

A summary of Kinship Care in Kenya

Introduction

Around the world, families form the integral thread of society, serving as the primary protective hedge around the most vulnerable, especially in the lives of children. When a family is unable to care for its own children, other families within the community have traditionally shared the burden allowing the child to grow up with a similar lifestyle in a familiar setting and within the same community. However, with the growth and organization of the human population and different disasters, human and natural, changes in context and economic challenges, this traditional type of care, referred to as kinship care, has often been sidelined over residential care facilities. Evidence from child development and social science has created enough impulse for the pendulum to swing away from this institutionalized model of care and back towards family care. Kinship care is widely practiced around the world, yet often with little support for the families caring for children and limited safeguards for the children in care.

Overview of alternative care in Kenya

Kenya has one of the youngest populations in the world. In 2019, the country total population was estimated at 47.6 million;¹ with children making up 46%.² There is an estimated 39 percent of the population under the age of 15.³ Over the past several decades, the number of children who have lost one or both parents has grown - estimated at 3.6 million children (of whom 646,887 have lost both parents i.e., having lost both mother and father). The increase in vulnerable children is attributable to internal conflict, HIV and AIDS and other diseases and natural disasters. These have caused or increased the risks of separation of children from parents, exacerbated household levels of poverty, and often weakened the fabrics of community.

Of the total child population in Kenya, 55 percent of children live in households with both biological parents; 27 percent live with only their biological mothers; 3.2 percent with only their

1 Government of Kenya, 2020, The State of Kenya Population 2020: Zero Harmful Practices – Accelerating the Promise of ICPD25.

2 The Kenya 2014 Demographic Health Survey

3 Government of Kenya, 2020, The State of Kenya Population 2020: Zero Harmful Practices – Accelerating the Promise of ICPD25.

Perspectives from care leavers: the best forms of alternative care

“To me, living with relatives is the best option for children without biological parents or those separated from biological parents. When you live with your relatives you still get parental love and affection. You get the mental feeling that you have people who love you. This feeling reduces stress for the child and brings relief. And, for example, in a scenario when the child is in a gathering with other children in the community; when the other children begin to talk about their parents this child will not feel out of place because she is also living with relatives that she can call her parents.

Sometimes caregivers do not have an abundant income, so taking care of an extra child or children may frustrate them, making them hard on the child or children. But, if the family has or gets the additional resources or income, they will live happily with the child and give them all affection and care.”

SHARON, CARE LEAVER

“The problem with taking children to orphanages is that when they return home, whatever their parents owned, land or any property will be gone, and they will have absolutely nothing. It is nice to interact with family if you have any, even if you are in the orphanage because if you do not, when you come out you do not ‘feel the family’, you cannot relate with them, and you will feel isolated. I speak from experience, I spent 10 years in the orphanage and when I finally left the orphanage (I now live on my own) and came back to the community I felt all alone, I did not have my own people.”

COSMOS, CARE LEAVER

biological fathers and 13 percent of the children (0-17) do not live with biological parents.⁴ We can assume, as such, that 13 percent of children are probably living in some type of alternative care setting. The Kenya DHS (2014) data indicates that of children (0-17) living with neither biological parent, 62 percent live with their grandparents, 23 percent live in households headed by other relatives, and six percent live with siblings.⁵

Implying that majority of these children live with their kin, compared to those in residential care facilities (referred to as Charitable Children’s Institutions or CCIs in Kenya). Findings from the Government of Kenya Cash Transfer Programme noted that of the children who do not reside with a biological parent, 40% live with grandparents and 34% with other relatives.⁶

Alternative care in the context of family care

The growing evidence of the negative outcomes associated with children living in residential care facilities combined with the growing evidence that family and community-based systems of care are more cost-effective and deliver better long-term outcomes for children has prompted the government of Kenya to take significant steps in placing family-based care at the centre of its child protection system through a care reform. The reform process includes the decision to:

- review and enact legislative and policy changes.
- develop alternative care guidelines and standard operating procedures.
- design a national care reform strategy; and
- promote the reintegration of children and transformation of residential care facilities (CCIs).

