



Changing THE WAY WE careSM

Understanding Caregiver Protective Factors
and Child Well-Being Amongst Families with
Experience of Alternative Care

Household Survey Summary - Guatemala



Changing the Way We Care: promoting care reform

Changing The Way We CareSM (CTWWC), launched in 2018, aims to promote safe, nurturing family care for children by supporting the reform of national care systems. CTWWC focuses on preventing child-family separation, transforming residential care and developing family-based alternative care. Implemented by Catholic Relief Services (CRS) and Maestral International, the initiative collaborates with donors like the MacArthur Foundation, USAID, and the GHR Foundation, and partners with entities such as national governments and civil society organizations, and international agencies such as the Better Care Network.



Residential care's detrimental impact on children's development has driven many governments to adopt family care reforms. This movement is supported by global investments and advocacy from civil society and individuals with lived experience, promoting family-based alternatives and strengthening care systems. CTWWC operates within this context to enhance capacity and resources, demonstrating care reform components and family care models across diverse settings.

CTWWC's demonstration efforts focus on Guatemala, Kenya, and Moldova – each with its own unique mix of drivers of separation, types of care systems, histories of reform and levels of political commitment. This diversity has allowed CTWWC to compare across contexts and generate learning and evidence to inform for national, regional and international stakeholders.¹

Care reform in Guatemala and CTWWC's role

In Guatemala, the 2017 fire at a government-run residential care institution, which tragically claimed the lives of 41 girls, underscored the urgent need for care system reform. Over the past five years, supported by CTWWC, various care actors have unified to push for meaningful change. CTWWC Guatemala has collaborated with national agencies like the Secretariat for Social Welfare (SBS), the Attorney General (PGN), the judicial branch, and the National Adoption Council (CNA). Despite political instability, significant strides have been made in local care reforms.

CTWWC Guatemala has notably contributed to preventing family separation and promoting family-based alternative care. Between 2019 and 2022, their efforts facilitated the reintegration of 100 children from residential care in the Zacapa region, focusing on strengthening families and providing community services. CTWWC Guatemala has also supported private care facilities in transitioning to community-based services and have advocated for the creation of Municipal Children's Offices and positive parenting clinics to prevent unnecessary family separations. These initiatives have successfully scaled across Zacapa and parts of the Western Highlands, fostering strong community-based support networks. CTWWC Guatemala's positive parenting curriculum, rolled out in collaboration with municipal staff, educates families on children's rights and responsibilities, emphasizing nurturing and violence-free parenting.

Expanding its influence, CTWWC Guatemala has shared its expertise across Latin America, including in Mexico and Peru, to enhance family care and reintegration practices.

Methods

A key feature of CTWWC's theory of change is building evidence on children's care and reform, particularly regarding reintegration from residential care, transitions to family-based care, and preventing separation. Therefore, CTWWC has undertaken surveys with families supported by CTWWC's demonstration efforts, with the aim of providing insights for

policymakers and practitioners on the impacts of interventions to support reintegrating families and those at risk of separation. To this end, the survey addressed the following research questions:

- What aspects of family strengthening support do caregivers think have affected (negatively and positively) their ability to care and provide for their children?
- What proportion of children and caregivers report selected protective factors (see box 1) in their life?
- What proportion of children at risk of separation from their families or who have been reunified or placed in family-based care are experiencing positive well-being (see box 2)?
 - How might caregiver protective factors correlate with child well-being?
 - How has the perceived well-being of children changed after their engagement with CTWWC?

Box 1: What do we mean by protective factors?

Evidence suggests that a range of drivers, both push and pull factors, result in children separating from their families and ending up in alternative care. Although poverty, abuse and neglect are the main reasons for children’s entry into alternative care, most families in poverty and most families in which there is abuse and neglect do not separate. It is the presence of protective factors that enhance the likelihood of positive outcomes and lessen the likelihood of negative consequences when a family is exposed to risks or shocks. Protective factors are divided into five core areas:

- **Caregiver resilience:** Managing stress and functioning well when faced with challenges, adversity and trauma.
- **Social and emotional competence:** Caregiver-child interactions that help children develop the ability to communicate clearly, recognize and regulate their emotions, and establish and maintain relationships.
- **Social support and connections:** Positive relationships that provide emotional, informational, instrumental and spiritual support.
- **Access to concrete support in times of need:** Access to concrete support and services that address a family’s needs and help minimize stress caused by challenges.
- **Responsive caregiving:** Understanding child development and parenting strategies that support physical, cognitive, language, social and emotional development.

