

The paradox of kinship care

The most valued but least resourced care option – a global study



Family
for every child

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Summary

This report argues that there is an urgent need to increase support to children living with relatives or friends of their family. Across the world, this kinship care is both the most widely used and the most valued option for children who cannot be cared for by their parents. Yet it is also neglected by policymakers and practitioners, placing children at great risk. This report is based on a review of the literature centring on 40 high, medium and low income countries, and on primary research carried out in five African countries.

Definition and forms of kinship care

Kinship care may be defined as:

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

UN General Assembly (2010) Guidelines for the alternative care of children.

This broad definition encompasses multiple caregiving arrangements, and may involve:

- Care by grandparents, aunts, uncles, adult siblings and other close relatives, or by distant relatives and friends of the family.
- Varying degrees of parental contact and engagement in children’s upbringing.
- Both informal agreements between family members, and more formalised placements involving the courts or social workers.
- Stable, long-term relationships, or flexible, short term-measures that see children moving frequently between households.
- Arrangements that are supported by the child and caregiver or enforced on them, either through coercion or the pressure of social norms.

The widespread and growing use of kinship care

Approximately one in ten children around the world live in kinship care. Rates vary greatly between and within regions. The use of kinship care is consistently highest in Sub-Saharan Africa, where in some countries one in three children live in households with neither parent, with most of these children cared for by kin. Rates are lowest in North Africa, the Middle East, South Asia and some parts of Europe, though even in these settings large numbers of children are in kinship care. Informal kinship care is more common than formal, and children are more likely to be placed with grandparents than other relatives. In countries such as the UK, Indonesia, and Rwanda, children are up to 20 times more likely to be placed in kinship care than other forms of alternative care. In many settings, the use of kinship care is increasing.

Explanations for trends in kinship care

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

- poverty
- lack of access to services
- parental ill health and death
- internal migration, emigration, and national immigration policies
- disasters, conflict and instability (often linked to climate change)
- cultural beliefs
- the child protection policy response.

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

The value of kinship care

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

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

Support needs for safe and effective kinship care

Despite the value of kinship care, if it is poorly supported, both children and caregivers are highly vulnerable. Research suggests that support needs include:

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

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

The neglect of kinship care

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

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

Recommendations

For national governments

1. Conduct research on the scale, nature, causes and impacts of kinship care. This research should specifically seek to identify which groups of children in kinship care in a given context face the greatest risks.
2. Alter national policies and interventions on alternative care so that they prioritise supporting safe and effective kinship care. Specifically:
 - Ensure that the end goal of care reform is that all children can grow up safe and protected in families, and that kinship care is always considered as the first option when children cannot be cared for by parents.
 - Offer a full package of support for children in kinship care and their caregivers that includes: psychosocial, financial, educational, and child protection services and support.
 - Ensure that high-risk cases are monitored and provided with more extensive support (but do not attempt to monitor all cases).
3. Ensure that kinship care is considered in other relevant national policies and interventions. For example:
 - When determining national migration and immigration policies, ensure that the needs of migrants' children, including those in kinship care, are recognised.
 - When defining childhood vulnerability or targeting social protection, recognise the particular vulnerability of children in kinship care, and their caregivers.
 - When designing parenting, nutrition or early childhood development programmes or support for children with disabilities recognise that often it is kin rather than parents that are the primary caregivers. Target interventions and messages appropriately.
 - Ensure that schools work with kinship caregivers as well as with parents, and recognise the particular challenges that children in kinship care face in gaining an education.
4. Local civil society organisations (CSOs) are often the organisations that understand the situation best and have developed successful interventions. They should always be included in the development of legislation and policy development and implementation.

Recommendations for donors and UN agencies

- Offer financial and technical support to enable national governments to appropriately support kinship care.
- Expand global campaigning. Continue to support the deinstitutionalisation of children, but ensure that more resources are devoted to promoting the support of kinship care.
- Fund research and knowledge exchange on kinship care.
- Investing in local CSOs and their established practice with families and communities is often the most sustainable and contextually relevant response.

1. Introduction

This report argues that there is an **urgent need to increase support to children separated from their parents and living with relatives or friends of the family**. This type of care – ‘kinship care’ – is widely neglected by those aiming to improve children’s care. Kinship caregivers are often expected to look after children with no or minimal support, and greater emphasis is placed by many governments on more formalised forms of care outside of children’s families. Yet kinship care is the most important resource available to children separated from their mothers and fathers. The failure to support it exposes already highly vulnerable children to further risk, including mental health problems, poverty, discrimination and exploitation. Global, regional and national interventions on children’s care must be expanded so that policymakers and practitioners prioritise the needs of children in kinship care and their caregivers.

The remainder of the paper is split into seven sections. Following this introduction, the second section offers definitions of kinship care and provides examples of the range of caregiver arrangements included in this broad category of care. The third section highlights the growing use of kinship care around the world and offers explanations for these trends. Section four provides evidence on the value of kinship care to the child, caregiver, household and wider society, and shows how the importance of kinship care is acknowledged in national and international policies. The fifth section explores some of the risks associated with kinship care and the consequent support needs. Section six reveals the lack of assistance provided to children in kinship care and their caregivers, and gaps in research on kinship care. The final section summarises the key findings and provides policy recommendations for national governments, donors and United Nations (UN) agencies.

The paper is based primarily on a review of the global literature. Twenty-nine countries were selected as the focus for this literature review to provide a regional spread of countries and a mixture of high, low and middle income contexts. The initial literature review revealed some thematic areas in need of further investigation, leading to a review of literature from a further 11 countries. In total, **136 documents were reviewed from 40 countries**.¹ The annex provides further information on the literature review. In addition to the literature review, the report also contains some data from primary research that was carried out in five African countries for an in-depth report on kinship care in this region that will follow on from this report. This primary research involved in-depth interviews and focus groups with 101 children and 119 adults.

2. Defining kinship care

Multiple terms are used to describe kinship care

The Guidelines for the Alternative Care of Children, welcomed by the UN in 2009, are the most widely recognised global policy on children’s care.² The Guidelines define kinship care 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.”³

This definition encompasses informal agreements made between family members as well as formal arrangements, where children are placed into kinship care by social workers or the courts. It includes care by the child’s own family, but also by friends or neighbours with whom the child has an existing relationship.

Although, as shown in section three, kinship care is widely used all over the world, the term itself is not universally understood, and many find the inclusion of non-relatives to be particularly confusing. Other terms used to describe the placement of children with kin and close family friends include:

- family and friends care (UK)⁴
- swap care (Laos)⁵
- child shifting (Caribbean)⁶
- child fostering (in many contexts)⁷
- child circulation (in many contexts, particularly by anthropologists).⁸

A range of alternative words is also used for kinship care in many individual contexts. For example, in the Pacific island of Palau, researchers note at least six terms used to describe different kinship care arrangements.⁹

In this paper, the definition provided by the Guidelines for the Alternative Care of Children is used as it is the most widely agreed definition available.

Kinship care encompasses a range of caregiving arrangements

Kinship care covers a huge array of different arrangements, each associated with varying degrees of risk and benefit for the child and caregiver. Recognising that kinship care involves multiple forms rather than one form of care is essential for developing appropriate responses. The review of the literature suggests that kinship care can be described through five different continuums.

From parental to kinship care

In some cases, kinship care involves a complete severing of ties between children and their parents, with kinship caregivers taking on full ‘parental’ responsibility and making all key decisions about the child’s life.¹⁰ In other instances, whilst children live with relatives or friends of the family, parents continue to closely monitor their care and are involved in many decisions about their lives. For example, evidence from South East Asia and the Caribbean shows migrant parents in frequent contact with children left with relatives, and often closely involved in decisions around their schooling and care.¹¹ In Brazil, Kyrgyzstan, Cameroon, and Russia children are placed with childless relatives in permanent arrangements, but know who their birth parents are and see them often.¹² In some communities in Malawi, adolescent boys sleep in the homes of relatives, though they remain under the care of their mothers and fathers.¹³ In primary research carried out for this paper in Ethiopia, children in kinship care listed parents as their most important source of support, though boys and girls in kinship care in Ghana had limited to no contact with their parents.

From formal to informal kinship care

Whilst the majority of kinship care arrangements are informally made between family members, there are formal forms of kinship care involving the courts and social workers in many countries. Children may be formally placed in kinship care in child protection proceedings. Kinship caregivers may take on legal guardianship of the child from parents or the state or may register children with authorities as being in kinship care. Though formal kinship care is used in lower income settings,¹⁴ there tends to be a more sophisticated range of formal kinship care options within the more formalised child protection systems of higher income contexts.¹⁵ For example, in the UK there are six different types of formal kinship care.¹⁶

In some cases, kinship care agreements appear to sit somewhere between a formal and an informal arrangement. For example, children separated by the conflict in Syria are often informally placed with kin, but officially registered with UN agencies and monitored and supported by them.¹⁷ In Laos, children are not usually placed or monitored by social workers or the courts, though village heads will appoint a guardian for an abandoned child from amongst his or her relatives and acknowledge permanent placements through a formal letter.¹⁸ In Ethiopia, terminally ill parents may transfer parental responsibility with the oversight of a traditional or religious leader. Here, parents have the opportunity to outline their expectations in terms of how the child will be cared for, and the child’s new caregiver is encouraged to make a formal commitment to properly take care of the child.¹⁹

By degree of relatedness

Children in kinship care can be cared for by close blood relatives with whom they have a strong existing bond, including grandparents, adult siblings or an aunt or uncle on the maternal or paternal side. They can also be looked after by very distant relatives or friends of the family.²⁰ Research in Australia shows that some unrelated caregivers have only a tenuous link to the child, and may include the child’s football coach, neighbour or teacher.²¹ Although the provision of care by adults unrelated or unknown to the child is rare in most contexts, there is evidence of this practice from numerous settings around the world.²²

By length, stability and permanency of relationship

Kinship care ranges from a permanent agreement similar to an adoption, to a temporary and fluid arrangement, which involves children regularly shifting between caregivers. Research in the favelas of Brazil found that in some cases, children were placed with relatives for days but ended up remaining for the whole of their childhood. In other instances, children were sent to live with relatives on a more permanent and irrevocable basis.²³ Research across the Pacific Islands shows kinship care agreements lasting from a few days to a lifetime.²⁴ In the Ġorbat ethnic group in Iran, children are regularly ‘borrowed’ by other families for short periods to help them earn a living through begging and hawking.

“Amongst Ġorbat, there is a saying, ‘A child can become another’s child.’. This statement confirms that a child can move from one nuclear family to another and thus becomes the ‘property’ of the latter.”²⁵



From a forced to a voluntary arrangement

Kinship care ranges from situations in which a child is imposed upon a caregiver to cases where caregivers have actively requested a child from relatives, either because they cannot have children themselves, are lonely or need help around the home. The most extreme example of forced kinship care comes from El Salvador where women are forced to care for the children of gang members who have been incarcerated.²⁶ Many kinship care agreements are likely to sit somewhere between an enforced and a voluntary arrangement. Caregivers may not be actively looking for a child to care for, but may feel socially or morally obliged to take kin into their homes. As discussed below, most of the children themselves lack a choice about their placement, though some do manage to exert a degree of control over who they live with.

3. The growing use of kinship care

Kinship care affects a substantial proportion of children across the world

Understanding and developing appropriate support for kinship care is vital as it affects so many children across the world.

Globally, around one in ten children live in households without either parent, and the vast majority of these children are in kinship care.²⁷

Research across 77 countries shows that the proportions of children aged 0-14 years living in households without either parent ranges greatly by context, from 1 per cent in countries such as Afghanistan, to 36 per cent in Zimbabwe.²⁸ Evidence suggests that Sub-Saharan African countries consistently have the highest prevalence of kinship care; an analysis of Demographic Health Survey (DHS) data from 2012-15 found that there are 19 million children in kinship care in East Africa alone.²⁹

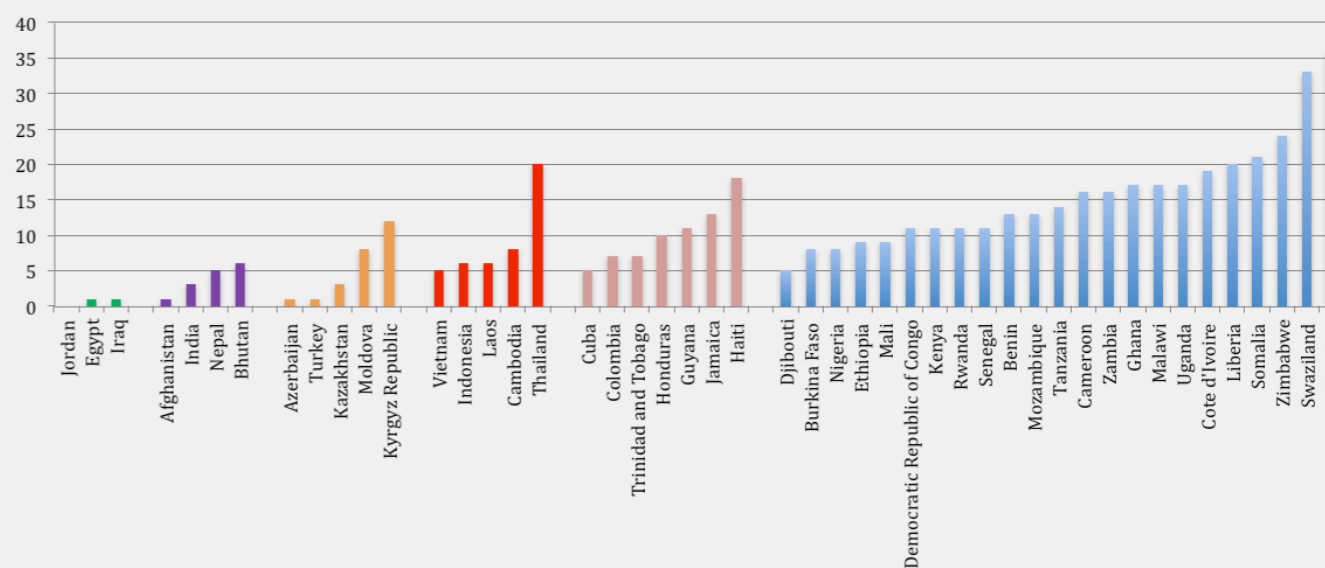
Rates are also particularly high in some parts of Latin America and the Caribbean, and in countries such as Thailand and the Kyrgyz Republic. Rates are lowest in North Africa and the Middle East, South Asia and in some parts of Europe, though even in these contexts, large numbers of children are cared for by relatives, with, for example, 180,000 children in kinship care in the UK.³⁰ See Diagram 1 below for further details.

