the care/legal systems allow, apply to enter into formal care arrangements that may not meet their other needs (see [Example 29](#) from South Africa).



It is important to consider if kinship carers should get the same material support as foster carers. Campaigners in the US, UK, Ireland and Australia argue that it is unfair for kinship carers to get less than foster carers.<sup>259</sup> It is reasoned that, like foster carers, kinship carers are looking after someone else's child and incurring many additional costs as a result. Having different payment rates for foster and kinship carers can also force kinship carers to become kinship foster carers just to receive additional financial support.

As shown [here](#), this is not appropriate for all kinship care families as carers are more closely monitored and lose autonomy in decisions on the child. As seen in South Africa, having large numbers of kinship carers become foster carers to access a grant can also overload the child protection system (see [Example 29](#)).

In other contexts, including Brazil,<sup>260</sup> it is argued that paying kinship carers the same rate as foster carers is not viable as child welfare budgets are small and a large proportion of children are in kinship care. Some commentators believe that kinship care is fundamentally different from foster care as carers have a social obligation and often a strong wish to care for the child.<sup>261</sup> This means that although grants for kinship care families may still be needed to meet children's needs, having these grants at the same level as grants for foster carers is not essential to encourage the carer to look after the child. South Africa have resolved this debate by introducing a kinship carer grant that provides financial support specifically for kinship care families but at a lower rate than the foster care grant (see [Example 29](#)).

Providing financial support to kinship carers is not without potential challenges. There is some evidence from Africa of financial supports creating perverse incentives, leading families to send children to live with kin just to access grants.<sup>262</sup>





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The financial motivations of carers could place children at risk, as carers may not love or care for the child well.<sup>263</sup> It should be noted that evidence on such perverse incentives is limited. Grants rarely cover all additional costs, and do not compensate for the huge upheaval of looking after an extra child.<sup>264</sup>

Grants targeted at specific family members can create tensions within families. For example, if the child in kinship care receives support and other children in the household do not, it could create jealousy.<sup>265</sup> In South Africa, there is some evidence of children in kinship care insisting that they maintain control of child benefits, and of disagreements between migrant mothers and grandparent carers over who should receive this grant.<sup>266</sup>

The challenges associated with providing financial support to kinship carers can be addressed through the careful design of programmes and monitoring of child protection related outcomes.<sup>267</sup> In general, programmes should be framed around providing for the extra costs of caring for a child, rather than as an incentive or reward. Those delivering financial support should also be made aware of the small risk of perverse incentives in some contexts, and should be able to make referrals to social services if there are concerns about child well-being. This should be part of a process of embedding financial assistance in a wider system of support so that it complements and reinforces other interventions. As well as referrals to social service workers and to other service providers, grants or other forms of financial support can be delivered alongside support groups or 'parenting'/caregiver programmes (see examples [30](#) and [31](#)). Social norm change can also be incorporated into financial support. For example, with beneficiaries receiving key messages around kinship as they receive grants. Evidence suggests that such 'cash-plus' programming has a greater impact on child and family well-being than delivering grants alone.<sup>268</sup>

As financial support is integral to multiple aspects of child and carer well-being, it should be provided early on, before or at the same time as other forms of support (see [Example 31](#) from South Africa). Financial support must also be sufficiently inclusive so that families in less common forms of kinship care are eligible. For example, programmes should not just benefit grandmothers and should ensure that male carers<sup>269</sup> and older siblings can also get the help they need.

Both poverty and the need for kinship care can be especially acute during humanitarian crises (see [here](#)). It is vital that kinship care is considered in the design of social protection during these periods.

## Challenges

The challenges associated with providing financial support to kinship carers **can be addressed through the careful design** of programmes and monitoring of child protection related outcomes.





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## Meeting emotional support and mental health needs

### Summary



Kinship care is often associated with bereavement, trauma or emotional distress, and loss. Both children in kinship care and their carers are more likely to experience mental health problems than their peers. Kinship care families need a range of mental health supports including access to respite care, referrals for counselling or other mental health services, and peer to peer support groups.

Evidence shows that both children in kinship care and kinship carers often need support to improve their emotional well-being. This was highlighted by children and carers in all seven countries that participated in the consultations for this guidance. Kinship care often follows the death of parents or abuse and violence in families or communities, leaving children bereaved and traumatised or facing emotional distress. Emotional distress and trauma may be especially common during humanitarian crises. Where children have been put in kinship care to allow parental migration, they may feel abandoned by parents, and often miss daily contact.<sup>270</sup> Even in settings where kinship care is widespread to the extent that it is a normal part of childhood, children still miss their parents, especially at key moments in their lives.<sup>271</sup> Children in grandparent care are also aware of and concerned about the vulnerabilities of their carers.<sup>272</sup>

**“ I miss my parents very much. ”**  
 Especially in these days when the school just started, it feels like everything I see reminds me of the time I spent with them. Then I sometimes cry a little. I read a book or something to help me stop thinking about them.

(11-year-old girl in kinship care, **China**)<sup>274</sup>

**“ I felt miserable in the initial days. ”** I missed the love and care of my parents. My grandfather had lost his vision in both the eyes, which meant that he could not work and earn money. The feeling that we were a burden on our old grandparents would gnaw at my consciousness.

Young adult who grew up in kinship care, **India**)<sup>275</sup>



Evidence from a wide range of settings including China, the Pacific Islands and the UK suggests that children in kinship care are more likely to experience mental health problems than their peers.<sup>275</sup>





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Although kinship care often brings joy and satisfaction into carers' lives, it can also be a stressful experience. Caring for a vulnerable, bereaved, emotionally distressed or traumatised child with associated behavioural difficulties is highly challenging.<sup>276</sup> Kinship carers may have put their own life plans on hold,<sup>277</sup> and being suddenly at a different life stage to peers can lead to social isolation.<sup>278</sup> When children have entered kinship care because of the death of their parents, carers are also bereaved.<sup>279</sup> If parents are still alive, carers have to navigate ongoing relationships between parent and child which can be difficult (see more details [here](#)). In cases where children have been placed into care because of parental substance misuse, abuse or neglect, grandparent carers have to cope with feelings around the shortcomings of their own children.<sup>280</sup> Given the huge pressures on kinship carers, it is perhaps not surprising that, like children in kinship care, many experience anxiety and depression.<sup>281</sup>



Evidence from around the world suggests different ways of providing emotional support and mental health services to kinship care families. For example, respite care,<sup>283</sup> life-skills training for adolescents,<sup>284</sup> referrals for counselling or other mental health services, and peer to peer support groups (see examples [30](#) and [32](#) on support groups in Zimbabwe and Kenya). During the consultations carried out for this guidance, children in kinship care also highlighted the importance of time to relax with friends for their emotional well-being. It is important that all of those working with kinship care families are aware of the emotional distress or trauma that they may have experienced and recognise the impacts on behaviours and support needs. As well as social service workers and mental health professionals, teachers and health care staff should also be trauma informed.<sup>285</sup> [Example 34](#) provides further details of how mental health professionals can meet the needs of kinship care families. Much guidance on how the physical health of kinship care families can be improved (outlined [here](#)) also applies to meeting mental health care needs.

Evidence from Brazil,<sup>286</sup> the US,<sup>287</sup> and Ireland<sup>288</sup> highlights the depth and complexity of mental health issues in kinship care families, often requiring longer term and intensive support. Some groups of children in kinship care and some kinship carers are especially likely to be affected by mental health problems, including those that have experienced discrimination and injustice, and associated poorer and more stressful living conditions.<sup>289</sup> As shown in [Example 33](#), mental health services need to be tailored to meet the specific needs of discriminated against groups.



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## Meeting physical health care needs

### Summary



As with mental health, both children in kinship care and their carers are more likely to suffer from physical health problems than children in parental care or parents. Children and carers often face barriers to health care due to lack of clarity over parental responsibility or not being targeted by health care programmes. Strategies to improve health care for kinship care families include better referrals between social service workers and health care providers, and educating health care professionals on the particular needs of kinship care families.

As with mental health, both children in kinship care and their carers are more likely to suffer from physical health problems. Research in the US shows that 90 per cent of children enter kinship care with health problems.<sup>290</sup> For example, children in the US cared for by grandparents have higher rates of asthma than those in parental care.<sup>291</sup> Children in kinship care in South Africa also have worse health outcomes than many other children.<sup>292</sup> In the UK evidence shows that adults who grew up in kinship care had a 21 per cent chance of reporting poor health outcomes ten years later, and 43 per cent after 30 years. This compares to 13 per cent and 21 per cent for adults who grew up in parental care.<sup>293</sup> Girls in kinship care in the US and Eastern and Southern Africa are more likely to engage in risky sexual behaviours than girls in parental care, and this exposes them to early pregnancy and sexually transmitted diseases.<sup>294</sup> In many contexts, there are disproportionate numbers of children with disabilities in kinship care, and these disabilities often lead to additional health care needs.<sup>295</sup>

Health outcomes for children are generally better in kinship care than non-relative foster care, but worse than parental care.<sup>296</sup> The health issues faced by children in kinship care vary by form of kinship care, reason for entry into care, and length of separation from parents. For example, children who come into kinship care having experienced abuse may have particular short- and long-term health risks associated with this violence.<sup>297</sup> Lengthy separation from parents or instability of care arrangements is also associated with higher levels of health risks.<sup>298</sup> Health care needs are usually greatest when the child first enters kinship care.<sup>299</sup>

Like children in kinship care, kinship carers also often have additional physical health care needs. This is due to the stress associated with unexpectedly caring for additional children, and, for elderly grandparent carers, old age.<sup>300</sup>





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Children in kinship care and carers face barriers to health care. Evidence from Brazil, the US and Australia suggests that lack of clarity over who has parental responsibility for the child can prevent carers from accessing health care or making medical decisions about the child.<sup>301</sup> Evidence from the Pacific Islands shows how kinship carers are not always targeted by public health and nutrition campaigns which focus only on parents.<sup>302</sup> Other barriers to health care include a lack of information for kinship carers on available services, poor record keeping as children move between communities, cost, and a distrust of health care providers.<sup>303</sup> For example, grandparent carers in South Africa mistrust clinics and tend to rely on traditional medicines.<sup>304</sup>

**The following is important to meet the health care needs of kinship carers and children in kinship care.**<sup>305</sup>

- Address poverty in kinship care families (see [here](#)).
- Resolve issues around parental responsibility/the legal registration of kinship care arrangements so that carers can make decisions about children's health (see [here](#)).
- Ensure referrals and coordination between social service workers and health care professionals working with kinship care families, and ensure that there is one person coordinating health care provision.
- Integrate health care into case management, including health care needs in assessments, care plans and follow-up support and monitoring (see [here](#)). It is important not to overburden social service workers and to ensure that their role is primarily around referral to health care providers.

Educate health care professionals on the particular health care needs of kinship care families, and ensure that these professionals can better support kinship care families (see [Example 34](#) from the US).

# Health care

Children in kinship care and carers **face barriers** to health care.





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## Improving the education of children in kinship care

### Summary



Research demonstrates that children in kinship care do less well in school than those in parental care. Strategies to improve educational outcomes for children in kinship care include training teachers to be aware of the challenges faced by kinship carers, giving children in kinship care additional educational supports, and ensuring kinship carers have access to information about school systems.

Research across Africa and in Cambodia, Russia and the UK demonstrates that children in kinship care do less well in school than those in parental care.<sup>306</sup> **There are multiple reasons for these poorer educational outcomes.**

- Poverty can prevent carers from meeting the costs of education.<sup>307</sup>
- Children in kinship care may be discriminated against and receive less schooling than the biological children of their carers. This is especially likely to be the case if they are more distantly related to carers.<sup>308</sup>
- Poor emotional well-being can make it hard for children to concentrate or do well in school.<sup>309</sup> The abuse and trauma experienced by many children in kinship care means that they are more likely to have behavioural challenges and other difficulties with learning, and this can lead to school exclusions.<sup>310</sup>
- Parents are no longer around to supervise children in school. In some families, carers cannot support school work as they are not educated themselves or content has changed since they were in school.<sup>311</sup>
- In many settings, there are a disproportionate number of children with disabilities in kinship care. These children often have special educational needs which are not always met by education systems.<sup>312</sup>
- Kinship carers, especially those who do not have school aged children of their own, may not understand the education system and how to get children into good schools or access educational supports.<sup>313</sup>
- Teachers often don't recognise the challenges faced by children in kinship care, and may be unable to offer them support.<sup>314</sup>
- School materials commonly do not reflect diversity in family life, leading to children in kinship care feeling invisible or excluded.<sup>315</sup>
- Children in kinship care are not always offered the same educational supports available to other vulnerable children as they have not been identified as a vulnerable group.<sup>316</sup>
- Many grandparent carers live in rural areas where education services are limited.<sup>317</sup>





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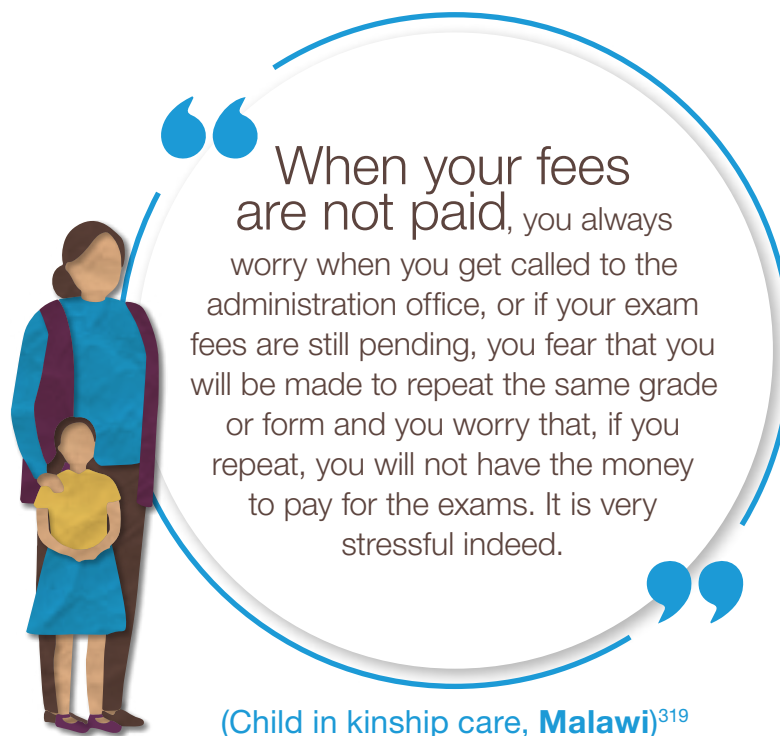
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**The following is vital to improve educational outcomes for children in kinship care.**

- Address factors such as poverty, poor emotional well-being, and discrimination that may be behind worse educational outcomes (see [Example 31](#) from South Africa and [here](#)).
- Train teachers so that they are aware of the challenges faced by children in kinship care. Ensure school systems and materials also acknowledge the diversity of family life. For example, if siblings are given priority entry into schools, then this rule should apply to children in kinship care in relation to all other children in the household.<sup>319</sup>
- Recognise that children in kinship care are a vulnerable group. Advocate for them to be eligible for any additional educational supports open to other vulnerable groups, such as children in foster care.<sup>320</sup> This support should be available to both informal and formal kinship care.
- Provide information to kinship carers about school entry and any additional educational supports that are available (see further details [here](#) and [Example 35](#) from the UK).
- Ensure that social service workers make connections with schools, and that education is included as part of care planning.