Adapted from the Center for Study of Social Policy. About Strengthening Families and The Protective Factors Framework. cssp.org/wp-content/uploads/2018/10/Core-Meanings-of-the-SF-Protective-Factors-2015.pdf

The survey tool was developed in 2021, combining validated measures (including on disability, parenting skills, protective factors, hunger etc.), with a new measure on child well-being with input from children and young people in Guatemala and Kenya (see box 2). For Guatemala, the tool was translated into Spanish, with some adaptations to fit the local context by adjusting terminology.

There were three main components to the survey:

1. a section for primary caregivers to respond to about themselves and their household covering demographics, protective factors, parenting and economic stability,
2. a section for caregivers to respond to about the child in their care who had been reunified or placed in their care from residential care, or a randomly selected child if the family was receiving support to prevent separation covering child’s demographics, disability, care history, health and education, and
3. a section for children aged 11 years and older to respond to about their health, education, well-being, and family and community acceptance.

Selection, invitation and informed consent procedures were undertaken in line with approved protocols (Boston College Institutional Review Board).

In Guatemala, the survey in 2023 targeted all families who had participated in a case management process with CTWWC due to a reintegrating child or a child identified as at risk of separation, as well as a sample of households where the caregiver had attended a parenting school. From this population, 59 households who have received support through

case management (mostly for reintegration) met the inclusion criteria, with 47 (80%) completing the survey. In addition, a random sample of 66 households where a caregiver had participated in a parenting school in Zacapa Department were included, with 61(92%) participating in the survey. Data was provided on 69 children by caregivers (39 children who had reintegrated with family and 25 who were considered at risk of separation). Forty-five children aged 11 and over who were identified to participate as respondents, of whom, 30 (67%) completed the survey. Apart from the respondents selected from parenting schools, all the caregiver and child respondents participated in both the 2021 and 2023 surveys, allowing for comparison over time.

Amongst the caregivers who participated: 94% were female, the average age was 39, 17% had a disability, 30% were single and 58% were married, and 65% had only had primary education. Amongst the children, 55% were female, with ages ranging from four to 18, and 7% had a disability. Most primary caregivers (88%) were the child’s mother. About 20% of the children had lost one or both parents.

Box 2: What do we mean by child-wellbeing?

The field of well-being research has seen two important developments in thinking in recent years:

- human well-being is multifaceted, made up of various aspects and domains, and
- the salient domains of well-being may differ by context and life circumstances.

For this reason, CTWWC sought to combine several measures of well-being and to be guided by children and young people who themselves had experience alternative care and reintegration. Workshops with them highlighted the need to consider both common domains of well-being such as health, happiness, basic needs and education, as well as other which are sometimes overlooked by adults or those without experience of alternative care such as freedom, choice of food, family belonging, community support, and feeling safe and peaceful at home.

For more information on how the child-wellbeing tool was developed please see: bettercarenetwork.org/library/social-welfare-systems/data-and-monitoring-tools/child-and-adolescent-defined-well-being-designing-a-household-survey-with-children-and-young-people and further analysis in the linked journal publication: “Development of a Child-Informed Measure of Subjective Well-Being for Research on Residential Care Institutions and Their Alternatives in Low- and Middle-Income Countries” in *Child and Adolescent Social Work Journal* doi.org/10.1007/s10560-024-00968-x

Findings

The support received was helpful in the care of children. Caregivers in Guatemala were very positive about the services they received, with nearly all caregivers participating in case management saying that they were helpful in the care of their children (figure 2) and caregivers receiving just positive parenting giving a mean score of 1.89 out of 2 (where 2 means helped a lot). Most caregivers (78%) who participated case management also reported feeling fully prepared for case closure, which had happened a year earlier.

