

Prioritising support to kinship care in responses to COVID-19

Prepared for Family for Every Child by Emily Delap and Gillian Mann, Child Frontiers

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Introduction

The spread of COVID-19 is an unprecedented global crisis. Families the world over are affected, including the millions of children who live not with their parents but with grandparents, aunts, uncles, older siblings or friends of the family. This 'kinship care' is widespread; in some countries, up to a third of children are raised this way.¹ Whilst kinship care is valued by communities and children and recognised as a preferred form of care by policymakers, kinship carers receive minimal assistance, leaving the children in their care vulnerable to many threats to their health,

well-being and protection.² Those developing responses to COVID-19 must prioritise support to these households. This short paper argues that a failure to do so will exacerbate the risks that girls and boys face, and lead to poorly targeted and consequently ineffective strategies to prevent and mitigate the effects of the virus. The evidence presented is derived from a literature review which included published guidance developed in response to COVID-19, and evidence on previous experiences with Ebola outbreaks and the HIV pandemic.

Why prioritise support to kinship care

Kinship care is the most widely used support mechanism for vulnerable children globally

The vast majority of children who cannot be looked after by parents are cared for by kin.³ Globally, around one in 10 children are in kinship care.⁴ In many countries, kinship care is even more extensively used, with, for example, 36 per cent of children in Zimbabwe cared for in this way.⁵ This form of care is widely acknowledged as an effective means of supporting the most vulnerable children in normal and crisis periods.⁶ Children generally prefer kinship to other forms of care, and many feel they are loved and well looked after.⁷ Kinship care allows for continuity and stability in children's lives, and often has better outcomes than other forms of care, such as large-scale institutionalisation, which has repeatedly been shown to harm children's development.⁸

Experience from the HIV pandemic suggests that it is essential to utilise the resource of kinship care to respond effectively to disease outbreaks and other crises. Indeed, at the height of the pandemic in the countries hardest hit by HIV, the support of relatives, particularly grandmothers, was crucial to children's survival and well-being.⁹ These elderly and usually extremely poor

women were largely left to care for their grandchildren alone, with little or no assistance.¹⁰ The lack of support had damaging consequences for their own and for child well-being.¹¹ It is vital that this harmful neglect of kinship care does not happen again.

COVID-19 will result in an increased need for kinship care

Kinship care was also a crucial protection and survival strategy for children during Ebola outbreaks in West Africa. Boys and girls were sent to live with relatives both after their parents had died, and as part of preventative strategies to remove children from highly affected regions.¹² Despite predictions that communities would collapse under the strain of both the HIV and Ebola crises, families and wider groups showed remarkable resilience and absorbed most children in need of care.¹³

Many are now predicting that COVID-19 will also see a rise in the need for kinship care.¹⁴ In addition to parental ill-health or death, the virus and responses to it are likely to exacerbate the factors that lead girls and boys to being placed in kinship care, such as poverty, loss of basic services, and violence in the home.¹⁵ In some contexts, the challenges posed by COVID-19 may lead to the failure of formal systems of care, leading, for example, to the mass closure of residential facilities,¹⁶ or restrictions being

placed on the number of children placed in the care of the state.¹⁷ In these instances, informal kinship care may be the only viable option for children who cannot be looked after by parents.

Although the experience of COVID-19 is likely to lead to increased demand for kinship care, it is currently unclear whether this demand can be met. Unlike HIV, COVID-19 disproportionately affects the elderly, meaning that grandparents, who form the majority of kinship carers globally,¹⁸ may no longer be able to care for children. Families may also be too fearful of infection to look after children who have come from COVID-19-infected households,¹⁹ though evidence from both HIV and Ebola shows that caregivers generally prioritise children's need for care.²⁰ If children are left without kinship carers at a time when formal systems of care are also struggling, many are likely to end up on the streets, forced into marriage, or trafficked or exploited in other ways.²¹ It is essential that extended families and communities are properly supported and issues of stigma are addressed so that this critical safety net can be utilised at this time of global crisis.