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## Building caregiving support and providing mutual support for kinship carers

### Summary

Caregiving support involves building the capacity of carers in relation to childrearing. Kinship carers often face challenges which necessitate this form of support. For example, they may not have cared for a child before, or not for a long time, and are often looking after children with challenging behaviours due to trauma. Carers can be supported in multiple ways including through building their family and community support networks, respite care, or peer support groups. Structured caregiver programmes (often referred to as parenting programmes) may help, but need to be led by carers and reflect their needs. It is vital to recognise the structural causes of many of the challenges faced by kinship carers. Caregiving support should not be offered in isolation and must be combined with other strategies such as poverty alleviation, social norm change, and increased access to services.



Caregiving support involves building the capacity of carers in relation to childrearing.<sup>321</sup> This is often referred to as ‘parenting’ support or programmes. The more inclusive term ‘caregiving support’ is used here to reflect the need for this support to be available to all carers, not just parents.

Kinship carers often face challenges which necessitate this form of support. For example, older kinship carers have often not cared for a child for some time, whilst many younger carers, such as older siblings, have often never had responsibility for a child’s upbringing.<sup>322</sup> Some kinship carers already have children, and find it hard to balance parenting their own children with caring for the new children in the family.<sup>323</sup> Those who have not parented for some time or who are new to parenting may not understand current caregiving norms or challenges. For example, they may not be familiar with issues such as cyber bullying or current practices and norms around teenage sex and sexuality.<sup>324</sup>



(Mother of a 11-year-old girl living in grandparent care, **China**)<sup>326</sup>







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Many usual parenting challenges are exacerbated as children in kinship care have histories of bereavement, abuse and emotional distress, and consequent behavioural difficulties.<sup>326</sup> **When asked about the challenges faced by children in kinship care, adolescent boys in India consulted for this guidance said:**



The challenging behaviour is **always stressful** ... his/her psychological health, as he/she always worries about his/her migrant parents.

(Female kinship carers, India)

**Temper tantrums** due to bad memories ... still not trusting other adults due to being let down in the past ... emotional issues like 'what's the next disturbance'?

(Boys in kinship care, India)

Female kinship carers in India also highlighted behavioural difficulties and responding to children's emotional distress when discussing the challenges associated with kinship care.

Children in kinship care, especially very young children, may not know the details of their past and kinship carers can find it hard to determine what information they should share and how.<sup>327</sup> Kinship care is often unplanned and unexpected and carers frequently have to rapidly adjust to huge changes in their lives.<sup>328</sup> Kinship carers may also struggle with wanting to be a mother or father figure in the child's life but not actually being the child's parent.

The minute they came into our lives I just wanted to be their replacement mother, but nobody prepares you that, while you want to take care of them, nurture them and **give them everything** their mother isn't there to do, they are not able to accept that. And that is a big battle emotionally in your head ... You want to do it but they are not in a position psychologically to accept it. You are not their mother; they take a long time to accept it.

(Kinship carer, Ireland)<sup>330</sup>





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There are multiple ways to help kinship carers respond to caregiving challenges. Kinship carers may need help identifying and building support networks in their wider family and community.<sup>330</sup> Peer support groups have been found to be valuable in many settings (see examples [30](#), [32](#) and [36](#) from Zimbabwe, Kenya and the UK).<sup>331</sup> Social service workers can guide kinship carers, and more experienced kinship carers can also play a mentoring role (see [Example 36](#) from the UK).<sup>332</sup> Structured ‘parenting’ or caregiver programmes also sometimes help.<sup>333</sup> However, kinship carers often prefer to learn from one another rather than being taught how to care for a child.<sup>334</sup> This is especially the case with carers who already have parenting experience, and in contexts where there is a mistrust of outside interventions in family life. This suggests that caregiver programmes are more likely to be successful if they are carer led, specifically address the challenges faced by kinship carers, and are adjusted to context.<sup>335</sup>

**We're all in the same boat** and we all know what we're going through ... a lot of us relate to our stories, and how our children have been affected ... we all understand and try to help each other.

(Kinship carer, UK)<sup>337</sup>

Whatever form of caregiving support is offered to kinship carers, it is vital that these programmes consider the impacts of emotional distress and trauma on both their own and child well-being and behaviour. It is also important that caregiving support is not the only help kinship carers receive. Caregiving supports do little to address the poverty, lack of access to services and other structural problems behind many of the challenges that children face.<sup>337</sup> This support should be integrated into wider packages of assistance, for example, as an add-on component to government grants.

**It is also important to recognise that caregiving support needs vary greatly between kinship care families.** For example, those with adolescent children have very different support needs to those with babies or young children (see further details [here](#)).

**Peer learning** is really important in enabling caregivers to find their own solutions as they do know best what works well.

(Key informant interview, Children in Distress Network, South Africa)

**[In Guatemala]** parenting skills courses and psychological therapy are not customised to the individual cases but instead generalised, so they have little impact.

(Key informant interview, CONACMI, Guatemala)







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## Supporting other children in the household

### Summary



The inclusion of new children into the family can have an impact on the existing biological children of kinship carers, who may feel jealous or resentful. Caregiver support programmes can be used to help carers to navigate these challenges. Service providers must also consider these dynamics in the targeting of services, with support given to the whole family and not directed only at the child in kinship care.

Research from across the world shows that new children entering kinship care families can have an impact on the existing biological children of kinship carers. In Australia, such children did not like having to share a bedroom and the loss of parental attention.<sup>338</sup> In Kyrgyzstan, biological children spoke of their parents favouring children in kinship care over them, and these resentments lasted into adulthood.<sup>339</sup> In the Pacific Islands, jealousy and fighting were reported between biological and hosted children, and biological children were upset that parents now had to divide food and attention between a wider group of children.<sup>340</sup> Similar evidence was found in the UK and Bolivia.<sup>341</sup>

**Interviews with young people who grew up in kinship care in India show how important building relationships with other children in the family is for their well-being:**



“With time, I was able to forge a good relationship with my cousins, and I also made friends in the neighbourhood. This helped me stay sane emotionally.”

(Young adult in India who grew up in kinship care)<sup>343</sup>





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In Bolivia, SOS Children's Villages have found that the attitude and approach of kinship carers is vital for improving relationships between children in the family. For example, carers have to treat all children equally and avoid expressing any doubts they feel about having additional children in the family in front of their children.<sup>343</sup> Evidence from South Africa shows the simple ways in which kinship carers can demonstrate this equality.

Peer support groups for carers offer a good arena for exploring and improving difficult family dynamics (see details [here](#)). It is also important for service providers to consider these dynamics in the targeting of services. Support should be given to the whole family and not directed at the child in kinship care as this could create jealousy and resentment.<sup>345</sup>







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## Building connections with the widerfamily and community

### Summary



In many contexts, especially where services are limited, kinship care families rely on support from the wider extended family and community. Extended family and community support to kinship care families can be boosted in several ways. For example, by consulting communities in programme design, incorporating network building into care plans, and identifying community organisations that already support vulnerable groups to make sure they are aware of the needs of kinship care families. Family finding and family group conferencing methodologies can be of value in identifying family supports.

In many contexts, kinship care families rely on support from the wider extended family and community. This is especially the case in settings where there are limited services for families, though even in higher income contexts where such services exist this support is valued. Evidence from the UK,<sup>346</sup> Indonesia,<sup>347</sup> Thailand,<sup>348</sup> US,<sup>349</sup> and Bolivia<sup>350</sup> all indicate the value of wider family and community connections for kinship care families. The extended family and wider community can help in multiple ways, including offering short-term respite care, and providing material assistance and emotional support.<sup>351</sup>

Creating links with wider extended family and community is especially important in indigenous communities where such connections are an essential part of children's identity.<sup>352</sup> Community members also offer important insights into the inequalities and injustices experienced by indigenous kinship care families which can be used to identify support needs.<sup>353</sup>

**There are multiple ways to boost extended family and community supports to kinship care families, including the following.**

- Consult community members when designing programmes for kinship care families (see [Example 1](#) from Zimbabwe).
- Work hard to find family members who could offer support to the child or carer (see [Example 21](#) on methods used to find wider family networks in the US).
- Use family group decision making to explore how family and community members can offer assistance to kinship care families (see [Example 24](#)).
- Offer practical assistance, such as covering the costs of visiting extended family.<sup>354</sup>
- Train social service workers so that they appreciate and build on the important role played by extended families and communities in supporting kinship care families.
- Ensure that the role of extended families and communities is incorporated into care plans and case management processes, including referral mechanisms (see [Example 39](#) from Australia).<sup>355</sup>
- Identify community organisations that already support vulnerable groups and make sure they are aware of the needs of kinship care families.<sup>356</sup>



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- Establish community-based child protection committees, using community leaders, professionals working with children, and volunteer community members to monitor and support vulnerable groups, making referrals to social service workers where necessary (see examples [9](#) from Cambodia, [10](#) from Liberia, and [37](#) from India).

## Supporting contact with parents and siblings

### Summary



If parents are still alive, it is important that children in kinship care maintain contact, providing this is in their best interests. Maintaining contact with parents can be challenging, especially where kinship care is the result of parental harm. Parents and kinship carers may also disagree about how the child should be raised. It is important to understand the perspectives of children, kinship carers and parents about contact, promote open and honest communication, set clear expectations and boundaries, and provide mediation and counselling where necessary. Children often highly value contact with siblings, and efforts must be made to maintain these relationships.

If parents are still alive, it is important that children in kinship care can maintain contact, providing this is in the child's best interests. This is often vital for children's well-being and for enabling eventual reintegration back into parental care.<sup>357</sup> Contact may not always be advisable, and children's views should always be taken into consideration.

Kinship care families often manage contact without outside help. However, kinship carers may find managing contact with parents challenging, with this varying by context and reasons for entry into kinship care. A child may be in kinship care as they have been exposed to harm in their parents' care, and carers may be worried about children facing the same risks during contact with parents.<sup>358</sup> There may also be worries about the reliability of parents who are struggling with substance abuse or mental health problems and the effect that inconsistent contact could have on the child.<sup>359</sup>

In these situations, the dynamics between kinship carer and parent are complex. Parents may feel resentful that the kinship carer is caring for their child.<sup>360</sup> Grandparent carers may feel guilty that they haven't been able to enable their own children to be better parents.<sup>361</sup> They may also be exhausted by having to simultaneously try and support both the child and their parents.<sup>362</sup>



Contact with parents can have an impact on children's behaviour, especially if visits are difficult or infrequent.<sup>363</sup> In such situations, studies show that children can become distressed after visits and their behaviour towards kinship carers can worsen.<sup>364</sup> Children may have conflicting loyalties between parents and kinship carers.<sup>365</sup>





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“ They [the child’s birth parents] have been quite destructive and there is a fair bit of damage in my house. It is also difficult for them when they come back after access as there are absolutely no rules or routine when with Mum. ”

(Kinship carer, **Australia**)<sup>367</sup>

“ [In Guyana] it is often the case that a parent is still involved and it’s a supportive extension of the family rather than family breakdown or separation. ”

(Key informant interview with ChildLink, **Guyana**)

Relationships between kinship carers and parents and between parents and children may be easier if the parent has migrated for work as part of an agreed livelihood strategy, especially if kinship care is supported by strong social norms and is a common part of childhood.<sup>367</sup> However, children can be resentful that migrant parents have left them behind, and often miss frequent face to face contact with parents.<sup>368</sup> Mobile phones and social media have made regular contact between children and migrant parents easier, with parents able to offer more support and play a stronger role in the day-to-day decisions in children’s lives. Whilst this brings some benefits to children, it can create tensions if parents impose different rules to kinship carers.<sup>369</sup>

Relationships with parents can vary according to the nature of the kinship care arrangement. Forms of formal kinship care where parents continue to have legal rights around making key decisions in children’s lives create different family dynamics to arrangements where the kinship carer has sole responsibility for decision making.<sup>370</sup>





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## There are a number of ways to make contact between the parent and child in kinship care easier, including the following.

- Listening to children's views about contact and recognising that these may change over time. Children need to feel they have some say about their relationship with their parents. Denying children contact without explanation can lead to distress and to children trying to contact parents themselves without any support. Pushing children into contact that they don't want can be equally harmful, exposing children to harm and past trauma.<sup>371</sup>
- Remembering that a parent who has been separated from their child is dealing with loss and grief and needs support to adjust to their new role. To be able to maintain a good relationship with their child they may also need other forms of support, such as help with substance misuse or domestic violence.<sup>372</sup>
- Encouraging kinship carers and parents to have clear expectations and boundaries around contact. It can be valuable to have written contact agreements and clarity around the legal roles and responsibilities of kinship carers and parents.<sup>373</sup> Legal aid can be important here.
- Promoting clear and honest communication between kinship carers and parents, and empathy about the challenges that both parents and kinship carers are facing.<sup>374</sup>
- Providing counselling or mediation where necessary, and practical support for visits, such as transport costs.<sup>375</sup>
- Finding multiple ways to maintain contact. If face to face contact is stressful and difficult, other ways of keeping the child connected to their parent can be used. For example, writing letters/emails, using social media or phone calls, drawing pictures for parents, or telling stories about them.<sup>376</sup> Of course, as with face to face contact, appropriate safeguarding measures may need to be put in place with virtual contacts.
- Trying to ensure contact with fathers as well as with mothers.<sup>377</sup>

Although it is ideal for contact to be managed within families, in some cases social service workers or others may need to intervene, including community groups or NGOs.<sup>378</sup> Parenting support programmes and peer support groups can be used to explore and promote better contact with parents (see [here](#)).



As well as contact with parents, evidence suggests that children highly value contact with siblings,<sup>379</sup> who may remain with parents or be in different alternative care arrangements. Efforts must be made to ensure that children can maintain these relationships.





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## Enabling return to parental care

### Summary



Global guidance suggests that children in kinship care should be reintegrated with parents where possible and in children's best interests. The primacy of parental care is not shared in all cultures or legal systems, some of which view kinship care as of equal value to parental care. This is an area that requires further debate and clarification. Once a decision has been made for a child in kinship care to return to their parents, it is vital that both parents and children are properly prepared. Follow-up support after children are reunified with their parents is also key. Support needs vary, but are likely to include practical or financial assistance, emotional support and help re-building relationships.

The Convention on the Rights of the Child, and the Guidelines for the Alternative Care of Children both state that children should not be separated from their parents unless it is in their best interests.<sup>380</sup> This implies that efforts must be made to assess if children in kinship care should be returned to parents, and to support this reintegration. Evidence from higher income contexts suggests that reunification with parents happens at a slower rate and less often in kinship care than from other forms of alternative care.<sup>381</sup> This indicates that additional assistance may be required to enable reintegration from this form of care.