Rates of kinship care can vary within regions, and even within countries. For example, in Cuba, 5 per cent of children live in households with neither parent, compared to 18 per cent in nearby Haiti.³¹ In Nigeria, 12 per cent of children live in households with neither parent in the South East of the country, whilst fewer than 2 per cent do so in the North West.³² Similar differences exist across a range of national and regional contexts.³³

Across high, middle and low income settings, kinship care is used far more frequently than any other form of alternative care. For example, **in the UK and USA there are approximately 20 times more children in kinship care than in other forms of alternative care.**³⁴ **In Rwanda, there are at least 528,000 children aged 0-14 years in kinship care³⁵ compared with 2,500 children aged 0-17 years in residential care.**³⁶ In Indonesia, there are roughly 3.8 million children aged 0-14 years in kinship care,³⁷ compared with approximately 500,000 children aged 0-18 years in residential care.³⁸ Even in countries with relatively high rates of institutionalisation, there are more children living in kinship than in residential care. In Russia, for example, around 10 per cent of children without parental care are in children's homes, and 47 per cent are under guardianship orders, usually living with relatives.³⁹ Kinship care is also reported to be the most common response to separation from parents in a range of settings including: China,⁴⁰ Nepal,⁴¹ Cambodia,⁴² Laos,⁴³ and across Sub-Saharan Africa,⁴⁴ Latin America and the Caribbean.⁴⁵ Evidence from Syria and Haiti shows particularly high rates of kinship care during emergencies.⁴⁶

Diagram 1:

Percentage of children aged 0-14 years living in households without either parent by country⁴⁷



Informal kinship care, particularly by grandparents, is the most common form of kinship care

Of the different forms of kinship care described in section two, informal kinship care is far more common than formal. In many countries, particularly in low and middle income settings, most strategies to protect and care for children are instigated by the community with no involvement of the state, and kinship care is arranged between family members.⁴⁸ **Even in higher income contexts with formalised systems of protection and care, informal kinship care is more common than formal. For example, research in the UK and the USA suggests that 95 per cent of kinship care is provided informally.**⁴⁹ The significance of this informality for child well-being will be discussed later in this paper.

A range of relatives and friends of the family care for children, though **across the world, grandparents, particularly grandmothers, appear to be the most common caregivers.**⁵⁰ For example, in Australia, 48.1 per cent of children in kinship care are cared for by grandparents compared with 22.1 per cent by aunts or uncles.⁵¹ In Ukraine, 47 per cent of children left behind by migration are placed with grandparents.⁵² In Jordan, amongst Syrian child refugees separated from parents, 57 per cent of boys and 61 per cent of girls live with grandparents.⁵³ In China, 64 per cent of orphaned children live with grandparents.⁵⁴ In Zimbabwe, over 60 per cent of orphans and vulnerable children are cared for in grandparent-headed households.⁵⁵ In Ethiopia, 42 per cent of children living apart from parents are cared for by grandparents.⁵⁶

Care by non-relatives is less common than care by relatives, though still represents a substantial proportion of children in kinship care in some countries. For example, in Australia 17.5 per cent of children in kinship care are living with non-relatives. In other settings, this form of care is extremely rare.⁵⁷

Kinship care affects all groups of children

The literature review did not uncover clear global trends in terms of the use of kinship care by age and gender. It did suggest that both girls and boys, and older and younger children, are placed into kinship care, though trends in the use of kinship care by age and gender vary by context. For example, in New Zealand young children are more likely to be in kinship care than older age groups,⁵⁸ whereas in Ukraine,⁵⁹ Jordan⁶⁰ and the Pacific Islands⁶¹ it appears that older children more frequently experience kinship care. Research across 77 contexts suggests that who a child is placed with changes with age, with babies and infants more likely to be placed with grandparents and less likely to be placed with friends of the family than older children.⁶²



Evidence indicates that boys are more likely to be placed in kinship care amongst Syrian refugee populations in Jordan⁶³ and in China.⁶⁴ In the Pacific Islands⁶⁵ and Senegal,⁶⁶ girls are more likely to be sent to live with relatives. Evidence from East Africa indicates that girls and boys may be sent to live with different relatives.⁶⁷ Research suggests that these placement decisions may be influenced by the perceived utility of the child. For example, girls are more readily accepted in Senegal because they can help with the housework.⁶⁸ In Kenya, some relatives want girls because they can both help with housework and provide the opportunity to claim a dowry. Here, maternal relatives may be hesitant to take care of boys as they fear they may claim inheritance from the family, though paternal relatives may want to look after boys in order to gain access to their inheritance.⁶⁹

There is **limited evidence on the impact of disability on the use of kinship care**, and the literature review found only scattered examples from around the world and no data on global or

regional trends. For example, research from Russia⁷⁰ and China⁷¹ suggests that relatives are reluctant to take in children with disabilities and that many are institutionalised as a result. Research in East Africa also found that relatives do not want to care for children with disabilities.⁷² However, research from the UK shows that many children come into kinship care with disabilities.⁷³ **There is a need for more research to understand better the factors that influence the placement of children with disabilities into kinship care and their experience of kinship care more generally.**

In some settings, other groups are also overrepresented in the care system and in kinship care. In Australia⁷⁴ and New Zealand⁷⁵ there are a particularly high proportion of Aboriginal and Maori children in kinship care. In Australia, the rate of placement in out-of-home care for Aboriginal children is 11 times higher than other groups, and their kinship caregivers are more often older and more likely to be caring for large groups of children or very young children than are other carers.⁷⁶

The number of children in kinship care is growing in many contexts

The use of kinship care is increasing in many countries. For example:

- In the USA, 33 per cent of children in foster care live with relatives, representing a rise of more than nine percentage points over the last decade.⁷⁷ There is also evidence of a rise in kinship care in the UK⁷⁸ and Australia.⁷⁹
- In countries in Eastern Europe such as Ukraine and Moldova, dramatic rises in emigration in recent decades have been accompanied by increases in kinship care due to children being left behind by migrating parents.⁸⁰
- In China, the number of children left behind by migrating parents has risen from 20 million in 2004 to 61 million in more recent years,⁸¹ with many of these children cared for by kin.⁸²
- In Cambodia, UNICEF estimated a rise in the percentage of children living with neither parent from 8 per cent in 2005 to 11 per cent in 2014, and an increase in the number of households caring for the children of relatives from 9 per cent in 2000 to 13 per cent in 2014.⁸³

Explanations for the growing use of kinship care

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

- poverty
- lack of access to services
- parental ill health and death
- internal migration, emigration, and national immigration policies
- disasters and conflict (often linked to climate change)
- cultural beliefs
- the child protection policy response.

The relative influence of these factors varies by context. In particular, the drivers of kinship care are often different in high income countries compared to low and middle income countries. As shown in section five, understanding which drivers are of greatest significance is vital for determining the particular risks that children in kinship care face.

Poverty

The literature review found mixed evidence on the linkages between kinship care and poverty. Some research suggests higher rates of kinship care in poorer households or communities. For example, in Jordan, children from the poorest wealth quintiles are more likely to be found living in kinship care than those from the wealthiest homes.⁸⁴ In Northern Ireland and Scotland there is a greater prevalence of kinship care in more deprived communities.⁸⁵

In many low income communities, parents, particularly single mothers, place children in kinship care in an effort to meet their children's need for food and other basic necessities.⁸⁶ For example, in Brazil, working single mothers have been found to send children to live with relatives when they could not afford child care.⁸⁷ In rural China, impoverished widowed mothers have had to place their children in extended family care because relatives were more willing to care for children directly than to support their daughters-in-law to look after the children themselves.⁸⁸ Poverty can also be a driver of other factors associated with kinship care, such as violence in the home, or migration.⁸⁹

The need to place children in kinship care as part of survival mechanisms is especially acute in emergencies.⁹⁰ In some countries, such as China,⁹¹ the Marshall Islands,⁹² and the USA,⁹³ there is evidence of the commodification of children, with children moved between poor households to increase access to cash grants or dowries.

Research shows that kinship care is not always driven by poverty. Not all poor households place children in kinship care, and in countries such as Ethiopia, it is richer rather than poorer households that host children,⁹⁴ perhaps because wealthier families are understood to offer children better life chances. This could indicate that in some settings a degree of wealth is needed in the extended family to motivate kinship care⁹⁵ though, in many countries, a remarkable number of extremely poor households are willing to care for children even though it may harm their own material well-being.⁹⁶ This was found to be the case in the primary research conducted for this study in Ghana, Kenya, Rwanda and Liberia.

“To have four children to care of in my family is not a burden for me, even if I am not rich; I feel happy to see the children with others in a safe environment even if our financial status is not good.”

Kinship caregiver, Rwanda

Whilst many of the poorest countries in the world do have high rates of kinship care, this is not universally the case. Countries such as Afghanistan and Djibouti rank low on the Human Development Index,⁹⁷ but have relatively few children in kinship care.⁹⁸ Similarly, countries such as Namibia rank higher on the Human Development Index than many other African nations,⁹⁹ but have the highest rates of kinship care in the region and globally.¹⁰⁰ This suggests that poverty is not an inevitable driver of kinship care and that other factors also contribute to decisions to place children with kin.

Lack of access to services

Evidence from low and middle income countries suggests that children are often sent to live with kin in order to go to school or receive other services that they cannot access at home, either because parents cannot afford these services or because they live in remote rural communities where such services are not available.

“I live with my aunt because the school I am attending is far from my parents' home. I get good education, enough time to study, time to rest and also good food. I love my aunt so much. My parents come and visit me and I am grateful for this.”

Twelve-year-old girl who lives with her aunt in a town in Zanzibar¹⁰¹

Evidence of a link between schooling and kinship care was found in countries such as: Kenya,

Ethiopia and Zanzibar,¹⁰² Ghana,¹⁰³ Indonesia,¹⁰⁴ Laos,¹⁰⁵ Haiti,¹⁰⁶ and Ecuador,¹⁰⁷ and in the Pacific Islands.¹⁰⁸ In many of these settings, children are often expected to carry out housework tasks in return for relatives contributing to their schooling.¹⁰⁹ As shown below, in some cases this practice can lead to the exploitation of children.



Parental ill health and death

A survey of children in kinship care in the UK found that parental death precipitated placements into care in around a quarter of cases.¹¹⁰ Similarly, in Haiti, following Hurricane Matthew in 2016, approximately 17 per cent of children placed in kinship care had experienced the death of one or both parents.¹¹¹ Parental death has also been shown to lead to placement in kinship care in East Africa,¹¹² China,¹¹³ Senegal,¹¹⁴ Cambodia,¹¹⁵ and Laos.¹¹⁶ Despite this evidence, it is important not to overstate the role of parental death in decisions for children to live with kin. A review of household survey data from 77 countries found that 73 per cent of children living in households with neither biological parent had at least one living parent.¹¹⁷ The vast majority of children living in these households are in kinship care. In some countries, this figure is even higher. In Jordan, for example, survey data indicates that 77 per cent of children living in households without their parents have both their mother and father living, and a further 16 per cent have one living parent.¹¹⁸

Parental ill health can also lead to placement in kinship care. Across Sub-Saharan Africa, research indicates that kinship care is the most common response to meeting the needs of children whose parents have died or are ill as a result of HIV and AIDS.¹¹⁹ The literature shows that families are often willing to care for children despite their own vulnerability, with many caregivers being themselves elderly and impoverished.¹²⁰ Parental mental health problems are particularly likely to be cited as a

reason for placement into kinship care in high income countries, though there is also some evidence of this in lower income countries. A survey in the UK found that around a quarter of kinship care placements were caused by parental mental health problems.¹²¹ Research in New Zealand suggests that 43 per cent of mothers and 14 per cent of fathers of children in kinship and foster care had mental health concerns.¹²² The Pacific island of Palau has particularly high rates of psychotic disorders and placement into kinship care is used as a strategy to reduce stress in households where there are psychiatrically ill parents.¹²³

Migration and immigration policies

Evidence of migration as a major cause of kinship care was found from a number of mainly low and middle income contexts. These included countries in South and South East Asia,¹²⁴ Eastern Europe,¹²⁵ the Pacific,¹²⁶ east and west Africa,¹²⁷ and Latin America and the Caribbean.¹²⁸ For example, in Ukraine, roughly 8 per cent of school pupils in some districts have a parent living abroad, with approximately half of these children in kinship care.¹²⁹

Evidence from Ukraine and Moldova¹³⁰ and Indonesia¹³¹ shows that the increasing feminisation of migration has led to a growing use of kinship care. When fathers migrate alone, mothers tend to continue to care for children left behind. In contrast, when mothers migrate, children are often placed with female relatives, especially grandmothers.¹³² In countries such as Indonesia, female migration is actively encouraged by government in a drive to increase remittances. Little thought is given to the consequence for children, leaving many children vulnerable.¹³³

“In nations such as Indonesia, neoliberal economic priorities and rationalities promoting the migration of mothers often clash with liberal-democratic values that emphasise family stability and child protection... [Kinship care], in short, offers a low-cost way for the Indonesian state to benefit from the remittances women send home, without assuming the social costs of the migrant mother’s absence.”¹³⁴

When migration is across borders, the immigration policies of destination countries have an impact on the use of kinship care. For example, research in the USA shows that recent tighter immigration policies have increased children’s separation from parents and placement with kin. In some instances, these policies lead to parents migrating without their children as they are fearful of the risks that they face getting into the USA or of being caught once in the country. In other cases, migrants already in the USA, but without proper legal status, leave children with kin who are more established in the country in the hope that this will offer better prospects for them.¹³⁵ Some Middle Eastern countries issue only short fixed term contracts for migrants, and actively discourage parents from bringing their children with them, necessitating placement with kin.¹³⁶ Syrian refugees in Jordan struggle to survive unless they live and work illegally outside of camps, yet policies dictate that separated children cannot be reunited with parents unless parents are living legally within the camps. This has led some refugees to leave their children behind with kin in camps whilst they search for work.¹³⁷

There is mixed evidence on the impact of urbanisation on levels of kinship care. In some countries, the expansion of cities has been associated with a decline in the importance of the extended family. For example, amongst the Sakha ethnic group in Russia, urbanisation has diminished beliefs around collective responsibility for child rearing and consequently led to a reduction in the use of kinship care

as a means to provide infertile couples with a child.¹³⁸ In other settings, such as China, urbanisation has led to increases in parental migration and in the number of children left behind in villages, where they are most commonly placed with kin.¹³⁹

Disasters and conflict

Conflict and natural disasters often lead to family separation and placement with kin. Such placements may be a deliberate planned strategy to, for example, protect children from sexual violence or recruitment into armed forces, or give them access to services that have diminished in home communities. Children may also live with kin as a result of parental death, or separation during the chaos surrounding an emergency.¹⁴⁰ Examples of a rise in kinship care can be found in conflicts in Syria,¹⁴¹ Nepal,¹⁴² Burundi,¹⁴³ and the Democratic Republic of Congo (DRC),¹⁴⁴ and following a hurricane in Haiti,¹⁴⁵ and drought and floods in Kenya.¹⁴⁶ A comparison between rates of and reasons for separation between DRC and Haiti shows how emergencies can have varying impacts on the numbers and vulnerabilities of children in kinship care.¹⁴⁷ In Haiti, 3 per cent of children were separated from parents and usual caregivers following Hurricane Matthew, with most of these children placed in kinship care.¹⁴⁸ In DRC, 5-8 per cent of children were separated during the conflict in Goma.¹⁴⁹ In Haiti, poverty and lack of access to services were the main reasons for separation and placement with kin.¹⁵⁰ In DRC, drivers were linked to concerns about children’s physical security.¹⁵¹ This suggests that efforts to protect children in kinship care in emergencies, and other settings, must be context-specific.