The Kenyan legal framework that provides for protection and care for children. The Children’s Act (2001) includes important provisions related to children’s right to care - parental responsibility, fostering, adoption, custody, maintenance, guardianship, care, and protection of children. However, the framework does not provide for other forms of informal care.⁷ There is no reference to kinship care as a form of alternative care for

4 The Kenya 2014 Demographic Health Survey

5 Better Care Network (2017), Children’s Care and Living Arrangements. <https://bettercarenetwork.org/library/social-welfare-systems/data-and-monitoring-tools/kenya-children%E2%80%99s-care-and-living-arrangements-dhs-2014>

6 Government of Kenya, 2014, Guidelines for The Alternative Family Care of Children in Kenya. The same the children research reports preference in staying with grandparents. Save the Children, 2015, Kinship Care Research: Understanding Informal /Alternative Care Mechanisms for Protecting Children: Study of Kinship Care Practices in Busia County Kenya

7 Republic of Kenya, National Council for Children’s Services (2020), Kenya National Care System Assessment: A participatory self-assessment of the formal care system for children living outside of family care and for the prevention of unnecessary separation of children from families.

Perspectives from care leavers: participating in care-related decisions

“I think it is important for children to choose who to stay with, but it should depend on the age of the child. Someone else should make the decision for a child younger than six years because they do not even know the people or relatives very well and may not understand the situation, but older children, especially those that are ten years and above should be allowed to choose. The caregivers should also have the choice on which child and how many children to take care of, depending on how many children they already have. Also, in instances where a child is disabled, the care giver should have a choice because sometimes it is hard to take care of such children depending on the disability and the caregiver’s capacity.”

SHARON, CARE LEAVER

“I think all decision depend on the situation. Some children have no relatives or do not know any relatives. For them, the only option is an orphanage because that is all they know. Some children have relatives and for these children, if they have the choice, they should stay with relatives because this is a better life than living in an orphanage.”

COSMOS, CARE LEAVER



children⁸ (perhaps, this could be attributed to the fact that kinship care has been practiced for decades as the norm – a way of life and not viewed as ‘alternative’ form of care for children). The government is making efforts to address this, including in the Children Bill (2021).

- In 2014, the government developed the alternative care guidelines, which recognizes and supports informal alternative care for children. Although the guidelines are not legally binding, they are designed to assist and support government and partners in the provision of alternative care services and to complement the legal framework. With support from partners including Changing the Way We Care (CTWWC), the government

developed a user-friendly handbook (2019) and a facilitator’s Training Manual (2019), on the Alternative Care guidelines for local leaders, FBOs and CSOs working in the communities.

- In November 2017, the Kenyan government announced a suspension on the registration of new CCIs.⁹ In May 2019 the Cabinet Secretary Ministry of Labour and Social Protection committed to scaling up deinstitutionalisation¹⁰ and promoting family-based care.¹¹
- In 2021, the Standard Operating Procedures for Alternative Family Care were finalized (the official launch of the document is scheduled for early 2022). These include standard operating procedures for kinship care.

8 The Children Amendment Bill, 2018 provides for Kinship adoption while the Amendment Bill 2020 makes small reference to informal care, by naming a ‘relative’ as one of people who can exercise parental responsibility. The Republic of Kenya, Kenya Gazette Supplement, (2020) Children Amendment Bill 2020 Article 27(1) (v). The revised Children Bill (2021), includes more specific language related to kinship care.

9 Ministry of East African Community, Labour and Social Protection, Office of the Cabinet Secretary. (November 01, 2017). MEACL&SP/7/13(S)SP/Vol.1/ (8). Suspension of Registration of New Charitable Children’s Institutions (CCI/SCIs).

10 De-institutionalization – The “process of planning transformation, downsizing and/or closure of residential institutions, while establishing a diversity of other childcare services regulated by rights-based and outcomes-oriented standards” UNICEF, 2010a, At home or in a home? Formal care and adoption of children in Eastern Europe and Central Asia. Geneva: UNICEF Regional Office for Central and Eastern Europe and the Commonwealth of Independent States (CEE/CIS) Page 52. Retrieved from <http://www.unicef.org/protection/Web-Unicefrapport-home-20110623v2.pdf>

11 Hope and Home for Children, LUMOS, CTWWC, 2020. EU Support for care reform for children in Kenya in 2021-2028 period. Page 11 (May 2019 Cabinet Secretary Statement State reforms on child welfare, adoption and child protection).