It should be noted that the primacy of parental care stipulated by international legislation is not shared in all cultures. In some countries the extended family is viewed as an equally valid environment for child rearing, and this is reflected in legal frameworks which do not define children in extended family care as separated and in need of reintegration.<sup>382</sup> This is an area that requires further debate and clarification.

As with entry into kinship care, most decisions around return to parental care are made informally within families without any engagement of social services or courts.<sup>383</sup> Guidance on improving informal decision making on entry into kinship care also applies here, including ensuring that children are listened to, and that community or extended family members involved in decision making are trained to make more informed decisions in the best interests of the child (see [here](#)).

In some cases, decisions about whether children should return to parents take place with the support of social service workers as part of case management and legal processes. Much of the guidance around formal decisions on entry into kinship care also applies to formal decision making on return to parental care (see [here](#)). This includes ensuring a high degree of both family and child engagement in decisions through family group decision making processes and thorough assessments on multiple aspects of child well-being to determine best interests.



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For both formal and informal decision making around return to parental care, it is important not to assume that return to parental care is right for every child. Not all parents want or are able to care for children, and children may have valid reasons for not wanting to return to parents.<sup>384</sup>

Once a decision has been made to reintegrate children with parents, it is vital that both parents and children are properly prepared.<sup>385</sup> Follow-up support after children are reunified with parents is also key. Support needs vary, but are likely to include practical or financial assistance, emotional support, help moving schools, and assistance re-building/building relationships within and outside of the family.<sup>386</sup> Efforts should be made to address the reasons for original separation to avoid re-separation.<sup>387</sup>

Children and parents may need support in maintaining contact with kinship carers and their biological children. Help can come from a range of sources, and informal forms of support from extended family and community or religious groups is often most available and valued.<sup>388</sup>

The need for support is likely to be particularly acute when children first go back to parents. Parents can struggle to initially adjust to caring for children once more, especially if children have been apart from them for a long time and are now at a different developmental stage.<sup>389</sup> Children may also find it hard to trust parents if they have been disappointed by parents' behaviour in the past. Evidence on migrant families from the Philippines highlights the deep sense of loss children often experience at being separated from a kinship carer, and such loss needs to be acknowledged.<sup>390</sup>

Some factors have been shown to hinder reintegration and lead to additional support needs. For example, in the US evidence suggests that it is especially challenging to reintegrate: children who have experienced abuse, very young children or adolescents, and children with behavioural difficulties.<sup>391</sup> Reintegration can also be problematic when kinship carers are not supportive of the move back to parents and have not promoted contact with parents.<sup>392</sup> Reintegration across borders poses particular difficulties, though these can be overcome (see [Example 19](#)).<sup>393</sup>



### I was relieved

because I knew [my sister] loved [my children]. They were close to her and safe with her ... She was a huge support in the success of my reunification. She was hard on me but a big support too. When I was longing for my kids and she felt I was ready, she spoke up to the social workers and said I was ready.

(Birth parent reunified with her children after a period in kinship care, US)<sup>395</sup>





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## Support for young people leaving kinship care to live independently

### Summary



Young people that have grown up in kinship care sometimes have more problems than their peers in relation to mental health, education, training, employment, offending, and substance misuse. Ways to assist these young people include peer to peer support groups, social services interventions, information provision, and a support package covering areas such as housing, finances, emotional well-being, and sexual and reproductive health.

As with all young people leaving their families or alternative care to live independently for the first time, evidence shows that young people leaving kinship care often need support. Although these young people often have better outcomes than those leaving foster or residential care, they frequently face more problems than the general population. Evidence from the UK, Ireland and Australia indicates that childhood trauma can lead to mental health problems amongst young people who have grown up in kinship care.<sup>395</sup> Young people that have grown up in kinship care also have more problems than other young people in relation to education, training, employment, offending, and substance misuse.<sup>396</sup>

Unlike children in foster or other forms of state care, children in kinship care can often remain with their carers after they reach the age of 18. Whilst this carries many advantages for the young person, it can place often increasingly elderly carers under pressure, especially if they are financing further education or training.<sup>397</sup> Ongoing support from kinship carers is not guaranteed, and problematic family dynamics can mean that support ends as soon as children in kinship care reach adulthood.<sup>398</sup>

Despite the clear need for support for young people who have grown up in kinship care, this is not routinely provided, with support programmes biased towards those leaving residential or non-relative foster care.<sup>399</sup> **The evidence presented above, combined with the perspectives of young people leaving kinship care in the UK,<sup>400</sup> suggests that support to care leavers from kinship care should include the following.**

- Peer to peer support from other young people who have grown up in kinship care.
- Ongoing guidance from social service workers or others to ease the transition to independence.
- Information targeted at kinship carers on the support available to young people who have grown up in kinship care.
- A package of support for young people who have grown up in kinship care and are living independently for the first time, which includes help with: housing, finances/ social protection, education, employment, emotional/mental health, and sexual and reproductive health.
- Financial and other assistance to carers who continue to care for young people in kinship care once they reach adulthood, including managing any difficult behaviours, and guidance around contact with parents.



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## Variations in support to kinship care



### Summary

**The support needs for kinship care families vary by a range of factors, including the following.**

- **Context.** For example, both reliance on kinship care and the vulnerability of kinship care households increases during conflict and disasters.<sup>401</sup> Such emergencies are more common in countries worst affected by climate change.
- **Disability.** There are often a disproportionate number of both kinship carers and children in kinship care with disabilities.<sup>402</sup> Kinship care families affected by disability need targeted, tailored assistance.
- **Race and ethnicity.** In some settings, rates of kinship carer are higher amongst groups discriminated against on the grounds of race or ethnicity.<sup>403</sup> Responses to kinship care must reflect cultural diversity and acknowledge and work to address discrimination.
- **Characteristics of the kinship carer.** Care by grandparents, older siblings, and distant relatives are each associated with specific support needs.<sup>404</sup>

- **Age of the child.** For example, adolescents in kinship care have very different needs to young children.<sup>405</sup>

- **Reasons for entry into kinship care and social norms around kinship care.** In many lower income contexts, kinship care is widely used and socially acceptable. It may be the result of violence in the family, but is more commonly a response to parental migration, poverty, or lack of access to services. Support needs in these settings are often different from the needs in higher income countries where kinship care is not socially normative and most usually represents a painful rupture in the family because of violence, abuse or parental death.

Kinship care arrangements across borders and placements involving refugee and asylum-seeking children are also associated with specific support needs.<sup>406</sup> Children and families are increasingly crossing borders, and require support to stay together.





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Throughout the guidance, efforts have been made to demonstrate how experiences of and support needs for kinship care vary by context, form of kinship care, and characteristics of the child and carers. This suggests that there is no one-size-fits-all model for supporting kinship care. In this section, some of the key variations in support needs related to kinship care are summarised. This necessarily leads to some repetition of evidence already presented in the guidance.

## Kinship care in the context of climate change and emergencies

Climate change is a major threat to children's care and protection in many contexts, exacerbating many of the drivers of family separation and inadequate care.<sup>407</sup> Evidence suggests that climate change will lead to an increase in the severity and frequency of emergencies such as floods, droughts, storms, conflict, and global pandemics.<sup>408</sup> Repeated exposures to such events, alongside more gradual changes that diminish household livelihood strategies, will increase the vulnerability of families in many settings.<sup>409</sup> Experience from the COVID-19 pandemic and other past emergencies suggests both a growing reliance on kinship care during these times, and worsening vulnerability of elderly kinship carers.<sup>410</sup> **The following is important to ensure that this vital support mechanism can be bolstered in the face of climate change and emergencies.**<sup>411</sup>

- Incorporate kinship care families into research on the impacts of climate change, thereby helping to ensure that the perspectives of the most vulnerable groups are recognised.
- Include reference to enhanced support for kinship care in climate change mitigation, emergency response, and disaster risk reduction strategies.
- Include references to climate change in strategies and policies on kinship care, explaining how adjustments will be made to meet changing support needs due to climate change.
- Help kinship carers to understand climate change so that they can support children to navigate the impacts of climate change.
- Ensure that the primacy of family-based care and a kin-first approach is recognised during emergency periods, even with the enormous pressure placed on families during these times.
- Increase supports to highly vulnerable elderly carers during emergencies, recognising that this will benefit both carers and children.
- Include kinship care families in the targeting of financial, nutrition and other forms of support during emergencies, recognising that they may be larger than other families and have greater support needs.
- Avoid creating a parallel system of support during emergencies that operates outside of the mainstream child protection and care system, and use these periods to build national care systems.



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[Example 2](#) outlines the use of a kin-first approach in emergencies, including the Ukraine conflict, and [Example 42](#) illustrates effective support to kinship care at times of national crisis in Lebanon.

## Kinship care across borders

As illustrated in [Example 19](#), placing children with relatives overseas can be a vital strategy for ensuring that children separated from parents remain in family-based care. Such arrangements share many of the challenges and benefits of kinship care outlined in this guidance but require extra assistance to ensure they are successful. For example, helping children to build relationships with carers that they may have had only limited contact with or may not share languages, culture or religion with, supporting long distance contact with parents, and working with social service workers operating in a different cultural context and legal system.<sup>412</sup> Supporting safe cross-border placements may require work with social service workers in each context. Effective cross-border case management, including the documentation of cases and sharing of case notes, is vital here (see [Example 19](#)).

## Kinship care with asylum seekers and refugees

**In addition to the support needs common to many kinship care families, evidence from Sweden and the UK suggests that kinship carers looking after asylum-seeking or refugee children need the following forms of assistance.<sup>413</sup>**

- Navigating immigration systems and determining eligibility for services and support.
- Language skills and help understanding and living within the culture of their new country. Kinship care allows children to be in a familiar cultural and family context, but can lead to children being isolated from wider society and struggling to learn new languages. Tensions can also arise if children want to adopt the customs of their new country, but carers want to retain the traditions of their country of origin.
- Additional support to young people who have grown up in kinship care and are living independently for the first time. Asylum processes are often lengthy, and children often reach 18 before their status is fully resolved. This can leave them trapped in kinship care as they feel a sense of obligation to their carers or do not have the means to leave without rights to work or further education.
- Extra efforts to build on community supports. Refugee communities are often close knit, a key strength to be built on in identifying sources of support for kinship care families.



Often countries receiving refugee and asylum-seeking children will either seek to place children with relatives in that country or return them to kin in their country of origin. Casting the net wider to explore potential carers based in a third country provides a wider range of options for these children.<sup>414</sup> Sometimes care arrangements for refugees and asylum seekers are made informally within families. When authorities become aware of these agreements, it is important for them to determine that they are in the best interests of the child.<sup>415</sup>





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As with all children in kinship care, it is vital to avoid simplistic assumptions about the support needs of asylum-seeking and refugee children. These are likely to vary depending on: cultural background, relationship with carers, age and other characteristics of the child, and the experiences that led to them becoming asylum seekers or refugees and being separated from parents.<sup>416</sup>

## Kinship care families affected by disability

In some settings, there is a disproportionate number of both kinship carers and children in kinship care with disabilities.<sup>417</sup> For example, in the UK, children in kinship care are twice as likely as children in parental care to have a long-term health problem or disability.<sup>418</sup> A recent survey of kinship carers in the UK found that 54 per cent are raising a child with special educational needs or a disability.<sup>419</sup> Thirty-one per cent of kinship carers in the UK have disabilities or chronic health conditions compared with 17 per cent of foster carers.<sup>420</sup> The large number of elderly kinship carers across many contexts suggests that the high rates of disability and long-term health problems amongst kinship carers in the UK are likely to be replicated in other settings.

Research in Indonesia shows how kinship care families are often poorer than average and find it hard to take time off work to look after children with disabilities.<sup>421</sup> The usual concerns faced by kinship carers are exacerbated when caring for a child with a disability, including what will happen to the child when elderly carers die.<sup>422</sup> Evidence from Uganda,<sup>423</sup> Rwanda<sup>424</sup> and Indonesia<sup>425</sup> suggests that children with disabilities may enter kinship care because stigma has led to parental rejection. These norms can also result in social isolation, making it harder for kinship care families to draw on supports from the extended family or wider community.<sup>426</sup> These norms also mean that extra work may be needed with potential kinship carers before they are willing to take children with disabilities in.<sup>427</sup> Finally, exclusion from schools and limited availability of services for families with disabilities make it especially hard for kinship care families with members with disabilities to access services.<sup>428</sup>

**This evidence suggests that the following need to be in place to support kinship care families affected by disability.**

- General awareness raising and information on disability, and challenging discriminatory social norms.
- Targeted work with potential kinship care families to encourage them to recognise the value (as well as the challenges) of caring for a child with disabilities (see [Example 44](#) from Uganda).
- Peer to peer support groups for kinship carers caring for children with disabilities (see [Example 44](#) from Uganda).
- Information on disability related services, and entitlements to other services, including how to access schooling and additional school supports for children with disabilities.
- Help advocating with service providers to ensure families can access the services they are entitled to.



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- Adaptation to case management tools to properly assess the needs of families affected by disability and provide follow-up supports (see [Example 44](#) from Uganda).
- Livelihoods and financial supports for families affected by the dual vulnerabilities of disability and kinship care. Caring for a child with disabilities is often more expensive than caring for other children, requiring additional financial assistance.
- Recognition of disability in caregiving support programmes. For example, providing information to understand the impacts of different disabilities, guidance on how to care for children with disabilities, and mutual support groups specifically for kinship carers caring for children with disabilities.



## Race and ethnicity and kinship care

Research with Native American, African American, ethnic minority British, and Australian Aboriginal communities shows that rates and experiences of kinship care vary by race and ethnicity. For example, Native American children represent one per cent of all children in the US but eight per cent of children in kinship care.<sup>429</sup> African American children are more than twice as likely to spend part of their childhood in kinship care than children from the general population, with one in five African American children placed into kinship care at some point in their lives.<sup>430</sup> There are also disproportionate numbers of Australian Aboriginal and minority ethnic British children in kinship care.<sup>431</sup> In the UK, minority ethnic British children are over-represented in informal kinship care, but under-represented in formal arrangements which tend to provide higher levels of support.<sup>432</sup>

Each of these populations have their own histories, cultures and experiences, and specific reasons for these higher rates of kinship care vary. Norms around collective family and community responsibility for children's upbringing may contribute to higher rates of kinship care in some of these groups.<sup>433</sup> Centuries of discrimination, exploitation and abuse, leading to higher rates of factors that lead to parental separation, such as drug or alcohol misuse, parental incarceration, and mental health problems, are also seen to contribute in some contexts.<sup>434</sup> The high rates of kinship care in the face of these challenges can be viewed as a reflection of the strengths of families and communities. In the UK, there are calls for further research to fully understand these differences.<sup>435</sup>

Support needs for kinship care families discriminated against on the grounds of race or ethnicity will vary in different contexts, and it is also vital to recognise complexity within these groups and avoid generalisations.<sup>436</sup> However, research in the US and Australia points to some common considerations in working with communities discriminated against because of race and ethnicity, which are summarised in [Example 39](#). Examples [20](#) and [38](#) also explore issues of race and identity in support to kinship care.





