Family first

Prioritising support to kinship carers, especially older carers

HelpAge International
age helps

Positive care choices:
Working paper 4

EveryChild.

Acknowledgements

EveryChild is an international development agency working to stop children growing up vulnerable and alone. We work to keep families together, keep vulnerable children safe, and get children back into a safe and caring family, wherever we can. EveryChild is the lead agency within a steering committee establishing Family for Every Child, an international network of national civil society organisations mobilising knowledge, skills and resources to help more children grow up in safe and caring families and support temporary, family based alternative care. Several members of Family for Every Child contributed to this paper, they are also listed in Annex 1.

HelpAge International helps older people claim their rights, challenge discrimination and overcome poverty, so that they can lead dignified, secure, active and healthy lives. Our work is strengthened through our global network of like-minded organisations – the only one of its kind in the world.

EveryChild.　　**HelpAge International** *age helps*

The positive care choices series

Making positive choices about the care of children who are without parental care involves consulting widely with children, families, communities and others, and striving for stable solutions that will enable children to thrive, develop and achieve their rights. It means enabling children and others to make fully informed decisions between a range of high quality care options to choose the form of care best for each individual child. This paper is the fourth in a series of papers aiming to promote these positive care choices by providing an evidence base on a range of care options and decision-making processes. It is hoped that these papers will form a platform for global debate around children's care that recognises the complexity and challenges of promoting positive care choices on the ground.

To download the papers in the series, visit our website **www.everychild.org.uk**.

Front cover image

Ann is pictured with her granddaughter Tabitha, 8. Tabitha has always lived with Ann, who also cares for three of her own children and four other grandchildren. Pendekezo Letu, EveryChild's partner in Kenya, have helped Ann's family stay together with financial support to cover school fees and rent. A loan has recently enabled Ann to start her own business. She says, "Now I have my own business to take care of my children."

© Matt Writtle/EveryChild

Family first

Prioritising support to kinship carers, especially older carers

Summary

This paper makes the case for greater support to kinship care, and gives guidance on the most effective means for supporting kinship carers and the children in their care. It focuses on grandparent care as the most common and often least adequately supported form of kinship care, and is a collaborative effort between EveryChild and HelpAge International. It suggests that greater collaboration is needed between agencies striving to achieve child rights and those working on greater protection of older people's rights. For so many children outside of parental care, and for so many grandparents, there is great interdependence between these two goals.

The paper was developed using a literature review and interviews with HelpAge and EveryChild and partner agency staff. It provides three key conclusions about kinship care:

1. **Kinship care is and should be here to stay, and it is especially important to celebrate and support the role of grandparents in bringing up children who cannot be cared for by their parents.** Kinship care is by far the most common form of alternative care around the world. Global trends and strong cultural support for kinship care in many communities suggest that this is likely to continue to be the case for years to come. Kinship care is preferred by many boys and girls. It provides better opportunities for lasting attachments and continuity, and superior health, education and wellbeing outcomes, than many other forms of alternative care. Kinship care is also cheaper than other forms of care, such as residential care. It can provide satisfaction and support to carers, as well as to children. Grandparent care is especially common and popular amongst children and carers alike.

2. **A full package of support must be developed for kinship carers and the children in their care, recognising the particular needs and vulnerability of grandparent carer headed households**. Support to kinship carers, especially to grandparent carers, is woefully inadequate and a full package of support must be available that recognises the wide ranging needs of children in kinship care and their carers. Households caring for kin, as with other vulnerable families, should be given greater access to appropriate and adequate social protection, and assistance with housing if required. Some children in kinship care may need particular support with schooling, and both carers and children will benefit from community-based healthcare systems and targeted psychosocial support. Children in kinship care must be adequately protected, and carers may require parenting support.

In delivering support, it is essential to recognise that grandparent carers are especially financially vulnerable and are more likely to experience health problems than younger carers. They may also find elements of caring for children especially stressful and suffer from isolation from wider communities. Support must be tailored to local contexts and build on a full understanding of cultural beliefs regarding the obligations and rewards associated with kinship care. Social workers, community groups, teachers and healthcare professionals should all be trained to offer better support to those in kinship care and their carers, especially grandparent carers. The work done by faith-based organisations should also be recognised and built on.

While formalising kinship care may offer children a greater degree of protection, this is neither realistic nor appropriate for all children and all families, especially given the fluid nature of much kinship care. Support and protection must not be dependent on the formality of care.

3. **Kinship care should never be the only care option available to children. Parents need support too and other forms of alternative care should be available.** Parental care continues to the preferred option for many children, who have the right not to be separated from parents unless it is in their best interest. Kinship care is not available or appropriate for all children, and can leave children vulnerable to abuse and exploitation. Careful decisions must be made about kinship care placements to ensure that they are right for each individual child. This must involve the consideration of the wide range of children's needs, including emotional wellbeing and preferences, and should include full consultation with children and their families. Social workers, courts, families and communities must all be supported to improve formal and informal decision-making about kinship care.

Providing adequate and appropriate support to kinship carers and to the children in their care must be a joint effort that spans a range of sectors, and involves community groups, non governmental organisations (NGOs), and faith-based organisations along with governments. Recommendations for those working in child protection, social protection, health and education are listed below, along with the need for overarching policy frameworks to enable unified approaches.

1. Increase investments in **social protection** for vulnerable families, and research and monitor such schemes to ensure that they adequately support both parents and kinship carers, and the children in their care. Recognise the particular contribution and financial vulnerabilities of older carers, and ensure wider access to adequate pensions.

2. Build systems of child protection and care that protect children in kinship care and acknowledge the important place of kinship care in the continuum of care choices for children:

   - Continue to support parents, and ensure that kinship care is a care option amongst many so that children who cannot access kinship care, or those for whom kinship care is not appropriate, have a range of care options open to them.

   - Train social workers to enable them to better support parents and kinship carers, especially grandparent carers.

   - Support better decision-making about kinship care, with assistance to both informal and formal processes to promote greater child participation.

   - Invest in and support community-based structures for child protection.

   - Work to keep siblings together, and recognise the particular vulnerabilities of children living with more distant kin.

   - Provide effective linkages to other sectors, including social protection, health, and education.

3. Encourage **healthcare** systems to recognise the physical and psychosocial needs of children in kinship care and kinship carers, especially older carers. Build community-based healthcare, support groups and self-help networks.

4. Ensure that **education** systems recognise the particular vulnerabilities of children in kinship care and are able to offer adequate support for schooling, psychosocial support and protection.

5. Create **overarching policy frameworks** that recognise the value, and limits, of kinship care and promote a full package of support to kinship carers. These include national policies and guidance on alternative care and on orphans and vulnerable children, and specific plans of action for supporting older carers.

It is hoped that through the implementation of these recommendations, families can truly be said to have been put first in the provision of alternative care for children.

1 Introduction

Care by extended family or close friends of the family is the most common form of alternative care for children outside of parental care. Such kinship care is especially likely to be provided by grandparents, with grandmothers often taking on the bulk of caring responsibilities (EveryChild, 2009; Save the Children, 2007). Kinship care is widely recognised as cost-effective, preferred by children and families alike, and leading to better outcomes than many other types of alternative care (Save the Children, 2007). Yet kinship care is also amongst the least adequately supported form of alternative care, with limited state assistance in many parts of the world, and grandparent carers particularly vulnerable to a lack of support (JLICA, 2009; Save the Children, 2007). In this paper, it is argued that much greater and wide ranging investments must be made in supporting kinship care, particularly grandparent care, for the good of children and carers alike. The paper suggests that greater collaboration is needed between agencies striving to achieve child rights and those aiming to improve the wellbeing of older persons. For so many children outside of parental care, and for so many grandparents, there is great interdependence between these two goals. The collaboration between EveryChild and HelpAge International in developing this paper is seen as an important step in this direction.

The paper is divided into seven sections. Following this introduction, the second section explores definitions and types of kinship care. The third section examines trends in kinship care, and seeks to explain why kinship care, and in particular grandparent care, is growing in many parts of the world. The fourth section makes the case for providing greater support to kinship care. The fifth section examines the support needs of kinship carers, with a particular focus on grandparent carers. This section also includes some analysis of the advantages and disadvantages of formalising kinship care. The sixth section looks at the limits of kinship care, highlighting the importance of continuing to also support parents, and of decisions about kinship care being made in the best interest of the child, in consultation with children and family members. The paper concludes with a summary of key findings and policy recommendations. The paper is based on a literature review, and on consultations with EveryChild and HelpAge International staff, and their partners (see Annex 1).

This paper is the fourth paper in EveryChild's Positive Care Choices series. This series aims to promote better decision-making about children's care by providing an evidence base on a range of care options and decision-making processes. Previous papers in the series have focused on residential care, foster care and adoption. All papers in this series use the Guidelines for the Alternative Care of Children, welcomed by the UN in 2009, as their starting point (UN, 2010).

2 Defining kinship care

Kinship care is defined in the Guidelines for the Alternative Care of Children 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.** ❞ (UN, 2010, Article 29)

The guidelines further distinguish between informal and formal kinship care. Informal kinship care is defined as,

❝ **... Any private arrangement provided in a family environment, whereby the child is looked after on a continuous or indefinite basis by relatives or friends (informal kinship care)... At the initiative of the child, his/her parents or other person without this arrangement having been ordered by an administrative or judicial authority or a duly accredited body.** ❞ (UN, 2010, Article 29)

Formal kinship care is defined as care by extended family or close friends that has been ordered by an administrative or judicial authority or duly accredited body (UN, 2010; and see also: Roby, 2011; Nandy and Selwyn, 2011; and Aldgate and McIntosh, 2006). There are several forms of formal kinship care. Although the Guidelines make a distinction between foster care and formal kinship care, in many countries extended family members can become foster carers, with care arrangements sanctioned, monitored and supported by the state in a similar way to non-relative foster carers (EveryChild, 2011b; Department for Education, 2010; UNICEF, 2008). In Russia and several other Central and Eastern Europe/Commonwealth of Independent States (CEE/CIS) countries, kinship carers commonly become 'Guardians'[1] of children. They take on many of the rights and responsibilities of parents, but are still monitored and supported by the state, and unable to

make all decisions about children's lives without state approval. In the UK, kinship carers are referred to as 'family and friends' carers and can also be foster carers, or have 'residence orders' or 'special guardianship' of the child (Department for Education, 2010; EveryChild, 2012a). The different forms of formal kinship care infer varying degrees of state monitoring and support, and expectations of the permanency of the relationship. Having a range of different forms of formal kinship care available to children outside of parental care may enable better choices about appropriate forms of care and support that act in the best interests of individual children and adequately support carers.