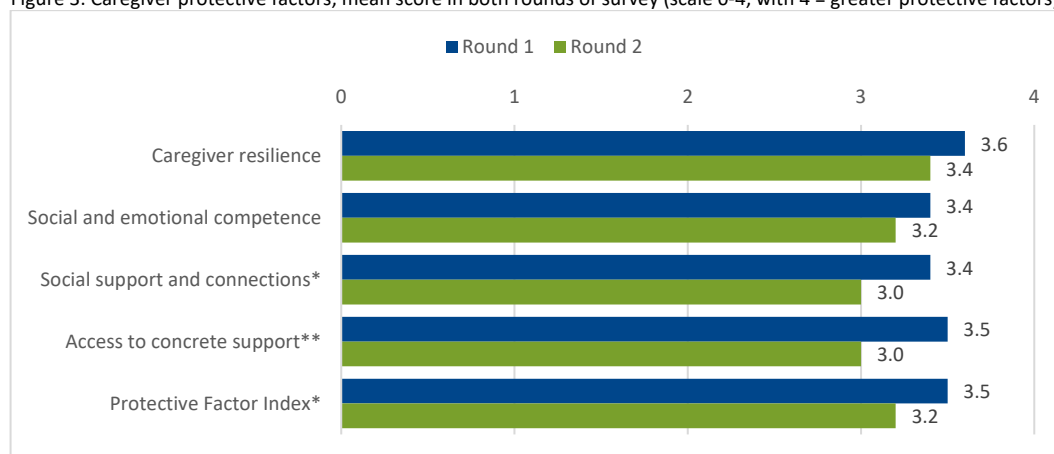
Figure 1: Helpfulness of CTWWC support, caregivers in case management, mean score (scale 0–2, 0=didn’t help, 2= helped a lot)



Protective factors were generally high amongst caregivers, supporting the case management approach, but with some areas for additional focus.

- All caregivers reported a high sense of resilience and social and emotional competency. They also reported high levels of social connections and the ability to procure concrete assistance. However, amongst those supported with case management who had participated in both round of the survey, there was a small, but statistically significant, reduction in the external factors of connections and assistance over the past two years (figure 3), which includes the time when their cases were closed, and direct support and home visits had ceased. The change was therefore not unexpected and suggests that resilience had been built into the families to cope when facing challenges on their own. It should be noted that protective factors were higher in larger household, but that widows had statistically significant lower resilience and overall scores than those who were not widows,ⁱⁱ suggesting the need for additional supports for single-parent families.

Figure 3: Caregiver protective factors, mean score in both rounds of survey (scale 0-4, with 4 = greater protective factors)



Significance levels of change between rounds: ** p<.01, * p<.05

- Overall, there was a high frequency of practicing positive parenting techniques and of being involved with children. This did not significantly change within families who participated in both rounds of the survey. However, the findings suggest that education levels and economic limitations could affect caregivers' ability to support homework and to do special activities with their children. These reasons need further exploration. Corporal punishment is always likely to be underreported, especially if there is a fear of a child being removed from a family if they admit to using physical discipline. There was very limited reported use of slapping a child's face as a form of punishment, but some caregivers do infrequently spank with their hands (not on the face) or hit with an object to punish their children (around 20% of caregivers "sometimes" use these forms of punishment). Since some caregivers are practicing both positive parenting techniques to encourage their children whilst also using corporal punishment, this should be addressed in parenting training curriculums. These curriculums should also reflect the findings that caregivers are more likely to use corporal punishment if they are more educated, in urban areas and male.
- In terms of economic stability, families in Guatemala were larger able to meet their basic needs even when emergencies arose (75%), however, there is limited practice of saving money (only 25%) and a high degree of worry about money (78%). There were also some indications that caregivers with a disability were struggling more economically compared to those without a disability.ⁱⁱⁱ Interventions to encourage savings and financial education to aid better planning might be useful additional interventions for families with a child reintegrated from residential care and to help prevent separation and should be planned to be disability inclusive.

Children are doing well with their health and education. Ninety percent of caregivers of children aged 2-10 year reported their health to be positive, as did 87% of children aged 11+ years. Only two out of six children (33%) aged below five were enrolled in Early Child Education programs. Availability of these education programs is known to be limited in Guatemala and unequally distributed throughout the country which should be addressed to give children the best start in life. However, 82% of children ages 5+ years were enrolled in school, and this had changed significantly from the first round of the survey.

Child well-being is also positive, even after case closure, but children with disabilities or those who have lost a parent are being left behind. Caregivers reported positively on the well-being of children aged 2-10 years, and the well-being of children in this age group improved between the two rounds of the survey, and children over 11 years of age also reported positive well-being which had been maintained between the two rounds of the survey after cases were closed. This is another indication that case closure was well-timed, and families were able to progress well together, even if caregivers felt an impact in terms of lower levels of support. Caregivers did indicate some concern about younger children having sufficient school materials and about how well their children are treated by family members. Children aged over 11 rated their care and safety especially highly, but, like caregivers of young children, they did flag some concerns related to education resulting in slightly lower basic needs scores (figure 4). It is also important to note that children who have been orphaned, in both age categories, had lower well-being scores than those with both parents alive.^{iv}

Children aged over 11 who had spent time in residential care reported a much higher sense of overall life satisfaction being with family than when they were in care, and again this improvement after reunification was maintained between the two rounds of the survey. Children’s sense of family and community acceptance was also rated highly and maintained between survey rounds. However, it should be noted that in round 2 results for life satisfaction and family and/or community acceptance were lower for children with a disability, compared to those without, and for children who had been orphaned, compared to those with both parents alive.^v It is critical that no child is left behind as reintegration support is rolled out more widely in Guatemala, making this process disability inclusive and learning more about how to support children who have been orphaned should be important next steps for care reform actors.