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## Variations by characteristics of the kinship carer

**The age and gender of the kinship carer and the nature of their relationship with the child can all impact on support needs. Some examples are provided below.**

### Grandparent carers<sup>437</sup>

In some, but not all, contexts, elderly carers are particularly likely to face financial challenges as they are no longer working. Often, older grandparent carers suffer from health problems and disabilities. They may be fearful of becoming incapacitated or dying and of what will happen to the children in their care. They may not have cared for children for a long time, and in some cases struggle with new parenting norms, disciplining, and understanding the lives of the children in their care. Some may find it hard to support children's education as they are uneducated or have not been to school for a long time.

At a time when many grandparents look forward to an easier life, they suddenly have to adjust their life plans. With their peers at a very different life stage they can quickly become socially isolated.

Grandparent carers have often lost a child themselves, or face complex emotions in relation to the behaviour of their own children which has resulted in their grandchildren coming to live with them. They may have difficult relationships with their own children, and struggle to navigate contact with children in kinship care.

Grandparents frequently display a strong commitment to their grandchildren, even in the face of enormous challenges. Many children express a preference for grandparent care as despite higher levels of poverty this is where they feel they will be most loved and well cared for.

## Elderly carers

Grandparents frequently display a strong commitment to their grandchildren, even in the face of enormous challenges.





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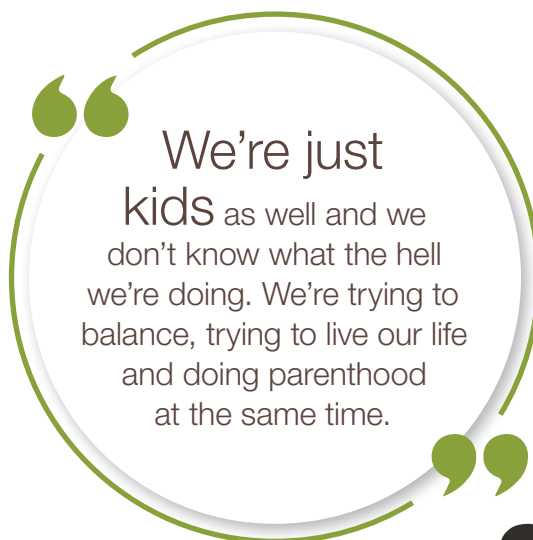
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## Young carers<sup>438</sup>

Young carers often show remarkable commitment and capability to care for their siblings or other relatives, despite their young age. These young adults often face challenges which require support. For example, they usually have had no experience of parenting or are looking after their own very young children. Like grandparents, they have had to make major adjustments to life plans and to parent at a time when their friends are busy having fun, gaining further education, entering the job market, dating, or getting married. Becoming a kinship carer can place a strain on newly established relationships, and these young people have not had sufficient time to establish financial security.

Services may exclude young carers as they are geared towards either parents or grandparent carers (as the most common form of kinship care). Older sibling carers have often experienced the same problems that led to their brothers or sisters being placed into kinship care (such as death of parents, abuse or violence in the family and substance misuse). They may struggle to discipline children only a few years younger than them, or to manage relationships with parents.

Despite the challenges faced by many young carers, they also often talk of many benefits of raising their younger siblings or other relatives, including watching children flourish under their care and keeping the family together.



(Older sibling kinship carer, **Australia**)<sup>440</sup>



(Older sibling kinship carer, **Australia**)<sup>441</sup>







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## Aunts and uncles<sup>441</sup>

Aunts and uncles often have their own children. This can lead to large families and consequent issues with housing and financial strain. Having new children enter the family can also create tensions in the family and may lead to discrimination against children in kinship care, though often aunts and uncles care for children well.

## More distant relatives<sup>442</sup>

Evidence in some contexts shows that discrimination in kinship care families is more common when children are more distantly related to carers. Unlike many other kinship carers, these carers often lack a strong bond with the child in their care.

## Male carers<sup>443</sup>

In cultures where it is usual for women to take on caring responsibilities, male kinship carers may lack past parenting experience or role models, and be excluded from support programmes which are often geared towards female carers.

## Paternal vs maternal relatives<sup>444</sup>

In some cultures, there is a strong cultural preference for paternal relatives in decisions about which kin a child should be placed with. In other contexts, maternal relatives are favoured. These social norms can take precedence over considerations around the best interests of the child and child and carer preferences. Norms around who should care for children in the event of parental death can also mean that some possible carers or sources of support for kinship care families are not identified or assessed.

## Friends of the family (sometimes referred to as kith carers)<sup>445</sup>

Whilst many of these arrangements work well, there is evidence to suggest challenges in some contexts. This is often linked to the child having only a very tenuous previous connection with the carer. Challenges may include a greater likelihood of arrangements breaking down, issues forming and maintaining relationships with children, and limited support tailored to the particular needs of this group. Policy and practice procedures tend to overlook the very different support needs of care arrangements with non-relatives. Of course, some relatives may also have had only very limited contact with the child prior to the kinship carer arrangement, and some kith carers may have a strong existing bond with the child.



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## Variations by legal arrangements

In most countries there are both informal kinship care arrangements made within the family, and formal kinship care arrangements involving social service workers and the courts. In countries such as the US and the UK, there are multiple forms of formal kinship care, with varying degrees of state engagement in the family and carer autonomy in decisions about the child's life (see examples [16](#) and [17](#)). As argued throughout this guidance, the support that kinship carers receive should be based on an assessment of their needs, rather than generic allocations of support based on the form of kinship care. Currently, this does not always happen and entitlement to support is often dictated by the form of kinship care that a child is in (see examples [16](#) and [17](#) from the US and the UK). In some cases, legal arrangements can lead to new family dynamics and carers and children may need help adjusting (see [Example 40](#) from the US and the UK)

## Variations by age of the child – adolescents in kinship care

As with children in other forms of care, support needs for children in kinship care vary greatly according to the age of the child. This can be illustrated by examining the specific support needs of adolescents in kinship care. **Adolescents in kinship care often need extra help with the following.**

- **Emotional and mental health and associated behavioural difficulties.** Evidence from the UK shows that the older the child is when they are placed in kinship care, the greater the likelihood they will experience poor emotional and behavioural outcomes.<sup>446</sup> Research in Eastern and Southern Africa shows adolescents in kinship care missing parents during key rites of passage, and feeling shame and anxiety at not having a mother or father to protect and support them during these times.<sup>447</sup> During the consultations carried out for this research, children in kinship care in Liberia spoke of adolescents being neglected and ignored by carers “*which can lead to some children exhibiting ugly behaviour towards the caregivers.*”
- **Sexual risk-taking and child marriage.** Research in Kenya and the US shows how adolescents in kinship care are more likely to be sexually active than those in parental care.<sup>448</sup> In Kenya, this is attributed to poor monitoring by carers or a lack of communication about sex.<sup>449</sup> Research across several Africa countries also demonstrates higher rates of child marriage amongst children in kinship care.<sup>450</sup>
- **Caring responsibilities and contributing to the household.** A review of the literature across Eastern and Southern Africa found that adolescents in kinship care often care for elderly grandparents. These young carers struggle to access support.<sup>451</sup> In many parts of the world, adolescent kinship carers may also be encouraged to take on house or farm work in exchange for their care.<sup>452</sup> Research in both Africa and India shows that adolescents view these caring responsibilities as part of an acceptable reciprocal arrangement that allows them to improve the unity and well-being of the family.<sup>453</sup> However, excessive caring and household responsibilities can threaten education, leisure and other child rights.





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## Variations by reasons of entry to kinship care and social norms around kinship care

A review of the global literature<sup>454</sup> suggests that if children are separated due to problems in their family or community such as abuse, neglect or violence, parental mental health problems, substance abuse or incarceration, or because of conflict or a natural disaster, they are likely to face heightened risk in relation to their emotional well-being. Inter-generational cycles of violence may mean that children who are separated from their parents for child protection reasons are at risk of further abuse and neglect in kinship care.<sup>455</sup> Relationships with biological parents are likely to be particularly fraught when parental abuse has led to children entering kinship care (see [here](#)).



If children are separated from parents to access schooling or because parents have migrated, their risk of poverty may in some, but not all cases, diminish in kinship care because their relatives are wealthier or benefit from remittances.<sup>456</sup>

The most common reasons for separation differ by country and context, with abuse or neglect more common in higher income countries and poverty and migration more usual in middle and low income contexts.<sup>457</sup> However, abuse and neglect do still contribute to kinship care in many lower income settings. Cultural context also impacts risk. If kinship care is a rite of passage experienced by many children or a normal response to commonly occurring issues in families, there may be less stigma and consequent risk to children's emotional well-being.<sup>458</sup>



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### Summary

- Kinship care makes a crucial contribution to the well-being, development, and survival of millions of children around the world. Kinship care is the first option that should be explored when children cannot be cared for by their parents.
- Kinship care remains widely neglected by governments and care systems in many countries.
- Kinship care is a complex form of care, requiring a sophisticated response. Responses to kinship care must also vary by context.
- Children in kinship care, young people that have grown up in kinship care, parents, and kinship carers know best about their needs and have much to contribute to meeting these needs.
- Kinship care has wide community support in most (possibly all) cultures. As well as the strengths within kinship care households, there are also huge, and sometimes untapped, pools of support in wider families and communities.
- Some kinship care arrangements need to be regulated by social services and/or registered to clarify parental responsibilities. However, this formalisation is not always necessary. Families should have a say in determining the type of kinship care which best meets their needs. Formalisation of any kind should never be a prerequisite for support.
- Kinship care families have multifaceted support needs. Chronic poverty lies at the core of many of the problems that they face. Challenges caused by stress and mental health issues should not be underestimated. Families also need access to information, education, health care and housing services, and caregiving supports.

## First option

Kinship care is the first option that should be explored when children cannot be cared for by their parents.







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**Kinship care is supported in many ways across the globe, influenced by a wide range of traditions and practice that are hard to summarise here. Nevertheless, the research which informed this guidance identified certain common themes which can help policymakers, programme managers and practitioners maximise the benefits and minimise the challenges associated with kinship care.**

- Kinship care makes a crucial contribution to the survival, development, and well-being of millions of children around the world. It forms the backbone of responses to child welfare in global pandemics and climate change induced emergencies and other humanitarian crises. Kinship care saves many children from lives of institutionalisation, neglect, and abuse.
- Kinship care is the first option that should be explored when children cannot be cared for by parents. Kinship care comes with multiple benefits but also with challenges. Children's best interests and their views should be at the heart of decision making about whether this is the most suitable choice for them.
- Kinship care remains almost universally neglected by governments across the world; recognition is increasing, but only in a few countries, and slowly. Kinship care is the poorer cousin to non-relative foster care despite having much better outcomes for children. Many governments limit care reforms to getting children out of harmful institutional care. Whilst this de-institutionalisation is critical, it does not necessarily result in sufficient consideration of the much broader needs of children in kinship care.
- Kinship care is a complex form of care, requiring a sophisticated response. Kinship care is fundamentally different from foster or parental care. Wider programmes aimed at supporting families must be tailored to meet the specific needs of kinship care families. Kinship care represents multiple forms of care, each with varying support needs. Whilst there are some common challenges within specific kinship care arrangements, all families are different, and support should be led by their individual requirements.
- Policies and strategies on kinship care should be tailored to reflect common reasons for entry into kinship care and social norms around this care, which vary greatly by context. In many high income settings, kinship care is relatively rare and is most commonly the result of parental death or child neglect or maltreatment. In many lower income countries, kinship care is a usual part of childhood experienced by a large proportion of children. It is often the result of poverty, migration or lack of access to services, though parental death, abuse and neglect can also have a role to play. The emphasis of services and support will consequently be quite different in these two contexts.
- Children in kinship care, young people that have grown up in kinship care, and kinship carers know best about their needs and have much to contribute to meeting these needs. Listening to their perspectives is vital, as is bringing them into responses through consultations, peer support, and promoting the inclusion of kinship care experienced individuals in the social service workforce.



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- Kinship care has wide community support in most (possibly all) cultures. As well as the strengths within kinship care households, there are also huge, and sometimes untapped, pools of support in wider families and communities. Minor investments can be all that are needed to unleash this support.
- Whilst kinship care arrangements may need to be registered to clarify parental responsibilities, they do not always (or not usually) need to be regulated by professional social service workers. Resistance to formalisation amongst kinship carers often comes from a long history of discrimination and neglect by service providers. Formalisation should not be a prerequisite of support.
- Kinship care families have multifaceted support needs. Chronic poverty lies at the core of many of the problems that they face in all societies, whether low, middle or high income. Financial support can do much to improve the quality of care and well-being of kinship care families. Challenges caused by stress and mental health issues should not be underestimated. Families also need access to information, education, health care and housing services, and caregiving supports.
- Inter-generational dynamics and long family histories are both the blessing and curse of kinship care. Being part of their family gives children identity, culture, wisdom, and love, but cycles of family violence can place children at risk and be hard to break. In kinship care families, the parent-child bond can pull in multiple directions, making relationships between children, carers and parents complex. Kinship care families need understanding and help in navigating these complexities, and children must be protected.

# KINSHIP care

Prioritising and effectively supporting kinship care necessitates a family-focused, strengths-based reorientation of systems of care. It is hoped that this will be to the benefit of all children whose parents are unable to care for them.







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# Examples



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This document accompanies the report ‘How to support kinship care – lessons learnt from around the world.’ It provides examples of promising practice designed to illustrate the findings and recommendations of that document. It is recommended that you review ‘How to support kinship care – lessons learnt from around the world’ first and then use selected examples to gain more insights.



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## Example 1: Consulting kinship carers in policy and programme design

- **In the United Kingdom (UK)**, Family Rights Group has two panels made up of parents and kinship carers. They are integral to shaping the priorities and activities of the charity including coproducing advice materials, informing proposals for policy and practice reform, and delivering training and events. Panel members support other organisations to develop their own family panels and regularly share their lived experience with politicians, policymakers, academics, and the media. They are supported by a family participation officer and attend workshops to develop their skills.<sup>1</sup>
- Generations United has a similar advisory body **in the United States (US)**. The GRAND Voices network exists in almost every state, and links trained and prepared kinship carers to programme designers and policy makers.<sup>2</sup>
- **In Zimbabwe**, the Farm Orphan Support Trust (FOST) carries out community dialogues to identify support needs for vulnerable families, including kinship care families. Communities are asked to describe barriers to children reaching their full potential. They are then encouraged to develop community-level response plans to address these threats to well-being. FOST may offer some assistance in implementing these plans, but has found that they are more sustainable if led by the community.

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### UK - Family Rights Group

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Two panels made up of parents and kinship carers... integral to shaping the priorities and activities.

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### USA - Generations United

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The GRAND voices network exists in almost every state.

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### Zimbabwe - FOST

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Community dialogue is used to identify support needs and develop more sustainable community-level response plans.