Cultural beliefs

In many high income countries, kinship care is often described as an aberration; an exceptional response to a crisis within the nuclear family.¹⁵² Elsewhere, kinship care is widely accepted as a normal part of childhood that, far from reflecting a problem, indicates that communities are functioning as they should. Across many low and middle income countries, there are strong beliefs in collective responsibility and reciprocity that support the extensive use of kinship care.¹⁵³ For example, in Brazil there is a widespread willingness to take the children of kin in, even when families are extremely poor, and children circulate regularly between different family members:¹⁵⁴

“Many, many people will speak of two, three and four ‘mothers’ with no embarrassment or particular confusion.”¹⁵⁵

A review of the literature across the Middle East shows: “In Arabic Societies, there tends to be more emphasis on collective responsibilities, rather than on individual freedoms; the fundamental value of the individual is as part of his or her kin group, which helps maintain strong family ties.”¹⁵⁶

In countries including Kenya and Ethiopia,¹⁵⁷ Indonesia,¹⁵⁸ Vietnam,¹⁵⁹ the Marshall Islands,¹⁶⁰ and Haiti,¹⁶¹ taking care of kin is part of an unspoken reciprocal responsibility amongst adults that helps to ensure that other family members will support the caregiver in their time of need.

“If I am not patient with my granddaughter, who will take care of me in my old days?”

Grandmother, Indonesia¹⁶²

This sentiment was also expressed in the primary research conducted in Rwanda for this study.

In many settings, kinship care is valued because it can strengthen important community bonds. For example, in Ghana, research over four decades shows how kinship care is used to reinforce kin relations and social networks.¹⁶³ In the Marshall Islands, kinship care is seen as a way to maintain family, clan, community and ethnic ties. This is particularly important when communities are fragmented by poverty, migration and environmental destruction.¹⁶⁴ Across the Pacific Islands, periods of kinship care in villages are used to expose children to rural values and languages.¹⁶⁵ The importance of kinship care for maintaining cultural heritage and community ties is also noted in research in the Middle East.¹⁶⁶

Cultural beliefs about the value of kinship care may be further supported by religious values. For example, Islam places great emphasis on family ties and Islamic law promotes the care of orphans and their placement with kin.¹⁶⁷ Norms around kinship care can be so strong that caregivers feel obliged to take kin in even if they do not want another child in the household.¹⁶⁸ As shown below, this can affect the well-being of both kinship caregivers and the children in their care.

Whilst perhaps not so strongly held, beliefs supportive of kinship care also exist in some high income countries. For example, within the UK rates of kinship care are higher in Northern Ireland and Scotland where the family is especially valued.¹⁶⁹ Kinship care is also higher amongst some indigenous and migrant populations, such as in Latino communities in the USA¹⁷⁰ and the Maori in New Zealand,¹⁷¹ and its predominance has been partially attributed to cultural values supportive of kinship care.

In many contexts there are strong norms around which family members should care for children. These norms often relate to whether children should be placed with maternal or paternal relatives, which may be linked to matrilineal and patrilineal social structures.¹⁷² Evidence from countries such as Malawi¹⁷³ and Indonesia¹⁷⁴ shows how these norms can override both the wishes of the child and practical considerations. For example, research in Indonesia found children placed with paternal relatives even though these families were poorer and less able to provide quality care for the child than maternal relatives.¹⁷⁵

The use of kinship care is shaped by norms in other domains of family and social life, such as parenting, gender roles or the responsibilities of particular family members. For example, in a number of countries, it is seen to be natural for family members to provide infertile couples with a child.¹⁷⁶ In contexts including Kenya, Ethiopia and Zanzibar,¹⁷⁷ Cambodia,¹⁷⁸ Ecuador,¹⁷⁹ and the Pacific Islands,¹⁸⁰ step parents routinely reject the children of their spouse, necessitating their placement in kinship care. In some settings, children born outside of marriage are stigmatised, and are consequently removed from parents, and placed with more 'respectable' married family members.¹⁸¹ As shown above, beliefs about the value and usefulness of girls and boys may also lead to differences in rates of placement according to gender.¹⁸²

Norms around the importance of children obeying their elders often mean that boys and girls have no or limited say in decisions related to their care by kin.¹⁸³ However, children do frequently find ways to exert their agency, despite the often formidable barriers to doing so.¹⁸⁴ For example, researchers in Ecuador,¹⁸⁵ Vietnam¹⁸⁶ and Brazil¹⁸⁷ cite examples of children, including very young girls and boys, who chose to leave their parental home due to abuse and neglect. These children went to visit relatives or neighbours and simply refused to return home.

The child protection policy response

In high income contexts such as the UK,¹⁸⁸ New Zealand¹⁸⁹ and Australia,¹⁹⁰ kinship care is most commonly a child protection response to abuse, neglect, drug and alcohol misuse, parental incarceration, or violence in the home. Whilst these factors may also be present in decisions on kinship care in lower income countries, they appear to be less prominent.¹⁹¹ Over the last ten to twenty years, these high income settings have made deliberate policy decisions to prioritise placement in kinship care in child protection proceedings.¹⁹² This choice has been driven by: concerns about the shortcomings of both residential and foster care; a strong belief in the value of family-based care; and a desire to save money.¹⁹³ In the USA, New Zealand and Australia, the push for the greater use of kinship care has also been motivated by particular concerns about how to appropriately provide care for black or indigenous groups. In the USA, campaigners have highlighted the large numbers of black children being adopted by white couples, and the consequent loss of cultural identity, and suggested kinship care as a more appropriate care choice.¹⁹⁴ In Australia, scandals about the abuse of Aboriginal children in residential care led to the search for a better alternative more in keeping with Aboriginal values of family and community.¹⁹⁵ In New Zealand, after decades of devaluing the care provided in Maori communities, Maori traditions around collective extended family responsibility for children's care have been incorporated into the child protection system through the introduction of family group conferencing and a greater focus on kinship care.¹⁹⁶

Evidence suggests that rates of kinship care are unlikely to be greatly influenced by child protection policies in lower income contexts. This is for two reasons. First, as demonstrated in section four below, whilst kinship care is promoted through government policies in these contexts, these policies are rarely implemented. Second, as shown above, decisions around kinship care in these countries usually take place within families and communities with no engagement by the state.

4. The value of kinship care

Evidence provided so far in this paper reveals how kinship care is widely used across the world and valued by many families, communities and policymakers. In this section, research on the benefits of kinship care is presented, demonstrating that the high value placed on this traditional means of caring for children is largely warranted. The benefits of kinship care are examined from the perspectives of children, caregivers, households and wider society.

Children often prefer kinship care

The literature review carried out for this report found limited research examining children's perspectives on kinship care. Research that does exist shows a strong preference for kinship care, particularly grandparent care, amongst many children.¹⁹⁷ The preference for grandparent care is linked to the unconditional love that these caregivers are felt to offer,¹⁹⁸ which contrasts with the discrimination and abuse that some children face at the hands of other relatives (see section 5).

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

Child in kinship care in Malawi ¹⁹⁹

The evidence of children's preference for kinship care is backed up by recent primary research conducted by members of Family for Every Child in Ethiopia, Kenya, Rwanda, Liberia and Ghana. Children in all sites expressed a desire to live among relatives, most often grandparents, when living with their parents was not possible.

Many children in kinship care are loved and well cared for

Many children in kinship care are loved, respected and well looked after, although this is not universally the case. Research in the UK with young people who had grown up in kinship care found that the majority reported receiving ‘good’ or ‘optimal’ parenting from caregivers.²⁰⁰ Research on the impacts of migration on children in Indonesia and Vietnam revealed that children often had a strong existing bond with grandparents or other family caregivers, who were able to provide comfort in the absence of their parents.²⁰¹ In the Marshall Islands, children in kinship care were so integrated into their new families that caregivers continued to love and support them even when they came into conflict with the law.²⁰² In Russia, kinship caregivers made serious personal sacrifices to offer children the best possible care, including moving to new towns to give them better access to schooling.²⁰³ In China, some children in kinship care were pitied because they had lost their parents, and were actually treated better than the biological children of the caregivers.²⁰⁴ Many Syrian refugees in kinship care

in Jordan have described feeling loved and cared for, and treated similarly to the caregivers’ own children.²⁰⁵

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

Seventeen-year-old Syrian girl, living with an aunt in a refugee camp in Jordan ²⁰⁶

Children in Rwanda, Ghana and Kenya who participated in the primary research for this study also described being cared for by loving relatives.²⁰⁷

“My grandmother takes care of me and I am very happy staying with her because I was not happy with my father’s wife when I stayed with them.”

Boy, Ghana

“I’m given what I want; my aunt is peaceful and corrects me when I’m wrong.”

Child, Kenya

Researchers from Ecuador and the Pacific Islands argue that kinship care offers children an important sanctuary from violent and abusive parents, improving the quality of care that children receive.²⁰⁸ Research across a number of countries further demonstrates the value children place on love and affection, which is often more important to them than having their material needs met.²⁰⁹

Kinship care offers children continuity, stability, and important social networks

Kinship care provides children with a degree of continuity in their lives, as they usually know their caregivers, and share customs, and languages. In some cases, they can remain in the same community, which is found to benefit their sense of well-being.²¹⁰

As well as continuity, in high income contexts kinship care offers more stability than other forms of alternative care.²¹¹ In these settings, stability in care placements is valued as frequent changes are shown to disrupt friendships and schooling and lead to feelings of anxiety and loss, which can result in behavioural difficulties.²¹² Placement changes can also stop children from forming attachments with caregivers, preventing optimal development.²¹³

In low and middle income contexts, there is more mixed evidence on the impacts of kinship care on stability of placements. As shown in section two, kinship care can provide children with a home for life, but may involve frequent moves between different relatives or between kin and parents. Some researchers challenge the notion that regularly changing homes is damaging to children, arguing that in contexts where shared child rearing is the norm, and there is no stigma and limited anxiety associated with moving between relatives, children do not suffer.²¹⁴ Others suggest that far from harming children, going to live with a range of different relatives offers children the chance to form new relationships and bonds, thereby adding to, rather than detracting from, their well-being and life chances.²¹⁵ The new or strengthened bonds created through periods in kinship care can continue to support children into adulthood, and may even strengthen entire clans or communities.²¹⁶ This research is often small scale and includes limited reference to children's perspectives. Ultimately,

without further research, it is difficult to determine the impacts of frequent moves between households on children in countries where such arrangements are the norm.

In addition to stability in placement during childhood, kinship care can also offer ongoing support as children transition to adulthood. In foster or residential care, a set age is often given at which young people leave care and are expected to cope alone. In comparison, kinship caregivers usually play a role in children's lives into adulthood.²¹⁷

Kinship care leads to better outcomes for children than do other forms of alternative care

There is much evidence on the harm caused by large-scale institutions, with the collective care of children preventing them from forming important bonds with caregivers and placing them at risk of abuse. Kinship care undoubtedly offers a less risky and more beneficial form of alternative care than institutional care.²¹⁸ In high income contexts, research has also demonstrated the advantages of kinship care over foster and small group residential care, which include:

- A closer existing bond with caregivers (see above).
- Fewer or similar risks of abuse and neglect.²¹⁹
- Less risk or similar risk of coming into conflict with the law.²²⁰
- More stability of placements than foster care (see above).
- Greater likelihood of ongoing care into adulthood.²²¹
- Better educational experiences and outcomes than children in foster care.²²²

This literature review did not find many studies that compare outcomes for boys and girls in kinship care, foster care or small group homes in low and middle income countries, though a review of 23 studies across Africa indicated that kinship care offers the most sustainable solution for children outside of parental care in the region.²²³

Kinship care can allow for strong relationships with birth parents

Research from low and middle income settings suggests that children in kinship care are often able to maintain relationships with their parents.²²⁴ These relationships are aided by two factors. First, as demonstrated above, kinship care in these contexts is often a normal, accepted part of childhood, and not seen to necessarily represent a breaking of bonds between parent and child.²²⁵ Even in cases where children have been permanently placed with kin in a relationship similar to adoption, in some settings they will continue to have a relationship with their biological parents.²²⁶ Second, as also shown above, kinship care is widely used to enable migration, and as such is often part of an agreed, or at least accepted, livelihood strategy designed to benefit the whole family.²²⁷

In some cases, ongoing relationships with parents help enable eventual reintegration. For example, some Syrian refugee children in Jordan are reported to understand kinship care as a temporary, flexible arrangement that will enable them to eventually return to their parents, and maintain contact with their parents using mobile phones.²²⁸ In Brazil, the flexibility of many kinship care agreements meant that children could go back to birth parents as soon as they had greater economic security.²²⁹

Of course, not all children in kinship care are able to stay in contact with parents and evidence, particularly from high income settings, shows that relationships between children and parents, and between caregivers and parents, can be fraught (see section five below).