The inability of grandparents to care for children may lead to a change in the nature of kinship care during the COVID-19 pandemic, with consequences for child well-being. The potential for the most common forms of kinship care to change rapidly was demonstrated during the HIV pandemic, which saw a shift from aunt and uncle to grandparent care.²² Increased demand for kinship care has also previously led to the placement of children with distant relatives or friends of the family, even when children only have tenuous connections with these groups.²³ Any change in the nature of kinship care has major ramifications for children. Boys and girls living with aunts, uncles and older siblings are more likely to be discriminated against and abused than those in grandparent care, and those cared for by more distant relatives or friends of the family are generally seen to be particularly at risk.²⁴

COVID-19 is exacerbating the vulnerabilities of children in kinship care

Evidence from across the world shows that children in kinship care are often extremely poor,²⁵ suffer from distress and mental health problems,²⁶ and struggle to achieve in school.²⁷ Some are vulnerable to stigma, discrimination, abuse, neglect and exploitation.²⁸ COVID-19 is exacerbating many of these vulnerabilities.

- **Those living in kinship care households are particularly vulnerable to COVID-19 infection.** Kinship carers frequently come from groups more vulnerable to catching and dying from COVID-19. They are often elderly, are over-represented in indigenous or ethnic minority groups, and come from the poorest sections of society.²⁹ Rates of kinship care are also particularly high in countries that have been hit hardest by HIV.³⁰ As a result, many carers are likely to suffer from the underlying conditions that make COVID-19 so deadly. Carers often cannot follow social isolation guidelines that may protect them because they have to support the children in their care.³¹ As households are poorer than average, families often live in overcrowded conditions that facilitate the spread of the virus.³² Children in kinship care, especially girls, may be expected to care for sick and dying elderly carers, and/or to engage in risky activities to access money or basic needs to support the household, thereby increasing their own vulnerability to infection.³³

"While grandparents are being advised to isolate themselves physically from grandchildren, it is nearly impossible for older caregivers to distance themselves from the children they are raising. You are on the front line for your family every day."³⁴

- **Kinship care households will become poorer.** Ill-health, combined with caregiving responsibilities and lockdown rules, is making it hard for kinship carers to work.³⁵ The global economic downturn is likely to lead to long-lasting financial problems, with predictions that some countries could be dealing with the economic consequences of COVID-19 for many years to come.³⁶ The World Food Programme estimates that there will be an additional 130 million people in acute hunger in 2020 as a result of lockdowns and economic recession, almost doubling the rates of hunger globally.³⁷ During the HIV pandemic and Ebola outbreaks, such poverty led some kinship care families to resort to survival strategies such as child labour, child marriage and children's engagement in transactional sex.³⁸

"I have an additional three children whose parents died during this period and I'm alone taking care of them, plus my children. How do you expect them to have enough to eat?"