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## Example 2: A kin-first approach at times of crisis

The Alliance for Child Protection in Humanitarian Action (ACPHA) standards for child protection in humanitarian action state that for children separated from parents:

“**Kinship care** – care within a family related to or known by the child – often offers the best option and should be considered first.”<sup>3</sup>

The Ukraine Children’s Care Group was established in 2022 by the Global Collaborative Platform on Transforming Children’s Care. It has developed guidance on children’s care during the current war in Ukraine that adheres to the ACPHA guidelines.<sup>4</sup> The guidance states that where children are separated from their families due to the war, maximum efforts must be made to reunite them with a parent or extended family member. It acknowledges that child refugees from Ukraine who are separated from parents often cross borders with a relative, and calls on governments to recognise and support these arrangements.

In the UK, there are increasing numbers of children who have fled the war in Ukraine and who are being raised by kinship carers. Such arrangements may have arisen in several different ways, including situations where the child left Ukraine with their relative, or arrived in the UK to live with a relative who is already a resident. The child may have also arrived in the UK with their parent who has subsequently returned to Ukraine.

Practitioners in the UK are keen to ensure safe, sustainable kinship care placements for Ukrainian refugees. To help achieve this goal they need guidance on how to establish parental responsibility and parental consent, regularise immigration status, and ensure access to financial or other support. A group of organisations have come together to help practitioners effectively support children, young people and families who are coming to the UK from Ukraine. They are: Children and Families Across Borders, CoramBAAF, Coram Children’s Legal Centre, Family Rights Group, and Save the Children.<sup>5</sup>

Child refugees from Ukraine who are separated from parents **often cross borders with a relative**, governments need to recognise and support these arrangements.





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### Example 3: Qualitative research with kinship carers and the children in their care in West and Central Africa<sup>6</sup>

In 2012–13, Save the Children carried out research on kinship care in three countries in West and Central Africa. The research had 1,100 participants from 17 rural and urban communities and included children, kinship carers, parents, community leaders and service providers. A participatory approach was used in the research, which involved children, carers and local non-governmental organisations (NGOs) in:

- **determining** the focus of the research and appropriate methods,
- **supporting** data collection, and
- **engaging** in data analysis and the development of recommendations.

The research only took place in communities where Save the Children had strong local partners who could help facilitate the process.

Carers and children raised some concerns about the research process. These included fears that child researchers would not be taken seriously and worries that engagement in the research would lead to children in kinship care being favoured over other children in the household by NGOs. In response to these concerns, child researchers were paired with adults who could offer support and ensure their safeguarding. NGOs made research participants aware that there would be no direct financial benefits from the research, and that children in kinship care would not be supported over other vulnerable children in their programmes.

As part of the research process, findings were shared with the community. This led to greater awareness of kinship care and the inclusion of children in kinship care in children's clubs, and kinship carers in parenting programmes. Members of community child protection committees also increased their understanding of the needs of kinship care families, leading to more visits to these homes.



### Example 4: Using existing data sets to understand the scale of kinship care<sup>7</sup>

**Data analysed** from Multiple Indicator Cluster and Demographic Health surveys in 63 countries showed the huge scale of kinship care, with 10 per cent of children across these countries living with neither parent, and 94 per cent of children not living with parents in kinship care. Analysis of these surveys also revealed variations in the scale of kinship care. For example, around one per cent of children were in kinship care in Armenia, compared to a third of children in Namibia. The surveys also offered insights into how kinship care varies by factors such as age, gender, and part of the country.





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## Example 5: Getting organised to promote kinship care – the example of Kinship Care Ireland<sup>8</sup>

There are multiple organisations around the world set up to promote kinship care, including Generations United in the US, Kinship in the UK, and Grandparents Raising Grand Children in New Zealand. Kinship Care Ireland is one of the smaller and more recently established of such agencies. It was formed in 2019 by kinship carers, those with kinship care experience and others in the child welfare sector.

Kinship Care Ireland's vision is that every child, young person, and family in kinship care is supported to reach their full potential. Kinship Care Ireland is hosted by a national organisation, TReOIR, who support unmarried and modern families. Kinship Care Ireland has decided to prioritise informal kinship care, as kinship carers who are registered foster carers already have representation through the Irish Foster Care Association. Ensuring that the voice of kinship families is heard is central to the organisation.

In 2020 Kinship Care Ireland secured funding from Tusla – the government Child and Family Agency – to employ a full-time coordinator. The organisation currently provides phone line support, online information, peer support, and a youth voices project. With limited funds, Kinship Care Ireland uses money strategically. It is focused on achieving changes that can have the widest reach. For example, ensuring that those working in family support services in Ireland are aware of the needs of kinship families.

In 2023, the United Nations (UN) Committee on the Rights of the Child recommended that the Irish state develop a policy on the rights of children in informal kinship care. This followed recommendations from the Ombudsman for Children, academics, and other advocates. The Minister for Youth and Children has committed to consult Kinship Care Ireland in the development of this important policy on kinship care in Ireland.



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Kinship Care Ireland's vision is that every child, young person, and family in kinship care is **supported to reach their full potential** ensuring that the voice of kinship families is heard is central to the organisation.

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## Example 6: Advocating on kinship care in Brazil<sup>9</sup>

**In Brazil** the National Movement on Family and Community Living Rights was formed by civil society organisations to promote children's rights to live in a family, led by the Brazilian NGO Terra dos Homens Brasil (ABTH). Run by a steering committee of ten agencies and ten expert representatives of the five regions of Brazil, the movement includes around 90 organisations across the country. The movement has been a driver for the evaluation of the first 10-year strategy to promote family-based care across the country and is working with the federal government to develop a new 10-year strategy. Through lobbying from organisations such as ABTH and the Association for the Support of Children at Risk Brazil (ACER Brazil), the importance of kinship care is increasingly being recognised within this movement. Members of the group have held special sessions on kinship care, and there have been meetings with the judiciary, public prosecutor's office and congress to promote kinship care. The central government in Brazil defines which services should be offered by local government, and these efforts have led to support for kinship care being included as part of the new 10-year plan for family and community living.

Building on the work of this movement, ABTH has established a working group of representatives from NGOs from the movement, the government social service workforce and the judiciary to explore ways to strengthen kinship care and the formalisation of kinship care. The group held an international colloquium on kinship care in November 2023. The colloquium brought together key government and non-governmental actors to discuss key concepts, and propose new laws, regulation and technical guidance in relation to kinship care.

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**The National Movement on Family and Community Living Rights**...led by the Brazilian NGO Terra dos Homens Brasil (ABTH)... includes around 90 organisations across the country.

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## Example 7: Raising the profile of kinship care in the UK

In the UK, a major new government strategy on children's social care sees a new focus on kinship care.<sup>10</sup> **This is the culmination of many years of campaigning on kinship care, which has included the following.**

- The Parliamentary Taskforce on Kinship Care was established in 2018 by a member of parliament (MP) with the support of the NGO Family Rights Group, who provided the secretariat for the Taskforce. The Taskforce published a major inquiry report on kinship care in 2020.<sup>11</sup>
- In 2021, the Taskforce was succeeded by the All-Party Parliamentary Group on Kinship Care.<sup>12</sup> Chaired by an MP who is himself a kinship carer, the group seeks to raise awareness of kinship care and campaign for better support for kinship care families. It aims to ensure the implementation of the Taskforce's recommendations from the inquiry on kinship care and the government's recent review of children's social care. Family Rights Group provide the secretariat for the Group.
- In 2022, the NGO Kinship established the Value Our Love campaign to "value the love of kinship carers and take urgent action to improve support available for kinship families."<sup>13</sup> The campaign has a strong focus on involving kinship care families in lobbying. The campaign has four key demands and calls on kinship carers and others to write to their MPs, sign a petition and share the demands through social media.

In 2021 the government commissioned a review of children's care, which led to the publication of the Independent Review of Children's Care in 2022.<sup>14</sup> This was followed in 2023 by the Children's Social Care Implementation Strategy.<sup>15</sup> The strategy reflects several of the demands and recommendations associated with the campaigns on kinship care outlined above.

For example, it recognises both the neglect and value of kinship care, it pledges the development of a national strategy on kinship care, and it commits to support and training for kinship carers. The Kinship Care Alliance – a group of NGOs campaigning together on kinship care – has welcomed the development of a national strategy and have called for further work including on financial support, employment leave, access to legal aid, and educational support for children in kinship care.<sup>16</sup>

“Across the country, tens of thousands of kinship carers provide love, support and protection to children, but all too often they are forgotten, facing a system that doesn't always work... As a group, we are determined to change this, improving the care system so that kinship carers are at the very heart, rather than an afterthought.”

(Andrew Gwynne MP, kinship carer and Chair of the All-Party Parliamentary Group on Kinship Care)<sup>17</sup>



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## Example 8: The National Care Reform Strategy for Children in Kenya – 2022–2032<sup>18</sup>

**Kenya's 10-year care reform strategy has numerous references to kinship care, including the following.**

- Plans to develop policies and legislation on kinship care.
- Recognising informal kinship care as “an effective form of family and community-based alternative care” and recognising “its potential to be expanded significantly”.<sup>19</sup>
- Ensuring that “where necessary and appropriate” government social workers intervene to support and oversee kinship care placements, including through social protection.<sup>20</sup>

The strategy addresses the issue of the formalisation of kinship care and the extent to which kinship care needs to be regulated and monitored. It suggests a balanced approach. Social workers are encouraged to avoid an assumption that as kinship care is ‘natural’ there is never any need for their intervention. Kinship care should also not be over-monitored or regulated, to “prevent it being viewed as over-bureaucratic and becoming unattractive to prospective carers (for whom evidence shows many prefer informal care arrangements)”.<sup>21</sup> A full version of the strategy can be found [here](#).



There is **overwhelming evidence** that children under institutional care suffer severe and sometimes irreparable developmental setbacks as opposed to their counterparts in family and community-based care.







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## Example 9: Cambodia – Prakas (proclamation) on procedures to implement kinship care and foster care

**This guidance covers formal kinship care which is defined as:**

“a situation where a child is placed by a competent authority for the purpose of alternative care with the child’s relatives who could be grandparents, aunts, uncles or other family members of the child.”<sup>22</sup>

**The guidance** explains that for these formal placements to go ahead, kinship carers must be a blood relative, have sufficient income, be in good health, have good conduct and character, and have reached agreement with other family members to care for the child.

**The guidance sets out the responsibilities of kinship carers which include the following.**

- Caring for the child as if they were their own and taking their views into account.
- Supporting contact with their parents/family members.
- Providing support for all aspects of child development and health and preventing child protection violations.
- Helping children to develop life-skills.
- Making day-to-day decisions around the child’s care.

Placements are made following an assessment and through a family group conference (see Example 24). **Social workers are expected to develop case plans outlining:**

- support for kinship carers,
- strategies to prepare the child and family for the transition to kinship care, and
- how they will carry out monitoring visits.

They are also expected to continue to support reintegration back to parental care. The guidance explains the role of different government bodies at the national and district level in supporting kinship care. **Interestingly, the guidance also outlines a role for volunteer community child protection committees<sup>23</sup> which includes the following.**

- Identifying kinship carers and collecting data on them.
- Visiting children in kinship care to determine their needs and provide support and/or making referrals to government bodies or NGOs to provide this support.
- Instructing village leaders to visit kinship care families and support their livelihoods.
- Determining if kinship care families need ongoing case management support.

A full version of this guidance can be found [here](#).



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## Example 10: Liberia – Guidelines for kinship care, foster care and supported independent living

These guidelines take a **kin-first approach**, stating that kinship care should always be explored as the first option when children can't live with parents. Kinship care should only be used when carers have a relationship with the child, and can provide sufficient emotional and financial support.

The guidance states that in most cases kinship carers provide a good home for the child and there is no need for social worker involvement. However, social workers should intervene when children have been placed in response to an emergency in the family, or when the child is unhappy or at risk of harm. In these instances, social workers need to assess the child and family, determine if placements are suitable, develop a care plan outlining support needs and how these will be met, and provide ongoing monitoring and support.

The guidelines outline a role for child welfare committees that exist throughout the country and are formed of community leaders, parents, children, staff from local NGOs and representatives of different faith groups. The guidelines state that these committees should assess the level of risk to children in kinship care and if necessary make referrals to social workers. **The committees should mobilise community support to help address the needs of kinship care families which might include:**

- providing advice or guidance on parenting,
- giving the family practical help, for example with household chores,
- reaching out to community or religious groups to provide material support for the family,
- respite care to give elderly carers a break, and
- mentoring new carers, especially young and inexperienced carers such as older siblings.

A full version of this guidance can be found [here](#).



### **Please consider my individual situation**

when you work with me; think about my needs, age, opinions, skills and networks. It might be different if I am a girl or a boy and it is important to be gender sensitive. If I can live independently than I can also have a lot to say in my care planning.





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## Example 11: Transforming social work with kinship care families in Ecuador<sup>24</sup>

In Ecuador, Danielle Children's Fund (DCF) found that too many children were being placed in institutional care due to the lack of mechanisms to prevent unnecessary placements. Often, social workers, psychologists and judges failed to sufficiently recognise the value of kinship care. To address this problem, DCF offers a rapid assessment for children who are at risk of entering institutional care to determine if further support to their parents or kinship care could be an appropriate alternative. The assessment is carried out within 72 hours of the child being identified to avoid lengthy separations from families. Working closely with local authorities, DCF then monitors and supports any child placed into kinship care.

Carrying out this work successfully has required a shift to a strengths-based approach by social workers and psychologists. Rather than telling families what they should do, these professionals now focus on building relationships of trust with carers, enabling them to share their challenges, and co-creating different options and support to solve problems. This has allowed both parents and kinship carers to reflect deeply and make fundamental and lasting changes.

DCF is now working to train other agencies in this approach and hoping to achieve a widespread paradigm change in how social workers and psychologists work with families in Ecuador. It is also encouraging reflection on social work methodologies with families through the global [Mutual Learning Platform](#).

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DCF offers a **rapid assessment** for children at risk of entering institutional care - within 72 hours of the child being identified to avoid lengthy separations from families.

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## Example 12: The use of community volunteers to support kinship care in Eastern and Southern Africa<sup>25</sup>

**Many countries** in Eastern and Southern Africa use community volunteers to supplement the professional workforce. For example, in Rwanda there are two volunteer Inshuti z'Umuryango (Friends of the Family – IZU) in every village. Amongst other responsibilities, the IZU monitor children in kinship care, making referrals to professional social workers when necessary.

**In Kenya**, Child Protection Volunteers (CPV) supported and trained by the Directorate for Children's Services and Changing the Way We Care support kinship carers in a variety of ways. The CPV have set up parenting skills training, household economic strengthening and psychosocial support groups for parents and kinship carers, and carry out home visits to any families that are struggling or identified as at risk of separation. The CPV meet with the professional children's officers from the local government Directorates of Children's Services at least once a month for supervision, to report on progress, and to flag any families that need further support.

**In South Africa**, the NGO Thandanani has a team of 34 fieldworkers, each working with 20 families, many of whom are kinship care families. These paraprofessionals are usually educated up to secondary school level and live in the same communities in which they work. They receive training and are mentored and supported by Thandanani staff. Because these fieldworkers are from the communities they serve, they know the most vulnerable children and families and can direct Thandanani's support to where it is needed most.