Children may be cared for by kin within the country in which they reside or may be sent to relatives across borders. Cross border kinship care often involves sending a child from a more impoverished setting to relatives in a wealthier country (UNICEF/ISS, 2004), but may also involve children migrating back to countries of origin if migrant parents are unable to care for them. In the US for example, social services are increasingly being encouraged to recognise the value of cross-border kinship care placements to countries in Latin America in cases where children cannot be cared for parents or kin in the US itself. This is being used as a means of avoiding unnecessary placements in residential or foster care (Cardoso et al, 2009).

Kinship care can involve a wide range of relatives. Grandparent carers are the most common, but carers may also be aunts or uncles or older siblings. Care by siblings under 18 is not included in this paper as such carers are still technically children and may be in need of care and protection themselves. The

---

1 The definition and use of the term 'guardianship' varies significantly around the world. Guardianship may confer parental rights and responsibilities to adults who are not parents, but it does not necessarily imply that the guardian is also the child's caregiver (Save the Children, 2007).

definition above suggests that kinship care can also involve other individuals who are close friends of the family and previously known to the child. This form of care is far less common than relative kinship care (Roby, 2011). In some settings, as discussed below, there is a thin line between kinship care and exploitative child domestic work. Children in the care of relatives, especially more distant relatives, are sometimes expected to work long hours in the home (Roby, 2011). The informal nature of kinship care also means that children can often slip in and out of it, if, for example, parents regularly return from periods working away in cities or overseas.

It should be noted that some of those interviewed for this report questioned whether kinship care should be considered as a form of alternative care at all. Some argued that in many cultures there is such a strong sense of collective responsibility for child rearing that children who are cared for by other relatives are effectively viewed by communities as in parental care (see also discussion below on cultural beliefs and Mann, 2001). However, many also acknowledged that kinship care is recognised in international and national law as a form of alternative care, and that a failure to view kinship care as an alternative care option for children could lead to a lack of support for this important care choice. Children in kinship care, especially in the care of more distant relatives, may be discriminated against and have distinct needs from children in parental care that need to be acknowledged by policy makers and practitioners. Kinship carers, especially older carers, may also have separate needs from many parents (see section 4).

3 The growing use of kinship care

Evidence from around the world suggests that kinship care is by far the most common form of alternative care for children not in parental care, with grandparent care the most common form of kinship care. As illustrated in the box below, kinship care, and especially grandparent care, is also on the rise in many parts of the world.

Across the world, the majority of kinship carers are female, though men do play a role too (HelpAge International and REPSSI, 2011; HelpAge International, 2007a). There is some evidence to suggest that there are more girls than boys, and more older than younger children, in kinship care (Roby, 2011; Nandy and Selwyn, 2011). Many of those interviewed for this paper reported that kinship care bonds are stronger in rural than urban areas. Within countries, kinship care is particularly common amongst some ethnic groups. For example, in the US, African American children are more likely to be in kinship care than other groups (Winokur et al, 2008), and one in 20 families of Latin American origin include grandparents raising a grandchild, four times as many as in white American families (Burnett, 2009). In the UK, children in ethnic minority groups are also more likely to be found in kinship care (Nandy and Selwyn, 2011).

There are several explanations for trends in kinship care, including:

HIV: A growing reliance on kinship care, particularly in sub-Saharan Africa, has been attributed to HIV. The epidemic is also changing the nature of kinship care. For example, placements have moved from short to long term, from well planned to crisis, and in some communities from placements with maternal to paternal relatives. As noted above, in many parts of the region there has been a shift towards grandparent care away from other forms of kinship care. This shift is most notable in countries where rates of orphanhood are rising. These high levels of orphanhood are often, but not always, associated with HIV (Beegle et al, 2009; Mathambo and Gibbs, 2008).

Migration: Adult migration is extremely common in many parts of the world, including China, Latin America and CEE/CIS. Up to a quarter of adults migrate for work in communities in Bolivia and Moldova (Bastia, 2009; HelpAge International, 2011a; HelpAge International, 2008), while 28% of children in rural China are left behind by migrating parents (Jia and Tian, 2010).

Beliefs and traditions: Many cultural and religious beliefs support the use of kinship care. For example, in many parts of west Africa, there are strong traditions of children being sent to live with relatives as an opportunity for schooling or to create stronger familiar bonds (Kuyini et al, 2009), a practice that continued during prolonged conflicts in countries such as Sierra Leone (Gale, 2008). In Ghana, the Dagomba ethnic group view children as a gift from god and the responsibility of all family members to raise (Kuyini et al, 2009), and other studies in Africa have produced similar findings (Roby, 2011). In India, some ethnic groups on the Andaman and Nicobar islands do not have a word for orphan, as the extended family and community automatically take care of any child who has lost both parents (Save the Children, 2007). A strong sense of collective responsibility for child rearing is also found in other parts of the south Asia region (Save the Children, 2007). Research with Mexican migrants to the US illustrates the dominance of collective over individual needs within such communities, and the strong commitment to caring for children who cannot be looked after by parents (Cardoso et al, 2009).

Box 1: Examples of the growing use of kinship care

■ **Africa**: In a study of 13 countries in Sub-Saharan Africa, 90% of children who had lost one or both parents were being cared for by kin. In countries such as Namibia, it is more common for children to be cared for by kin than to be living with both parents, with a third of households caring for children from wider kinship networks (cited in Roby, 2011). In one study of 21 sub-Saharan African countries, 66% of children who had lost both parents lived with grandparents, with grandparents increasingly substituting the care that used to be provided by aunts and uncles (Beegle et al, 2009). In South Africa where unusually for the region kinship care has been formalised, 41% of children in foster care live with grandparents, compared with 30% with aunts and uncles, 12% with other relatives and 12% with non-relatives (UNICEF, 2008). There is some evidence to suggest that the nature of the HIV epidemic may see a decline in grandparent care and a rise in aunt and uncle care in the future (Zagheni, 2011).

■ **Asia**: In post-tsunami Indonesia, 70-80% of children separated from parents live with members of their extended family and kinship care is the most common form of alternative care for children in both India and Myanmar (Save the Children, 2007; UNICEF, 2006). In Thailand, one study suggests that 47% of children orphaned by HIV are cared for by grandparents (Roby, 2011), and in Cambodia 79% of orphaned and vulnerable children are cared for by older people (Knodel et al, 2009). In China, large numbers of children are left behind by migrating parents, with many cared for by kin (Jia and Tian, 2010).

■ **South America and the Caribbean**: Care by extended family members is reported to be extremely common throughout the region. In 2007 in the Dominican Republic around 15% of children under 14 were cared for by adults other than their parents, with many of these children assumed to be in kinship care. In Paraguay, around 12% of children live in a home where the head of the household is neither their mother nor father. 299,000 children live with grandparents, though it remains unclear how many of these children are also living with parents (RELAF/SOS 2010). In one town in Colombia, around a third of internally displaced older persons are responsible for caring for grandchildren (HelpAge International, 2010b).

■ **CEE/CIS**: In Moldova, research by HelpAge International suggests that there are around 75,000 children with at least one parent abroad, and 35,000 living with neither parent, with growing numbers placed in grandparent care (HelpAge International, 2008). A study of 1,000 households showed that when both parents are abroad, 91% of children live with grandparents, when one parent is abroad this figure is 36% (HelpAge International, 2011a). Elsewhere in the region, rates of kinship care vary. Information on children in informal kinship care is hard to find, but there are figures from Russia suggesting that in 2009, 50-65% of children in formal care were in guardianship, with the vast majority of these children probably in kinship care (Partnership for EveryChild, 2012).

■ **Europe and North America**: In the UK, there are an estimated 300,000 children in kinship care (Department for Education, 2010) and evidence suggests that kinship care is on the increase (Nandy and Selwyn, 2011). Data from the last census suggested that over 1% of all of children live with relatives and without parents, though this figure is much higher in some communities and in some parts of the country (Nandy and Selwyn, 2011). In the US, over a quarter of all out of home placements are kinship care with numbers rising (Winokur et al, 2008). In the UK and the US, grandparent care is by far the most common form of kinship care (Roth et al, 2011; Save the Children, 2007), followed by aunt and uncle care and older sibling care (Nandy and Selwyn, 2011; Roth et al, 2011). Up to 95% of children in kinship care in the UK are cared for informally (Department for Education, 2010; Nandy and Selwyn, 2011).

Research in Kurdish areas of Iraq found that,

❝ ... Taking care of an orphan indicates social status in Kurdish society, and this action is supposed to secure a place in paradise according to Islam, the dominant religion in Kurdistan. ❞ (Ahmad et al, 2005: p205)

Similar findings have also been noted in Egypt (Megahead and Helwan, 2008). This strong sense of responsibility can be positive in that it can provide vulnerable children with family homes. However, as shown below, when children are taken in out of a sense of obligation but no sense of affiliation, resentment and discriminatory treatment are likely.

Cultural beliefs and practices may also shape which children are sent to live with kin and which kin children live with. In some communities, kin may be more willing to take girls in because of the payment of bride price and their contributions to domestic work (Mann, 2001). Research in rural Malawi found strong traditions about where children are placed that varied by ethnic group. For example, in matrilineal communities children are taken in by mothers' relatives, with the maternal uncle making decisions about where children go, and children generally placed with aunts or uncles despite their preference for grandparent care (Mann, 2004). As shown previously, evidence suggests that HIV may be changing some traditional placement patterns in Africa, with a growing shift towards grandparent care in many communities (Beegle et al, 2009).

In some settings concern has been expressed about traditional practices of children going to live with kin being used as a cover for exploitation and abuse. For example, in Brazil it has been noted that although children sent to live with kin as part of long held traditions

are generally well cared for, this practice can also be used to cover up child domestic work (RELAF/SOS, 2010). In situations where there are significantly more girls than boys in kinship care, domestic service may be a largely hidden issue.

Child abuse and neglect and social problems: For example, in the UK and US rising drug and alcohol abuse, teen pregnancies, marital breakdown and child abuse or neglect have been linked to growing kinship care (Aldgate and McIntosh, 2006; Nandy and Selwyn, 2011; Janicki et al, 2000). In many countries in Latin America, violence and marital breakdown have been associated with a loss of parental care, often leading to children being sent to live with kin (RELAF/SOS, 2010).

Access to basic services: For example, in Southern Africa, children may be placed in kinship care to access schools not available in their home communities (UNICEF, 2008). This practice has also been noted in other regions of the world (Mann, 2001).

The availability of other forms of care: For example, in the US and other wealthier nations the shortage of non-relative foster carers has been widely associated with an increase in kinship care placements (Winokur et al, 2008; UNICEF/ ISS, 2004). The shortcomings and costs of foster care, including frequent placement changes and dislocation from families, have been linked with greater explicit policy support for kinship care in some settings (Department for Education (UK), 2010; Nandy and Selwyn, 2011; Winokur et al, 2008). Recognition of the harm caused by institutional care has led to an historical shift to family-based placements in some parts of the world, though in many settings, such care is on the increase, potentially leading to reductions in the growth of kinship care (EveryChild, 2011a; Roby, 2011).

