

CASE STUDY



Supporting kinship care in Zimbabwe

Introduction

Kinship care involves children who cannot be cared for by parents being looked after by relatives or friends of the family.¹ In Zimbabwe, around a quarter of all children are estimated to be in kinship care.² Regional and global guidance state that kinship care should always be explored as the first option when children are separated from parents.³ It can offer a safe and caring environment, where children speak their own languages and follow their own traditions.⁴ However, without support, kinship care families often face challenges, especially as most kinship carers are elderly grandmothers.⁵ In this case study, we explore how the government of Zimbabwe and local civil society organisations (CSOs) are working together to maximise the benefits and minimise the risks of kinship care. The case study is based on interviews with 12 individuals which included policy makers, practitioners, kinship carers and children in kinship care.

“ Kinship care is not something that is new, that is being brought from outside or externally: it is something that is within our culture, it is within us.”

Shingirai Amos Paungano, Acting Deputy Director, Ministry of Public Service, Labour and Social Welfare

Background on kinship care in Zimbabwe

Kinship care has been used for centuries in Zimbabwe as a response to poverty, parental death, ill-health or migration, and a lack of education and other services. It is a manifestation of strong beliefs around collective responsibility for childrearing.

“ These children’s parents passed away and they were left in my care when they were very young. Two of the grandchildren lost their mother and I don’t know the whereabouts of their fathers. The other two were abandoned by the parents who left to look for employment but did not come back. I’m the only one to care for them. ”

Grandmother

Those interviewed for this case study argued that kinship care carries multiple benefits for children and carers alike, including the following.⁶

- Allowing children to access school, especially those from remote rural areas where schools may be far away from home and of poor quality.
- Giving children without parental care continuity in their lives, enabling them to be cared for by someone they know, in a familiar environment that respects their cultural heritage. Kinship care also often means children can remain with their siblings.
- Offering children outside of parental care the best chance of a loving home, without the damage to child development associated with institutional care.
- Fulfilling the wishes of children and parents, many of whom express a preference for kinship care.⁷
- Providing companionship and support to elderly grandparents.

“ I want to look after them. I don’t want them to go into the streets as if they have no parents; I am part of their parents, so I have an obligation to look after these children. ”

Grandmother

“ I started eating good and enough food when I started staying here. My grandmother allows me to go to school every day and we have enough bedding and shelter. This environment is better for me compared to where I was staying with my mother. ”

Child in kinship care

“ They help me with some domestic work like going to the garden with me, fetching water and firewood and also cooking. And I look forward to more care from them when they grow older and [more] able. ”

Grandmother

Like all families, interviews carried out for this case study and other evidence⁸ suggest that kinship care households in Zimbabwe face challenges. Grandparent care is the most common form of kinship care in the country. Carers are often elderly and female, and struggle with ill-health, gender discrimination, an inability to work and consequent poverty. This can have a major impact on children’s capacity to attend school, and may make children in kinship care more vulnerable to migration for work.⁹

Some grandmothers look after multiple children, and over-crowded homes are an issue. Older carers may need help understanding the lives of the children in their care, who have childhoods very different from their own. For example, they may not be familiar with current norms around adolescent sex and relationships, or the risks of online bullying. Kinship care can involve multiple members of the family in children’s upbringing; the carer, parent and other ‘supportive’ relatives. Whilst such joint childrearing can bring benefits, it can also create disagreements and conflict.

Although the interviews for this case study and other evidence suggest that many children in kinship care are well cared for, they may be treated differently to the other children in the household.¹⁰ Sometimes this involves discrimination, abuse, and exploitation, which can lead to children leaving families to migrate for work.¹¹ Finally, kinship carers can struggle with official processes which are generally designed for parents, such as obtaining a birth certificate for the child. This can affect access to health, education, and other services.