Kinship care can benefit caregivers



Kinship care provides companionship for caregivers, which is particularly important if they are elderly and isolated, and indeed in some cases children are sent to live with grandparents purely to provide such support.²³⁰ For example, in Nepal, where urbanisation and migration have led to major changes in rural communities, the elderly report missing the days when multiple generations lived under one roof. Having a grandchild to care for made them feel less lonely and more useful.²³¹ Caregivers in Australia and Cambodia found satisfaction in protecting and caring for a vulnerable child.²³² Children across a number of contexts were reported to provide practical help, and indeed this is often an implicit part of the arrangement in low and middle income contexts, with children in kinship care expected to contribute to housework and farming chores.²³³

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

Grandmother, Australia ²³⁴

Kinship care can be a crucial part of household livelihoods and contribute to strategies that boost economic growth

Kinship care contributes to household livelihood strategies in three key ways. First, kinship care enables migration, and remittances from migration can in turn benefit left behind children and other children and adults in the household. There is mixed evidence on whether the income gained from remittances outweighs the financial cost of migration, with benefits likely to be greatest once migrants are more established and can find sufficiently highly paid work.²³⁵ Of course, migration and remittances not only benefit households, but also can be a driver of economic growth.²³⁶

Second, kinship care can allow some children to access school, though as shown below this is not always the case. In cases where kinship care is associated with better educational outcomes, it helps to build human capital, with benefits for both households and wider economies. Third, kinship care can provide children, particularly older children, with the chance to live closer to urban centres where they can gain skills through vocational training, apprenticeship or work.²³⁷

Kinship care saves money

In the USA, it is estimated that grandparents and other relatives caring for vulnerable children save the tax payer US\$ 4 billion each year by keeping these children out of the foster care system.²³⁸ In Brazil, support to kinship caregivers comes at a tenth of the cost of providing institutional care.²³⁹ In the UK, there are fewer start-up costs associated with kinship care, as kinship caregivers are not recruited or trained in the same way as foster carers, and costs during placements are also lower as these families tend to require less support.²⁴⁰

Whilst such evidence maybe useful for persuading politicians of the value of kinship care, it is important that it is used with caution. It may be the case that kinship care is so much cheaper than foster or residential care because it is so poorly invested in, and that the gap between the cost of properly supported kinship care and other forms of alternative care would in reality be narrower. It is also the case that decisions about children's care should be primarily driven by concerns for their well-being, rather than considerations of cost.

The value of kinship care is recognised in national and international policies

The evidence presented so far in this section has clearly demonstrated the value of kinship care to children, caregivers, households, and wider society. Its importance is also acknowledged in global, regional and national policies. At the global level, both the UN Convention on the Rights of the Child (UNCRC)²⁴¹ and the Guidelines for the Alternative Care of Children²⁴² recognise the need to support children to grow up within their own families. The preamble to the CRC states that:

“The child, for the full and harmonious development of his or her personality, should grow up in a family environment in an atmosphere of happiness, love and understanding.”²⁴³

Article 5 of the CRC describes the roles and responsibilities of parents to promote children's rights and recognises that extended family or community members may also be caregivers.

Article 3 of the Guidelines for the Alternative Care of Children states that:

“The family being the fundamental group of society and the natural environment for the growth, well-being and protection of children, efforts should primarily be directed to enabling the child to remain in or return to the care of his/her parents, or when appropriate, other close family members. The State should ensure that families have access to forms of support in the caregiving role.”²⁴⁴

Global policies on child protection in emergencies and on the care of children with disabilities also recognise the importance of family-based care.²⁴⁵

At the regional level, bodies such as the Inter-American Commission on Human Rights acknowledge the importance of kinship care:

“In these cases [when parents cannot care for children], and to the extent possible, every effort shall be made to try to place the child under the care of his/her extended family.”²⁴⁶



At the national level, the policies of several governments recognise that when parents cannot care for children, the possibility of children being placed with kin should always be explored first before other options. As noted in section three above, this is most strongly pushed in high income contexts such as the UK, USA, Australia and New Zealand. This is also reflected in policies in other settings including: Ethiopia,²⁴⁷ Brazil,²⁴⁸ China,²⁴⁹ Chile,²⁵⁰ Moldova,²⁵¹ Liberia,²⁵² Tobago,²⁵³ and Zanzibar.²⁵⁴

5. Supporting kinship care

This paper has shown that kinship care is a widely used resource that benefits vulnerable girls and boys around the world. However, the poverty, lack of access to services, and abuse and neglect that push many children into kinship care suggest that these children are likely to be more vulnerable than the general population, and that caregivers need assistance to enable the boys and girls they care for to reach their full potential. This section highlights some of the risks faced by children in kinship care and by their caregivers, and the consequent support required for the practice to be safe and effective. These risks are not intrinsic to kinship care and most could be addressed through further investments in kinship care. Risks do not therefore indicate that kinship care should be used less or with a high degree of caution, but rather that proper investments must be made in order to maximise the potential of kinship care to enhance children's well-being.

Many children in kinship care need emotional support

Whilst for some children the move into kinship care is a normal part of childhood, and causes no significant distress, for others it represents a traumatic rupture in their lives.²⁵⁵ For example, children in Indonesia and Vietnam reported feeling abandoned, first by their mothers who had migrated, and then by their fathers who had left them with their grandmothers.²⁵⁶ Children in Kyrgyzstan reported feeling a sense of rejection as they were sent to live with relatives whilst their siblings remained with their parents.²⁵⁷ Children in China²⁵⁸ and the Pacific Islands²⁵⁹ simply missed daily contact with their parents. In the USA, children's distress was exacerbated by the stress of enforced separation as a result of immigration policies.²⁶⁰ In eastern and southern Africa, the widespread use of kinship care means that adolescents being brought up by relatives do not consider themselves to be abnormal. However, they are often unhappy about being parentless, particularly at key points of their lives such as rites of passage.²⁶¹

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

Eleven-year-old girl in China, living with her aunt as her parents have migrated for work ²⁶²

Many children have faced serious adversity prior to coming into kinship care. As described above, in high income countries, children often come into kinship care having faced abuse, neglect, parental drug and alcohol abuse, or domestic violence.²⁶³ Across all contexts, a proportion of children in kinship care have seen their parents die or suffer from ill health (see section three above). In emergency settings, children enter kinship care having been exposed to conflict or natural disasters.

“Case managers [working with Syrian refugees in Jordan] reported observations that some separated children exhibit some psychological impacts of the conflict and of being separated from their parents including: isolation, self-blame, insomnia, depression and a decline in educational levels.”²⁶⁴

Evidence suggests that a higher proportion of children in kinship care than other settings have mental health problems in a number of contexts. For example, in Australia, New Zealand and the UK a disproportionate number of children in kinship care have emotional and behavioural problems or suffer from post-traumatic stress.²⁶⁵ Research suggests high rates of depression and anxiety amongst children separated from parents by emergencies in Haiti and Syria.²⁶⁶ In China, compared with the children of non-migrants, left behind children had a 52 per cent increased risk of depression, a 70 per cent increased risk of suicidal ideation, and an 85 per cent increased risk of anxiety.²⁶⁷ In the Pacific island of Palau, children in kinship care are more likely to display psychotic symptoms than those in the general population.²⁶⁸ It is hard to determine precisely why so many children in kinship care have emotional support needs. Children may be struggling to cope with the trauma of separation from their parents or from the abuse or violence that preceded their placement. They may have been placed in kinship care as parents struggled to cope with their own mental health problems, or be suffering from discrimination and/or abuse at the hands of kinship caregivers. Regardless of why kinship care is associated with mental health problems, this evidence suggests that children in this type of care arrangement are in need of additional support, though evidence indicates that the emotional support needs of children in kinship care vary greatly. Trauma may be most severe when kinship care is stigmatised.²⁶⁹

Children's experiences of loss may also change with age and other factors, such as experience, supportive relationships with friends and others, and cognitive capacity. For example, in China young children left behind by migration were found to be more accepting of new caregiving arrangements than older children.²⁷⁰

Kinship care households are often poor

Kinship care households are often poorer than average,²⁷¹ and kinship caregivers face significant poverty even in higher income countries. For example, in Australia, two-thirds of kinship caregivers reported that they were 'just getting along,' 'poor' or 'very poor'.²⁷² In New Zealand, 75 per cent of kinship care households had below average incomes.²⁷³ In the UK, 43 per cent of kinship carers say that their income was not enough to provide adequately for children, and 45 per cent of caregivers had had to give up work, mostly so that they could care for the child.²⁷⁴

“I have no other problems with my grandchildren, I love them dearly and they bring me so much joy, but I need money.”

Kinship carer, Australia²⁷⁵

Poorer households struggle with over-crowding²⁷⁶ and with meeting children's basic needs.²⁷⁷ Poverty levels in these homes can be exacerbated when, as is often the case, caregivers are both elderly and female.²⁷⁸ This was found to be the case in Ghana and Kenya, two of the countries where the primary research for this study was undertaken.

As noted above, the relationship between poverty and kinship care is not straightforward and not all kinship care households are poor. For example, children may be sent to live with richer relatives to gain access to school or other opportunities, and remittances from migrating parents can sometimes, but not always, reduce poverty.

Children in kinship care need educational support and other services

Although in some cases children are placed in kinship care to access school, evidence on the whole suggests that children in kinship care do less well in school than those in parental care. Research in 11 mainly African countries found that children living with anyone besides their parents experienced 30 per cent lower odds of having attended school compared with children living with one or both parents.²⁷⁹ In the UK, research found that although the educational outcomes were better for children in kinship care as compared to foster or residential care, they were worse than for the general population, and young people who had grown up in kinship care were less likely to attend university than their peers.²⁸⁰ Research on linkages between kinship care and poor educational outcomes is also found in a number of other settings.²⁸¹

The form of kinship care may affect the educational attainment of children in kinship care. For example, evidence from a number of contexts shows that children do less well in school if they are living with more distant relatives,²⁸² though other research contradicts these findings.²⁸³

There are multiple explanations of the link between kinship care and poor educational attainment including:

- Poverty, which can prevent caregivers from being able to pay the costs associated with schooling, or push children to work rather than attend school.
- Children in kinship care being discriminated against and receiving less schooling than the biological children of their carers.²⁸⁴ This is especially likely to be the case if they are more distantly related to their carers.²⁸⁵
- The emotional toll of separation, making it hard for children to focus on their schooling. Schools may not be properly equipped to provide emotional support to children, even in areas, such as parts of rural China, where a substantial proportion of children are separated from parents.²⁸⁶
- A loss of parental supervision of children's education, or an inability of grandparent caregivers to support children with their schoolwork.²⁸⁷
- Limited investment in education systems in communities where large numbers of children in kinship care live. For example, the push for modernisation and urbanisation in China has led to investment in schools in urban rather than rural areas, though many children remain in villages whilst parents migrate to towns.²⁸⁸

In addition to educational support, children in kinship care may also need other services. As noted above, whilst in some countries children with disabilities are excluded from kinship care, in countries such as the UK there are a higher than average proportion of children with disabilities in kinship care. Across the world, evidence shows that families trying to care for children with disabilities receive inadequate support.²⁸⁹ This problem is likely to be exacerbated in kinship households which are poorer and may include caregivers who are less familiar with the mechanisms for accessing support for children.

Children in kinship care need extra protection from poor care, discrimination, abuse and exploitation

Whilst, as noted above, many children in kinship care are well cared for, this is not universally the case, and children in kinship care can be denied love and affection,²⁹⁰ or discriminated against. For example, in Ukraine, Vietnam and Iraq, children in kinship care have been found to have been punished more harshly than their peers.²⁹¹ Research amongst Syrian refugees living in Jordan found that children in kinship care were expected to do more chores, were punished more regularly, received less love and affection, and were given fewer opportunities to play than were the biological children of caregivers.²⁹² Evidence of such discrimination was also found in the primary research carried out for this study.

“My carer’s children hate me so much and they abuse me and are jealous of me for being there; the family reminds me that I am not their biological sister, which hurts.”

Girl in kinship care in Kenya

In some cases, discrimination and poor care becomes serious child abuse and neglect.²⁹³ Children in kinship care are also more vulnerable than those in parental care to exploitation and risk-taking behaviour.²⁹⁴ Children living with kin in internally displaced persons camps in Syria were constantly reminded that they were a burden to their caregivers and felt they had to work as a result.²⁹⁵ These children were also at greater risk of recruitment into armed forces or groups.²⁹⁶ In Nepal, children living in households without parents were more likely to engage in hazardous forms of child labour.²⁹⁷ In Haiti, children were often sent to live with aunts, uncles or godparents to work as domestic workers in return for access to schooling or accommodation.²⁹⁸ Similar evidence was found in West Africa.²⁹⁹ In Ghana, children are sent to live with relatives under a system known as *mpraba*. This is designed to strengthen bonds between families, though children are often treated like servants and starved and beaten.³⁰⁰ Research in Ethiopia, Zanzibar and Kenya shows that children abused and discriminated against in kinship care often run away to live on the streets.³⁰¹ Adolescents may be especially prone to exploitation in kinship care as they are at an age where they are expected to work and contribute to the household.³⁰² Research carried out for this report in Ethiopia also found evidence of children being exploited by kinship caregivers.

“Some will work you out all day and don’t give you food to eat and when you steal to eat, they will burn your hands with plastic.”

Girl in kinship care in Liberia, who took part in the primary research for this paper

A review of childhood vulnerability in 11 mainly African countries found that girls living in kinship care more often experience early sexual debut and child marriage.³⁰³ Research in Western Kenya found increased rates of sexual activity amongst adolescent boys living with members of their extended family due to poor monitoring of their behaviour.³⁰⁴ In England, 26 per cent of girls growing up in kinship care were found to have become teenaged mothers compared with 8 per cent of girls in the general population in England and Wales.³⁰⁵ Evidence of an association between kinship care and child marriage or early sexual debut has also been found amongst Syrian refugees in Jordan,³⁰⁶ and in China,³⁰⁷ Indonesia,³⁰⁸ and Zambia.³⁰⁹

There are a number of reasons for the greater discrimination, abuse and exploitation experienced by children in kinship care. The poverty associated with kinship care can push children into work or transactional sex in order to survive.³¹⁰ The commodification of children can lead to kinship caregivers taking children in for financial gain, rather than because they plan to love and care for them.³¹¹ There is often an assumption that kinship care is safe and a subsequent willingness to place children in kinship care without proper checks or follow-up monitoring.³¹²

Policies that encourage an increase in the use of kinship care may lead to courts and social workers feeling pressured into placing children into kinship care without suitable assessments.³¹³ In Brazil³¹⁴ and Chile,³¹⁵ researchers have found inter-generational cycles of violence, with parents abusing children, who go on to abuse their own children, who are then removed from parents and placed with their abusive grandparents.