Perspectives from care leavers: the risks and challenges of kinship care

“Kinship care comes with some risks for some children, for example, a child not fully accepted by a family. It may be a situation in which only one person in the family accepts the child and other family members do not. In this situation, the other family members may discriminate that child. This may lead to feelings of frustration, making life hard for that child.

The family or the care giver may also have challenges, for example a child may have some behaviors that may have been acceptable with her parents but are not acceptable to the caregiver. This may frustrate the care giver. It may make life hard for both the child and the family to adjust.”

SHARON, CARE LEAVER

“It is not easy to take care of all the children’s needs. I am not financially stable, and although I sometimes get support for basic meals from the project, it is not enough. I still struggle to make ends meet. Also, my in-laws are not happy about the additional children I am taking care of. More so, the boy. They feel threatened, I think they believe that when he grows up, he may challenge or claim their inheritance. I feel so much pressure from them sometimes and this is very discouraging.”

ADYERO, CAREGIVER

“I live with seven grandsons. With seven growing boys – my major challenge is food. I am visually impaired you see; so, I cannot do proper farming. I need help. We also still lack basics like bedding and clothing. The government provides me with assistance through monthly cash transfers, but the money is little – two thousand Kenyan shillings a month – it does not help much. It would be more useful for the government to support us with some income generating activities.”

ONYANGO, CAREGIVER

The government and partners have conducted several situational analysis assessments and reviews of the care system in Kenya to inform the new National Care Reform Strategy.¹²

As of May 2020, and because of a rapid reunification process instigated by COVID-19 prevention measures, there was an estimated number of 29,000 children living in CCI’s across the country.¹³ Data shared by CTWWC in the three counties they work in, illustrated that a total of 1,905 children were released from 79 CCIs as part of the COVID-19 measure. Of these, 1080 (56%) were placed with kin.

Kinship care in Kenya

Kinship care is widely practised in Kenya as indicated in the provided data. It is the most desir-

able form of care.¹⁴ The idea of family members assisting and supporting each other is not new. In Kenya, communities traditionally cared for and protected orphaned, abandoned, and vulnerable children within the cocoon of an extended family. Kenyan society places enormous value on the role and responsibility of the extended family in caring for these children. In a study (2020), among older caregivers in Kisumu, kinship care was considered so ordinary that respondents questioned the need to label it as anything different from ‘normal’ care.¹⁵

There is a common belief among the community that because kin care is culturally normative, it should not be mandated by legal processes.¹⁶ Care arrangements (whether temporary or long term) are traditionally determined by family members or

¹² Republic of Kenya, National Council for Children’s Services (2020), Kenya National Care System Assessment: A participatory self-assessment of the formal care system for children living outside of family care and for the prevention of unnecessary separation of children from families.

¹³ Changing The Way We Care (2021) COVID Situational Analysis report.

¹⁴ Government of Kenya, 2014, Guidelines for The Alternative Family Care of Children in Kenya; Family for Every Child (2020), Kinship care in Sub-Saharan Africa: An asset worth supporting; Family for Every Child (2019) The paradox of kinship care: The most valued but least resourced care option – a global study.

¹⁵ Undugu Society of Kenya (2020) Kinship care draft research report. Nairobi: USK

¹⁶ Family for Every Child (2020), Kinship care in Sub-Saharan Africa: An asset worth supporting

Perspectives from kinship caregivers: the benefits of kinship care

“I live with my grandsons, seven of them. Two of them were rejected by their parents and one of them is severely disabled. I took two of the children to two orphanages but when I started learning from the CTWWC project that the CCI is not the best place for them, I brought them back home. The two children have changed since they came back. It’s been two years since they came back home. Their school performance has remarkably improved. Also, there has been improvement in the health of my grandson with disability. He can now grasp things with his fingers. This is we were able to get health insurance (NHIS) for him.

I can now see how they are better off at home more than in the CCI. They now feel like they are part of family and that they have a base. The children also support me a lot at home. We have a kitchen garden and I keep some poultry and the children help a lot.”

ONYANGO, CAREGIVER

“I take care of children who are not biologically mine because I am willing to do so and because the children have nowhere else to go. I do not do it for any benefits. It is nice having children at home though, it makes the house lively, always. The children also provide me with company. The also help with light activities around the house and contribute to household chores which is nice and helpful.”