Figure 5: Child well-being sub-scales and overall (11+ yrs), mean scores, self-reported (scale of 0–2, 2=greater well-being)

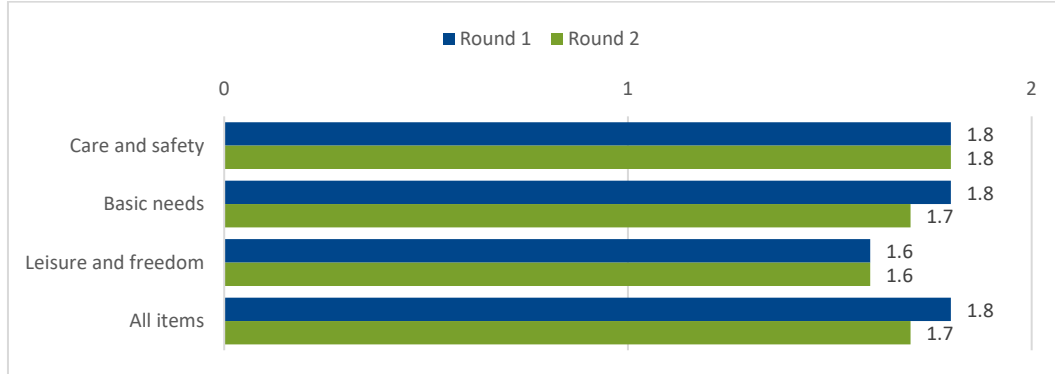
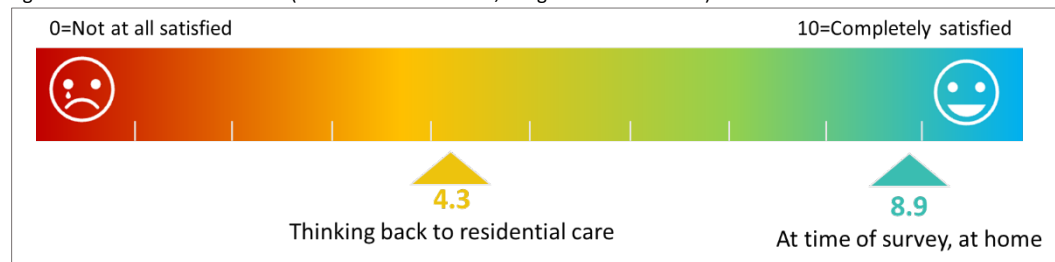


Figure 4: Overall life satisfaction (on a scale from 0 to 10, 10=greater satisfaction)



Positive parenting and household economic stability are significantly linked with children’s well-being. More frequent practice of these parenting approaches relates to a higher sense of well-being in children. Households having lower levels of hunger, more chances of meeting emergency costs and less worry about money are linked to children feeling more positive about their lives. This shows the importance of investing in family strengthening and support as a critical part of undertaking reintegration from residential care, alternative family-based care and prevention of family-child separation.

Recommendations

Initial recommendations that have emerged through engaging with the survey findings include:

- **Case management is crucial** in supporting reintegration, alternative family-based care, and family strengthening for those at high risk of separation. This approach enables social workers to address the diverse strengths and needs of children and caregivers. It is important that case management is disability inclusive and supportive of families with single parents and orphaned children.
- **Disability inclusion must be prioritized** in the design and implementation of family care and strengthening services to ensure children with disabilities are not left behind during the transition away from residential care.
- **A protective factors framework and strengths-based approach** is critical to empowering families and has been shown to be strongly linked to child well-being. They should continue to frame care reform policies, practice and research.
- **Community engagement can strengthen reintegration and family care** efforts by building understanding of the experiences of children in care amongst communities, schools, faith leaders, and service providers to reduce stigma and promote acceptance, particularly for children with disabilities.^{vi} Group interventions like parenting schools and savings groups can help build key skills as well as social connections amongst families.
- **Education plays an important role for all children**, given that some families seem to be struggling to meet all education needs, including for early-childhood education, it is important that child welfare and education policymakers and practitioners work closely together.
- **Investment in evidence-generation alongside practice is needed** to inform care reform practices and policies. This should include dedicated research projects, centered on the experiences of children and their families, as well as through routine administrative data and national surveys. CTWWC should aim to undertake another round of their household survey to understand the situation of children and families further into their reintegration journey – this kind of long-term study of children’s outcomes is rare but critical for improving good practice that leads to positive opportunities for people with lived experience of care.