Norms around the reciprocal nature of kinship care can mean that children are expected to earn their keep, and whilst often this involves a few hours of housework each day, it can also lead to harmful child labour.³¹⁶ The absence of parents can mean that children are poorly supervised, and consequently more likely to engage in underage sex and other risk-taking behaviours.³¹⁷ In some cases, over-stretched caregivers encourage girls to marry early to reduce the risk of underage sex and pregnancy outside of marriage and ensure that their honour is protected.³¹⁸ Marriage can also be used as means of passing on responsibility for the child to another family.³¹⁹

Four factors appear to particularly affect the vulnerability of individual children in kinship care to abuse, neglect and exploitation.

First, children are more at risk if they are living with non-relatives or with more distant relatives, or if the caregiver has only a very tenuous pre-existing relationship with the child or his or her parents.³²⁰

Second, if caregivers feel that the child has been imposed on them and are resentful.³²¹ This may be a moral obligation or a relationship that is strongly encouraged by social workers in child protection proceedings.

Third, girls and boys experience different child protection concerns. For example, girls are vulnerable to early pregnancy and may be expected to contribute more to housework.³²² Amongst Syrian refugees in Jordan, boys in kinship care are more likely to be involved in harmful child labour outside of the home than girls.³²³

Fourth, vulnerability may vary between urban and rural areas. In rural China, urbanisation has resulted in the weakening of village society, and children are often not monitored or protected by the community.³²⁴ In the Pacific Islands, urbanisation has led to more children being placed in towns which are more expensive, creating the need for extra income, and offering more opportunities for children to work.³²⁵

Children and their caregivers often struggle to manage relationships with birth parents

In the UK,³²⁶ Australia³²⁷ and New Zealand,³²⁸ kinship caregivers report that managing relationships with birth parents is one of the greatest challenges they face. As demonstrated above, in these

countries, placement into kinship care is often linked to the damaging or dysfunctional behaviour of biological parents. As a result, caregivers may be fearful of children's safety during contact and worry that they could be exposed to risky lifestyles, including drug and alcohol abuse.³²⁹ Caregivers in one study were also concerned about the lack of reliability of many parents and the impacts on children of being constantly let down by their mothers or fathers.³³⁰

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

Kinship carer, Australia ³³¹

Perhaps linked to challenges in maintaining relationships with birth parents, evidence from the USA and the UK indicates that children in kinship care spend longer apart from parents and are less likely to eventually return to live with them than children in other forms of alternative care.³³² Reintegration from kinship care may be especially difficult when it is across borders. For example, strict immigration policies mean that Caribbean immigrants to the USA often have to spend many years apart from their children. When they are eventually allowed to bring their children into the USA, children have to adjust both to a now unfamiliar caregiver and an entirely new country.³³³

As noted above, in other contexts, kinship care is often part of household livelihoods strategies and supported by strong social norms, which can ease relationships between children and their absent parents and between caregivers and parents. This is not universally the case, and some children have reported feeling resentful that their parents have migrated.³³⁴ Whilst contact with parents can be frequent, if parents migrate across long distances or overseas, or if migration is illegal, face-to-face contact can be irregular.³³⁵ Visits from migrant parents can also be hard to manage. Children may be faced with conflicting rules from parents and carers, may feel sad to see and then lose their parents again, or may feel resentful and behave badly with parents.³³⁶

“At that time, I actually thought, ‘Isn’t this too late for you to tell me what I should do and what I should not, because I basically grew up without you?’”

Twenty-seven-year-old Filipino woman reflecting on her difficult relationships with her migrant parents as a child³³⁷

Caring for vulnerable children often places a strain on caregivers, especially those who are vulnerable and elderly

Whilst kinship care often brings joy and satisfaction into caregivers' lives, it can also be a stressful experience. For example, in one rural community in China, 86 per cent of kinship caregivers said they felt depressed or under pressure.³³⁸ In a survey of grandparent caregivers in New Zealand, one-third reported moderate to severe psychological distress.³³⁹ Similar evidence has been found in East Africa,³⁴⁰ Australia,³⁴¹ Chile³⁴² and the UK.³⁴³

“I am permanently tired, always anxious. I had depression before the boys came to me... now, I think it will never go away. I am often very, very sad about life and worry about the boys and my other grandchildren.”

Kinship carer, UK ³⁴⁴

Caregivers can struggle with the care of an extra child, especially as the adversity children faced prior to entering kinship care, and the trauma of being separated from parents, can lead to behavioural difficulties. In Ukraine³⁴⁵ and Kyrgyzstan³⁴⁶ children left behind by migrating parents are more prone to delinquency. In the UK, teenagers in kinship care are often sad and angry,³⁴⁷ and in New Zealand, 14 per cent of kinship caregivers reported being assaulted by a child in their care.³⁴⁸ In the primary research undertaken for this study, kinship caregivers in Rwanda and Kenya spoke of regular challenges in disciplining the non-biological children under their care and the conflicts that ensued.

Problematic relationships with birth parents and the poverty that is associated with kinship care can exacerbate stress. Kinship care often represents a major change in life plans,³⁴⁹ and caregivers may be looking after children at a time when their peers are not, leading to social isolation.³⁵⁰



All kinship caregivers are prone to stress and associated health problems, but elderly grandparents who have underlying health issues are particularly vulnerable.³⁵¹ These caregivers have often reached a point in their lives when they had planned to retire and slow down, and suddenly having to care for a child again can be challenging. Grandparents report feeling fearful that they will die before the children they care for reach adulthood.³⁵² They may be disappointed by the failure of their own children to care for their grandchildren properly, or grief-stricken by the death of their son or daughter.³⁵³

Grandparents often struggle to manage relationships across the generations, and are sometimes unable to discipline children appropriately, either being overly strict or spoiling them.³⁵⁴ Grandparents may not be educated themselves, or understand contemporary education systems, and may fail to comprehend the needs of children in modern society.³⁵⁵ This problem is especially acute in rapidly changing and urbanising contexts such as China.

“Her grandparents are unable to communicate with her and discipline her much. Nowadays the older generation can’t really understand children’s thoughts and behaviours, or their problems. I worry that Tingting will start puberty soon, and her grandparents’ old values and standards won’t be helpful anyways.”

Mother of a 11-year-old girl living in grandparent care in China ³⁵⁶

Other children in the household are impacted by kinship care

This literature review found only limited evidence of the impacts of kinship care on other children in the household. In Australia, such children did not like having to share a bedroom and the loss of parental attention.³⁵⁷ In Kyrgyzstan, biological children spoke of their parents favouring children in kinship care over them, and these resentments often lasted into adulthood.³⁵⁸ In the Pacific Islands, jealousy and fighting was reported between biological and hosted children, and biological children were bitter that parents now had to divide food and attention between a wider group of children.³⁵⁹ More research is needed on this topic to effectively meet the needs of all children in families who are caring for kin.

Risk and the formalisation of kinship care

Although, as shown above, most kinship care arrangements are made informally between family members, kinship care can also involve some degree of formal engagement by social workers, the courts or other authorities. Some argue that a degree of formalisation of kinship care reduces the risks that children face as it allows caregivers to make decisions around children’s health care, schooling or other aspects of their lives, and can help them to access cash grants or other forms of support that may be available to children in kinship care.³⁶⁰ Registration also means that the state or civil society can monitor children,³⁶¹ and having their relationships formally acknowledged can give children a greater sense of security.³⁶²

There are also challenges associated with establishing more formal kinship care arrangements. Enforcing registration or legal guardianship can feel like unnecessary state involvement in family life, and may even discourage relatives from becoming kinship caregivers.³⁶³ This is especially likely to be the case in societies where there are long held and widespread traditions of informal kinship care or where authorities are viewed with suspicion.³⁶⁴ Officially transferring guardianship from the parent to the kinship carer can place an emotional toll on the family and create rifts.³⁶⁵ The bureaucracy associated with the formalisation of kinship care is costly, especially if there is an obligation to monitor all children in kinship care.³⁶⁶ As shown above, not all children in kinship care are at high risk, and this can divert resources away from more vulnerable groups of children. For example, in South Africa, many kinship caregivers have registered as foster carers in order to access a cash grant. Becoming a foster carer requires social work assessments and monitoring, and this has overloaded the social work system, preventing social workers from carrying out more intensive work with children who have been abused or exploited.³⁶⁷

The risks faced by children in kinship care are not uniform

The evidence presented in this and the previous section suggests that the risks that children in kinship care face vary greatly, and are dependent on the form of kinship care, the reasons for separation, the characteristics of the child, and cultural norms around kinship care, with these factors interacting together to shape risk. The table below summarises this evidence. In relation to forms of kinship care, it refers back to the different continuums of caregiving arrangements identified in section two. It is also likely that other factors, such as the degree of support that caregivers receive from the community, the child’s parents, and other family members, impact on risk, though this did not emerge strongly from the research identified through the literature review.

| Form of kinship care | Impact on risk |
|--|---|
| Degree of parental engagement | <ul style="list-style-type: none"> High levels of parental engagement can ease eventual reintegration and reduce feelings of abandonment. Parental involvement can also create risk, especially if parents are abusive or have drug or alcohol problems. |
| Degree of formality of care | <ul style="list-style-type: none"> Formalising kinship care can reduce risk, allowing children in kinship care to be monitored and access services. Formalisation may both be more necessary and more viable in higher income contexts where there is a social work infrastructure and where placement in kinship care is associated with abuse and neglect. Formalising kinship care also carries risks, particularly in contexts with long traditions of informal kinship care and without large social service infrastructure. It can deter caregivers from taking children in, damage relationships with birth parents and overload child protection systems. |
| Degree of relatedness/nature of relationship to child | <ul style="list-style-type: none"> More distant relatives or unrelated kin are more likely to discriminate against children, affecting education, and exposure to abuse and exploitation. Grandparents are often children’s preferred choice of caregiver as they are believed to offer unconditional love and support, but children in grandparent care face particular risks related to caregiver health, levels of household poverty, and inter-generational relationships. |

| | |
|---|--|
| Degree of stability and permanency of relationship | <ul style="list-style-type: none"> Stable relationships allow for important attachments to form with caregivers, and continuity of friendships and schooling, and can reduce feelings of anxiety and loss. Frequent placement changes may be less harmful in contexts where regular movement between homes is an expected and normal part of growing up. Placement changes may also create new bonds and networks. Further research is needed in this area. |
| Degree to which relationship is voluntary | Caregivers who are obliged or forced to care for children may have feelings of resentment that can damage relationships with children and lead to children feeling unwanted and unwelcome. |
| Other factors | |
| Reasons for separation | <ul style="list-style-type: none"> If children are separated due to abuse, neglect or violence, or because of conflict or a natural disaster, they are likely to face heightened risk in relation to their emotional well-being. Caregivers and children need particular support dealing with grief when placement is the result of parental death or separation from family and community in the context of war, political violence or natural disaster. Inter-generational cycles of violence may mean that children who are separated from their parents for child protection reasons are at risk of further abuse and neglect in kinship care. Relationships with biological parents are likely to be particularly fraught when parents’ abusive or dangerous behaviour has led to children’s placement in kinship care. If children are separated from parents to access schooling or because parents have migrated, their risk of poverty may in some cases, but not all, diminish in kinship care because their relatives may be more wealthy or may benefit from remittances. |

6. The neglect of kinship care

The evidence presented so far in this paper suggests that supporting kinship care is a priority: it is widely and increasingly used, it is a valuable resource for vulnerable children, and it carries risks for both children and caregivers if not properly supported. Despite its value, it has been neglected by policymakers and practitioners in many parts of the world.

Kinship care receives limited attention in global policy discourse on children's care

Whilst international frameworks such as the UNCRC and the Guidelines for the Alternative Care of Children highlight the importance of kinship care, policy debates and advocacy at the international level do not routinely focus on this issue. In recent years, attention at the international level has centred on reducing the number of children in harmful institutional care. Significant and important progress has been made on deinstitutionalisation through a number of global campaigns.³⁶⁸ Kinship care is acknowledged as a far better alternative to institutional care within these campaigns. However, the support needs associated with it are not always fully examined or advocated for. There is now a need to build on the valuable progress made by child care reform campaigns at the global level and expand interventions to ensure that children within kinship care are well supported.