4 The case for greater support to kinship care, especially grandparent care

The previous section demonstrates how kinship care, especially grandparent care, is growing. The explanations for this phenomenon suggest that kinship care is deeply embedded in many communities and is a response to ongoing global trends, such as migration and HIV. There are therefore likely to continue to be significant numbers of children in kinship care, and large numbers of older carers, for many years to come. In this section it is argued that widespread reliance on kinship care must be met by growing efforts to support kinship carers, especially older carers, in providing high quality, safe care for children. It should be noted that despite this emphasis on the benefits of kinship care, it is recognised that it is neither available nor suitable for all children outside of parental care, and that decisions about the placement of an individual child must be made on a case by case basis. Discussion of the limits of kinship care is included in section 6.

International guidance recognises the value of kinship care

The value of kinship care, and the importance of supporting children in such care and their carers, is widely recognised in international guidance on child rights and on children's care and protection. The preamble to the UN Convention on the Rights of the Child recognises 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. ❞ (UN, 1989: Preamble)

Article 5 states that,

❝ State parties shall respect the responsibilities, rights and duties of parents, or where applicable, the members of the extended family or community as provided by local custom... 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 recognised in the present Convention. ❞ (UN, 1989: Article 5)

The Guidelines on the Alternative Care of Children (UN, 2010), formally welcomed by the UN in 2009, states that,

❝ The family being the fundamental group of society and the natural environment for the growth, wellbeing 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 their caregiving role. ❞ (UN, 2010: Article 3)

Guidance on child protection in emergencies also highlights the vulnerability of children outside of family care, and states that children who cannot be with their parents should be placed with kin if possible (Red Cross, 2004).

In relation specifically to older carers, the Madrid International Plan of Action on Ageing (UN, 2002) commits UN member states to support older people caring for children through information, treatment, medical care and economic support. It specifically suggests that countries should develop policies on aging, and that policies on care and caregivers should include particular reference to older carers.

Many children prefer kinship care, especially grandparent care

Research in many regions suggests that children who cannot be cared for by parents commonly express a preference for kinship care, with many articulating a desire to live with grandparents (Save the Children, 2007). EveryChild consultations in 10 countries with over 400 children found that the vast majority of children who could not be cared for by their parents rated kinship care, especially grandparent care, as the preferred form of care (EveryChild, 2009) and further in-depth research on children affected by HIV in India, Ukraine and Malawi revealed similar findings (EveryChild, 2010). HelpAge International research in Thailand found a strong preference amongst children for grandparent care (HelpAge International, 2005), as has research in Ghana (Kuyini et al, 2009), Malawi (Mann, 2004) and the US (Barth, 2002). Children's preference for grandparent care is closely associated with the unconditional love and affection such carers are felt to offer, and may also perhaps be linked to a degree of continuity in parenting styles and traditions. This care is often contrasted with the discrimination that some children face at the hands of other relatives, and, for children, overrides concerns about poverty in grandparent headed households (Mann, 2004; EveryChild, 2010).

❢❢ 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. ❢❢ (Comments made by children during focus groups in rural Malawi. Mann, 2004: p36)

❢❢ My granny is the kindest one in the world. She cooks tasty dishes, worries about us and always waits for us to come home from school. ❢❢ (Child cared for by grandparents in Kyrgyzstan. HelpAge International, 2011b: p13)

Kinship care can offer opportunities for permanency and attachment

The importance of children achieving lasting attachments with a carer, of avoiding frequent placement changes, and of finding permanent care solutions for children is acknowledged in the Guidelines for the Alternative Care for Children, which also refer to the importance of keeping children as close to their homes as possible (UN, 2010). Evidence suggests that kinship care can help children achieve such permanency, stability and continuity in ways that other forms of care may fail to. In a review of the global literature, Roby (2011) found that kinship care significantly reduces the risk of multiple placements (though other studies suggest that this may vary considerably by setting). For example, in Ghana, Kuyini et al (2009) report that kinship care placements for orphans are usually for life, whilst in the UK, the picture is more mixed, with the absence of support for kinship care cited as responsible for placement breakdowns in some instances (Department for Education, 2010). Research by HelpAge International suggests that children in kinship care can experience placement change, with those in grandparent care in Africa often spending periods of time in aunt and uncle care before being placed with grandparents (Lackey, 2010).

In comparison with other forms of alternative care, kinship care can minimise the disruptions children face in their lives in other ways as well. Children already know their carers, have a shared culture, and may be more likely to remain in the same communities. In many instances, they can continue to go to the same schools and have the same friends. This can be essential for maintaining a sense of identity and belonging, which many of those interviewed for this report view as crucial to child wellbeing. For example, a review of the literature in the UK shows this continuity has beneficial impacts on children's sense of security and personal identity (Department for Education, 2010).

Kinship care can also be more likely to offer children a home for life, and to avoid common problems of a sudden end to care relationships upon reaching adulthood often associated with foster or residential care (Roby, 2011). For children in grandparent care, such lasting relationships may be cut short with the death of carers, and this is an anxiety for grandparents, especially those caring for children with disabilities (HelpAge International and REPSSI, 2011; Janiki et al, 2000).

The outcomes and cost effectiveness of kinship care

Kinship care often leads to as good or better short or long term outcomes for children than other forms of care in relation to their health, psychosocial wellbeing, development and education. As noted, the stability, permanency and continuity, and opportunities for attachment, often associated with kinship care, have major positive benefits for children's emotional wellbeing. Successful kinship care placements certainly offer more opportunities for continuous individual attachments than large scale institutional care, where children are cared for collectively with limited opportunities for bonding and devastating implications for child development (EveryChild, 2011a). Research in the UK (Aldgate and McIntosh, 2006; Roth et al, 2011) and in the US (Winokur et al, 2008) suggests as good or better outcomes for children in kinship care as compared to foster care using measures such as allegations of abuse and emotional and behavioural difficulties. In a review of the literature in the UK, children being cared for by kin did as well, if not better in a range of health and education indicators than children in stranger foster care (Department of Health, 2010). Research with children in Kurdish communities in Iraq has found that children in kinship care that have experienced conflict and loss show less signs of post-traumatic stress disorder than those who have been in residential care (Ahmad et al, 2005).

In addition to often leading to better outcomes for children than other forms of care, kinship care is also less expensive. Research in CEE/CIS shows that large scale residential care is three to five times more expensive than foster care, and eight times more expensive than providing support to vulnerable families (EveryChild, 2005). Research in South Africa found residential care to be six times more expensive than providing support for children living in vulnerable families (Desmond and Gow, 2001).

Kinship care can benefit carers too

The long traditions of kinship care placements described above are often based on belief systems that recognise both the obligation to take in the children of kin, and the considerable rewards of doing so. Kinship care can create alliances between or within families, and can bring economic, social and political power to the household. In some instances, kinship care can lead to the transfer of resources if inheritance rights come with the child. As such, the addition of an extra child to the household is often viewed as a blessing rather than a burden (Mann, 2001).

Caring for a child in need can be emotionally satisfying for grandparents and other kinship carers (Aldgate and McIntosh, 2006; Kuyini et al, 2009; Howard et al, 2006).

It is a great privilege to be able to look after my grandchildren. At least I feel that I am able to do something for my own children who have passed on.

The children bring a lot of energy and joy into the home. They are keeping me young.

(Older carers in Africa. Cited in HelpAge International and REPSSI, 2011: p5)

I think since I've had my sisters, I've done more than I could ever imagine. Things I didn't think I could do, I've done. My sisters have taught me so much. I think for my sisters to come into my life, it's been a really good thing. (Marcia, 37, caring for sisters aged 14 and 13 for the last six years. Cited in Roth et al, 2011: p21)

Having a child in the household can also have practical benefits. Whilst, as shown below, kinship carer households are often extremely impoverished, children can make financial contributions and themselves be caregivers (HelpAge International and REPSSI, 2011). In one study on the impacts on social protection in rural Tanzania, Hofman et al (2008) found that households with grandchildren were often less vulnerable than those without. In a study in western Kenya involving 69 orphans aged 11 to 17 years, it was found that children contributed to household income and provided valuable care or support to older, ailing or younger members of the household (Skovdal, 2010).

Our grandmother looked after my sister and me after our mother's death two years ago, but then she had a bad fall and now she cannot walk anymore. Now we help her with the housework and look after her.
(Naomi, 14, cared for by her 82 year old grandmother in Kenya. Cited in HelpAge International and REPSSI, 2011: p33)

5 Towards a full package of support for kinship care

As is established above, kinship care makes a highly valuable contribution to the continuum of care choices for children. Yet there is much global evidence to suggest that kinship carers and the children in their care are currently inadequately supported and protected. For example, research in sub-Saharan Africa found that the large majority of kinship carers provide care with no or minimal state assistance (JLICA, 2009). In South Africa, almost 90% of older carers report getting no support from other family members (Boon et al, 2010). In Cambodia, 90% of orphaned children are cared for by extended families, though three-quarters of these receive no financial assistance (Save the Children, 2007). In the UK, many formal kinship carers get less state support than non-relative foster carers (Aldgate and McIntosh, 2006; Department for Education, 2010). In relation specifically to older carers, the Madrid International Plan of Action on Ageing (2002) calls for unifying strategies that provide specific plans for supporting older carers. Recent analysis in 133 countries suggests that these plans are inadequate or do not exist at all in many countries (HelpAge International, 2011b).

In this section, the wide ranging support needs for kinship care are examined in detail, with a particular focus on support needs for older carers and the children in their care. It is argued that a full package of support, addressing material needs, access to basic services, psychosocial support and child protection must be available to all kinship care households (see Box 2 below for a summary of support needs as identified by older carers). This support can be provided by the state, NGOs and faith-based organisations, and may incorporate assistance from a wide range of sectors, including social work, healthcare and education. The section starts with a discussion of the advantages and disadvantages of formalising kinship care for ensuring proper support and protection.

In considering the support needs of kinship carers, it is of course also important to recognise that support must be tailored to local context and include an understanding of beliefs regarding obligations and rewards that are commonly associated with kinship care relationships. A failure to do this has been

Box 2: The wide ranging needs of older carers in South Africa

In South Africa, the CINDI network conducted consultations with older carers to find out what they felt created most stress in their lives. Older carers reported struggling the most with:

- Healthcare – both for themselves and their families.
- Discipline – especially of adolescents.
- Material needs – especially providing food for the family.
- School fees and uniforms.
- Accessing social protection, such as pension and foster care grants.
- Getting the right documentation for children, such as birth certificates.

Source: HelpAge International and REPSSI, 2011

linked to inappropriate or inadequate support for kinship care households in emergency contexts. For example, following the Rwandan genocide, an emphasis was put on placing children separated from parents with kin to build on traditional support networks. In many cases, a strong sense of obligation led to kin taking children in, only for relationships to break down due to a lack of financial support. The genocide had also damaged trust within communities, preventing kinship carers from receiving the usual support from the wider community (Mann, 2001).