ADYERO, CAREGIVER

Other issues mentioned by kinship caregivers:

- Kinship carers have a sense of obligation to care for their relatives’ children.
- There is an interrelation between poverty and kinship care – caregivers’ have limited finances.
- Education costs is one of the biggest concerns for kinship carers.
- There is lack of adequate support and resources for caregivers.

community elders with no involvement of parties outside of family; in some cases, wider family networks try to support the family during the initial placement period by collecting funds and material goods.¹⁷ Informal kinship care arrangements are more common in Kenya than formal kinship care,¹⁸ which is ordered by an external administrative or judicial authority, for a child to be looked after by extended family, on a temporary or long-term basis. The extended family in both care arrangements includes grandparents, aunts, uncles, older siblings and first cousins.¹⁹

The National Council for Children’s Services (NCCS) and the Department of Children’s Services (DCS), the policy maker and the implementing agency respectively, are the official state bodies responsible for regulating and implementing formal kinship care;

however, there are no service standards to guide the regulation and monitoring.²⁰ Only this year, standard operating procedures have been drafted to support the implementation of kinship care (and other family and community-based options in the continuum). Once these are officially launched, it is hoped that it will standardize the practice and promote increased use of family-based alternatives and minimize reliance on CCIs.

Supporting kinship care in Kenya

According to the Guidelines for the Alternative Family Care for Children (2014), structures for the registration of informal care givers exist in Kenya, however, care arrangements are often made by the child’s family and community without proper awareness of the requirements of registration.²¹

¹⁷ Government of Kenya, 2014, Guidelines for The Alternative Family Care of Children in Kenya.

¹⁸ Formal kinship care not common in Kenya and it is not regulated (NCCS, 2020).

¹⁹ Government of Kenya, 2014, Guidelines for The Alternative Family Care of Children in Kenya.

²⁰ ‘No inspections or monitoring are known to be occurring.’ Republic of Kenya, National Council for Children’s Services (2020), Kenya National Care System Assessment: A participatory self-assessment of the formal care system for children living outside of family care and for the prevention of unnecessary separation of children from families.

²¹ Ibid



Perspectives about how government and NGOs could support kinship care and caregivers

Care leavers

“I think a good way for government to support kinship care, caregivers and the children is by registering all children living in kinship care and their caregivers. In that way, the government can monitor how the family is doing and provide help as needed, especially through NGOs and follow up periodically. NGOs should reach the caregiver families and children through the government. Also, some families would fare a lot better if the NGOs could provide education for the children.”

SHARON, CARE LEAVER

“Government should set up ways to ensure that children are not taken to orphanages and NGOs should work with agents to support children living with relatives.”

COSMOS, CARE LEAVER

Caregivers

“Government should provide bursaries for the children. It would be handy to also get provision for some meals, but we mostly need support with education. It would be great if government or partners provided school fees and even better if paid directly to the schools because, if I am given cash for school fess, I may be tempted to use portions for other basic needs. School education is so expensive these days and the more the children, the bigger the expense. So, instead of supporting meals, projects like CTWWC and other NGOs could assist kinship caregivers with school requirements such as uniforms and scholastic materials instead of supporting meals. They could also provide some financial support for businesses where possible.”

ADYERO, CARE GIVER

“Government and NGOs could support caregivers with basic health insurance plans to meet the family health needs. They could also help us start projects to generate income that will sustain our families. If a care giver has a sustainable project, they can rely on this to sustain the family. It is also important if they could help the children achieve their academics, because if the children are educated, the family will have higher chances and abilities to sustain themselves.”

ONYANGO, CARE GIVER

The government care services include:²²

- Social assistance programs like cash transfers.
- Services to support family reintegration, however support after reunification is less frequently available.
- National cash transfer services for guardianship placement.
- Foster care services are mostly provided by non-government actors.
- Support for independent living is being provided by The Probation and Aftercare Services under Ministry of Interior and Coordination.
- DCS role to monitor and inspect service providers (not often practiced).

All these services are currently quite small scale with limited coverage. Informal kinship care is not standardised nor regulated and receives extremely limited support from the government.