## Example 13: Kinship care navigator programmes in the US<sup>26</sup>

**Kinship care navigator programmes** are designed to help kinship carers gain access to services and support across sectors. The programmes encourage partnerships between the government and NGOs to identify support needs within kinship care families, promote relevant service provision, and provide information and referrals to carers and children so that they can access these services. The programmes exist in different forms across many states. **For example, Florida's programme includes:**

- an online platform for benefit applications,
- hiring experienced kinship carers to mentor others, and
- forming an inter-disciplinary team to solve complex problems faced by kinship carers.

An evaluation of this programme found that it increased child safety and the stability of kinship care arrangements, reducing the likelihood of children being placed in residential or foster care. Investing in this programme was also much more cost-effective than paying for residential or foster care.





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## Example 14: Tips for ensuring the public financing of kinship care services and support<sup>27</sup>

1. **Start with a clear vision** of what you want to achieve in relation to kinship care.
2. **Be ambitious.** Work towards end goals that will see a kin-first culture and all children in kinship care adequately supported.
3. **Develop a phased plan** for increasing resource allocations and try and influence annual budgets and medium and long-term plans.
4. **Think about the costs** associated with all aspects of the reform that is needed (e.g., the costs of policy reform, supports to communities, service provision and workforce provision and strengthening).
5. **Consider the costs incurred by other sectors** and the budget they contribute. Kinship care is contingent on inputs from health, education, social protection, justice, and other sectors. Estimate and advocate for contributions from all these sectors.
6. **Examine funding** at both national and sub-national levels. In some countries, key budget allocations are made at the sub-national level and even if local authorities don't control budget allocations, they may have power over how resources are used.
7. **Use participatory processes.** Using budget task forces can enable all key line ministries and other stakeholders to be involved in the budgeting process. There are also methods for involving children, families, and care leavers in budget analysis. These efforts will enhance the relevance and accuracy of budgets and ensure wider buy-in to reform.
8. **Show the cost-benefits of kinship care.** Evidence suggests that simply making a moral case for change is not effective. It is important to also demonstrate that kinship care is often not only the best form of care for child well-being but also considerably cheaper than alternatives such as foster and residential care.





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## Example 15: Promoting positive norms around kinship care in Liberia<sup>28</sup>

**Government policy on kinship care in Liberia suggests several ways to share messages about the importance of kinship care and protecting children in this form of care.**

- **Identify child protection champions** in communities, and local celebrities, to spread the message around the primacy of family-based care.
- **Encourage chiefs and community leaders to speak out** about the need to ensure that children in kinship care are safe and not discriminated against.
- **Ask kinship carers to share** their positive personal experiences of caring for a child.
- **Hold community gatherings**, and use radio and TV programmes to share messages on kinship care.



## Example 16: Forms of kinship care in the US and impacts on the levels of support received

**In the US there are three main forms of kinship care.<sup>29</sup>**

- **Informal or private kinship care:** An arrangement made within the family with no involvement of the courts or social workers.
- **Voluntary or diversion kinship care:** Children live with kin because of an investigation of abuse, which determines that the child cannot remain safely with parents. The child welfare agency helps arrange care by relatives but does not take legal custody of the child.
- **Formal kinship care:** The child is in the legal custody of the state but lives with kin. These arrangements can be licensed where carers meet the same or similar standards as foster carers and are eligible for similar levels of support. They can also be unlicensed, where carers cannot meet the criteria to become foster carers and don't receive the support available to foster carers.

Research suggests some of the most vulnerable and discriminated against groups are disadvantaged by this system as they do not meet eligibility criteria to become licensed carers. This includes poorer households, families of colour, and immigrant families with unresolved legal status.<sup>30</sup> There are also debates around diversion kinship care.<sup>31</sup> Some families prefer this form of kinship care as they can remain outside of the formal child protection system whilst still getting some help accessing services when the child is placed in their care. However, diversion kinship care can be used as a means of saving money and reducing the pressure on the child welfare system. This means that children do not receive the same levels of support as those in licensed kinship care. The way that diversion kinship care is used varies greatly across the country, and it is more widely used with families of colour, again denying them the opportunity to get the support available to other families.





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## Example 17: Forms of kinship care in England and Wales and impacts on financial and other supports

There are several types of kinship care in England and Wales, including the following.<sup>32</sup>

- **Private family arrangement:** a close relative raises a child without the prior involvement of social services or the courts.
- **Special guardianship:** a court order that states that a child will live permanently with someone (who is not their parent) until they are 18. A special guardianship order gives the special guardian ‘enhanced’ parental responsibility for the child. This means that they can make most major decisions about the child’s upbringing and care. The order restricts the birth parents’ rights but does not permanently end them.
- **Kinship foster care:** a child lives with a relative or friend of the family who becomes their foster carer. Social services have the same range of duties to children raised in kinship foster care as they do to other children in foster care.
- **Adoption:** kinship carers take on legal parental responsibility for the child; parents legally cease to be the child’s parents and similarly brothers and sisters legally cease to be their siblings.

Kinship foster carers get the same amount of financial support as other foster carers. Under all of the other arrangements, regular payments specifically for kinship carers are at the discretion of local authorities. Carers can apply for financial grants for vulnerable families. Kinship carers may also be eligible for a what is called a ‘guardian’s allowance’ if one or both parents have died.<sup>33</sup>

The independent review of children’s social care in England<sup>34</sup> found that kinship carers are often faced with a difficult dilemma. If they become foster carers, they receive the financial and other benefits open to foster carers. However, this means that they are regulated in the same way as foster carers, and local authorities take parental responsibility.

“This creates an officious and regulated position for the kinship carer, who is expected to follow practices designed for foster carers who probably do not know the child. It also creates an artificial and confusing home environment for the child.”<sup>35</sup>

The review suggests that instead a ‘family network plan’ should be developed for kinship carer families to ensure that they can get all the support they need without needing to become foster carers. Many in the UK argue that changes should also be made to the benefits system so that all kinship carers receive similar financial supports to foster carers.<sup>36</sup>





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## Example 18: Applying a participatory, strengths-based approach to case management with kinship carers in the US<sup>37</sup>

**In the US, the use of a participatory, strengths-based approach to case management with kinship carers has been found to be important because it:**

- helps families to develop solutions to their unique problems,
- allows social workers to gain a deeper understanding of the family's support needs,
- creates a stronger relationship between the family and the social worker with a higher chance of successful interventions, and
- gives children the sense that they have a supportive network around them.

**There are a number of different ways to apply this approach including the following.**

- Using [genograms](#) to understand the family support system.
- Involving the family in all key decisions, and mutually agreeing goals. Family meeting models, such as [family group conferences](#), can be valuable here. This involves family members being brought together with social workers and other significant actors in the child's life to develop and implement care plans (see Example 24).
- Rather than telling families what to do, helping them to identify and take actions. Supportive behaviours and tools such as listening with empathy, or [motivational interviewing](#), have been shown to help individuals see the possibilities for change.

### Strengths-based approach:

- Use genograms
- Involve the family in all key decisions
- Hold family conferences







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## Example 19: Supporting cross-border placements<sup>38</sup>

The international NGO, International Social Services (ISS), works extensively to support cross-border kinship care placements around the world. It has found this to be a viable but underused care option for many children, and argues that **the following need to be in place to support these placements.**

- **Prioritising kinship care**, and ensuring that social services put more effort into identifying potential carers in other countries.
- **A solid legal mechanism** that allows for effective coordination and cooperation between authorities in different countries. This mechanism should be used to enhance decision making and to support ongoing follow-up and monitoring post-placement.
- **Informed and trained professionals**, including but not limited to child protection authorities, immigration authorities, and staff of diplomatic missions. These professionals need to have the skills to evaluate the necessity and suitability of international kinship care for a child. This is crucial to act in children's best interests, protecting them from harm and ensuring that their wishes are taken into account.

An example of how ISS works can be found in the UK, where there are an estimated 18,000 children in the UK care system with relatives overseas that could potentially care for them. Each year fewer than one per cent of children in care are placed with kinship carers overseas. This can be attributed to low levels of trust in care and protection systems overseas, and a lack of understanding of how to manage such arrangements, particularly if something goes wrong. Children and Families Across Borders (CFAB), the UK branch of ISS, works with social workers in the UK and local government and NGO partners in 130 countries to facilitate these placements. It has developed detailed case management guidance which sets out the steps that need to be taken in identifying, assessing, and preparing potential kinship carers overseas, arranging placements and providing any necessary follow-up support.

Through this guidance, CFAB recognises the challenges associated with overseas placement and explains how these can be overcome to ensure that children remain in family-based care. For example, how to support children to build relationships with carers that they may have had only limited contact with, and how to work with social workers operating in a different cultural context and legal system. A full version of this guidance can be found [here](#). This [video](#) from International Social Services in Australia illustrates the benefits of cross-border kinship care placements.

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...there are an estimated 18,000 children in the UK care system with relatives overseas that **could potentially care for them.**

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## **Example 20:** Adjusting case management processes for kinship care in Aboriginal communities in Australia<sup>39</sup> and amongst Native Americans in the US<sup>40</sup>

**Evidence on kinship care in Australia** highlights the importance of adjusting case management tools and processes to meet the needs of particular populations. Here it has been found that the assessment tools generally used in Australia are not appropriate for Aboriginal families. For example, these tools do not recognise the multi-generational nature of many Aboriginal households, and do not do enough to assess or recognise the contributions of other family members living in the same home as kinship carers. A strong emphasis on police checks prevents some potential kinship carers from coming forward due to a fear of authority based on years of injustice. In some cases, carers are inappropriately excluded because of minor historical offences or for living in cramped conditions. Conversely, a strong sense of obligation to care for children in the wider family in Aboriginal culture makes it hard for carers to admit that having another child in the family will be too much for them.

To address this issue, the Winangay kinship care assessment tool has been developed in consultation with Aboriginal people. The tool allows prospective carers to lead a conversation with social workers around strengths, concerns, and options relating to children's care. An evaluation of the tool found that both social workers and carers preferred it to more traditional assessment approaches. It was felt to be respectful of carers' skills and knowledge and more user friendly than other tools.

**In the US**, similar adjustments have had to be made to case management processes to ensure that these are relevant to Native American kinship care families. Family group decision-making processes (see Example 24) have found to be culturally appropriate for this group as they facilitate families to make decisions around children's care. Native American culture promotes collective responsibility for the child amongst the wider family and community, and a belief that family members, especially elders, should be involved in decisions about the child. Social workers facilitating family group decision making have found that these processes need to be adjusted to respect cultural values. For example, prayers should be said at the start of each meeting, tribal kinship charts need to be used instead of genogram diagrams to map out the family, and shared responsibility for caring for a child between several individuals must be acknowledged.





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## Example 21: Finding potential kinship carers in the US

**Two programmes in the US help find kinship carers for children who cannot be cared for by parents and help identify a family support network for these children.**

- [Connect Our Kids](#) links professionals to technology, including a free online search tool, to find kin faster and easier.
- [Extreme Family Finding](#) deploys private investigators to identify extended family members for children in the foster care system. Social workers then develop family trees and reach out to and inform potential carers and provide follow-up support if a kinship care arrangement is made.



## Example 22: Kinship care assessment tools from Brazil<sup>41</sup>

**Social workers from the Brazilian NGO ACER Brazil carry out an assessment of kinship care families every six months to determine support needs using three tools.**

- **Household genogram:** Used to monitor who is in the household and the quality of family relationships.
- **Social network map:** This tool maps the services and support that the family accesses and the quality of relationships between the family and their support network. This is examined in relation to four key areas: socio-legal, health, community life, and education. Efforts are then made to fill gaps in support and improve the quality of the family's support network.
- **Income form:** Income and expenses are explored to ensure that children's material needs can be met and to put plans in place for increasing or reprioritising the use of household income where there are shortfalls.



## Example 23: Kin-first firewalls in the US

**Kin-first firewalls** are used in many US states to ensure that kinship care is the presumptive placement option for children in need of alternative care. This means that social workers must demonstrate they have exhausted all efforts to place children with kin. If they suggest a non-kinship care placement, this has to be scrutinised by a second reviewer before it is approved.<sup>42</sup> This approach is applied differently across states. For example, in Washington D.C., a senior official must approve placements that are not with kin.<sup>43</sup> In Pennsylvania, annual searches are carried out to try and identify family members who could care for a child in foster or residential care.<sup>44</sup> In Connecticut, a kinship specialist is deployed to ensure that all social workers have followed a checklist to identify kinship carers.<sup>45</sup>



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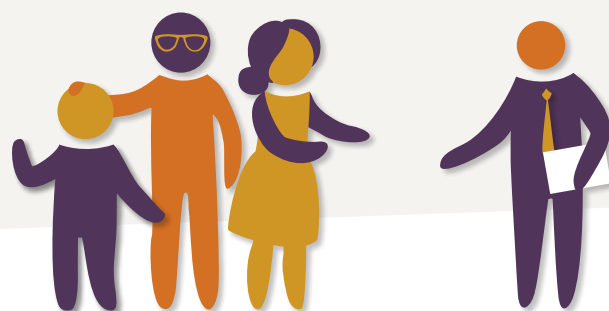


## Example 24: Family group decision making

**Family group decision making** is a term used to cover processes that bring family members together to decide how children should be cared for and identify support needs.<sup>46</sup> Originating in New Zealand, this is a rights and strengths-based approach that encourages families to identify solutions for the challenges they are facing.<sup>47</sup> Different names are used for this process, including family team conferences, family team meetings and family group conferences.<sup>48</sup> In relation to kinship care, family group decision making can be used to help identify carers and ensure that kinship care families are receiving adequate and appropriate support.

**Family group decision making typically has four stages.**<sup>49</sup>

- 1. Referral:** A decision is made to hold the meeting, and an independent coordinator is appointed.
- 2. Preparation:** Family members are identified to take part in the meeting, and a decision is reached around who else may participate. This can include advocates for family members who require additional support to participate effectively such as children. All participating individuals are prepared to take part in the meeting.
- 3. Meeting:**
  - The coordinator and other professionals involved in the process explain what is involved and the duties of the different individuals involved. There is an opportunity for family members to raise any concerns they may have.
  - The coordinator and other professionals leave the meeting and the family work together to develop a plan to ensure that the child is well cared for and protected. They also agree how the plan will be monitored and reviewed.
  - The coordinator and professionals re-join the meeting and, unless there are significant risks to the child, agree the plan and the resources or support that the family will receive to implement the plan.
- 4. Monitoring:** The plan is monitored by the family and professionals, and if necessary, a review conference is held.







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## ← **Family group decision making has been shown to have numerous benefits including the following.<sup>50</sup>**

- Children involved in family group decision making are more likely to remain within families.
- Family members feel empowered, with involvement in these processes leading to increased self-esteem and feelings of control over their lives, and consequent capacity to problem solve. A focus on strengths and solutions allows family members to believe that change is possible.
- Family members can reflect on their situation, understand the perspectives of others in the family and build stronger family relationships.
- Involvement in family group conferences can change the power imbalance between social workers and families and reduce dependence on social workers. Family members can work more effectively in partnership with social services.
- Children are involved in decision making, and these processes enable identification of wider supported networks within the extended family and community.