Formalising kinship care to provide proper support and protection?

As noted above, the vast majority of kinship care is currently informal in that relationships have not been 'ordered by an administrative or judicial authority or duly accredited body' (UN, 2010: Article 29). There are several advantages to maintaining this informality, and minimising the role of the state in kinship care. Formalising kinship care can be seen by relatives as an unnecessary intrusion into family life, with evidence from the UK suggesting that such feelings can make the role of kinship carers even more challenging (Department for Education, 2010). Many of those interviewed for this report argue that this formalising may also undermine traditional kinship structures (see also Evans, 2011). Where there is stigma associated with being in the care of the state, formalising kinship care can have negative connotations for children in kinship care (Department for Education, 2010). In resource constrained settings, formalising kinship care can place a huge burden on social service departments. In a comparative analysis of alternative care in southern Africa, UNICEF (2008) concludes that the formal relative foster care system in South Africa is not possible in many other countries in the region as it places an unrealistic burden on social workers. Formalising kinship care may be especially problematic in situations where children dip in and out of kinship care regularly, due to factors such as parental migration. There may be cultural resistance to formalising kinship

care relationships if this is seen as kin taking on a parental role. This has been a barrier to adoption in a number of settings (EveryChild, 2012b).

There are also a number of advantages to formalising kinship care. For vulnerable children, it can mean a higher degree of monitoring of placements and of child protection. As discussed below, children in kinship care are by no means immune to child abuse, exploitation and neglect, and some children in kinship care argue that the higher degree of supervision associated with formal kinship care is important,

❝❝ Just because they are family doesn't mean they are good at looking after us. ❞❞
(Child in care in the UK. Cited in Department for Education, 2010: p48)

Having a formal legal status similar to a parent can enable kinship carers to make decisions about children's lives, such as which school they attend, and to access grants or allowances (UNICEF/ISS, 2004; Roby, 2011). This can be especially important for kinship carers looking after children with disabilities (Janicki et al, 2000). As noted by some of those interviewed for this paper, formalising kinship care can also be important for ensuring inheritance rights.

Given these concerns, the Guidelines for the Alternative Care of Children (UN, 2010) call on states to both recognise and support informal carers, and to encourage the formalisation of longer term arrangements,

❝❝ With regard to informal care arrangements, whether within the extended family, with friends, or with other parties, States should, where appropriate, encourage such carers to notify the competent authorities so that the child may receive necessary financial and other support that would promote the child's welfare and protection. Where possible and appropriate, States should encourage and enable informal caregivers... To formalize care arrangements to the extent that the arrangement has proved to be in the best interests of the child to date and is expected to continue in the foreseeable future. ❞❞
(UN, 2010: Article 56)

> **With a view to ensuring that appropriate conditions are met in informal care provided by individuals or families, States should recognise the role played by this type of care and take adequate measures to support its optimal provision.** (UN, 2010: Article 76)

As is discussed below, the Guidelines also recognise the need for any informal kinship care arrangements to be part of broader systems of child protection.

This evidence suggests that careful decisions need to be made about whether or not kinship care is formalised, based on the needs and wishes of the child and the family, and the capacities of social services departments. As argued by Evans (2011), there may be certain groups of children for whom such formalising of care is inevitable and essential, such as those placed in the care of the state by parents, or who have been abused or neglected. Regardless of whether or not care is formalised, child protection measures should be in place and children and carers should be fully supported.

It may also be important to consider the ways in which kinship care is formalised. The formalising of kinship care can involve carers assuming legal rights and responsibilities to care for children, such as guardianship orders used in some regions. This does not involve external bodies in continuous extensive monitoring, but does enable carers to access benefits and make decisions about children's lives without interference. Formalising kinship care may also involve children remaining or being placed in the care of state, such as kinship foster care. This can involve more extensive support and monitoring, but also less control and responsibility on the part of carers. However kinship care is formalised, family resistance to the formalising of care is likely to be reduced if officials are sympathetic and operate in partnership with the family.

Financial support

As kinship carers are usually both older and female, they are often already impoverished. Many older female carers have not been in formal paid employment and may have limited access to pensions (where they exist). In some communities, they may be denied access to inheritance (Lackey, 2010; Nandy and Selwyn, 2011). Research with young people in Tanzania and Uganda shows that adult sibling carers may also be denied their inheritance rights when parents die and they are left to care for brothers and sisters (Evans, 2010). Carers young and old may have to give up work to look after children, especially if children have disabilities or are chronically ill (Janicki et al, 2000) and older carers may be too frail to work in any case.

> **Their (grandchildren's) parents all died. I just have to take care of them, but it is more difficult now because their parents used to be the ones who earned the money and took care of them. I am now very old and weak, and I can't do much anymore.** (Older female carer, Thailand. Cited in HelpAge International, 2005: p16)

In contexts, such as South Africa and Thailand, where HIV is common, carers may have both lost a key breadwinner through the death of their own children, and have had to deplete household resources to pay for medical care and funeral expenses (Boon et al, 2010; Munthree and Maharaj, 2010; HelpAge International, 2005).

> **They don't just die. It would be better if they did, instead they get sick and finish whatever money you have by going to the doctors and buying food for them. When she dies, you already have nothing as you are poor.** (Older female carer from Kwa Zulu Natal, South Africa. Cited in Munthree and Mahraja, 2010: p8)

> **I don't want to borrow money, and I don't want to be in debt. I have no one to help; they have all died and left me alone. I have only my grandchild. Even today I have no money to give him for school at all.** (64 year old female carer in Thailand. Cited in HelpAge International, 2005: p13)

In countries, such as Kyrgyzstan, Moldova and Bolivia, where kinship care is often the consequence of adult migration, carers may benefit from remittances. However, remittances may be too little or too infrequent

to adequately compensate for the loss of the income earner who has migrated (Bastia, 2009; HelpAge International, 2011a; HelpAge International, 2010a).

While some carers do benefit financially from the work of children entering the household, many feel that they are worse off as a consequence of having an additional mouth to feed (HelpAge International, 2007a; Aldgate and McIntosh, 2006). In research in South Africa most older carers interviewed had suffered financially because of caregiving and 94.2% had experienced periods when they had run out of money altogether (Boon et al, 2010). In Benue state in Nigeria, 65% of older carers are classified as poor and living off less than a dollar a day (Apata et al, 2010). In Mozambique, the average monthly cost of caring for an orphan or vulnerable child has been estimated at $21, while the average income for an older person is just $12 a month (HelpAge International, 2007b). Even in richer nations such as the UK, kinship carers tend to come from the most impoverished backgrounds (Nandy and Selwyn, 2011), with an estimated 75% of kinship carers living in poverty (Farmer and Moyles, cited in Roth et al, 2011).

The financial challenges faced by kinship carers are exacerbated by inadequate social protection, or social protection systems which are hard for kinship carers to access. Older carers who cannot work because of disability, ill health or caring responsibilities often need pensions to survive. In many settings, such pensions either do not exist, or are too small to support households with large numbers of children. In Moldova for example, average pensions are provided at less than half of subsistence level income (HelpAge International, 2008). Analysis by HelpAge International in sub-Saharan Africa shows that pensions exist in nine out of 47 countries, and in some countries coverage is poor or amounts inadequate. For example, in Kenya the older persons cash transfer only reaches around 3% of people aged 65 and above (HelpAge International, forthcoming). In South Africa both disability allowances and pensions are found to be too small to adequately support older carers and the children in their care (Kuo and Operario, 2009).

Older carers, and other carers, such as adult siblings, may be denied access to social protection that parents could obtain. As noted above, the vast majority of kinship carers care for children informally, and may not have the right documents to be eligible for child benefits or other grants for vulnerable children. In South Africa, Kuo and Operario (2010) found that older carers often don't have birth certificates needed to get cash transfers, especially if children have been placed with several different family members before they come to them. In Kyrgyzstan, older carers are often not formally granted 'parental rights' and cannot therefore access benefits for children in their care (HelpAge International, 2010a). In the UK, as adult sibling carers have often not yet had children of their own they do not understand the benefit system for vulnerable children (Roth et al, 2011). Older carers may also be discriminated against in credit programmes because of their age or ill health (HelpAge International and the International HIV/AIDS Alliance, 2003).

Research suggests that when adequate, accessible social protection systems are in place, they can have enormous benefits at relatively low costs. In Tanzania, Hofman et al (2008) have found that a monthly pension of $5 and child benefits of $2-3 per child more than double the average amount of cash that older carers have available to spend. This reduces malnutrition, increases school attendance, and has a major impact on the psychosocial wellbeing of older carers and their ability to care for children. Carers reported being less worried about meeting children's basic needs, and of having better relationships as a result. Children also felt more loved when grandparents were able to meet their basic needs, and reported less conflict between generations. Hofman et al (2008) estimate that the cost of providing a universal pension scheme in sub-Saharan Africa is relatively low, at only 1-2% of GDP. Elsewhere in the region research also demonstrates that cash transfers targeted at older persons can have a positive impact on children's nutritional status (Adato and Bassett, 2008), especially if they are targeted at women. Analysis in 50 low and middle income countries by HelpAge

International suggests that a universal pension for everyone over 65 would cost less than 1.8% of GDP (HelpAge International, 2011d).

This evidence suggests that expanding social protection, especially pensions, and exploring eligibility criteria to enable more kinship carer households to access such assistance is important. The strong interdependence in the wellbeing of many older persons and children must be recognised in the design of social protection schemes. The evidence above on the problems associated with formalising all kinship care suggests that this should not be a part of eligibility criteria, and systems must be flexible enough to allow families to access necessary financial support for children even if children regularly change households in response to factors such as seasonal migration. As is discussed below careful consideration must be given to balancing social protection support for vulnerable parents and vulnerable kinship carers to avoid perverse incentives for placing children outside of parental care. Further research is needed on this complex and important issue to provide proper guidance to those designing social protection schemes.

In addition to cash transfers it may also be necessary to improve other mechanisms for increasing the income of kinship care households, such as skills generation and support to small businesses. Such support is widespread in many regions, and is provided by NGOs and faith-based organisations in many regions (see Olson, Knight and Foster, 2008 and Olson et al, 2011 and Box 3 for examples). In some settings, Islamic traditions of *kafala* or sponsorship can be used to generate support for children in kinship care. In Syria, for example, over 3,000 children in vulnerable kinship care households have been provided with regular financial and other support through an NGO scheme encouraging individual donations as a form of `external *kafala*' (Cantwell and Jacomy-Vite, 2011).

Accommodation

Overcrowding has been reported as a key challenge faced by children in kinship care and the wider household. In the UK, research suggests that 33% of kinship carers experience overcrowding (Farmer and Moyels, cited in Department for Education, 2010) and it, along with substandard housing, has been reported as major problem by older carers in sub-Saharan Africa (HelpAge International and REPSSI, 2011). This suggests that the needs of kinship carers must be taken into consideration in housing policies.