Kinship carer in Liberia speaking during the Ebola outbreak³⁹

- **It will be particularly hard for children to maintain contact with parents.** Contact with parents is often key to child well-being and to facilitating the eventual reintegration of children with their parents.⁴⁰ Movement restrictions and fear of infection combine to make these important face-to-face meetings difficult.⁴¹
- **Kinship care households are losing important forms of support.** Across the world, restrictions are being placed on key services that were providing vital support for kinship carers, including social services, mental and physical health services and schooling.⁴² Families with children or carers with disabilities are particularly likely to struggle.⁴³ Lockdown measures may also make it harder for other family members or friends to provide assistance.⁴⁴ Many kinship carers look after children whose parents have migrated for work.⁴⁵ Such migrants are now either stranded by movement restrictions and without employment, or returning to their rural homes.⁴⁶ Whilst this may mean that some parents are once again available to care for children, the sudden loss of remittances will be devastating for many families.⁴⁷ Children's access to supportive peers, teachers and others is likely to be curtailed, with potentially serious ramifications for their emotional and physical well-being.
- **COVID-19 may enhance the discrimination and abuse already experienced by children in kinship care.** Whilst many children in kinship care are loved and well cared for, some are treated poorly compared to other children in the household.⁴⁸ Evidence suggests that such discrimination worsens when resources are scarce or when other factors add to the stigmatisation of children. For example, children in kinship care who had previously been exposed to Ebola were sometimes made to sleep or eat separately from other children in the household.⁴⁹ and some analysts fear similar problems will arise from COVID-19.⁵⁰ In some cases, discrimination and poor care can include violent child abuse. Evidence is already emerging that the stress and isolation of COVID-19 is leading to more violence within the home.⁵¹
- **Stress levels amongst children and caregivers are increasing.** Kinship carers in lockdown are fearful about what will happen to the children in their care if they become sick or die, and some are struggling to cope with lockdown in cramped, overcrowded housing.⁵² Children may also be fearful that they will infect their elders and about how they will cope if their carer dies. During the HIV pandemic and Ebola outbreaks, mental health problems were amongst the biggest challenges facing families.⁵³

“I have a spinal cord injury, amongst other health conditions, and if I get it (COVID-19) I fear the worst for my own children and my sister’s children who also live with me. There are 10 of us in this household so it is not going to be easy, and my partner will still have to go out to get supplies.”

Kinship carer, UK⁵⁴

Failing to recognise the needs of children in kinship care will make responses to COVID-19 ineffective

Failing to acknowledge that large groups of children are cared for by their extended family rather than parents means that nutrition or public health messages exclude key populations or offer inappropriate advice. For example, a recent study carried out in the Pacific Islands found that nutrition programmes were failing because they did not target grandmothers or aunts who are often responsible for feeding children.⁵⁵ In the UK, older kinship carers are already becoming frustrated by advice telling them to stay in their homes when they have to go out to provide for or support the children in their care.⁵⁶

How to prioritise support to kinship care

National governments should:⁵⁷

1. Consult children in kinship care and their caregivers to assess their needs (using innovative tools that allow for appropriate social distancing).

2. Engage kinship carers in the battle to prevent the spread of COVID-19 and ensure that children in kinship care are reached by prevention campaigns.

3. Ensure that national strategies are developed in the early stages of COVID-19 that plan for the care of children who cannot be looked after by parents. Make sure that kinship care is prioritised within these strategies, and that, as the virus spreads, kinship care is always considered as an option for children who are separated from parents or other caregivers.

4. Encourage families to develop their own contingency plans in case caregivers fall ill or die, that make provision for children, where possible, to remain within the care of the family.

5. Recognise that children in kinship care and kinship caregivers are amongst the most vulnerable during the pandemic, and develop a full package of support. Ensure that kinship households are prioritised when:

- Developing economic supports and feeding programmes in response to COVID-19.
- Ensuring access to schooling and distance learning.
- Delivering mental health services to deal with the added stress associated with COVID-19.
- Prioritising those most in need of social services.
- Providing additional supports for those that are socially isolating.

6. Involve communities in supporting children in kinship care and their caregivers. Ensure that children in kinship care can maintain contact with their peers.

Donors, international NGOs and UN agencies should:

1. Offer financial and technical support to enable national governments to appropriately support kinship care during the pandemic and its aftermath.

2. Raise awareness of the importance of kinship care in global information campaigns on children’s care during COVID-19 and its aftermath. Continue to support the deinstitutionalisation of children, but ensure that more resources are devoted to promoting the support of kinship care.

3. Fund research and consultations on the needs of children in kinship care and their caregivers during COVID-19 and its aftermath.

In all efforts to support kinship care during COVID-19, it is vital to build on and strengthen existing national child protection systems, rather than create parallel systems that will disappear after the pandemic has ended. COVID-19 places many children and caregivers at heightened risk, but

with it can come reflection, innovation and investment. It is essential to grab any opportunities offered during this bleak time to create a better future for children in kinship care and their carers.