Photo by Philip Laubner/CRS

Cross-Country Conclusions

CTWWC undertook this survey in three countries: Guatemala, Kenya, and Moldova. Looking across the different contexts revealed some interesting conclusions.

- **Women hold the responsibility for child rearing:** In all three countries, women overwhelmingly serve as primary caregivers, underscoring the need for programs that support women in these roles and promote equitable male involvement in caregiving.
- **Caregiver education level is often low:** Many caregivers have only primary education, plus lower education correlated with lower financial stability. This suggests a need for parenting materials and economic strengthening approaches to be targeted for those with lower education levels.
- **Disability plays a significant role:** Outcomes vary significantly for children and caregivers with disabilities, including lower community acceptance and economic stability and greater isolation – highlighting the need for inclusive support and family-based care.
- **Local context can make a difference to protective factors:** In Kenya, social isolation was felt more by caregivers in urban areas than rural areas, while in Moldova and Guatemala, social connections were higher in urban areas. Family strengthening approaches must be tailored to urban and rural settings within each country.
- **Navigating case closure needs special attention:** Families’ sense of preparation for case closure varied widely, indicating a need for a focus on this critical point of a case management process, with more enhanced and consistent processes needed.
- **Drivers of separation must be addressed across the continuum of care:** Children often enter residential care due to factors like education access and disability, emphasizing the need for targeted early intervention, cross sectoral efforts and accessible family-based alternatives.
- **Family strengthening support is valued:** Varied family strengthening strategies were highly appreciated, including parenting support and cash transfers in all three countries. Integrated case management and service referrals, where consistently implemented, also show positive outcomes for families.
- **Research on children’s care is complex and needs investment:** Research on care outcomes is complex due to individualized case management processes and ethical constraints. Involving children in the process has provided valuable insights. This underscores the need for creative, well-resourced approaches to generate reliable evidence for care strategies.

Detailed reports on both rounds of the survey - in Year 3 (2021) and Year 5 (2023) of the CTWWC initiative, can be found in the Better Care Network library at:

- <https://bettercarenetwork.org/library/social-welfare-systems/data-and-monitoring-tools/year-3-review-guatemala-and-kenya-household-survey>
- <https://bettercarenetwork.org/year-5-household-survey-understanding-caregiver-protective-factors-and-child-well-being-amongst>

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Notes

ⁱ Please visit changingthewaywecare.org and bettercarenetwork.org/about-bcn/what-we-do/organizations-working-on-childrens-care/changing-the-way-we-care for more information

ⁱⁱ Resilience: widows 2.89, non-widows 3.51, $p < .01$; overall index: widows 2.53, non-widows 3.26, $p < .01$

ⁱⁱⁱ Amongst those receiving case management, caregivers with a disability worried more than those with no disability (with a disability: 2.63, without a disability: 1.49, $p < .01$) and reported a lower ability to obtain funds in an emergency (with a disability: 0.25, without a disability: 1.18, $p < .005$). In households with a caregiver who had attended parenting school, caregivers with a disability had a higher degree of hunger than those with a caregiver with no disability, although still at a level indicating little hunger (with a disability 1.00, without a disability 0.37, $p < .05$).

^{iv} Aged 2-10: orphans=1.62, non-orphans=1.95, $p < .001$; aged 11+: orphans=1.46, non-orphans=1.81, $p < .01$

^v Overall life satisfaction (scale 1-10): children with a disability=6.67, with no disability=9.20, $p < .05$; children who were orphans=7.40, not orphans=9.26, $p < .01$. Family acceptance (scale 0-2): children who were orphans=1.52, not orphans=1.91, $p < .05$. Community acceptance (scale 0-2): children with a disability=1.00, without a disability=1.85, $p < .0001$; children who were orphans=1.45, not orphan=1.83, $p < .05$.

^{vi} See Guillermo, V., Santos de Ucles, S., & Bunkers, K. (2022). The critical intersection between child reintegration and community connectedness: An experience from Guatemala. *Global Studies of Childhood*, 12(1), 70-82.

<https://doi.org/10.1177/20436106221082666>

Need to know more? Contact *Changing the Way We Care* at, info@ctwwc.org or visit changingthewaywecare.org.

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