There is a risk that if kinship care is not more strongly emphasised, success will be measured purely in terms of a decline in the numbers of children in institutional care, and national governments will not be fully encouraged to take a more inclusive approach which addresses the needs of all children without adequate care. Statistics suggest that a focus on institutional care leads to addressing the needs of only a very small proportion of children who are at risk of receiving inadequate care. As shown in section two above, the number of children in institutional care is often relatively low in comparison to those in kinship care. In some settings, there are 20 times more children in kinship care as compared to residential care.³⁶⁹

Kinship care is poorly supported at the national level

National governments in many countries acknowledge the importance of kinship care in policies (see section three above), although this recognition is by no means universal. Moreover, policy commitments are not usually matched with concrete and tangible support to caregivers or children. For example:³⁷⁰

- Research across 23 states in the USA shows that more than half of all kinship caregivers receive no financial assistance. When this support is provided, they receive less than unrelated foster carers.³⁷¹
- In the UK, non-relative foster carers are twice as likely to receive financial assistance and four times more likely to receive respite care or peer support services than kinship caregivers.³⁷² In a recent survey, only 13 per cent of kinship caregivers said that they were getting the support they needed to bring up a child.³⁷³ Support is often determined by the child's legal status, rather than the child's needs.³⁷⁴

- In the 2015 Tallinn Recommendations and Action Plan on Alternative Care and Family Support for the Baltic Sea Region there is no specific reference to kinship care and the need to support those who provide and receive it.³⁷⁵
- In Armenia, social workers are only required to make twice yearly visits to children in formal kinship care, though in practice visits are made much less frequently and usually only when violence has been reported or there has been a major crisis in the family. There is no monitoring of informal kinship care placements, and social workers are not trained to support kinship caregivers. Kinship caregivers receive no financial support.³⁷⁶
- In Moldova, social workers are not properly trained to promote, monitor and support kinship caregivers, and social services support for kinship care is limited. There is a particular lack of support for informal kinship care, and for caregivers looking after children with disabilities.³⁷⁷
- In Nepal, government legislation and interventions on care focus on deinstitutionalisation, paying no or limited attention to other forms of alternative care, including kinship care.³⁷⁸
- In China, the government and NGOs offer limited or no support to grandparents or other relatives caring for orphaned children or those left behind by migration.³⁷⁹
- In Indonesia, there is no system of support in place for children left behind due to migration, and the general assistance that is provided to vulnerable families favours children in parental care, with kinship caregivers struggling to get children registered, or to access school or health care.³⁸⁰ Parenting programmes are also often targeted at mother and fathers only.³⁸¹
- Policymakers and practitioners working in the Pacific Islands or with migrant Pacific islanders living in the USA often fail to recognise the informal and regular 'circulation' of children between different family members.³⁸² Kinship caregivers may struggle to access services, and nutrition programmes are wrongly targeted purely at parents, ignoring the role that other relatives play in children's care.³⁸³
- In Ghana, kinship care is not addressed in the national legal and policy framework on child protection and care and, as a result, there are few reliable protections for those children who require support and assistance.³⁸⁴
- In a study on kinship care in Ethiopia, Kenya and Zanzibar, researchers found no specific services developed to meet the needs of kinship caregivers. General services, such as social protection schemes, were also often poorly designed and inaccessible to kinship caregivers. In Ethiopia, 70 per cent of kinship caregivers surveyed received no support from the state or NGOs.³⁸⁵

“You're ‘out on your own’ and there is no support or help – you are invisible and a nonentity.”

Kinship carer, UK ³⁸⁶

Evidence suggests that some caregivers and children in kinship care are especially unlikely to be properly supported, including immigrant households,³⁸⁷ non-relative kinship caregivers,³⁸⁸ and children who have been placed into care informally as opposed to formally by the courts or social workers.³⁸⁹

There are several reasons for the lack of support to kinship care. Strong social norms around collective responsibility for children's care mean that there is often an assumption that families will and should take children in regardless of the degree of support that they are offered. In many instances, there may also be a reluctance to intervene in the private sphere of the family.³⁹⁰ Perhaps due to these factors, there is a general tendency to ignore the role played by family and community in children's protection and care, and to instead focus on formalised systems of support, such as foster care.³⁹¹

“Kinship care is widely perceived to have lesser status than foster care. As a consequence, less attention is paid to meeting the financial and non-financial needs of carers and children in their care.”³⁹²

Kinship caregivers may be unable to navigate complex systems to gain support for children, particularly if they do not have children themselves.³⁹³ 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.³⁹⁴

There is a lack of research on kinship care

Researchers carrying out literature reviews related to kinship or alternative care have noted a general lack of research on kinship care, particularly in comparison to other forms of alternative care.³⁹⁵

The literature review carried out for this paper found limited research on:

- Children's perspectives on kinship care.
- The views of parents of children in kinship care.
- The impacts of frequent placement changes on child well-being in contexts where regular movement between households is the norm.
- Longitudinal impacts of kinship care, including comparisons between the educational attainment, health and development of children in kinship as opposed to other forms of care.
- Comparisons between outcomes in kinship care and in at risk families.
- The gendered and age-related dimensions of kinship care provision and boys' and girls' experience of kinship care at different ages.
- The impact of kinship care on other children in the household.
- The particular experiences of children with disabilities in relation to kinship care.

The literature review also found that researchers in different regions tended to examine kinship care through a particular lens, leading to some gaps in understanding. For example, most of the research identified in Asia focused on kinship care caused by migration, often examining this topic through large-scale quantitative surveys. In comparison, kinship care in the Pacific appears to be largely explored by anthropologists who provide in-depth data, through often quite small-scale studies. Contemporary studies in Africa have focused to a large extent on the care of children orphaned by HIV and AIDS, although earlier research in many countries explored kinship care from a more functional perspective, focusing on its role in cementing social and familial ties.

This review found significantly more research on kinship care in high as compared to middle or low income contexts. However, even in these countries, researchers carrying out reviews of the literature note many areas where information on kinship care is insufficient. Gaps include: informal kinship care arrangements;³⁹⁶ information on kinship caregivers other than grandparents, particularly non-relative caregivers;³⁹⁷ indigenous kinship caregivers;³⁹⁸ and kinship care into early adulthood.³⁹⁹

Researchers examining other topics that are likely to be strongly impacted by children's care note insufficient attention paid to kinship care. For example, in the Pacific Islands researchers trying to understand reasons for high levels of childhood malnutrition did not ask caregivers about their relationship to the child or who else is involved in the child's care. This was despite evidence that the caregiver-child relationship has a major impact on how and what children are fed.⁴⁰⁰ The failure to include an analysis of the impacts of kinship care within research on migration means that there is an incomplete picture of the cost-benefits of policies that encourage movement across borders and within countries.⁴⁰¹

Conclusions and recommendations

Conclusions

Kinship care represents a paradox. It is the most widely used and valued form of care when children cannot be looked after by parents, yet also neglected by those seeking to support vulnerable children who are separated from parents. In global policy debates, kinship care receives only peripheral attention. Governments around the world fail to properly support children in kinship care and their caregivers. Kinship care cannot continue to be ignored. It affects up to a tenth of children globally,⁴⁰² and its use is likely to rise with growing migration and increases in disasters and conflict caused by climate change. It is one of the most valuable resources available to the most vulnerable children in the world. It is their preferred option when parents cannot look after them, and offers stability and continuity in otherwise often chaotic lives. It provides better outcomes for children than many other forms of care.

Kinship care also has wider benefits: it enables economic migration, saves government resources, and builds social networks that benefit children, families, and communities. Understanding more about kinship care has wider ramifications for the entire care and protection sector and can provide crucial insights on care-specific issues such as the importance of stability in care placements, as well as more general child protection issues such as violence prevention. Recognising that not all children grow up with their parents, and that children may frequently move between households, is vital for achieving goals in a range of areas, including education and nutrition.

Kinship caregivers are frequently poor and elderly, and children often come into kinship care having faced adversity and the trauma of separation from parents. For kinship care to be safe and effective, children and caregivers must have financial and emotional supports, and help with schooling and other services. Mechanisms must be put in place to protect children from abuse and discrimination, and to help manage relationships with birth parents and support reintegration. The needs of other children in the household must also be recognised and addressed.

Effectively responding to kinship care requires providing a full package of support for children and caregivers that reflects these multiple vulnerabilities. This in turn involves collaborations among a range of sectors including child protection, social protection, education, health and justice. To develop appropriate responses to kinship care, policymakers and practitioners must acknowledge that there are multiple forms and experiences of kinship care, and that a complex interplay of factors means that exposure to risk varies. These factors include: cause of separation; characteristics of the child; context in which kinship care occurs; and the precise form that kinship care takes. Groups of children particularly likely to be at risk will vary by context, but may include: children living with more distant relatives or kin; those separated due to abuse or neglect, conflict or natural disasters, or parental death; children living with caregivers who feel duty bound to care for them; children living with highly vulnerable elderly caregivers, and children in contexts where kinship care is not the norm and carries stigma.

Recommendations for national governments

1. Conduct research on the scale, nature, causes and impacts of kinship care. Research of this kind should specifically seek to identify which groups of children in kinship care in a given context face the greatest risks and why.
2. Alter national policies and interventions on alternative care so that they prioritise supporting safe and effective kinship care. Specifically:
 - Ensure that the end goal of care reform is that all children can grow up safe and protected in families (rather than a focus just on reducing numbers in institutional care).
 - Ensure that kinship care is always considered as the first option when children cannot be cared for by parents.
 - Offer a full package of support for children and caregivers that includes psychosocial, financial, educational, and child protection services and support. Social workers should have the flexibility to tailor support packages to particular needs.
 - Ensure that high-risk cases are monitored and provided with more extensive case management support (but do not attempt to monitor all cases).
 - Train the child welfare workforce to recognise and respond to the needs of children in kinship care.
3. Ensure that kinship care is considered in other relevant national policies and interventions. For example:
 - When determining the national migration and immigration policies, ensure that the needs of migrants' children, including those in kinship care, are recognised.
 - When defining childhood vulnerability or targeting social protection, recognise the particular vulnerability of children in kinship care, and their caregivers.
 - When designing parenting, nutrition or early childhood development programmes or support for children with disabilities recognise that often it is kin rather than parents that are the primary caregivers. Target interventions and messages appropriately.
 - Ensure that schools work with kinship caregivers as well as with parents, and that education systems recognise the particular challenges that children in kinship care face in gaining an education.
4. Local civil society organisations (CSOs) are often the organisations that understand the situation best and have developed successful interventions. They should always be included in the development of legislation and policy development and implementation.

Recommendations for donors and UN agencies

1. Offer financial and technical support to enable national governments to appropriately support kinship care.
2. Expand global campaigning. Continue to support the deinstitutionalisation of children, but ensure that more resources are devoted to promoting the support of kinship care.
3. Fund research and knowledge exchange on kinship care, with a particular focus on:
 - Children's perspectives on kinship care.
 - Risk within kinship care and the identification of support needs.
4. Investing in local CSOs and their established practice with families and communities is often the most sustainable and contextually relevant response.

Annex: Research methods

Twenty-nine countries were selected as a focus for the literature review. Countries were selected from Family for Every Child existing or planned member countries, and to ensure a good spread of country by region and income level.⁴⁰³

The 29 countries are listed below:

Low income

- | | |
|------------|----------|
| • Ethiopia | • Rwanda |
| • Liberia | • Syria |
| • Nepal | |

Middle income

- | | |
|-------------|-------------------|
| • Brazil | • Kyrgyz Republic |
| • Cambodia | • Lebanon |
| • Colombia | • Mexico |
| • Ghana | • Moldova |
| • Guatemala | • Philippines |
| • Guyana | • Russia |
| • Indonesia | • South Africa |
| • Jamaica | • Turkey |
| • Jordan | • Zimbabwe |
| • Kenya | |

High income

- | | |
|---------------|-------|
| • Australia | • UK |
| • Chile | • USA |
| • New Zealand | |

Two methods were used to search for information from these countries. First, the EBSCO database was searched using the country name plus the following terms:

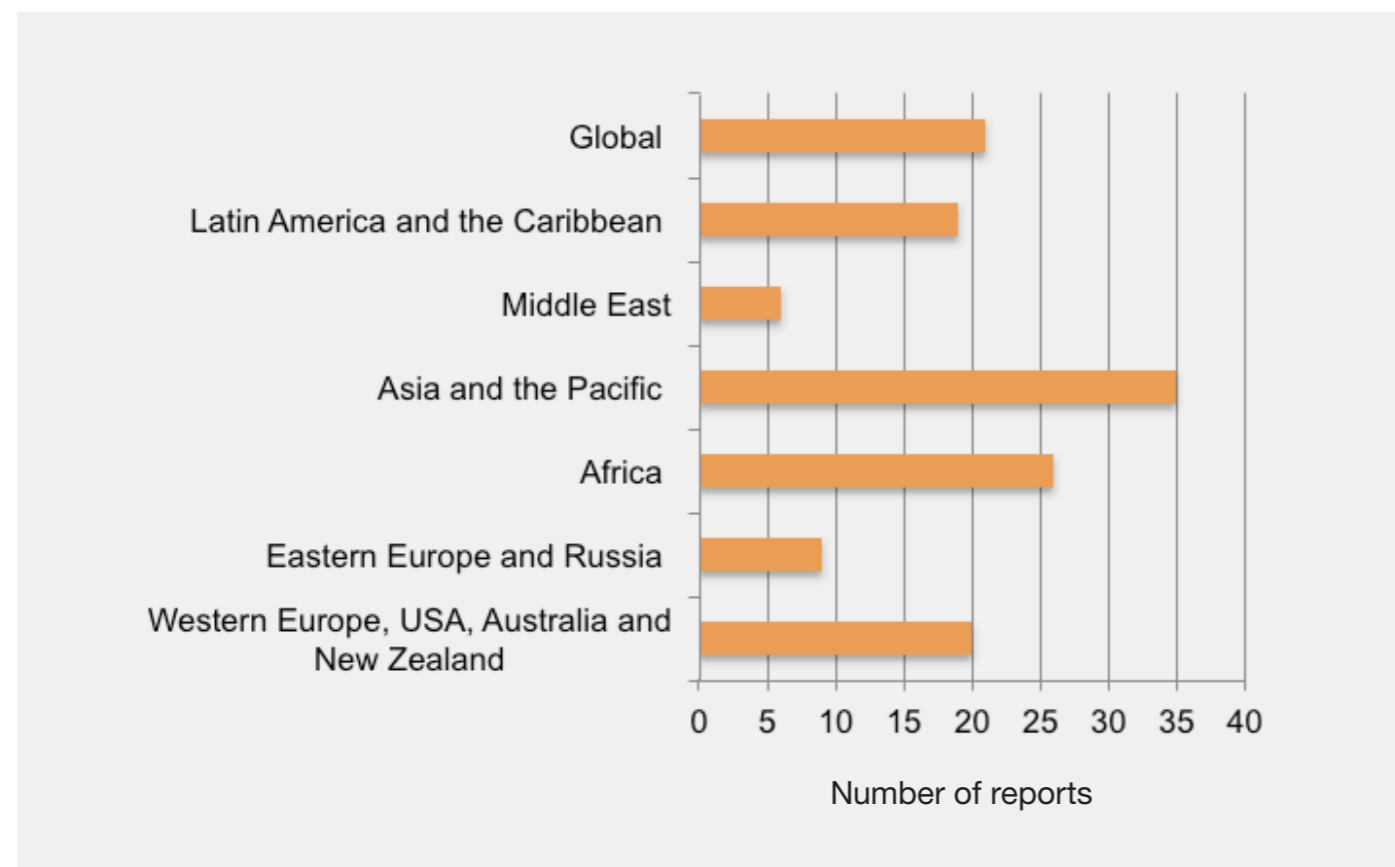
- Kinship care
- Extended family
- Foster care
- Grandparent
- Orphan
- Separated children
- Children left behind.