Box 3: The role of faith-based organisations in providing support to kinship carers

In Africa, faith-based organisations play a significant role in supporting kinship carers and the children in their care. For example, in Malawi faith-based organisations Women for Orphans and Widows and Somebody Cares, convene caregivers every morning whilst the young children in their care are attending childcare centres. Using dance, songs and training, these two organisations offer psychosocial support and skills training to enhance household incomes (Olson et al, 2011: p30).

In Zimbabwe, Zimbabwe Orphans Through Extended Hands (ZOE) use volunteers to provide regular home visits, food, clothing and emotional support to caregivers, along with help enhancing incomes. This work is largely funded through congregational collections (Olson, Knight and Foster, 2008: p6).

Elsewhere in the world, faith based organisations also have an important role to play in supporting kinship carers. Casa Viva in Costa Rica works with local families, churches and government bodies to provide family-based solutions to avoid unnecessary residential care placements.[2]

2 See: www.casaviva.org

" Sometimes when there is a storm I become very frightened because we all sleep in this room and the roof could fall in at any time. So when the rain comes down I think 'oh God.' " (Older carer in South Africa caring for 12 grandchildren interviewed by HelpAge International staff)[3]

Education

Evidence on the educational support needs of children in kinship care is mixed. In a review of the literature, Roby (2011) found some evidence to suggest that such children are disadvantaged, with lower school attendance and achievement rates than their peers. Poor education outcomes are especially likely if children are only distantly related to the relatives caring for them and much less likely if children are living with grandparents. However, Roby also found that progress is being made, and that in many parts of sub-Saharan Africa, children in kinship care are receiving a similar education to their peers. This evidence is supported by research from the World Bank, which also shows a mixed picture across Africa (Beegle et al, 2009). Research in Kyrgyzstan (HelpAge International, 2011b) illustrates how older carers struggle to help children with their homework, though other research has also highlighted the value of the skills and life experience that older carers pass onto their grandchildren (HelpAge International, 2004a).[4] Research in Botswana (Heymann et al, 2007) shows how kinship carers with their own children are often too busy to help children with their school work, with 75% of carers too busy to meet with children's teachers.

The ability of carers to support children's education may be closely linked to the financial support they receive. Research in Brazil shows that pensions can have a major impact on girls school enrolment (HelpAge International, 2004b), and similar findings have emerged from an analysis of the impact of pensions in sub-Saharan Africa (Adato and Bassett, 2008).

This evidence suggests that some children in kinship care continue to need support with their schooling, and that efforts must be made to build on and learn from progress that has already been made in this area in some regions. The contributions of older carers in potentially supporting children's education also need to be recognised.

Psychosocial support and healthcare needs

Children in kinship care often come into such care with a range of past problems. Children may be suffering from the death of a parent, from the trauma of abuse or neglect, or from the challenges of multiple placement changes (Aldgate and McIntosh, 2006; Roby, 2011; HelpAge International, 2011a/b). In emergency situations, they may have experienced tragedy and conflict, and children whose parents have died from AIDS related illnesses may have been through long periods of caring for sick parents (Evans, 2010). Many children, including those whose parents have migrated, miss their parents terribly,

" My mother is working in Russia. She often calls us and we speak by phone. Every time she says 'I am very far away from you because I want to earn money for your decent future. Please don't fail me and study well. Be good girls.' And I always want to cry when I talk to her. I miss her very much, but we don't have any other choice. " (A girl from Kyrgyzstan living with her grandmother as her mother has migrated for work. Cited in HelpAge International, 2011b: p14)

In China, research by Gong et al (2009) shows how sibling separation can exacerbate anxiety and depression for children in kinship care, and stigma and social exclusions associated with issues such as disability or HIV status may also have an impact on psycho-social support needs (EveryChild and BCN, 2012; EveryChild,

---

3 Quote taken during interviews with HelpAge International staff.

4 HelpAge International staff report that older people are generally amongst the most literate sections of the population in Kyrgyzstan as they grew up during a time when levels of literacy were higher than they are currently. However, older carers struggle with new curriculums that have changed dramatically since their childhoods.

2010). This suggests that, as per the Guidelines for the Alternative Care of Children (UN, 2010), efforts must be made to keep siblings together when making placement choices. The distress experienced by children in kinship care may also be enhanced if children are treated differently from other children in the household. Evidence suggests that such discrimination increases the less related the child is to their carer, and is far less common in grandparent than in aunt or uncle or older sibling care (Roby, 2011). Discrimination can manifest itself in several different ways, including differing disciplinary treatment, access to school, housework loads and food allocations. As well as being deeply distressing it can also impact on education, health and nutrition outcomes (Kuyini et al, 2009; Roby, 2011; Save the Children, 2007).

❝❝ Your uncle's wife will give pocket money to her own children, but will tell you to go ask your dead parents if you want money. ❞❞
(Children in kinship care in Malawi. Cited in Mann, 2004: p40)

Discrimination may be viewed in some communities as an intrinsic part of kinship care relationships. It is anticipated by parents and children alike and is part of the system of obligation and reward associated with kinship care, as described above. This seems to be especially likely to be the case when children are sent to live with richer relatives or kin, and may be expected to contribute to the household in return for the contributions made by such relatives to their upbringing (Mann, 2001).

If not dealt with properly, the distress experienced by children in kinship care can lead to poor relationships in the household. Research in Malawi demonstrates how children and their carers often go through `cycles of misunderstanding,' with deeply distressed children becoming withdrawn and aggressive, and carers feeling resentful at children's lack of gratitude and withdrawing their love and affection (Mann, 2004). In addition to kinship carers, other children in the household may also have psychosocial support needs, especially if, as suggested by Heymann et al (2007) in

research in Botswana, kinship carers spend fewer hours looking after their own children.

Of course, as with all children, those in kinship care also have physical health needs. In contexts where HIV is common, a disproportionate number of children in kinship care may be living with HIV and require particular medical and nutritional support. Kinship carers are likely to suffer the same problems as parents in accessing such healthcare in contexts where health systems are constrained, but, as shown below, may experience additional barriers due to age or lack of time (EveryChild, 2010).

As with the children in their care, carers have psychosocial and physical health support needs. Many will have had to make major adjustments to their life plans, with older carers giving up quiet retirements, and younger carers giving up, or putting on hold, plans for marriage, careers and education (Evans, 2010; HelpAge International and REPSSI, 2011; Roth et al, 2011).

❝❝ I had ideas about how I would like to spend this time of my life. Now I feel like I am starting all over again. ❞❞ (Older carer in Africa. Cited in HelpAge International and REPSSI, 2011: p9)

Carers may struggle to deal with the challenging behaviour of often traumatised children in their care (Mann, 2004; HelpAge International and REPSSI, 2011). Those caring for orphans will have often also lost a parent, sibling or child, and be experiencing grief (HelpAge International and REPSSI, 2011). Those who are caring for children who have been removed from parental care because of abuse and neglect may feel resentment and anger against the child's parent (Roth et al, 2011). Carers may feel worried about their ability to provide for children, or to offer them sufficient emotional support.

❝❝ I worry a lot about what will happen to the children after I am gone, and my own health is not so good these days. ❞❞ (Older carer in Africa. Cited in HelpAge International and REPSSI, 2011: p19)

❝❝ Our grandchildren grow up without their parents. How can 75-80 year old women and men provide appropriate support to their grandchildren? Here are no kindergartens in the villages. All we can do is make tea for them. Who will work on the fields? How will we survive? Who will support us? ❞❞
(An older carer in Kyrgyzstan. Cited in HelpAge International, 2011b: p2)

Carers with their own children may have additional anxieties about how the needs of these children will be met (Department for Education, 2010), and those caring for children with disabilities may feel under particular pressure. Research in the US shows that anxiety, depression and hypertension is common amongst such carers with high caregiving demands (Janicki et al, 2000). Carers may feel socially isolated, especially if friends in their age group are not caring for children, and this may be especially the case for older male carers (HelpAge International and REPSSI, 2011; Janicki et al, 2000; Roth et al, 2011). Many carers will feel they have to put their own grief aside in order to be strong for the children in their care,

❝❝ I'm forced to be happy all the time, even though I am sad. ❞❞ (Older sibling carer in Tanzania. Cited in Evans, 2010: p14)

Carers, especially older carers, often suffer from problems relating to their physical health. Many older carers already have health problems, and these may be exacerbated by the physical and emotional strains of bringing up children, and the lack of opportunities for rest and relaxation (HelpAge International, 2005; Makadzange and Dolamo, 2011). There is growing recognition that in addition to caring for children affected by HIV, older carers may themselves be living with HIV (Boon et al, 2010). Research in Thailand shows how older carers may have watched their own children die as a result of AIDS in addition to caring for grandchildren living with HIV and living with HIV themselves (HelpAge International, 2005). As with children affected by HIV, research in Cambodia illustrate how older carers living with HIV may be isolated as a consequence of stigma associated with HIV (Knodel et al, 2009).

Research suggests that the psychosocial support and healthcare needs of children in kinship care and their carers are often not met through health or social care systems. Many of those interviewed for this paper argue in particular that the psycho-social support needs of children and carers are neglected in favour of a focus on meeting material needs. For those living with HIV, access to Anti-Retroviral Therapy (ART) can be especially challenging as distances to clinics are often great, and carers too frail or too busy with childcare to travel (Makadzange and Dolamo, 2011).

Evidence suggests that a focus on community-based healthcare and psychosocial support is both preferable and cost-effective. Importantly, such care is more accessible for older carers unable to travel. Support groups and self-help networks have also proven to be very effective in reducing the isolation and anxiety experienced by children in kinship care and their carers (see Box 4 and Aldgate and McIntosh, 2006; HelpAge International and the International HIV/AIDS Alliance, 2003; HelpAge International and REPSSI, 2011).

Social workers can play a role in providing information about healthcare and counselling children and carers, and in helping to preserve sibling relationships. However, social workers in resource constrained settings often have too great a workload for such one to one support, and may be better deployed building up community support structures (EveryChild, 2012b). The role of other actors, such as teachers, and healthcare professionals, in providing psychosocial support also needs to be recognised, especially as there are far more of these professionals in many communities than social workers. Importantly, in many communities, faith-based organisations have a crucial role to play in providing psychosocial support (see Box 3).

As is discussed in more detail below, social workers used to dealing mainly with formal care and with child abuse and neglect cases may also lack the skills needed to respond to kinship carers in a positive, sensitive manner. Social workers who predominantly work with

parents may find it challenging to respond well to older or younger carers, and may require special training to understand the particular challenges faced by such groups (Department for Education, 2010; Roth et al, 2011).

Child protection

Although most kinship carers provide good care for children in often very challenging circumstances, as in any family environment, abuse, neglect and exploitation does occur. As with discrimination, evidence suggests that the vulnerability of children in kinship care to abuse, neglect and exploitation increases the less related the child is to their carer (Roby, 2011). Children with disabilities may also be especially vulnerable to abuse (EveryChild and BCN, 2012).