Some researchers argue that there are limits to the benefits from family group decision making, especially if processes are poorly facilitated or used inappropriately.<sup>51</sup> For example, the focus on family members solving their own problems can be hard for families with weak support networks and can negate state responsibility.<sup>52</sup> More powerful family members can also dominate the process.<sup>53</sup>

## **Several lessons have been identified for successful family group decision making including the following.<sup>54</sup>**

- The role of the independent coordinator is key. This individual has no decision-making power and gives the family the fullest opportunity to make decisions themselves. Other professionals involved in the process also need to hand over power to the family. They can ask questions, offer information, and provide support, but cannot tell the family what they should do.
- It is important to involve the wider extended family and support network, which may include teachers and friends.
- Ensure a tone of empowerment and inclusion is set right from the start of the process and that adequate time is given for preparation.
- Carry out a risk assessment and ensure that proper safeguarding measures are in place.
- Remember that not all families have strong social support networks. Encouraging greater reliance on these resources can be humiliating if the networks do not exist. Networks may also be negative as well as positive, for example if one family member dominates the network and bullies or belittles other members. Ensure that networks are properly assessed, and that limitations on what support networks can achieve are appreciated.
- Recognise limits to the problems that family members can solve themselves, and when professional help may be required (e.g., in cases of severe mental health crises).



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## Example 25: Community gatekeeping in Kenya and India<sup>55</sup>

Community gatekeeping panels in Kenya have been established in several counties by the government Directorate of Children's Services with the support of Changing the Way We Care. The panels bring together chiefs, elders, community members, NGO social service workers and children's officers from local government Directorates of Children's Services. **The panels decide if already separated children are ready to return to the family and who they should be placed with. Often, reintegrating children are placed with kin. The panels also determine support needs for families vulnerable to separation and recently reintegrated children and their carers.** After the child returns to their family, carers can reach out to panel members for ongoing help if needed.

Family group conferences are held by panel members before the panel meets to explore the perspectives of the child and family. Children's officers work with families and monitor the riskier cases, sometimes in collaboration with NGO social service workers or staff from the child's residential care facility. Because of the sheer number of children in kinship care, children's officers do not have the capacity to directly support all kinship care families. A system has been established for identifying which families need ongoing and regular case management, and for closing cases when they have stabilised.

In India, village child protection committees facilitated by the NGO Youth Council for Development Alternatives (YCDA) are used to prevent entry into residential care and before the involvement of the courts or social services. Committee members identify children at risk of being separated from parents, for example due to migration or lack of access to quality schooling facilities close to home. Families are encouraged to meet with the committee to explore how they can be supported to continue to care for the child. If parents can no longer look after the child, care by relatives is promoted as a preferable option to residential care. Diverting families before social workers and courts become involved is seen to be crucial as a kin-first approach is not universally applied by these officials and children tend to be placed in residential care.



## Example 26: Kafalah and kinship care<sup>56</sup>

Recognised in both the UN Convention on the Rights of the Child and the Guidelines for the Alternative Care of Children, kafalah is a family-based form of alternative care used by Muslims around the world. **Kafalah can be defined as the commitment by an individual or family to take responsibility for the care of a child, in much the same way as a biological parent would do for their child.**

Under kafalah arrangements, the person caring for the child is known as the kafil. Kafils are often members of the child's family, and kafalah can therefore be a form of kinship care. However, kafalah differs from other forms of kinship care in that it has an element of religious endorsement and regulation. Kafalah arrangements involving family members have varying degrees of formality. Some are sanctioned by religious courts, or through private contractual arrangements between family members. In other instances, kafalah is an informal agreement between family members, which is guided by Islam. Kafalah reflects the moral duty of Muslims to care for and protect vulnerable children, as clearly stated in the Quran. More information on kafalah can be found [here](#) and [here](#).





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## Example 27: Helplines and online resources for kinship carers in the UK and US

In the UK, the NGO Kinship has established [Kinship Compass](#), a website for kinship carers to get advice and information, join peer support groups or book online workshops. Advice can be sought through phone calls with an expert ‘kinship advisor,’ completing a request form, or using an online advice finder. Advice is available on a wide range of topics including financial support, childcare and education, health and well-being and legal rights. Family Rights Group’s advice and advocacy service, including its advice line and online resources, also provide extensive advice and support to kinship carers.

In the US, Generations United and the Child Welfare Information Gateway have webpages with resources for kinship carers (see [here](#) and [here](#)). Generations United has found that as well as websites it is vital for kinship carers to have someone they can speak to as needs are often complex.<sup>57</sup>



## Example 28: The Unsupported Child’s Benefit in New Zealand<sup>58</sup>

New Zealand’s Unsupported Child’s Benefit is a weekly payment primarily targeted at kinship carers. **To get the payment, the child being cared for must be:**

- 18 years old or younger,
- single,
- financially dependent on the carer, and
- not able to be cared for by their parents.

### **The carer must:**

- be 18 or older and the main carer of the child or young person,
- have primary responsibility for the day-to-day care of the child,
- be a New Zealand citizen or permanent resident, and
- not be the child or young person’s natural, adoptive or step-parent.

The carer must apply for child support from the child’s parents and this money goes to the government to help cover the costs of the Unsupported Child Benefit. Before receiving the benefit, the carer must attend a meeting to confirm that there has been a family breakdown and that they will be the main carer of the child. Benefit payments are not affected by the carer’s income or any money the child gets from working after school or in the holidays. However, other income the child gets, for example from a family trust, can affect the payment. Payment is set at the same level as payments for foster carers and is available to both those in informal kinship care arrangements and in formal arrangements sanctioned by the courts and social services.



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## Example 29: Social protection for kinship carers in South Africa<sup>59</sup>

There are an estimated 3.9 million children in kinship care in South Africa, of which 600,000 have lost parents or been abandoned by their parents.

**Up until 2022, two government grants were used to support kinship carers:**

- the foster child grant, currently valued at 1,120 Rand (USD 57) per child per month, or
- the child support grant, valued at 500 Rand (USD 26) per child per month.

The child support grant is a simple means tested grant, available to all households below a certain income caring for a child. Around 60 per cent of all children in South Africa receive this grant. To obtain the foster child grant, kinship carers must prove that the child in their care has been orphaned (or lost one parent and been abandoned by another) and apply to become a foster carer for the child. This involves an assessment by a social services, a court appointed placement, and regular monitoring by social services.

Kinship carers have reported greater benefits from the foster child grant than the child support grant in relation to material and non-material needs. Carers and children receiving the foster care grant mentioned both the impact of the higher grant amount and the help they received from social workers in terms of securing needs.

In a desire to obtain the greater benefits from the foster child grant, many kinship carers tried to register as foster carers. This overwhelmed both social services and the courts who could not keep up with demand for registration. Social service workers also spent much of their time assessing and monitoring kinship care households, despite their being no child protection concerns in many of these homes. To resolve this problem, the Government of South Africa is in the process of introducing a top-up to the child support grant of 250 Rand (USD 13) per child per month. This top-up is available to any relative caring for a child who has been orphaned (or lost one parent and been abandoned by another) who is eligible for the child support grant. Like the child support grant, relatives can claim the top-up for up to six children in their care.

As well as these changes to the financial support available to kinship carers, efforts are also being made to link cash grants with other forms of support. In 2017, the Sihleng'imizi (meaning 'we care for families') Family Programme was piloted to complement the child support grant through a series of add-on family strengthening interventions. **The programme focused on five areas.**

- Improving child and carer relations through better communications, behaviour management and carer capabilities.
- Enhancing carers' involvement in children's education.
- Developing social networks and support.
- Capacity building around budgeting and savings.
- Basic hygiene and nutrition knowledge amongst carers.







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← Families participated in 14 weekly group meetings involving five families in each group and facilitated by a social worker. The families all lived in the most deprived areas of Johannesburg. Findings from the pilot showed that it led to the following benefits.

- Reductions in corporal punishment, anger and shouting.
- More calm communications in families, praising of children, active listening and joint problem solving.
- Increased awareness of child protection risks and monitoring of children's whereabouts.
- Changes to family rules and routines with clearer bedtimes, more shared mealtimes, and stricter rules about homework.
- More engagement of carers in children's education. For example, greater support with homework.
- Enhanced confidence and self-esteem amongst carers, and a reduction in the reported symptoms of depression amongst carers.
- Greater access to support networks as carers were paired with other families who they continued to connect with after the weekly meetings had finished.
- Improved savings and budgeting.



There are an estimated

**3.9 million children in kinship care**

in South Africa, of which **600,000 have lost parents or been abandoned** by their parents.



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## Example 30: Mutual support groups for kinship carers in Zimbabwe

In Zimbabwe, the NGO FOST has set up support groups for grandmother carers. The groups agree on a certain amount of money to be contributed by each member on a weekly basis, and the collective funds are then loaned to members to help establish small businesses. FOST also provides training and other inputs to improve livelihoods, including help to set up small, low input vegetable gardens or chicken rearing. FOST used to pay the school fees of children in kinship care but established these income-generating programmes as a more sustainable alternative.

As well as providing livelihoods supports, the groups give emotional and parenting support to members. Grandmothers come together to discuss the challenges they are facing and resolve them together. Common issues discussed include how to positively discipline children, sex and sexuality amongst teenagers, and violence against children (including gender-based violence and online exploitation). Although the groups are very much led by the grandmothers, FOST social workers provide insights, training, case management support, and referrals to other services where needed. For example, informing grandmothers that teenaged girls tend to have sex at much earlier ages than in the past, and providing information on sexual and reproductive health services.

I'm a member of the support group where we do savings and loans. The little money I get from that membership, I put it into a business and ensure that we get something to eat daily. I do chicken farming, and I bought one goat which I raised. I bought it using a small amount of savings from the support group.

(Grandmother)

Some of my older boys were coming back home late. So, my group members taught me how to talk to them and have them do the right thing. I learnt to urge them to use their free time to read at night so that they are able to excel in their studies. Support group meetings help me learn from my fellow parents on how to manage the home and the children.

(Grandmother)





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## Example 31: Strengthening kinship care families in South Africa – the Thandanani model

When field workers from the NGO Thandanani first meet kinship carers they often find them in urgent need of material support. Thandanani makes one-off, in-kind contributions to meet immediate needs, which may include providing families with bedding, cooking equipment and utensils, or vouchers to purchase food or school uniform items. These initial handouts are restricted to the first three months of work with the family. Families are often surprised that they receive support within two or three weeks of meeting one of Thandanani's fieldworkers, as previous promises of support from other agencies have often not been fulfilled. This develops openness and trust between Thandanani staff and families.

During these first three months, the family is also assessed to determine the best ways to improve their livelihood security. Often this involves the development of a food garden on the land around their home, supported access to government grants that they are entitled to, and participation in a self-help savings and loans group within their community. A health assessment is also carried out as much vulnerability is health-related, and plans are put in place to address any urgent health needs.

As the family become more self-sufficient, Thandanani staff begin to address other support needs. This includes life-skills sessions for teenagers, activities to help children and carers deal with bereavement, and support groups for carers that include sessions on positive parenting. Over time, levels of support are gradually reduced, and, in the latter stages, families are simply monitored to ensure that they can meet the basic needs of the children on their own. Once this happens, families exit the programme making space for others to join.



## Example 32: Support groups for grandparents in Kenya<sup>60</sup>

In Kenya, the Upendo Village, an NGO established by the Assumption sisters of Nairobi, has set up a support group for grandparent carers. Staff found that grandparents were resistant to having facilitators tell them how to parent and instead preferred to discuss challenges with one another. This made carers realise they were not alone and gave them the energy and encouragement to continue caring for their grandchildren. In some cases, staff use examples provided by the grandparents to offer insights. For example, a discussion around the behaviours of teenaged girls was used to illustrate developmental changes and help carers to realise that this phase will pass. A video providing further details of this work can be found [here](#).



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### **Example 33:** Meeting the mental health needs of African American and Native American kinship care families<sup>61</sup>

**In its guidance on supporting African American and Native American kinship carers, Generations United provide several tips for meeting the emotional support and mental health care needs of these groups.**

- To understand the stressors that kinship care families face, it is first important to learn about the social and historical context of their communities.
- The emphasis should be on what carers and children have been through, rather than what is 'wrong' with them. Trying to 'fix' kinship care families reinforces the idea that they are the problem.
- There is often a strong mistrust of service providers based on past or present injustices. Building trust is essential before mental health support can be provided. Providing simple and practical tools for managing stress can be a helpful starting point.
- It is important to identify and build on the positive connections and existing supports that carers and children have.
- It is a good idea to have a list of competent African American or Native American therapists and counsellors.







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### **Example 34:** How can health care professionals better support kinship care families?

**Evidence from the US** suggests that health care professionals should do the following to better support kinship care families.<sup>62</sup>

- Carry out comprehensive assessments of the child's and carer's health, paying particular attention to any health issues that are more common in kinship care families.
- Recognise the signs of abuse and make referrals to social workers where necessary.
- Listen carefully to the child and ask them what terms they would like to be used for their carer.
- Recognise both mental and physical health care needs, and ensure that physical health care check-ups are used to identify any mental health problems and make referrals (and vice versa).
- Allow longer appointment times for kinship care families.
- Receive and apply training in trauma informed health care. For example, understand that physical exams can be traumatic for children who have been abused.
- Liaise with social workers and understand and contribute to the child's care plan.
- Ensure that sufficient safeguarding is in place in health care contexts, recognising that children who have been abused are vulnerable to further abuse.



### **Example 35:** Guidance for kinship carers on improving the education of children in kinship care in the UK<sup>63</sup>

**Family Rights Group in the UK** provides an advice sheet for kinship carers on how to explain their situation to teachers and ensure that schools provide appropriate assistance to children. **It recommends the following.**

- Ask schools to ensure that the child's background is shared on a need-to-know basis to their teachers and others providing supports. This ensures that only those that need this information receive it, and that the carer does not have to keep repeating the child's situation.
- Explain which form of kinship care the child is in, and any ramifications for who needs to be involved in decisions and discussions around their education.
- Describe any emotional or behavioural difficulties and the reasons behind these, and anything that tends to work in handling difficult behaviours.
- Agree a story with the child about why they are not living with their parents, and let the school know that this is the explanation that is being used with the child's peers.
- Explain agreements around contact with parents, and let the school know so they can manage any visits to the school from parents.