“ They took care of their own children and now they are being asked to start that cycle of parenting again, which is quite a difficult task. ”

Blessing Mutama, Director, FOST

“ The mother is not looking back at us, so that she also sends groceries and other necessities, she is not doing that. ”

Grandmother

“ I'm 64 years old. So exhausted and tired. I cannot do much work to sustain these children. Some of the children I care for are too young to farm so I have to persevere and continue to farm for us to survive. There is a big issue whenever one of us falls sick. I always worry if we will be okay or not. Also, my health deteriorates every day as I have a constant backache, and sometimes cough, which is disturbing for my age. I think so much and worry too much because of the number of dependants. ”

Grandmother

Building a system of alternative care focused on kinship care

Despite kinship care providing a homegrown solution to a loss of parental care in Africa and beyond, practitioners in Zimbabwe have noted a tendency in the region to promote other forms of care.

“ One thing that shocked me was that most of these [policy makers], you know they were Africans, and they were proposing that we move the children from the institutions into the foster care homes, or we move the children into adoption, and if you look at foster and adoption, these are more Eurocentric approaches or practices. ”

Blessing Mutama, Director, FOST

The government of Zimbabwe has worked closely with local CSOs such as FOST on care options more appropriate to the Zimbabwean context. The entire system of care for children outside of parental care now increasingly centres on kinship care. This has involved the following.

- **Researching kinship care and understanding the perspectives of kinship care families.** FOST carried out research¹² with kinship carers and the children in their care to identify support needs. Findings have been used to shape policies and programmes on kinship care.

“ It is important that before you develop a programme on kinship care, you consult these families so that you are able to identify the real issues that they are facing. ”

Blessing Mutama, Director, FOST

- **Promoting kinship care.** FOST has worked hard to promote kinship care, both with the government and in the communities where they work. This was important as some community members felt that residential care offered the best option for children outside of parental care. The government of Zimbabwe initially had some reservations about supporting kinship care, especially given limited social welfare budgets and the large numbers of kinship care families. It is now convinced that kinship care offers the best and most cost-effective care option for children outside of parental care.

- **Develop policies and guidance on kinship care.** Zimbabwe is in the process of developing the National Alternative Care Policy which will replace the National Orphan Care Policy. This new policy will place strong emphasis on kinship care. Currently, guidance for practitioners centres on residential and foster care. Once the Alternative Care Policy has been finalised, the government will develop guidance on kinship care.

- **Ensuring more government resources are directed to kinship care.** Although the government has devoted extensive resources towards supporting vulnerable children, there is acknowledgement that more resources are required before kinship care can be fully supported.

- **Building a social service workforce able to support kinship care.** Social service workers can play a key role in monitoring and supporting kinship care families. Government social development officers work alongside social service workers from FOST and other CSOs to visit kinship care families, making referrals to services where necessary. As well as trained professional social workers, para-professionals and community volunteers also play a vital role. As in many countries,¹³ policy makers and practitioners in Zimbabwe are currently facing a dilemma about when social service workers need to intervene

in kinship care families. Given the challenges and risks associated with kinship care, many are calling for the registration and monitoring of all kinship care families. However, this may require very extensive investments to expand the workforce, given that social service workers already often have overwhelming caseloads, and that around one in four children are in kinship care. More pragmatic approaches which see complex or high-risk cases prioritised in relation to social work support may be necessary, at least initially.

- **Working with a range of actors and sectors to support kinship care.** The government recognises that addressing the challenges faced by kinship care families requires inputs from those working in health, education, social protection and other sectors. Box 1 illustrates the role of the education sector, and Box 2 the role of those working on social protection and poverty alleviation. The government also sees a key role for civil society, religious groups and leaders, community groups and leaders and the private sector in supporting kinship care.

- **Using kinship care as part of de-institutionalisation processes.** The government of Zimbabwe is committed to reducing the number of children in institutional care, and sees support to kinship care as a key component of this strategy. For example, efforts are made to trace and assess potential kinship carers as part of processes reintegrating children in institutions back into families and communities.

