Kinship Care report
Syrian Refugee Children in Jordan


Implemented with support of Information and Research Center – King Hussein Foundation

Child Protection Initiative, March 2015
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# Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>ACE</td>
<td>Alternative Care in Emergencies</td>
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<tr>
<td>BIA</td>
<td>Best Interest Assessment</td>
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<td>BID</td>
<td>Best Interest Determination</td>
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<td>CP</td>
<td>Child Protection</td>
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<td>CPI</td>
<td>Child Protection Initiative</td>
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<td>CPMS</td>
<td>Child Protection Minimum Standards</td>
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<td>CRC</td>
<td>Convention on the Rights of the Child</td>
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<td>CUMERC</td>
<td>Columbia University Middle East Research Center</td>
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<td>CWAC</td>
<td>Children without appropriate care</td>
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<td>FGD</td>
<td>Focus Group Discussion</td>
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<td>GBV</td>
<td>Gender Based Violence</td>
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<td>IDI</td>
<td>In-Depth Interview</td>
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<td>IMC</td>
<td>International Medical Corp</td>
</tr>
<tr>
<td>IRC</td>
<td>International Rescue Committee</td>
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<tr>
<td>IRCKHF</td>
<td>Information and Research Center – King Hussein Foundation</td>
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<td>IRD</td>
<td>International Relief and Development</td>
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<td>JPFHS</td>
<td>Jordan Population and Family Health Survey</td>
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<td>JRF</td>
<td>Jordan River Foundation</td>
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<tr>
<td>MC</td>
<td>Mercy Corps</td>
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<tr>
<td>MOSD</td>
<td>Ministry of Social Development</td>
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<tr>
<td>NCFA</td>
<td>National Council for Family Affairs</td>
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<tr>
<td>NGO</td>
<td>Non-Governmental Organization</td>
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<td>NRC</td>
<td>Norwegian Refugee Council</td>
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<td>SC</td>
<td>Save the Children</td>
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<td>TDH</td>
<td>Terre des Hommes</td>
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<tr>
<td>UASC</td>
<td>Unaccompanied and Separated Children</td>
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<tr>
<td>UNCRPC</td>
<td>UN Convention on the Right of the Child</td>
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<td>UNHCR</td>
<td>United Nations High Commissioner for Refugees</td>
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<td>UNICEF</td>
<td>United Nations Children's Fund</td>
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**Glossary**

Glossary from the *Inter-Agency Working Group on Separated and Unaccompanied Children (2013)*  
*Alternative Care in Emergencies Toolkit. By Louise Melville Fulford.*

<table>
<thead>
<tr>
<th>Term:</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Child:</td>
<td>A child is any person under the age of 18 years unless the law of a particular country sets the legal age for adulthood younger, as provided for under Article 1 of the United Nations Convention on the Child.</td>
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<tr>
<td>Alternative care</td>
<td>Alternative care is the care provided for children by caregivers who are not their biological parents. This care may take the form of informal or formal care. Alternative care may be kinship care; foster care; other forms of family-based or family-like care placements; residential care; or supervised independent living arrangements for children.</td>
</tr>
<tr>
<td>Biological parents</td>
<td>The biological parents are the birth family of the child. It can mean either parents, if they are together, or the mother or father.</td>
</tr>
<tr>
<td>Caregiver</td>
<td>A caregiver is someone who provides daily care, protection and supervision of a child. This does not necessarily imply legal responsibility. Where possible, the child should have continuity in who provides their day-to-day care.</td>
</tr>
<tr>
<td>Family-based care</td>
<td>Family-based care is a type of alternative care that involves the child living with a family other than his or her biological parents. This is a broad term that can include foster care, kinship care and supported child-headed households.</td>
</tr>
<tr>
<td>Formal care</td>
<td>Formal care includes all care provided in a family environment (see definition above of family-based care for examples) that has been ordered by a competent administrative body or judicial authority, and all care provided in a residential environment, including private facilities, whether or not as a result of administrative or judicial measures.</td>
</tr>
<tr>
<td>Informal care</td>
<td>Any private arrangement provided in a family environment whereby the child is looked after on an ongoing or indefinite basis by relatives, friends or others in their individual capacity, on the initiative of the child, his or her parents and other people, without this arrangement having been ordered by an administrative or judicial authority or accredited body.</td>
</tr>
<tr>
<td>Institutional care</td>
<td>Institutional care is the short- or long-term placement of a child into a large-scale residential care situation which fails to deliver individualized care. Characteristics of institutional care are that it relates to any public or private facility with a capacity of more than ten children, staffed by salaried cares or volunteers working predetermined hours/ shifts, and based on collective living arrangements. The term institution is often used instead of orphanage as the term 'orphanage' implies that the children living there are orphans, whereas research shows that the majority are not.</td>
</tr>
<tr>
<td>Foster care</td>
<td>Foster care is a care arrangement administered by a competent authority, whether on an emergency, short-term or long-term basis, whereby a child is placed in the domestic environment of a family who have been selected, prepared and authorised</td>
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to provide such care, and are supervised and may be financially and/or non-financially supported in doing so.