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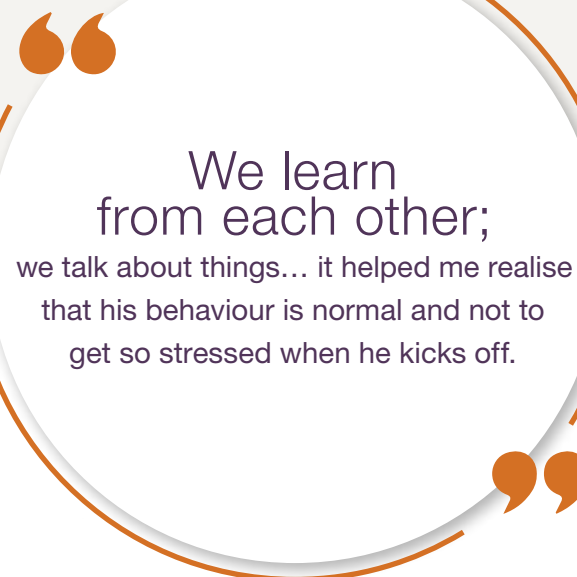
## Example 36: Kinship Connected, UK<sup>64</sup>

Run by the NGO Kinship, the Kinship Connected programme uses experienced project workers, many of whom are kinship carers, to provide one-to-one support and run peer support groups. So far, over 1,600 kinship carers have received one-to-one support and 50 support groups have been established. During the COVID-19 pandemic social media was used to form virtual support groups which have continued.

Kinship makes a particular effort to ensure that all kinship carers and kinship care arrangements feel welcome in their groups. Recently, special interest groups have been established which have so far supported male carers, older grandparent carers, younger carers, aunt and uncle carers, and lesbian, gay, bisexual, and transgender carers. Plans are in place to develop groups for those caring for young children and teenagers, kinship care families living on low budgets, and diverse families (e.g., families with dual cultural heritage). Kinship is also developing six-week programmes of support for group members focused on bereavement and loss.

An evaluation of the programme showed that families that took part required less social services intervention. Children in these families were more likely to remain in kinship care and not be moved to foster care. Stress levels amongst carers decreased and children's behaviour improved. Carers were able to establish stronger support networks with other carers and their extended families. Using kinship care volunteers to lead support groups built their skills and confidence and encouraged them to raise awareness about kinship care.

The success of the programme has led to plans for expansion across many local authorities in the UK funded by the government.



(Kinship carer that took part in the programme)





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### Example 37: Kinship carer support groups in India<sup>65</sup>

In Odisha, India, the NGO YCDA identifies all kinship care families in one cluster or area and invites carers to form support groups. Each group usually comprises members from around 50 families. A core committee is formed from this larger group to set up meetings at least four times a year. The groups identify common problems faced by kinship carers, and where necessary, YCDA staff provide training, referrals, or information to help carers overcome these problems. In some cases, kinship carers unite to advocate for local government to provide more support. Children in kinship care families are brought together in parallel sessions to identify their support needs and receive assistance.

YCDA has also established village child protection committees, with five to seven members in each village, usually comprising teachers and other service providers with direct experience of working with children. Members of the committees informally monitor kinship care families, and encourage community members to report any concerns about children or carers to them. Committee members provide support where they can and make referrals to YCDA staff or government social workers where necessary. Committee members are trained in child safeguarding and on when they can intervene or should make referrals. Each committee is supported by a YCDA case worker who contacts them regularly. YCDA is currently supporting around 500 committees which cover over 5,000 children in Odisha State.



### Example 38: Cultural support plans for Aboriginal children in kinship care<sup>66</sup>

The Children, Youth and Families Act of 2005 requires social service workers in Victoria, Australia to develop a cultural plan for each Aboriginal child in care, including those in formal kinship care placements.

The plan outlines the name of the Aboriginal community (clan/nation) that the child belongs to, the language that they speak and the names of community elders who can be a point of contact for the child. It provides detailed histories of the child's heritage on both the mother's and the father's side. It lists the child's siblings and wider family support network, explaining if and how the child will remain connected to these individuals.

The plan explores the child's 'cultural aspirations', stating what the child wants to learn about and connect with in relation to their culture. It describes how the child will maintain their cultural identity in all aspects of their lives, including in school or at home, if necessary, enlisting support from Aboriginal organisations. For example, children may attend weekly Aboriginal playgroups, or take part in local Aboriginal cultural events. Through the plan, any non-Aboriginal carers are encouraged to participate in cultural awareness training. For more details and an example plan, see [here](#).



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## Example 39: Common considerations in supporting kinship care families discriminated against on the grounds of race and ethnicity<sup>67</sup>

- **Listen and understand.** Speak to communities to understand the challenges they face and the beliefs they hold regarding kinship care, and, importantly, the contributions they already bring to supporting kinship care. Ensure that relevant data is disaggregated by race and ethnicity to understand any variations in rates of kinship care and access to services.
- **Build on strengths in families and communities.** Recognise often strong cultural supports for kinship care, and long traditions of extended family and wider communities contributing to children's care. Kinship care families in these groups may make an essential contribution to child well-being, often in the face of multiple challenges related to discrimination. This must be acknowledged and celebrated. Rather than focusing on what is wrong with families, children and carers, it is important to recognise what they have been through and how they have contributed.
- **Acknowledge existing and historic discrimination and its impacts on kinship care.** Recognise that there may be a strong (and valid) mistrust of child welfare systems. Acknowledge that the lack of support to kinship care may itself be based on discriminatory beliefs. For example, in the US it is argued that African American families are often viewed as incompetent and not worthy of assistance, leading to greater investments in foster care (with largely white carers). A mistrust of the child welfare systems leads to many kinship carers preferring informal arrangements, which limit state involvement but can also mean less access to services and support.
- **Promote the involvement of groups discriminated against on the grounds of race or ethnicity.** This engagement includes research and consultations, the joint design of strategies and services, recruiting social workers from discriminated against groups, using local NGO service providers, and involving individuals from discriminated against groups in evaluations of interventions.
- **Recognise different perceptions of the family.** For example, both Native American and Aboriginal Australian communities have wide definitions of family which expand outside of blood relatives to include clan or community members. This provides a large pool of potential carers and others who can support kinship care families. Family group decision-making processes may need to be adjusted to include these individuals.







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- ← ● **Select and train the workforce to show cultural sensitivity.** As well as hiring social workers from discriminated against groups, it is also valuable to recruit staff that demonstrate cultural sensitivity. Social service workers also need training and tools to identify and address their own racial biases and understand the communities they serve. Social service workers should be encouraged to recognise the origins of community mistrust, and work to build this trust.
- **Enhance access to universal services, adjust these services to meet the needs of groups discriminated against on the grounds of race and ethnicity, and develop specific services for these groups.** Ask kinship carer families from discriminated against groups about the challenges they face and the degree to which existing services address their needs. Identify and address barriers to existing services, and develop services specifically targeted at these groups. Mistrust of social services mean that mutual support groups can be especially valuable. Case management tools may need to be adjusted to show greater cultural sensitivity (see Example 20). Recognise that mental health problems can be particularly acute for groups discriminated against on the grounds of race or ethnicity owing to the trauma associated with this discrimination. Mental health service provision may need to be adjusted to reflect cultural values and experience of discrimination (see Example 33).





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## Example 40: Use of guardianship orders for kinship carers in England/Wales and the US and associated support needs<sup>68</sup>

In England/Wales and the US, guardianship orders (known as special guardianship in the UK) give individuals (usually relatives) caring for a child outside of parental care a degree of parental responsibility whilst maintaining the legal link between the child and their birth parent. These orders mean that carers can make decisions about the child's daily care. Unlike adoption, guardianship does not result in parents terminating their legal rights, and they can still stay involved in children's lives. For example, in England and Wales special guardians must still consult parents about important decisions, but can usually make the final decision themselves. There are some restrictions, and special guardians cannot change a child's surname or take the child to another country for more than three months without parental consent.

These arrangements have multiple benefits, including giving clarity over parental responsibility, providing children with a stronger sense of stability, identity and belonging, and allowing children to maintain connections with parents. These arrangements may be especially valuable in contexts or families where adoption is not culturally acceptable.

However, guardianship is not suitable for all kinship care families, and carers and children may be entitled to less support than those in kinship foster care or adoption. Carers need help to determine if guardianship makes sense for them. Once guardianship has been established, family relationships may need to be realigned as responsibilities shift from parent to kinship carer. Carers need help working out the new boundaries between parents and kinship carers, and children need support in adjusting to new family dynamics. Carers may also need assistance in identifying the financial and other support they are entitled to.



Carers need help **working out the new boundaries** between parents and kinship carers...







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## Example 41: Children's experiences of transitioning from residential to kinship care in Kenya and Rwanda

UNICEF and Changing the Way We Care's [Regional learning platform on care reform in Eastern and Southern Africa](#) provides two examples of supporting children to transition from residential to kinship care in [Kenya](#) and [Rwanda](#). **These examples demonstrate the following.**

- Supporting kinship care is vital for de-institutionalising children. Often children are sent to institutional care because of the death of a parent or because parents are unable or unwilling to care for the child. When residential care facilities start to reintegrate children as part of wider care reform efforts, extended family members often offer the best opportunity for children to grow up in a family once more.
- Like parents, kinship carers need support if they are to care for children effectively. Support needs vary, but are likely to include financial support to cover the costs of caring for an additional child, and help with parenting.
- Reintegration programmes must recognise that the precise needs of kinship carers may differ from parents, and adjust support accordingly. Kinship care covers a wide range of relationships, and this also needs to be reflected in the delivery of support.
- Kinship carers looking after children with disabilities need extra assistance. Residential care can exacerbate disabilities as children don't get the love and individualised attention they need to develop and flourish. Families need to nurture children to undo the harm that has been done, and often need guidance and extra financial assistance to allow them to care properly for these children.
- Children who have spent time in residential care often get used to a way of life different from their home communities. For example, they may not know how to use village toilets or be used to helping with household chores and need help to adjust.
- Although it is better for children to grow up in a family, children may have also had some good experiences in residential care, forming friendships with other children and bonds with carers. The losses that they experience when they leave these facilities need to be acknowledged by carers and social service workers.



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## Example 42: Kinship care at times of crisis in Lebanon<sup>69</sup>

In recent years, Lebanon has experienced a series of crises, including a large influx of Syrian refugees, massive political and economic upheaval, the COVID-19 pandemic, and the 2020 Beirut explosion. These crises have seen growing levels of poverty in the country and many children have dropped out of school. The crises are also placing more children at risk of abuse in families as stressed parents take their frustrations out on children.

Until recently, children separated from parents because of violence in the home were almost exclusively placed into residential care. Over the last five years, UNICEF has supported NGOs including Save the Children, Himaya and Terre des Hommes in an alternative family care project, to help children who have experienced violence remain in a family environment. This includes supporting parents to provide better care for children, encouraging judges to place children in kinship or foster care rather than residential care, and providing financial and case management support to families at risk of separation and kinship and foster care households.

The recent crises have made supporting kinship care challenging. In a context where more than half of the population is under the poverty line, it is harder for extended families to take in extra children. Child protection services are under extreme strain due to rising demands, and because many government employed social workers are leaving the profession due to stress and low and infrequent pay. Strikes amongst the judiciary and government social workers are also common, leading to significant challenges and delays in the administration of justice procedures and the provision of quality social welfare services. The crises have also made kinship care an even more vital safety net for vulnerable children.

Despite challenges in supporting kinship care, the NGOs involved in the alternative family care project have continued to successfully promote kinship care, adjusting service provision to reflect the new realities facing kinship care households. **Key lessons learnt on supporting kinship care at a time of crisis include the following.**

- At times of extreme poverty, material support becomes even more vital. As well as ensuring the survival of family members, this reduces stress and violence in the home, and gives carers the headspace to improve their parenting and their relationships with children.
- Social workers need extra training and supports to deal with new challenges facing kinship care families, including rising rates of child labour and mental health problems amongst both children and carers.
- Extra support is needed in families with adolescent children. This group has been affected by school dropout and these children often exhibit challenging and risky behaviours as they cope with the changing world around them. Children with behavioural issues need careful case management and to be engaged in decision making about their lives.
- At times of crisis, it becomes even more important to work collaboratively and across sectors; multi-sector referral mechanisms are vital.
- Crises lead to greater risk of placement breakdown, and it is important to have contingency plans in place so that children can be moved to another family member if necessary.





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## Example 43: Reducing risks in kinship care in Liberia

Children Assistance Programme (CAP) Liberia addresses challenges faced by kinship care families through community engagement. **This engagement begins with workshops with community leaders, which are used to:**

- **raise** their understanding of child rights and protection,
- **explore** the risk factors facing kinship care families,
- **identify** vulnerable kinship care families, and
- **reinforce** messages on the need to support these families.

Common challenges and risks faced by kinship care families include the use of children in kinship care as domestic workers, unequal treatment of kinship care children vs. biological children, behavioural problems amongst children in kinship care, struggles with caregiving, especially amongst young kinship carers, and the use of corporal punishment.

CAP Liberia then conducts house visits to explore how carers are coping and the challenges they are facing. Efforts are made to change social norms that may endorse the poor treatment of children in kinship care, and to offer support to carers. This support includes counselling and mentoring on parenting skills. Carers can also be provided with financial assistance through savings and loans schemes.

Children in kinship care can join CAP's children's clubs, which give children a safe space to raise challenges, learn about their rights, and access peer-to-peer support with other children in kinship care.

CAP complements home visits with additional awareness raising on issues of corporal punishment and positive caregiving through child welfare committees in schools. This community-level awareness raising has resulted in observed behaviour change, a reduction in corporal punishment being experienced in the home, and fewer cases of children in kinship care being sent out to work for an income.



CAP Liberia **conducts house visits** to explore how carers are coping and the challenges they are facing.





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## Example 44: Supporting the reintegration of children with disabilities into kinship care in Uganda

The NGO Ekisa supports the reintegration of children with disabilities from residential to family-based care in Uganda, with many of these children entering kinship care arrangements.

Ekisa starts with an assessment of the child's needs, and an evaluation of the family's capacity to care for the child. As part of this process, it holds a 'team around the child' meeting involving the family, the child, relevant professionals such as nurses, therapist, teachers, social workers, and community members. Once this assessment has been completed and it is agreed that reintegration into family-based care is in the best interests of the child, a ['resettlement flow chart' is followed](#). **The flow chart maps out key decision-making junctions along the reintegration process, with accompanying tools, including the following.**

- Child care plan template:<sup>70</sup> A general case management template for how families and professionals will provide care to the child.
- [Finding value](#): A guide for social workers (and others) on how to guide a family through the journey of finding value in their child with disability.
- Barriers to reintegration:<sup>71</sup> A tool for case managers to identify the reasons why a family would not be interested in having their child back.
- Needs of child assessment: A specialised assessment tool to identify the unique needs of a child with disability and how those needs might be met.
- Child summary template: A template to create a summarised version of the case history to be used at the time of decision making (i.e. reintegration, foster care, adoption).
- Capacity to care assessment: A specialised assessment tool to assess a family's capacity to care for the unique needs of a child with disability. To be used in conjunction with the needs of child assessment.
- Reintegration preparation plan template:<sup>72</sup> A tool used to help identify how to prepare the family and child and steps that must be taken before the child is physically reunited.
- Key considerations when reintegrating children with children with disabilities into kinship care include the following.
- It is important to avoid general assumptions around the capacities of families or the needs of the child; individualised assessments are vital.
- Take time to ensure strong preparation with the family, with each family working to different timeframes depending on their needs.
- The 'capacity to care' assessment may need to be repeated several times as the family's ability to care for the child changes.





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This guidance has been endorsed by the following Family members:

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The guidance has also been endorsed by the following organisations:



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