“ The other thing is that kinship care also prevents children from entering institutions. We have been seeing a lot of challenges, where children end up living and working in the streets maybe because of the disintegration of the extended family system, but when this system is functional, children will not be left stranded.))

Shingirai Amos Paungano, Acting Deputy Director, Ministry of Public Service, Labour and Social Welfare

- **Improving access to birth registration.** The government is working to enhance birth registration processes for all vulnerable groups, including kinship carers. Migrant kinship care families living along the border with Mozambique need particular support in birth registration due to the remote nature of these communities and the complexities associated with dual nationality.

- **Developing services and support for kinship care families, with a particular focus on self-help groups.**

The government and CSOs such as FOST are working to develop supports and services for kinship care families. In some cases, this involves ensuring that kinship care families can access existing health, social protection or education supports targeted at vulnerable households. In other instances, specific services are being developed for kinship care families. FOST has found that a strong emphasis on self-help and mutual support allows for more relevant, sustainable and effective services. Box 1 provides examples of how the education of children in kinship care is being supported. Box 2 illustrates the role of self-help groups and social protection.

“ They have a home they can call home and where the children are able to express themselves as they grow. So, this strength needs to be strengthened by any outsider who comes into the family, with the idea that any other support service should not be disintegrating the support that is already existing within the kinship care families.))

Mason Matowa, Programmes Coordinator, FOST

- **Supporting kinship care families affected by disability.** Some kinship care families are more vulnerable than others and FOST pays particular attention to families with children or carers with disabilities. Efforts are made to link these households to government and CSO service providers.

Box 1: Education supports for kinship care

FOST has found that limited access to quality education is a major challenge facing children in kinship care in Zimbabwe. This is partially the result of poverty and an inability to meet the costs of education, such as school uniforms. There is a lack of quality schooling options available in many of the rural communities where kinship carers live, and children may have to walk long distances to school. Access to schooling is also affected by challenges with birth registration. In some cases, children's emotional distress or trauma following the death of a parent or parental separation can also affect their ability to learn. FOST covers some education costs, and encourages kinship carers to use money generated by livelihoods programmes (see Box 2) to assist children's schooling. The government is also working to support the educational costs of vulnerable children, including those in kinship care, through the Basic Education Assistance module which supports 1.8 million children.

FOST works closely with teachers to ensure that they understand the challenges faced by children in kinship care and support them. FOST has found that teachers offer a good point of contact for vulnerable children, and appropriately trained teachers can help children to report cases of abuse or discrimination.

"For each school [where] we have children that we are supporting, we have volunteer teachers responsible for monitoring the welfare of these children [in kinship care]. They follow up on the challenges that these children face at home and try to see how these children can be supported so that they are able to complete their education. Children spend most of their time in school, so having a teacher there in school who is able to provide a listening ear to the children helps to make the children open up." Blessing Mutama, Director, FOST

Box 2: Self-help groups and social protection for kinship carers

FOST runs 124 support groups for kinship carers involving over 2,000 kinship carers in three provinces of the country. Each group has 15–20 members and meets at least once a month. The groups are formed and maintained by communities who help identify prospective members. The engagement of the wider community in the establishment of the groups helps spread information about the groups widely and creates a sense of community responsibility towards kinship carers.

Some groups just have grandparent carers, whilst others are a mixture of grandparents, parents and other kinship carers. As women carry out much of the childrearing in Zimbabwe, most groups members are female, though FOST is increasingly involving grandfathers and other male carers in the groups.

Groups operate a revolving savings and loans system where members collectively save a small amount each month, and then provide loans to members in need. Groups are provided with additional livelihoods support and training to ensure that members can use their loans to generate further income where possible. This might include, for example, support for buying and rearing livestock. Members are also trained in a form of low input vegetable gardening that enables the production of nutritional food despite water shortages and other problems caused by climate change. In some cases, loans are also provided to meet needs such as unexpected health costs or home repairs.