In some cases, a provisional scan of the literature suggested that other search terms for kinship care were used in that context, and searches were also carried out using these terms. Searches were generally limited to the last eight years. For most of the countries, all of the relevant documents revealed using these search terms were reviewed. However, for high income contexts such as the UK and the USA, there were too many documents on kinship care to review all of them in the time available. In these instances, efforts were made to identify documents that provided an overview of kinship care.

Second, a scan was carried out on the Better Care Network (BCN) website on each of the 29 countries to identify further reports from UN agencies and NGOs that had not been published in academic journals.

In addition to these context-specific searches, further general searches were carried out on the EBSCO and BCN databases to fill gaps in data or examine specific aspects of kinship care. As there was a dearth of data from the Middle East, South and Central America, and Eastern Europe, all of the documents from the last eight years on the BCN site from these contexts were reviewed to identify relevant material on kinship care. The search term 'child circulation' was used on the EBSCO database to identify anthropological literature on kinship care. The search terms 'kinship care' plus 'disability' were also used on the EBSCO database to try and find more information on the kinship care of children with disabilities.

In total, searches revealed 136 relevant reports or articles from 40 countries. The graph below shows the regions where the research included in the documents was carried out.



Endnotes

- 1 - Countries have been categorised into low, middle and high income using World Bank classification: <https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups>.
- 2 - United Nations General Assembly (UN GA) (2010) *Guidelines for the alternative care of children*. Resolution adopted by the General Assembly, 24 February 2010, A/RES/64/142. New York: United Nations.
- 3 - Ibid.
- 4 - See for example: Department for Education (2010) *Family and friends care: Statutory guidance for local authorities*. UK: Department for Education. <https://webarchive.nationalarchives.gov.uk/20130403234416/https://www.education.gov.uk/publications/eOrderingDownload/Family%20and%20Friends%20Care.pdf>
- 5 - Ruiz-Casares, M. (2013) *Alternative care in Laos: An exploratory study with children and caregivers*. Laos: Save the Children.
- 6 - Best, C. (2014) Kinship care and transnational parenting: The intersection of cultural values and practices. *Journal of Family Social Work*, 17 (2), p.119-135.
- 7 - For example: Tarasova, Z., Khlinovskaya, E., Tuprina, R. and Skryabin, V. (2017) Urbanisation and the shifting of boundaries: Contemporary transformations in kinship and child circulation amongst the Sakha. *Europe-Asia Studies*, 69 (7), p.1106-1125 (Russia); Fonseca, C. (2002) Inequality near and far: Adoption as seen from Brazilian Favelas. *Law & Society Review*, 36 (2), p.397-432 (Brazil); Leinaweaver, J. (2014) Informal kinship-based fostering around the world: Anthropological findings. *Child development perspectives*, 8 (3), p.131-136 (global); Leifsen, E. (2013) *Child circulation in and out of the secure zone of childhood: A view from the urban margins in Ecuador*. *Childhood* 20 (3), p.307-322 (Ecuador); Wentworth, C. (2017) Hidden circuits of communal childrearing: Health implications of the circulation of children in Vanuatu. *The Asia Pacific Journal of Anthropology*, 18 (4), p. 323-338 (Pacific Islands – Vanuatu).
- 8 - For example: Butt, B., Beazley, H. and Ball, J. (2017) Migrant mothers and the sedentary child bias: Constraints on child circulation in Indonesia. *The Asia Pacific Journal of Anthropology*, 18 (4), p.289-304 (Indonesia); Tarasova et al. 2017 (Russia).
- 9 - Agarwal, R. (2017) Adoptive transfers and affective experiences of Palauan Youth. *The Asia Pacific Journal of Anthropology*, 18 (4), p.339-355 (Pacific Islands – Palau).
- 10 - Dolbin-McNab, M. and Yancura, L. (2017) International perspectives on grandparents raising grandchildren: Contextual considerations for advancing global discourse. *The International Journal of Aging and Human Development*, 86 (1).
- 11 - Best 2014 (Caribbean/US); de Guzman, R. (2014) Yaya: Philippine domestic care workers, the children they care for, and the children they leave behind. *International Perspectives in Psychology: Research, Practice, Consultation*, 3 (3), p.197-214 (Philippines); Hoang, L., Lam, T., Yeoh, B. and Graham, E. (2015) Transnational migration, changing care arrangements and left-behind children's responses in South-east Asia. *Children's Geographies*, 13 (3), p.263-277 (South-East Asia).
- 12 - See for example: Fonseca 2002 (Brazil); Sanghera, B., Ablezova, M. and Botoeva, A. (2012) Attachment, emotions and kinship caregiving: An investigation into separation distress and family relatedness in post-Soviet Kyrgyzstani households. *Families, Relationships and Societies*, 1 (3) (Kyrgyzstan); Nsamenang, B. (1992) *Human Development in Cultural Context*. Newbury Park, CA: Sage (Sub-Saharan Africa); Tarasova et al. 2017 (Russia).
- 13 - Bray, R. and Dawes, A. (2016) *Parenting, family care and adolescence in East and Southern Africa: An evidence focused literature review*. Florence: UNICEF Innocenti.
- 14 - Charyeva, Z., Ghukasyan, H. and Armenia Country Core team (2018) *Assessing alternative care for children in Armenia*. Armenia: USAID; O'Kane, C. and Lubis, S. (2016) *Alternative care and deinstitutionalisation in Indonesia*. Brussels: SOS Children's Villages and European Commission; Hamilton, C., Aplan, K., Dunaiski, M. and Yarrow, E. (2017) *Study on alternative care community practices for children in Cambodia*. Cambodia: Ministry of Social Affairs, Veterans and Youth Rehabilitation and UNICEF.
- 15 - For example: Bramlett, M., Radel, L. and Chow, K. (2017) Health and wellbeing of children in kinship care: Findings from the national survey of children in non-parental care. *The Child Welfare Journal*, 95 (3), p.41-60 (US); Connolly, M., De Haan, I. and Crawford, J. (2017) Focus on stability: A cohort of young children in statutory care in Aotearoa New Zealand. *International Social Work*, 60 (1), p.111-125 (New Zealand).
- 16 - See Annex A in UK Department for Education (2010) *Families and friends care: Statutory guidance for local authorities*. UK: Department for Education. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/288483/family-and-friends-care.pdf
- 17 - O' Kane, C. (2015) *Kinship care report. Syrian refugees in Jordan*. Jordan: King Hussein Foundation and Save the Children.
- 18 - Ruiz-Casares 2013.
- 19 - Save the Children (2015) *A sense of belonging. Understanding and improving informal alternative care mechanisms to increase the care and protection of children, with a focus on kinship care in East Africa*. Nairobi, Kenya: Save the Children.
- 20 - Kiraly, M. (2018) *Fairy godparents and fake kin: Exploring non-familial kinship care (kith care)*. Australia: University of Melbourne and the Commission for Children and Young People; Roby, J. (2011) *Children in informal alternative care*. New York: UNICEF.
- 21 - Kiraly 2018.

- 22** - Copland, M. and Roberts, K. (2010) *Children living away from their parents in the Pacific*. New York: UNICEF (Pacific); Shang, X. and Fisher, K. (2014) *Caring for orphaned children in China*. USA: Lexington Books; Ruiz-Casares 2013 (Laos); Terre des Hommes (2018) "Nobody asked me how I feel about moving." *The impact of migration on children's rights in Ukraine. Situational analysis*. Lausanne: Terre des hommes (Ukraine).
- 23** - Fonseca 2002.
- 24** - Wentworth 2017; Agarwal 2017.
- 25** - Asfari, M. (2017) Kinship among the Gorbat Babol. How an anthropology of childhood reveals kinship structure. *Anthropology of the Middle East*, 12 (2), p.46-59.
- 26** - Avelar, B. (2018) '100 women: Playing mother to El Salvador's gang children', *BBC News: BBC Mundo*, 1 August 2018. <https://www.bbc.co.uk/news/world-latin-america-44952270>
- 27** - Martin, F. and Zulaika, G. (2016) Who cares for children? A descriptive study of care-related data available through global household surveys and how these could be better mined to inform policies and services to strengthen family care. *Global Social Welfare*, 3 (2), p.51-74. This data is from surveys from 2012-2016 and as such some of the data is now quite dated, though it is unlikely that the broad trends in kinship care will have shifted dramatically since the data was collected. Data was also only collected on children aged 0-14 years.
- 28** - Ibid.
- 29** - Ibid.
- 30** - Grandparents Plus (2017a) *Kinship care: State of the nation 2017*. UK: Grandparents Plus.
- 31** - Martin and Zulaika 2016.
- 32** - Ibid.
- 33** - Ibid.
- 34** - McCartan, C., Bunting, L., Bywaters, P., Davidson, G., Elliott, M., and Hooper, J. (2018) A four-nation comparison of kinship care in the UK: The relationship between formal kinship care and deprivation. *Social Policy and Society*, 17 (4), p.619-635; Generations United (2018) *Love without borders. Grandfamilies and immigration. State of grandfamilies 2018*. USA: Generations United.
- 35** - Eleven per cent of children in Rwanda are living in households without their parents, with most of these children likely to be in kinship care (Martin and Zulaika 2016). Using population estimates for children aged 0-14 years (see: https://www.cia.gov/library/publications/the-world-factbook/geos/print_rw.html) this suggests at least 528,000 children in kinship care.
- 36** - Lumos, Children in institutions: The global picture. <https://lumos.contentfiles.net/media/documents/document/2017/03/GlobalNumbers.pdf>
- 37** - Six per cent of children in Indonesia are living in households without parents, with most of these children likely to be in kinship care (Martin and Zulaika 2016). Using population estimates for children aged 0-14 years (<https://www.cia.gov/library/publications/the-world-factbook/geos/id.html>), this suggests at least 3.8 million children in kinship care.
- 38** - Similar evidence can be found across the West Africa region – O'Kane, C. and Feinstein, C. (2013) 'Yaro na kowa ne' – children belong to everyone. *Save the Children research initiative on understanding and improving informal alternative care mechanisms to increase the care and protection of children, with a focus on kinship care in West Central Africa*. Sweden: Save the Children.
- 39** - Biryukova, S. and Sinyarvskaya, O. (2017) Children out of parental care in Russia: What we can learn from the statistics. *The Journal of Social Policy Studies*, 15 (3).
- 40** - Shang and Fisher (2014).
- 41** - Gale, C. and Khatiwada, C. (2016) *Alternative care and deinstitutionalisation*. UK: CELCIS.
- 42** - Hamilton et al. 2017.
- 43** - Ruiz-Casares 2013.
- 44** - Ariyo, E., Mortelmans, D. and Wouters, E. (2019) The African child in kinship care: A systematic review. *Children and Youth Services Review*, 98, p.178-187.
- 45** - Gale, C. (2016) *Alternative care and deinstitutionalisation in Central and South America*. UK: CELCIS, SOS Children's Villages and the European Commission.
- 46** - Child Protection Working Group (2013) *Syria child protection assessment 2013*. Geneva: Child Protection Working Group; O'Kane 2015; Stark, L., MacFarlane, M., Rubinstein, B., Yu, G., Jensen, C., and Williamson, K. (2018) Using a population-based survey approach to estimate child separation after a natural disaster: Findings from post-Hurricane Haiti. *BMJ Global Health*, 3 (3).
- 47** - The majority of children living in households without either parent are in kinship care. Data is from Martin and Zulaika 2016. This data is from surveys from 2012-2016 and as such some of the data is now quite dated, though it is unlikely that the broad trends in kinship care will have shifted dramatically since the data was collected. Data was also only collected on children aged 0-14 years.
- 48** - See for example: Tarasova et al. 2017 (Russia); Shang and Fisher 2014 (China); Charyeva et al. 2018 (Armenia); O' Kane 2015 (Syria); Agarwal 2017 (Pacific Islands); Frimpong-Manso, K. (2014) From walls to homes: Child care reform and deinstitutionalisation in Ghana. *International Journal of Social Welfare*, 23 (4), p.402-409 (Ghana).

- 49** - Kiraly, M. (2015) *A review of kinship care surveys: The 'Cinderella' of the care system*. Child Family Community Australia Working Paper. Australia: Child Family Community Australia.
- 50** - Dolbin-McNab and Yancura 2017.
- 51** - Kiraly 2018.
- 52** - Terre des Hommes 2018.
- 53** - O'Kane 2015.
- 54** - Shang and Fisher 2014.
- 55** - Mushunje, M. (2014) Interrogating the relevance of the extended family as a social safety net for vulnerable children in Zimbabwe. *African Journal of Social Welfare*, 2 (4), p.78-103.
- 56** - Save the Children 2015.
- 57** - For example, in Ukraine, only 0.5 per cent of children left behind by migrant parents live with friends or neighbours (Terre des Hommes 2018). This form of care is also reported to be extremely rare in China (Shang and Fisher 2014) and the Pacific islands (Copland and Roberts 2010).
- 58** - Connolly et al. 2017.
- 59** - Terre des Hommes 2018.
- 60** - Better Care Network (2012) *Jordan DHS 2012: Children's care and living arrangements*. New York: Better Care Network.
- 61** - Copland and Roberts 2010.
- 62** - Martin and Zulaika 2016.
- 63** - O'Kane 2015.
- 64** - Shang and Fisher 2014.
- 65** - Copland and Roberts 2010.
- 66** - Beck, S., De Vreyer, P., Lambert, S., Marazyan, K. and Safir, A. (2015) Child fostering in Senegal. *Journal of Comparative Family Studies*, 46 (1), p. 57-73.
- 67** - Save the Children 2015.
- 68** - Beck et al. 2015.
- 69** - Save the Children 2015.
- 70** - Biryukova and Sinyarvskaya 2017.
- 71** - Shang and Fisher 2014.
- 72** - Save the Children 2015.
- 73** - Grandparents Plus (2017a) *Kinship care: State of the nation 2017*. UK: Grandparents Plus.
- 74** - Kiraly 2015.
- 75** - Connolly et al. 2017.
- 76** - Kiraly 2015.
- 77** - Generations United 2018. See also: Phagan-Hansel, K. (2017) Relative growth: Three states increasingly rely on kin for kids in foster care. *The Chronicle of Social Change*, 4 December 2017. This study shows that there has been a decline in the use of foster care as kinship care has increased.
- 78** - McCartan et al. 2018.
- 79** - Kiraly 2018.
- 80** - Terre des Hommes 2018; Yanovich, L. (2015) *Children left behind: The impact of labor migration in Moldova and Ukraine*. USA: Migration Policy Institute.
- 81** - Pan, L. and Ye, J. (2017) 'Children of great development': Difficulties in the education and development of rural left-behind children. *Chinese Education and Society*, 50 (4), p.336-349.
- 82** - Zhao, C., Wang, F., Zhou, X., Jiang, M. and Hesketh, T. (2018) Impact of parental migration on psychosocial well-being of children left behind: A qualitative study in rural China. *International Journal for Equity in Health*, 17, 80.
- 83** - UNICEF (2018) *A statistical profile of child protection in Cambodia*. Cambodia: UNICEF.
- 84** - Better Care Network (2012) *Enabling reform: Why supporting children with disabilities must be at the heart of successful child care reform*. New York: BCN and EveryChild.
- 85** - McCartan et al. 2018.