Kinship care, like all forms of care has some inherent risks and challenges for both girls and boys and caregivers and therefore must be supported. These challenges and threats are in large part related to poverty and the lack of access to services that characterise caregivers' households, and the way that some children are treated by their caregivers and other household members. They do not indicate that kinship care is a uniquely problematic and should be treated with caution. Instead, the nature of the risks highlights the importance of proper investments to augment the potential of kinship care to enhance the well-being of children and those who care for them.²³ If well supported and monitored by the government through strengthened child protection system structures, children are bound to thrive in these settings. Children, caregivers, and practitioners recognized that kinship care has important benefits including:

- Kinship care allows children to continue living in a family environment.
- It facilitates the continuity of relationships with parents (who are alive) and siblings.
- It enhances family bonds and strengthens extended family and cultural ties.
- It supports parents whose work conditions require them to travel, whether in country or abroad.
- It allows for poorer families to access support for resources such as education, health, and food for their children.
- Kinship care connects families in important ways. These relationship and mutual obligation can be called upon when circumstances warrant it.²⁴

Recommendations

The following are recommendations generated by caregivers, care leavers and practitioners for NGOs and government

- To promote and strengthen the community child protection system. In Nyamira almost every family you visit has a child that is not their own, so it is important to strengthen this.
- Regulate the kinship adoption process and not involve the national adoption committees. It should be easier for kin to adopt their own (if it's not found detrimental to the child's life/welfare). Government should reduce all associated fees.
- Focus on sensitizing many children living with their grandparents. More children end up living with their grandparents as opposed to aunts or uncles. This could be attributed to a problem of inheritance of property or additional responsibility or the children's preference.
- Many children who were in kinship care belong to adolescent parents – need to support the adolescents' girls and boys to reduce the number of children, who (mostly) are taken to the grandparents.

22 Republic of Kenya, National Council for Children's Services (2020), Kenya National Care System Assessment: A participatory self-assessment of the formal care system for children living outside of family care and for the prevention of unnecessary separation of children from families.

23 Family for Every Child (2020), Kinship care in Sub-Saharan Africa: An asset worth supporting

24 Ibid

- Family preservation – if extended families continue being close, some of the problems of children ending up in CCI would be minimized.
- Include education in the support for kinship care and caregivers, could be in the form of bursaries. Inability to cover education costs was regularly mentioned as a reason that caregivers feel they have no other option but to place children in CCI.
- Create awareness raising campaigns so that children, parents, caregivers and communities need to understand that while CCI provide education for their children, it is not the best place for children to grow up. Families also need to know the inherent risks of CCI. Extended family members should be willing to take care of children as their own.
- Sensitize the community on how to complete birth registration forms appropriately. Sometimes relatives fill forms incorrectly, for example, in hospital, the aunt registers herself and her husband as parents of an orphan. During the government assessment for cash transfer support, this child and family will not be included in the support programme.
- There is more research needed on the evolution of kinship care over time. Need to understand these changes and the implication it has on kinship care as it is now.
- Improve response to emergency separation by supporting emergency foster care model. However, this model is intensive and would require an increase in number and development of the SSW in Kenya.

Conclusion

Kinship care is a longstanding and widespread resource worth nurturing and supporting.²⁵ Caregivers regularly step up and care of children despite many challenges and constraints illustrating the resilience of this form of traditional care. Kinship care remains the preferred form of care for orphaned and separated children and those who are otherwise separated from their parents despite associated risks and challenges.²⁶ By staying within their communities and families, children avoid the harm caused by placement in CCI.²⁷ There is recognition by children, caregivers and practitioners about the benefits of staying in family. However, there is also recognition that many of these families require and could benefit from additional support.

The Government of Kenya is working towards a society that ensures every child is raised in a family and community setting. To foster a society where community life is inclusive, families are nurturing and there is continuity of care in spaces that foster a child's culture, kinship care must be included.²⁸ The government should devote more attention and resources to support children and caregivers in kinship care to ensure that caregivers are able to provide for their basic needs. They should invest in family strengthening efforts to both prevent separation from ever happening but also to support kinship families who are caring for separated children including economic support, psychosocial support, and educational support. All of these would enhance the ability of families to provide the kind of care all children deserve in communities that they recognize and in which they belong.

25 This is echoed in lots of literature on Kinship care in Kenya and globally.

26 Family for Every Child (2020), Kinship care in Sub-Saharan Africa: An asset worth supporting

27 Frequently Asked Questions (FAQ) Institutionalization of Children and Alternative Family-Based Care Options for Children in Kenya

28 Frequently Asked Questions (FAQ) Institutionalization of Children and Alternative Family-Based Care Options for Children in Kenya