❝ Usually her (sister's) husband will want to sleep with you as his second wife. ❞

❝ In our culture, you can marry your cousin, so if you happen to stay with him, he will start making advances at you to have sex with him. You could become pregnant and drop out of school. ❞

(Girls from Malawi. Cited in EveryChild, 2009: p23)

Abuse may be physical, sexual or mental, and children may also be exploited and expected to work long hours in the home. As noted by Roby (2011) countries such as Haiti and Cote d'Ivoire,

there are long traditions of children going to live with distant relatives or kin with the promise of schooling, and being expected to work for long hours in the home. Roby notes that such children are often even more exploited than non-relative child domestic workers, as the pretence of a caring kinship relationship means that they do not get paid. Such exploitative relationships have also been noted by other researchers in Sri Lanka (Save the Children, 2007), South Africa (UNICEF/ISS, 2004) and Malawi (Mann, 2004).

As noted above, a lack of adequate financial support or healthcare may lead to some kinship carers, especially older carers, relying on children to bring in an income or to provide care and help with housework. Such work may become problematic if it is harmful to children's wellbeing or interferes with their schooling.

This evidence suggests that children in kinship care, like all children, need the support of child protection structures, with a particular need for attention to be paid to children living with more distant relatives, and those with disabilities. The importance of protecting children in kinship care is also acknowledged in the Guidelines for the Alternative Care of Children (UN, 2010: Article 18), with a particular recognition of the need to protect children living with more distant relatives (UN, 2010: Article 76). Exactly what form such child protection structures take is likely to vary by setting. There is some

evidence to suggest that community-based child protection structures can be effective in monitoring and supporting vulnerable children, although professional social workers may be needed to respond to more serious allegations of abuse, and questions have been raised about the sustainability of such structures (EveryChild, 2012b; Gale, 2008; Wessells, 2009). Faith-based organisations can play an important role in raising awareness about child abuse, providing training in parenting skills, and monitoring children's wellbeing (Olson, Knight and Foster, 2008). Other actors, such as teachers or healthcare professionals, also have a role to play.

In relation to children's work, depending on the degree of exploitation experienced by children, responses may need to focus less on child protection, and more on providing other sources of income and proper healthcare to lessen the reliance on children's contributions.

Protecting children living with their own families is not without its challenges. Some kinship carers find the involvement of formal child protection agencies intrusive, and social workers' wishes to avoid interference in family life can prevent them from taking proper measures to safeguard children (Aldgate and McIntosh, 2006). As argued by Aldgate and McIntosh (2006) in relation to kinship care in the UK, efforts to resolve this challenge include re-training social workers to work in a new more family-centric manner. This style of social work moves away from a focus on threats and problems that children may be experiencing and towards a partnership between social workers and families, which protects children and identifies and builds on strengths. In western contexts dominated by foster care, this requires a fundamental change in the way social workers operate and think. For other settings, this suggests that social services should develop or build on strategies for protecting

and supporting children that focus on existing strengths within families and communities (EveryChild, 2012b).

Parenting support and dealing with inter-generational conflict

Kinship carers may face particular challenges in their efforts to parent children. Some carers, including adult siblings or older male carers, will have had no past parenting experience (HelpAge International and REPSSI, 2011; Roth et al, 2011). Carers with teenagers may have particular concerns about delinquency and sexual activity (Aldgate and McIntosh, 2006; HelpAge International and REPSSI, 2011). In Bolivia, these worries may be exacerbated by mass female migration and a consequent increase in grandparent care commonly being unfairly blamed for a rise in gang culture (Bastia, 2009). Older carers may find it especially hard to understand the younger generation, and both grandparent and adult sibling carers commonly find disciplining a problem, with children in their care demonstrating a lack of respect (Boon et al, 2010; HelpAge International and REPSSI, 2011; Evans, 2010; Roth et al, 2011).

It is quite tiring caring for my grandchild because he is very naughty and does not listen to me at all. When he goes to school, I give him five baht but he asks for 10. (60 year old female carer, Thailand. Cited in HelpAge International, 2005: p13)

This suggests that kinship carers may need specific parenting support, and help mediating family conflict. It is interesting to note that in settings where foster care is common, such support is often more widely provided to foster than kinship carers (Aldgate and McIntosh, 2006; Save the Children, 2007).

6 Recognising the limitations of kinship care and supporting better decision making

The evidence presented above clearly demonstrates the value of kinship care, and the importance of providing greater support to kinship carer households, especially those headed by older carers. Whilst not detracting from this general need to invest more resources in kinship care, it is also important to acknowledge that kinship care is neither appropriate nor available for all children. In this section, the limits of kinship care are examined, and a case is made for ensuring that support for kinship care is combined with support for parents and a wide range of other quality alternative care options for children. At the end of the section, some guidance is offered on decision-making processes for determining whether or not children should be placed in kinship care.

Kinship care is not the same as parental care

Interviews conducted for this paper, and evidence from children themselves, suggests that kinship care should not be seen as fully equivalent to parental care. For example, research in South Africa, Botswana and Zimbabwe found that children wanted to be cared for by their immediate family and only by extended family members when parents had died or were unable to offer adequate care (Skinner et al, cited in Save the Children, 2007). Research in Malawi found that most children preferred being cared for by their mothers,

❝ No one will love you like your mother; she gave birth to you so you are part of her. ❞

❝ A mother will care for you better than anyone else. ❞

(Quotes from children in Malawi discussing their care preferences. Cited in Mann, 2004: p35)

❝ I feel happy when I am with my mum, nobody will look after me like my mother. ❞
(Boy in parental care in India. Cited in EveryChild, 2010: p10)

These views are reflected in Article 9 of the UN Convention on the Rights of the Child (CRC), which states that children with living parents should only be separated from their parents if it is deemed in their best interests.

While extended family care allows children to remain in their families, contact with parents and opportunities for reintegration with mothers and or fathers can be problematic for children in extended family care. Kinship carers may have difficult relationships with children's parents, who are often their own sons, daughters or parents, especially if abuse, neglect or violence triggered the original breakdown of the family. In western contexts at least, this can make contact between children in kinship care and their parents challenging, although still possible (Aldgate and McIntosh, 2006; Roth et al, 2011). Research in the UK and US suggests that children in kinship care are less likely to go back and live with their parents than children in foster care or small group homes (Aldgate and McIntosh, 2006; Barth, 2002; Winokur et al, 2008). In other contexts, where kinship placements may be a joint family decision, embedded in long held cultural norms, and based on short term survival mechanisms or a need to access basic services, and where it is common for children to move in and out of kinship care due to migration, reintegration may be less problematic.

This evidence suggests that efforts to support kinship carers should not be at the expense of efforts to support parents. It is also suggested that some children in kinship care may need particular support in maintaining contact with their parents and/or eventually in returning

to live with them, if parents are alive, able to care for them and if this is in the child's best interest. Evidence on social protection further illustrates this point. EveryChild and partner agency staff in Moldova and Ukraine report that higher payments for children in formal guardianship than to parents can encourage parents to place children with grandparents or other family members. Similar findings have been reported in relation to foster care in South Africa, which, as shown, commonly involves extended family members (Hanlon et al, 2010; Kuo and Operario, 2009).

Kinship care is not available, or suitable, for all children

It is important to remember that kinship care is not an option for all children. Some children have no extended family willing to care for them, and this is especially likely to be the case for certain groups of children, such as those with disabilities or living with HIV in some settings. Research by the World Bank (2009) in India suggests that views about disability being inauspicious can make extended families reluctant to offer assistance in the care of children with disabilities. EveryChild has found in contexts where the stigma associated with HIV is high, extended families may reject children living with HIV. Though grandparents are more likely to overcome such concerns than other kinship carers,

❝ They (grandparents) are able to welcome them (children living with HIV). They are worried about the child's care and love. Others do not care. They only worry about the disease. ❞ (NGO worker, India. Cited in EveryChild, 2010: p12)

The ability and willingness of extended families and wider kin to care for children without parental care may be especially challenged in situations where there is a dramatic increase in orphans as a result of AIDS or natural disasters and conflict. To date, extended families have shown incredible tenacity in their readiness to care for the children of kin in such situations, though some argue that if both the number of orphans and the lack of support to extended

families continue, extended families may eventually reach saturation point (JLICA, 2009).

In addition to kinship care being unavailable for some children, it is also the case that such care is unsuitable for some children. This issue is discussed extensively in the first paper in this series on residential care (EveryChild, 2011a). It is argued that some children benefit from periods in small group homes rather than family-based care. Such children may include those that need intensive physical or psychological therapy and children who reject family life due to negative past experiences.

These findings highlight the need for other care options to be supported in addition to kinship care including foster care with non-relatives; and small group homes, which can be used when the child has very specific needs that cannot be met in a family setting. As argued by Roelen and Sabates-Wheeler (2011), a recognition of this issue is noticeably absent from the current discourse around the care of children affected by HIV. Recommendations around this care have recently shifted away from a focus on the child towards a focus on support for families to care effectively for the child. While such a shift is welcome, Roelen and Sabates-Wheeler (2011) argue that it must be accompanied by recognition of the continued need to support to other forms of alternative care.

Not all kin make suitable carers

In addition to kinship care not being suitable for all children, it is also the case that not all kin make suitable carers. As shown above, abuse, neglect and discrimination happen within kinship care. Evidence suggests that such mistreatment becomes more common the less related the child is the person caring for them. Caring for children can also place an enormous physical and psychological strain on carers. Some carers may not be able to offer adequate care for children, even with support. As already mentioned, where kin take in children out of a sense of cultural obligation rather than a sense of affiliation, discriminatory treatment may become a particular problem.

Making decisions about placing children with kin

The evidence presented so far in this section suggests that decisions about whether a child should be placed in kinship care as opposed to other forms of alternative care, and which kin children should be placed with, must be made carefully. A failure to do so places children at risk. In the majority of cases, decision-making is informal and takes place within families without outside intervention. Evidence suggests that such decisions are often strongly guided by cultural norms, which may override children's preferences. Children are also rarely consulted during decision-making process (see Box 6). This highlights the need to gain a better understanding of cultural norms, and to support communities to make decisions in a manner that involves children and seeks to act in their best interests. Social workers, community-based child protection mechanisms and faith-based organisations may all be well placed to assist families and children in making the right choices for children.

Formal decision-making is likely to involve a wide range of individuals, including social workers and legal representatives. As with informal decision-making, there is evidence to suggest that children are excluded from meaningful participation in formal decision making in many settings, and parents and other family members may also have limited say (EveryChild, 2010; Evans, 2011).