- 86** - For example: Sommerfeld, T. (2015) *Child fosterage and child domestic work in Haiti in 2014: Analytical report*. FAFO: Haiti (Haiti); Best 2014 (US and Caribbean); Copland and Roberts 2010 (the Pacific Islands); Gordon, L. (2016) *The empty nest is refilled: The joys and tribulations of raising grandchildren in Aotearoa*. Auckland: Grandparents Raising Grandchildren Trust (New Zealand); Hamilton et al. 2017 (Cambodia); Ruiz-Casares 2013 (Laos); Save the Children 2015 (East Africa); Tarasova et al. 2017 (Russia); UNICEF 2018 (Cambodia).
- 87** - Fonseca 2002.
- 88** - Shang and Fisher 2014.
- 89** - Bywaters, P., Bunting, L., Davidson, G., Hanratty, J., Mason, W., McCarten, C. and Steils, N. (2016) *The relationship between poverty, child abuse and neglect: An evidence review*. UK: Joseph Rowntree Foundation.
- 90** - Stark et al. 2018; UNHCR (2013) *The future of Syria: Refugee children in crisis*. Geneva: UNHCR.
- 91** - Shang and Fisher 2014.
- 92** - Carucci, L. (2017) Exploring the interstices between Kokajiriri and adoption: Shifts in Marshallese Practice. *The Asia Pacific Journal of Anthropology*, 18 (44), p.356-371. Some families in the Marshall Islands became eligible for compensation following post-war nuclear testing. Kinship care was used as a mechanism to gain favour with these families in the hope that they would share payouts. In other cases, parents took children out of kinship care to increase their welfare payments.
- 93** - Schaefer Riley, N. (2018) Reconsidering kinship care. *National Affairs*, 38, Summer 2018.
- 94** - Martin and Zulaika 2016. In Ethiopia, the richest households are more likely to host children.
- 95** - Child Protection Working Group 2013.
- 96** - Fonseca 2002.
- 97** - <http://hdr.undp.org/en/composite/HDI>
- 98** - Martin and Zulaika 2016. This article uses children living in households without either biological parent as a proxy for kinship care.
- 99** - <http://hdr.undp.org/en/composite/HDI>
- 100** - Martin and Zulaika 2016. This article uses children living in households without either biological parent as a proxy for kinship care.
- 101** - Save the Children 2015, p.33.
- 102** - Save the Children 2015.
- 103** - Ministry of Gender and Social Protection (2014) *Child protection baseline summary research report*. Ghana: Government of Ghana and UNICEF.
- 104** - Butt et al. 2017.
- 105** - Ruiz-Casares 2013.
- 106** - Stark et al. 2018. In Haiti, the majority of children separated after a major hurricane were separated intentionally (and often placed with relatives) and school was the most common reason (cited in 46 per cent of cases).
- 107** - Leifsen 2013.
- 108** - Agarwal 2017.
- 109** - This was also found to be the case in the primary research conducted for this study.
- 110** - Grandparents Plus (2017b) *Growing up in kinship care. Experiences as adolescents and outcomes in young adulthood*. UK: Grandparents Plus.
- 111** - Stark et al. 2018.
- 112** - Save the Children 2015.
- 113** - Shang and Fisher 2014.
- 114** - Beck et al. 2015.
- 115** - UNICEF 2018.
- 116** - Ruiz-Casares 2013.
- 117** - Martin and Zulaika 2016. See also Save the Children 2015.
- 118** - Better Care Network 2012.
- 119** - Ariyo et al. 2019.
- 120** - See, for example: Block, E. (2014) Flexible kinship: Caring for AIDS orphans in rural Lesotho. *The Journal of the Royal Anthropological Institute*, 20 (4), p.711-727 (Lesotho); Cheney, K. (2016) 'Blood always finds a way home': AIDS orphanhood and the transformation of kinship, fosterage, and children's circulation strategies in Uganda. In Hunner-Kreisel, C. and Bohne, S. (eds.) *Childhood, Youth and Migration*. Children's Well-Being: Indicators and Research, Vol 12. Cham: Springer (Uganda); Cooper, E. (2012) Sitting and standing: How families are fixing trust in uncertain times. *Africa*, 82 (3); Notermans, C. (2008) The emotional world of kinship: Children's experience of fosterage in East Cameroon. *Childhood*, 15 (3), p.355-377 (Cameroon).

121 - Grandparents Plus 2017b.

122 - Connolly et al. 2017.

123 - Ierago, L., Malsol, C., Singeo, T., Kishigawa, Y., Blailles, F., Ord, L., Florsheim, P., Phillips, L., Kuartei, S., Tiobech, J., Watson, B. and Ngiralmu, H. (2009) Adoption, family relations and psychotic symptoms among Palauan adolescents who are genetically at risk for developing schizophrenia. *Society, Psychiatry and Epidemiology*, 45 (12), p.1105-1114.

124 - See for example: Christ, S. (2017) "You are supposed to treat them like your mum and dad": Narratives about transnational family lives by middle-class Filipino children. *Journal of Ethnic and Migration Studies*, 43 (6), p.902-918 (Philippines); Butt et al. 2017 (Indonesia); Ding, G. and Bao, Y. (2014) Editorial perspective: Assessing developmental risk in cultural context: the case of left behind children in rural China. *Journal of Child Psychology and Psychiatry* 55 (4), p.411-412 (China); Hamilton et al. 2017 (Cambodia); Hoang, Yeoh and Graham 2015 (South East Asia); Joseph, C. and Xylee, J. (2015) Does poverty alone keep children out of school? The case of children under kinship care in the Philippines. In Heshmati, A., Maasoumi, E. and Wan, G. (eds.) *Poverty reduction policies and practices in developing Asia*. Singapore: Springer (Philippines); Ruiz-Casares 2013 (Laos); Speck, S. (2017) "They moved to city areas, abroad": Views of the elderly on the implications of outmigration for the middle hills of Western Nepal. *Mountain Research and Development*, 37 (4) (Nepal).

125 - In Lithuania for example, temporary placement into guardianship, usually with kin, increased from 352 in 2006 to 1,733 in 2011, and this change is largely attributed to freedom of movement within the EU and increased migration (Wenke, D. (2015) Family support and alternative care. *The Baltic Sea States regional report*. Estonia: Council of the Baltic Sea States Secretariat, Estonian Presidency 2014-2015, Republic of Estonia Ministry of Social Affairs). Also, evidence of migration leading to kinship care in Moldova (Yanovich 2015), Romania (Dolbin-McNab and Yancura 2017) and Ukraine (Terre des Hommes 2018).

126 - Carucci 2017, Wentworth 2017, Copland and Roberts 2010.

127 - Grant, M. and Yeatman, S. (2012) The relationship between orphanhood and child fostering in sub-Saharan Africa, 1990s-2000s. *Population Studies*, 66 (3), p.279-295; Cotton, C. and Beguy, D. (2015) *Does mother's migrant status affect child fostering in sub-Saharan Africa? Evidence from two informal settlements in Nairobi, Kenya*, https://ir.lib.uwo.ca/cgi/viewcontent.cgi?article=1050&context=plc_conf; Save the Children 2015.

128 - Mazzucato, V., Dito, B., DeWaard, J., Nobels, J. and Donato, K. (2018) Migration and parental absence: A comparative assessment of transnational families in Latin America. *Population, Space and Place*, 24 (7).

129 - Terre des Hommes 2018.

130 - Yanovich 2015.

131 - Butt et al. 2017.

132 - Yanovich 2015; Hoang et al. 2015.

133 - Butt et al. 2017.

134 - Butt et al. 2017, p.373.

135 - From 2003-2013 the US government deported 2.7 million immigrants and 25 per cent of these immigrants were parents to US citizens. Many of these children are placed into grandparent care, and 21 per cent of children in kinship care in the US are living in immigrant families (Generations United 2018).

136 - Hoang et al. 2015.

137 - INTERESOS and the Migration Policy Centre (2017) *On my own: Protection challenges for unaccompanied and separated children in Jordan, Lebanon and Greece Italy*. Italy: INTERSOS.

138 - Tarasova et al. 2017.

139 - An estimated 61 million children have been left behind by migrating parents in China, with most of these migrants moving from rural to urban areas (Pan and Ye 2017).

140 - O'Kane 2015; Save the Children (2015) *Childhood in the shadow of war: Voices of young Syrians*. Sweden: Save the Children; Stark et al. 2018.

141 - O'Kane 2015.

142 - Gale and Khawwaja (2016).

143 - Plan International (2017) *Community based alternative care as a strategy for protecting Burundian refugee girls and boys: A case study from Mahama Camp, Rwanda*. UK: Plan International.

144 - Stark et al. 2018.

145 - Ibid.

146 - Save the Children 2015.

147 - Stark et al. 2018.

148 - Ibid.

149 - Ibid.

150 - Ibid.

151 - Ibid.

152 - See for example: Department for Education and Skills (2007) *Care matters: Time for change*. UK: The Stationery Office. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/326311/Care_Matters_-_Time_for_Change.pdf

153 - See for example: Ariyo et al. 2019 (Sub-Saharan Africa); Asfari 2017 (Iran); Best 2014 (Caribbean and US); Carucci 2017 (Pacific Islands); Cannon, M. and Gheorghe, C. (2018) *Assessing alternative care for children in Moldova. Assessment report volume 1*. USA: Measure evaluation (Moldova); Charyeva et al. 2018 (Armenia); Gale and Khatiwada 2016 (Nepal); Hannay, J. (2019) *Formal kinship care in Diadema. Presentation given at online event on kinship care in Brazil*. London: Family for Every Child (Brazil); Hamilton et al. 2017 (Cambodia); Isiugo-Abanihe, U.C. (1985) Child fosterage in West Africa. *Population and Development Review*, p.53-73 (West Africa); Leifsen 2013 (Ecuador); Knight, L., Hosegood, V. and Timæus, T. (2016) Obligation to family during times of transition: Care, support and the response to HIV and AIDS in rural South Africa. *AIDS Care*, 28 (4), p.18-29 (South Africa); O’Kane 2015 (Syria); Ruiz-Casares 2013 (Laos); Save the Children 2015 (East Africa); Sanghera et al. 2012 (Kyrgyzstan); Shang and Fisher 2014 (China); Tarasova et al. (Russia).

154 - Fonseca 2002; Hannay, J. 2019.

155 - Fonseca 2002, p.12.

156 - O’Kane 2015, p.33.

157 - Save the Children 2015.

158 - Hoang, L., Yeoh, B. and Wattie, A. (2012) Transnational labour migration and the politics of care in the Southeast Asian family. *Geoforum*, 43, p.733-740.

159 - Ibid.

160 - Carucci 2017.

161 - Sommerfeld 2015.

162 - Hoang et al. 2012, p.737.

163 - Early works by John and Esther Goody set the scene for a large and ongoing body of research. See, for example, Goody, J. and Goody, E. N. (1967) The circulation of women and children in northern Ghana. *Man*, 2, p.226-48; Goody, E. (1982) *Parenthood and social reproduction: Fostering and occupational roles in West Africa*. New York: Cambridge University Press.

164 - Carucci 2017; Knight et al. 2016.

165 - Copland and Roberts 2010.

166 - From a review of the literature across the Middle East – O’Kane 2015.

167 - O’Kane 2015 (Syrian refugees in Jordan); Save the Children 2015 (Zanzibar).

168 - Hoang et al. 2012.

169 - McCarten et al. (2018).

170 - Forsythe-Brown, I., Taylor, R., Chatters, L., Ishtar, G., Matusko, N. and Jackson, J. (2017) Kinship support in Jamaican families in the USA and Jamaica. *Journal of African American Studies*, 21 (2); Lyon, C. (2013) Latino families in the nexus of child welfare, welfare reform, and immigration policies: Is kinship care a lost opportunity? *Social Work*, 58 (1), p.91-4.

171 - Dolbin-McNab and Yancura 2017.

172 - See for example: Hoang et al. 2015 (Indonesia); Grandparents Plus 2017b (UK); O’Kane 2015 (Syria); Save the Children (East Africa); Shang and Fisher 2014 (China).

173 - Mann, G. (2004) *Family Matters. The care and protection of children affected by HIV/AIDS in Malawi*. London: Save the Children.

174 - Hoang et al. 2012.

175 - Hoang et al. 2012.

176 - Fonseca 2002 (Brazil); Ruiz-Casares 2013 (Laos); Save the Children 2015 (East Africa); Tarasova et al. 2017 (Russia).

177 - Save the Children 2015.

178 - Hamilton et al. 2017; Carucci 2017.

179 - Gale 2016.

180 - Copland and Roberts 2010.

181 - Carucci 2017 (Pacific Islands); O’Kane and Lubis 2016 (Indonesia); Save the Children (Kenya and Zanzibar); Bray 2009 cited in Bray and Dawes 2016 (South Africa).

182 - Better Care Network 2012; Biryukova and Sinyarvskaya 2017; Copland and Roberts 2010; O’Kane 2015; Shang and Fisher 2014.

183 - Coplands and Roberts 2010.

184 - Leinaweaver 2014.

185 - Leifsen 2013.

186 - Hoang et al. 2012.

187 - Fonseca 2002.

188 - McCarten et al. 2018; Grandparents Plus 2017b.

189 - Gordon 2015.

190 - Kiraly 2015.

191 - Copland and Roberts 2010; Hamilton et al. 2017.

192 - Kiraly 2018; McCarten et al. 2018; Phagan-Hansel 2017.

193 - Ibid.

194 - Schaefer Riley 2018.

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