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- 3 Ibid.
- 4 Martin and Zulaika 2016.
- 5 Ibid.
- 6 UN (1989) *Convention on the Rights of the Child*. New York: United Nations; UN General Assembly (2010) *Guidelines for the alternative care of children*, GA Res 142, UNGAOR, 64th Session, Supplement No. 49, Vol.1 (A/64/49 (2010)) 376. New York: United Nations. The value of kinship care is also recognised in the policies of a range of national governments – see Delap and Mann 2019 for details.
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- 14 The Alliance for Child Protection in Humanitarian Action (2020) *Technical note: Protection of children during the COVID-19 pandemic*. Geneva: The Alliance for Child Protection in Humanitarian Action.
- 15 See Delap and Mann 2019 for evidence that these factors lead to a rise in the use of kinship care. For evidence of the impact of COVID-19 on poverty see: Shretta, R. (2020) (2020) The economic impact of COVID-19. The University of Oxford, 7 April. <https://www.research.ox.ac.uk/Article/2020-04-07-the-economic-impact-of-covid-19>; and The United Nations Department of Economic and Social Affairs (2020) World economic situation and prospects: April 2020 briefing, No. 136, 1 April. <https://www.un.org/development/desa/dpad/publication/world-economic-situation-and-prospects-april-2020-briefing-no-136/>. For evidence on the impact of COVID-19 on access to basic services see: Galvin, M. and Kaltner, M. (2020) *Understanding the impact of COVID-19 on out-of-home care in Australia*. Australia: Ernst and Young; Buzzi, P. and Megele, M. (2020) How social workers can tackle the ethical and practice challenges of Covid-19: Guidance from PSWs. Community Care, 6 April. <https://www.communitycare.co.uk/2020/04/06/how-social-workers-can-tackle-the-ethical-and-practice-challenges-of-covid-19-guidance-from-psws/>; UNESCO (2020) Covid-19 impact on education. Paris: UNESCO <https://en.unesco.org/covid19/educationresponse>; Fraser, E. (2020) Impact of COVID-19 pandemic on violence against women and girls. VAWG helpdesk research report No. 284. UK: DFID. For evidence of the impact of COVID-19 on violence in the home see: Fraser, E. (2020); Galvin, M. and Kaltner, M. (2020).
- 16 Goldman, P.S., Ijzendoorn, M.S. and Sonuga-Barke, E.J.S (2020) The implications for COVID-19 for the care of children living in residential institutions. *Letter, The Lancet Child and Adolescent Health*, 21 April 2020.
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- 41** The Alliance for Child Protection in Humanitarian Action 2020; Galvin and Kaltner 2020.
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- 47** Ibid.
- 48** Delap and Mann 2019.
- 49** World Vision 2019.
- 50** Iraq Child Protection Sub-Cluster 2020.
- 51** Lockdown presents an opportunity for abusers to act with impunity as children have limited access to teachers and social workers and cannot report abuse (United Nations (2020) *Policy brief. The impact of COVID-19 on children*. USA: UN). In China, police reports show domestic violence has tripled during the epidemic (Fraser 2020, p.2). A survey by Women's Safety of New South Wales Australia found that 41.7 per cent of the frontline workers and service providers interviewed are already seeing an increase in client numbers since the outbreak of COVID-19 (Galvin and Kaltner 2020, p.4). The United Nations population fund predict that for every six months that lockdown continues there will be an additional 31 million cases of gender-based violence (United Nations Fund for Population Activities (UNFPA) 2020 *Impact of the COVID-19 pandemic on family planning and ending gender-based violence, genital mutilation and child marriage*. USA: UNFPA, p.2).
- 52** Grandparents Plus 2020 a/b.
- 53** Save the Children et al. 2015; UNICEF 2016; World Vision 2019.
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- 55** Wentworth 2017.
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