The Guidelines for the Alternative Care of Children (UN, 2010) offer extensive guidance on formal decision-making processes, including the stipulation that children and family members should be fully involved in it (see Articles 57-68). The Guidelines call for: rigorous professional procedures; expeditious but careful assessment; decisions that balance concerns for the child's immediate safety with their long term care needs; regular review of care plans and transparency in decision-making. The Guidelines also highlight the importance of making decisions on a case by case basis, focusing on the best interests of the child and articulating a range of factors that need to be taken into consideration in determining best interest.

Planning for care provision and permanency should be based on, notably, the nature and quality of the child's attachment to his/her family, the family's capacity to safeguard the child's wellbeing and harmonious development, the child's need or desire to feel part of a family, the desirability of the child remaining with his/her country, the child's cultural, linguistic and religious background, and the child's relationship with siblings, with a view to avoiding their separation. (UN, 2010: Article 62)

This evidence suggests that efforts are needed to improve formal decision making regarding children's care in line with the Guidelines. In particular, more work is needed to ensure the proper engagement of children and families in decision-making, and the full consideration of children's material, developmental and emotional needs. As with informal care, it is important to understand the impact of cultural norms on the placement preferences of family members, and to ensure that such norms do not prevent children from being placed into the best possible care option for them. Here, family group conferences, where family members are brought together and facilitated in making-decisions about children's care, may prove a useful model (see Department for Education (UK), 2010).

In both informal and formal care, decision-makers may need to be encouraged to consider what happens if grandparent carers become unable to continue to care for children, or die. Given the strong benefits of grandparent care, this risk should not necessarily prevent placement, but should instead encourage the development of a succession plan. In both informal and formal care decision-making, it is also important to recognise the fluidity of kinship care placements, with many children regularly entering and leaving kinship care.

7 Conclusions

This paper provides three key conclusions about kinship care:

1. **Kinship care is and should be here to stay, and it is especially important to celebrate and support the role of grandparents in bringing up children who cannot be cared for by their parents**. Kinship care is by far the most common form of alternative care around the world. Global trends and strong cultural support for kinship care in many communities suggest that this is likely to continue to be the case for years to come. Kinship care is preferred by many boys and girls. It provides better opportunities for lasting attachments and continuity, and superior health, education and wellbeing outcomes, than many other forms of alternative care. Kinship care is also cheaper than other forms of care, such as residential care. It can provide satisfaction and support to carers, as well as to children. Grandparent care is especially common and popular amongst children and carers alike.

2. **A full package of support must be developed for kinship carers and the children in their care, recognising the particular needs and vulnerability of grandparent carer headed households**. Support to kinship carers, especially to grandparent carers, is woefully inadequate and a full package of support must be available that recognises the wide ranging needs of children in kinship care and their carers. Households caring for kin, as with other vulnerable families, should be given greater access to appropriate and adequate social protection, and assistance with housing if required. Some children in kinship care may need particular support with schooling, and both carers and children will benefit from community-based healthcare systems and targeted psychosocial support. Children in kinship care must be adequately protected, and carers may require parenting support.

In delivering support, it is essential to recognise that grandparent carers are especially financially vulnerable and are more likely to experience health problems than younger carers. They may also find elements of caring for children especially stressful and suffer from isolation from wider communities. Support must be tailored to local contexts and build on a full understanding of cultural beliefs regarding the obligations and rewards associated with kinship care. Social workers, community groups, teachers and healthcare professionals should all be trained to offer better support to those in kinship care and their carers, especially grandparent carers. The work done by faith-based organisations should also be recognised and built on.

While formalising kinship care may offer children a greater degree of protection, this is neither realistic nor appropriate for all children and all families, especially given the fluid nature of much kinship care. Support and protection must not be dependent on the formality of care.

3. **Kinship care should never be the only care option available to children. Parents need support too and other forms of alternative care should be available**. Parental care continues to the preferred option for many children, who have the right not to be separated from parents unless it is in their best interest. Kinship care is not available or appropriate for all children, and can leave children vulnerable to abuse and exploitation. Careful decisions must be made about kinship care placements to ensure that they are right for each individual child. This must involve the consideration of the wide range of children's needs, including emotional wellbeing and preferences, and should include full consultation with

Family first: Prioritising support to kinship carers, especially older carers

children and their families. Social workers, courts, families and communities must all be supported to improve formal and informal decision-making about kinship care.

Providing adequate and appropriate support to kinship carers and to the children in their care must be a joint effort that spans a range of sectors, and involves community groups, NGOs, and faith-based organisations along with governments. Recommendations for those working in child protection, social protection, health and education are listed below, along with the need for over-arching policy frameworks to enable unified approaches.

1. Increase investments in **social protection** for vulnerable families, and research and monitor such schemes to ensure that they adequately support both parents and kinship carers, and the children in their care. Recognise the particular contribution and financial vulnerabilities of older carers, and ensure wider access to adequate pensions.

2. Build **systems of child protection and care** that protect children in kinship care and acknowledge the important place of kinship care in the continuum of care choices for children:

   ■ Continue to support parents, and ensure that kinship care is a care option amongst many so that children who cannot access kinship care, or those for whom kinship care is not appropriate, have a range of care options open to them.

   ■ Train social workers to enable them to better support parents and kinship carers, especially grandparent carers.

   ■ Support better decision-making about kinship care, with assistance to both informal and formal processes to promote greater child participation.

   ■ Invest in and support community-based structures for child protection.

   ■ Work to keep siblings together, and recognise the particular vulnerabilities of children living with more distant kin.

   ■ Provide effective linkages to other sectors, including social protection, health, and education.

3. Encourage **healthcare** systems to recognise the physical and psychosocial needs of children in kinship care and kinship carers, especially older carers. Build community-based healthcare, support groups and self-help networks.

4. Ensure that **education** systems recognise the particular vulnerabilities of children in kinship care and are able to offer adequate support for schooling, psychosocial support and protection.

5. Create **overarching policy frameworks** that recognise the value, and limits, of kinship care and promote a full package of support to kinship carers. These include national policies and guidance on alternative care and on orphans and vulnerable children and specific plans of action for supporting older carers.

It is hoped that through the implementation of these recommendations, families can truly be said to be put first in the provision of alternative care for children.

References

Adato, M and Bassett, L (2008) *What is the Potential of Cash Transfers to Strengthen Families Affected by HIV and AIDS? A Review of the Evidence on Impacts and Key Policy Debates.* International Food Policy Research Institute, Washington

Ahmad, A, Qahar, J, Siddiq, A, Majeed, A, Rasheed, J, Jabar, F and von Knorring, A (2005) *A Two Year Follow-up of Orphan Competence, Socio-Emotional Problems and Post Traumatic Stress Symptons in Traditional Foster Care and Orphanages in Iraqi Kurdistan Child Care.* Health and Development 31(2)

Aldgate, J and McIntosh, M (2006) *Looking After the Family: A Study of Children in Looked After Kinship Care in Scotland.* Social Work Inspection Agency, Scotland

Apata, TG, Rahji, MAY, Apata, OM, Ogunrewo, JO and Igbalajobi, OA (2010) *Effects of HIV/AIDS Epidemic and Related Sicknesses on Family and Community Structures in Nigeria: Evidence of Emergence of Older Care-givers and Orphan Hoods.* Journal of Science and Technology Education Research, 1(4)

Barth, R (2002) *Institutions vs. Foster Homes: The Empirical Base for the Second Century of Debate.* UNC, School of Social Work, Jordan Institute for Families, Chapel Hill, NC

Bastia, T (2009) *Women's Migration and the Crisis of Care: Grandparents Caring for Grandchildren in Urban Bolivia.* Gender and Development, 17(3)

Beegle, K, Filmer, D, Stokes, A, Tiererova, L (2009) *Orphanhood and the Living Arrangements of Children in Sub-Saharan Africa.* World Bank Policy and Research Working Paper 4889, World Bank, USA

Boon, H, Reiter, R, James, S, Van der Borne, B, Williams, E, Reddy, P (2010) *Correlates of Grief Among Older Adults Caring for Children and Grandchildren as a Consequence of HIV and AIDS in South Africa.* Journal of Aging and Health, 22(1)

Burnett, D (2009) *Grandparent Care-giving in Caribbean Latino Families: Correlates of Children's Departure from Care.* Journal of Intergenerational Relationships, (7)

Cantwell, N and Jacomy-Vite, S (2011) *Assessment of the Alternative Care System in the Syrian Arab Republic.* Ministry of Social Affairs & Labour and UNICEF, Syria

Cardoso, J, Gomez, R, Padilla, Y (2009) *What Happens When Family Resources are Across Boundaries? An Exploratory Study on Kinship Placement in Mexican Immigrant Families.* Child Welfare, 88(6)

Casa Viva (date unknown) *Father to the Fatherless.* Available at http://www.casaviva.org/Uploads/All_Church_Missions_Initiative.pdf (Accessed 10/5/12)

Department for Education (2010) *Family and Friends Care: Statutory Guidance for Local Authorities.* Department for Education, UK

Desmond, C and Gow, J (2001) *The Cost-Effectiveness of Six Models of Care for Orphans and Vulnerable Children in South Africa.* University of Natal, Durban, South Africa

Evans, R (2010) *The Experiences and Priorities of Young People who Care for their Siblings in Tanzania and Uganda.* University of Reading, UK

Evans, P (2011) *Understanding and improving formal decision-making about children's care.* EveryChild, London (unpublished)

EveryChild and the Better Care Network (2012) *Enabling reform: Why supporting children with disabilities must be at the heart of successful childcare reform.* The Better Care Network, New York

EveryChild (2005) *Family Matters: A study of institutional childcare in Central and Eastern Europe and the former Soviet Union.* EveryChild, London

EveryChild (2009) *Every Child Deserves A Family: EveryChild's approach to children without parental care.* EveryChild, London

EveryChild (2010) *Positively caring: Ensuring that positive choices can be made about the care of children affected by HIV.* EveryChild, London

EveryChild (2011a) *Scaling down: Reducing, reshaping and improving residential care around the world.* Positive care choices working paper 1, EveryChild, London

EveryChild (2011b) *Fostering better care: Improving foster care provision around the world.* Positive care choices working paper 2, EveryChild, London

EveryChild (2012a) *Adopting better care: Improving adoption services around the world.* Positive care choices working paper 3, EveryChild, London

EveryChild (2012b) *Making social work work: Improving social work for vulnerable children and families around the world.* Literature review, EveryChild, London

Gale, L (2008) *Beyond men pikin: improving understanding of post-conflict child fostering in Sierra Leone.* Feinstein International Center, Tufts University, USA

Gong, L, Li, X, Fang, X, Zhao, G, Lv, Y, Zhao, J, Lin, X, Zhang, L, Chen, X and Stanton, B (2009) *Sibling separation and psychological problems of double AIDS orphans in rural China: A comparison analysis.* Health and Development, 35(4)

Hanlon, J, Barrientos, A and Hulme, D (2010) *Just give money to the poor: the development revolution from the South.* Kumarian Press