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

“We also advise one another about different income projects like farming and how to multiply money to be able to pay back in case of any loans.” Grandmother

As well as savings and loans, group members also discuss childrearing dilemmas and challenges. For example, problems setting boundaries for teenagers or understanding school systems. Usually, group members can resolve problems themselves, but sometimes FOST social workers step in to offer additional support. This might include providing information or referral to services, including to government-run social protection and other supports for vulnerable families. Members are encouraged to visit one another between meetings to better understand the challenges they face and to offer more regular support.

“I once shared with the group about the situation of my children not supporting me to look after their children and sought advice on how to continue because I was tired. And some of these members were quick to support and strengthen me, and they helped me realise that my grandchildren are my blood and this is my tradition and what I do best. So, I got the strength to continue caring for my grandchildren after realising that I was all they had left.” Grandmother

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

The groups help deal with the health issues faced by elderly carers. For example, a group member who is suffering from health problems will be visited regularly by other group members. Public health information is also shared in group meetings by FOST staff. This was particularly valuable during cholera outbreaks and the COVID-19 pandemic.

All groups are member-led. In some cases, a respected community member, such as a teacher, helps to run the group meetings, but members decide how regularly to meet, organise the meetings, manage the savings, decide who will receive loans and track repayments, and determine which challenges they want to discuss. As more experienced group members increasingly take a leadership role, FOST gradually steps back, giving more responsibilities to the group.

“In most places you will find out that you might have one member having a lot of information about how to run a business; we expect that another member who might not be well informed on how to do income generating projects will learn from that.” Raphael Tezha, Social Worker, FOST

“It’s a learning opportunity for us, it’s also a sharing opportunity for us: that’s why we continue to come and mingle with other grandmothers so that we continue to empower and strengthen ourselves.” Grandmother

Conclusion

Kinship care is a key component of strategies to protect the rights and wellbeing of vulnerable children in Zimbabwe. Efforts are under way to re-orientate the care system to build on this valuable indigenous coping mechanism. This involves the following.

- Generating evidence through research on kinship care.
- Promoting a kin-first approach which recognises kinship care as the first option to explore when children are separated from parents.
- Developing policies and guidance that reflect the primacy of kinship care and explain how this care can be supported.

- Building a workforce with the capacities to support kinship care families.

- Working across sectors to develop services and support for kinship care families, which a particular focus on self-help groups and support for kinship care families affected by disability.

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Endnotes

- 1 United Nations (2010) *Guidelines for the alternative care of children*. New York: United Nations
- 2 Cited in Delap, E. and Mann, G. (2019) *The paradox of kinship care*. London: Family for Every Child
- 3 African Union (1990) *African charter on the rights and welfare of the child*. Ethiopia: African Union; UN 2010
- 4 Delap and Mann 2019
- 5 Ibid.
- 6 See also Delap and Mann 2019; Mann, G. and Delap, E. (2020) *Kinship care in Sub-Saharan Africa. An asset worth exploring* UK: Family for Every Child
- 7 These preferences were expressed during discussions carried out for this case study. They are confirmed by primary research with children and kinship carers: FOST (2020) *Scoping study on kinship care in Zimbabwe*. FOST. <http://fost.co.zw/wp-content/uploads/2020/10/Report-on-a-Scoping-Study-on-Kinship-Care-in-Zimbabwe-FOST.pdf>; Mann and Delap 2020, and Ringson, J. (2019) *The impact of inheritance experiences in orphans and vulnerable children support in Zimbabwe: A caregivers' perspective*. *Child & Family Social Work*, 24 (4), p.503-511
- 8 Mann and Delap 2020
- 9 FAFO and University of Kwazulu-Natal (2024) *Zimbabwean children on the move* (Unpublished draft)
- 10 Mann and Delap 2020
- 11 FAFO and University of Kwazulu-Natal 2024
- 12 FOST (2020)
- 13 Delap and Mann 2019

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