HelpAge International and the International HIV/AIDS Alliance (2003) *Forgotten families: Older people as carers of orphans and vulnerable children.* HelpAge International and the International HIV/AIDS Alliance, London

HelpAge International (2004a) *Ageing and development.* Issue 16. HelpAge International, UK

HelpAge International (2004b) *Age and security: How social pensions can deliver effective aid to poorer people and their families.* HelpAge International, London

HelpAge International (2005) *Coping with love: Older people and HIV/AIDS in Thailand.* HelpAge International, UK

HelpAge International (2007a) *Committed to Caring: Older women and HIV and AIDS in Cambodia, Thailand and Vietnam.* Helpage International, London

HelpAge International (2007b) *Living together: Meeting the economic needs of older carers in Mozambique.* HelpAge International, London

HelpAge International (2008) *Grandparents and grandchildren: Impact of migration in Moldova.* HelpAge and UNICEF, Moldova

HelpAge International (2010a) *Poverty reduction in multi-generational households affected by migration.* Issue 1. HelpAge International, Kyrgyzstan

HelpAge International (2010b) *Forced to change horizons: Internal displacement. A forward approach for older people in Cali, Colombia.* HelpAge International, Colombia

HelpAge International (2011a) *Ageing and development.* Issue 29. HelpAge International, UK

HelpAge International (2011b) *Poverty reduction in multi-generational households affected by migration.* Issue 2. HelpAge International, Kyrgyzstan

HelpAge International (2011c) *HIV and ageing in Africa, an official pre-conference of ICASA 2011.* HelpAge International informational statement, HelpAge International, UK

HelpAge International (2011d) *The price of income security in older age: Costs of a universal pension in 50 low and middle income countries.* HelpAge International, London

HelpAge International and REPSSI (2011) *Psychosocial care and support for older carers of orphaned and vulnerable children: Programming guidelines.* REPSSI and HelpAge International, South Africa

HelpAge International (forthcoming) *Feasibility study for expansion of the older persons cash transfer.* HelpAge International, London

Heymann, J, Earle, A, Rajaraman, D, Miller, C and Bogen, K (2007) *Extended family caring for children orphaned by AIDS: balancing essential work and caregiving in a high HIV prevalence nations.* AIDS Care Volume: 19, Issue: 3,

Hofman, S, Heslop, M, Clacherty, M and Kessy, F (2008) *Salt, Soap and Shoes for School: The Impact of Pensions on the Lives of Older People and Their Grandchildren in the KwaWazee Project in Tanzania's Kagera Region.* Evaluation report, HelpAge, REPSSI, World Vision and the Swiss Agency for Development Co-operation, Tanzania

Howard, BH, Phillips, CV, Matinhure, N, Goodman, KJ, McCurdy, SA and Johnson, CA (2006) *Barriers and incentives to orphan care in a time of AIDS and economic crisis: a cross-sectional survey of caregivers in rural Zimbabwe.* BMC Public Health, 6(27)

Janicki, M, McCallion, P, Grant-Griffin, L and Kolomer, S (2000) *Grandparent Caregiver I: Characteristics of the Grandparents and the Children with Disabilities for Whom they Care.* Journal of Gerontological Social Work, 33(30)

Jia, Z and Tian, W (2010) *Loneliness of Left-Behind Children: A Cross Sectional Survey Sample of Rural China.* Childcare, Health and Development, 36(6)

JLICA (2009) *Home Truths: Facing the Facts on Children, AIDS and Poverty.* Final report of the Joint Learning Initiative on Children and AIDS, Joint Learning Initiative on Children and AIDS, London

Knodel, J, Williams, N, Kim, S, Puch, S and Saengtienchai, C (2009) *Community Reaction to Older Age Parental AIDS Caregivers and their Families: Evidence from Cambodia .* Research on Aging, 32 (1)

Kuo, C and Operario, D. (2009) *Caring for AIDS-Orphaned children: A systematic review of studies on caregivers.* Vulnerable Children and Youth Studies, 4(1)1-12.

Kuyini, A, Alhasan, A, Tollerud, , Weld, H, and Haruna, I (2009) *Traditional Kinship Foster Care in Northern Ghana: The Experiences and Views of Children, Carers and Adults in Tamale.* Child and Family Social Work, 14

Lackey, D (2010) *Care and Support for Children in Elderly Headed Households.* Presentation given at Children and HIV: Family Support First, Vienna, July 2010

Makadzange and Dolamo (2011) *Care of HIV Positive Orphans by Elderly people in Swaziland.* CME, 29(2)

Mann, G (2001) *Networks of Support: A Literature Review of Care Issues for Separated Children.* Save the Children, Sweden

Mann, G (2004) *Family Matters: the Care and Protection of Children Affected by HIV/AIDS in Malawi.* Save the Children, London

Mathambo, V and Gibbs, A (2008) *Qualitative Accounts of Family and Household Changes in Response to the Affects of HIV and AIDS: A Review of Pointers to Action.* Joint Learning Initiative on Children and AIDS, London

Megahead, H and Helwan, U (2008) *Family Foster Care for Abandoned Children in Egypt.* Journal of Social Welfare, 35 (2)

Munthree, C and Maharaj, P (2010) *Growing Old in the Era of High Prevalence of HIV/AIDS: The Impact of AIDS in Older Men and Women in KwaZulu Natal, South Africa.* Research on Aging, 32(1)

Nandy, S and Selwyn, J (2011) *Spotlight on Kinship Care: Using Census Microdata to Examine the Extent and Nature of Kinship Care in the UK at the Turn of the Twentieth century.* University of Bristol, UK

Olson, K, Knight, S and Foster, J (2008) *From Faith to Action. Strengthening Family and Community Care for Orphans and Vulnerable Children in Sub-Saharan Africa* The Firelight Foundation, USA

Olson, K, Cox, A, Millner, D, Riordan, K and Derrik, J (2011) *A Resource Guide for Orphan Care Ministries Helping Children in Africa and Beyond.* Firelight Foundation, USA

Partnership for EveryChild (2012) *Russia child welfare numbers: Key trends emerging from 2009 official statistics.* Ministry of Education report for 2010 and Russian Federation report to CRC committee 2011. Partnership for Every Child briefing note, April 2012

Red Cross (2004) *Inter-agency Guiding Principles of Unaccompanied and Separated Children.* International Committee of the Red Cross, Geneva

RELAF/SOS (2010) *Children and Adolescents without Parental Care in Latin America: Contexts, Causes and Consequences of Being Deprived of the Right to Family and Community Life.* Red Latinoamericana de Acogiemento Familiar and SOS Children's Villages International, Argentina

Roby, J (2011) *Children in Informal Alternative Care.* Discussion paper. UNICEF, New York

Roelen, K and Sabates-Wheeler, R (2011) *A child sensitive approach to social protection: Serving Practical and Strategic needs.* Paper presented at International Conference: "Social Protection for Social Justice", Institute of Development Studies, UK, 13-15th April 2011. Institute of Development Studies, Centre for Social Protection, Sussex University, UK

Roth, D, Lyndley, B and Ashley, C (2011) *Big Bruv, Little Sis.* Family Rights Group, London

Save the Children (2007) *Kinship Care: Providing positive and safe care for children living away from home.* Save the Children, London

Skovdal, M (2010) *Children caring for their 'caregivers': Exploring the caring arrangements in households affected by AIDS in western Kenya.* AIDS care, 22(1), p96-103

United Nations (UN) (1989) *Convention on the Rights of the Child.* Available at http://www2.ohchr.or...ish/law/crc.htm (Assessed 2/5/2012)

UN (2002) *Report of the Second World Assembly on Ageing.* Available at http://www.c-fam.org/docLib/20080625_Madrid_Ageing_Conference.pdf (Assessed 2/5/2012)

UN (2010) *Guidelines for the Alternative Care of Children.* UN, New York

UNICEF (2006) *Alternative care for children without primary caregivers in Tsunami-affected countries: Indonesia, Malaysia, Myanmar and Thailand.* UNICEF, Thailand

UNICEF (2008) *Alternative Care for Children in southern Africa: Progress, Challenges and Future directions.* UNICEF, Nairobi

UNICEF/ISS (2004) *Improving Protection for Children without Parental Care Kinship Care: An Issue for International Standards.* UNICEF and International Social Services, Geneva

Wessells (2009) *What are We Learning About Community-Based Child Protection Mechanisms? An Inter-Agency Review of the Evidence From Humanitarian and Development Settings.* USAID, Oak Foundation, World Vision, UNICEF, Save the Children, UK

Winokur, M, Crawford, G, Longobardi, R and Valentine, D (2008) *Matched Comparison of Children in Kinship and Foster Care on Child Welfare Outcomes in Kinship Care Vs Foster Care: Comparing Outcomes of Placements.* Practice and Policy Focus. Families in Society, 3. Alliance for Children and Families, USA

World Bank (2009) *People With Disabilities in India: From Commitments to Outcomes.* World Bank, New York

Zagheni, E (2011) *The Impact of the HIV/AIDS Epidemic on Kinship Resources for Orphans in Zimbabwe.* Population and Development Review, 37(4)

Appendix 1: A list of those consulted for this paper

Consultations for this paper took several forms, including telephone interviews on kinship care and families, and comments on earlier drafts of the paper. The following individuals all contributed to this paper:

- **Adriana Pacheco** and **Claudia Cabral**, ABTH, Brazil

- **Alice Livingstone**, HelpAge International

- **Alison Lane**, Juconi Mexico

- **Amanda Cox**, Family for Every Child

- **Amanda Griffith**, Family for Every Child

- **Andie McPherson**, HelpAge International

- **Andro Dadiani**, EveryChild Georgia

- **Bridget Sleap**, HelpAge International

- **Brussels Mughogh**, EveryChild, Malawi

- **Charles Knox-Vydmanov**, HelpAge International

- **David Tolfree**, a member of EveryChild's board and a specialist in alternative care

- **Eppu Mikkonen-Jeanneret**, HelpAge International

- **Herni Ramdlaningrum**, Muhammadiyah Indonesia

- **Jo Rogers**, Partnership for Every Child, Russia

- **Meseret Tadesse**, FSCE, Ethiopia

- **Necodimus Chipfupa**, HelpAge International

- **Omattie Madray**, ChildLink, Guyana

- **Payal Saksena**, EveryChild, India

- **Rachel Albone**, HelpAge International

- **Susi Taylor**, HelpAge International

- **Tracey Martin**, EveryChild, London

EveryChild.

EveryChild
4 Bath Place, Rivington Street, London EC2A 3DR

Email: policy@everychild.org.uk
Tel: +44(0) 20 7749 2490
www.everychild.org.uk

Follow us at www.twitter.com/everychilduk

HelpAge International
PO Box 70156, London WC1A 9GB

Email: info@helpage.org
Tel: +44 (0) 20 7148 7632
www.helpage.org

HelpAge International
age helps