<table>
<thead>
<tr>
<th>Informal foster care</th>
<th>Informal foster care is where a child is taken into care without third-party involvement. This may also be spontaneous fostering if it is done without any prior arrangements.</th>
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<tr>
<td><strong>Guardian</strong></td>
<td>A guardian is a person, not a parent of the child, who is given legal responsibility to care for a child; this may entail full parental responsibility, including the care of a child or, in some systems, more limited responsibilities related only to making legal decisions on behalf of the child. A guardian could also be someone recognised by the community or traditional authorities as having the responsibility to care for and protect the child. A guardian may be related or unrelated to a child.</td>
</tr>
<tr>
<td><strong>Kinship care</strong></td>
<td>Kinship care is 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.</td>
</tr>
<tr>
<td><strong>Legal guardian</strong></td>
<td>A legal guardian is a person who has the legal rights and responsibilities to care for another person. A child’s legal guardian will normally be the child’s mother or father unless they have had their parental rights removed by a court order. Children without a legal guardian will require representation in the decision-making process to ensure their rights, opinions and best interests are protected.</td>
</tr>
<tr>
<td><strong>Orphan</strong></td>
<td>For the purposes of this toolkit, an orphan is a child who has lost both parents (as a result of death). In many countries a child who has lost one parent is considered an orphan, but this can result in the unnecessary placement of a child in alternative care, rather than being supported by their surviving parent.</td>
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<tr>
<td><strong>Separated children</strong></td>
<td>Children separated from both parents, or from their previous legal or customary primary caregiver, but not necessarily from other relatives. Separated children therefore may include children accompanied by other adult family members. Primary separation is when a child is separated from his or her caregiver as a direct result of the crisis or emergency. Secondary separation occurs after the crisis when children who are not separated during the emergency become separated during the aftermath. Secondary separation is usually a consequence of the impact of the emergency on the protective structures that were in place prior to the crisis and of the deteriorated economic circumstances of a family or community.</td>
</tr>
<tr>
<td><strong>Unaccompanied children</strong> (also called unaccompanied minors)</td>
<td>Unaccompanied children are children who have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so.</td>
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Save the Children implements programmes and advocacy to ensure fulfilment of children’s rights and to inspire breakthroughs in the way the world treats children, to achieve immediate and lasting change in children’s lives. The goal of Save the Children’s existing global child protection Breakthrough is that “All children thrive in a safe family environment and no child is placed in harmful institutions.”

However this will continue to be a priority area under the new 2030 Global Breakthrough: “Violence against children is no longer tolerated.”

Families – in many different forms - are the basic protective unit for children in society, and in most cases provide the best environment for meeting a child’s developmental needs. Children need stability, permanency and safety in order to develop and thrive. A growing body of evidence from applied research from social work, neuroscience, and other disciplines has demonstrated the misuse and risks associated with institutional care, and have fuelled reforms in many countries to strengthen child protection and care systems so that children are first and foremost cared for by their parents and caregivers. In line with such reforms there are increasing efforts by governments, UN and civil society organisations to support families, and to ensure use of institutional care as a last resort and temporary measure.

Building upon a Save the Children regional participatory research initiative on kinship care that was undertaken in West Central Africa and East Africa, Save the Children in Jordan adapted the research methodology to focus on kinship care of children in a humanitarian context. The overall objective of the research was to increase understanding of kinship care practices as experienced by Syrian refugee children and caregivers in Jordan, which can be used to inform programming and policy developments on children’s care and protection in a humanitarian context. The Information and Research Center – King Hussein Foundation (IRCKHF) was recruited by Save the Children to support implementation of the research, including formation and support to two Local Research Teams involving children, caregivers, and adult supporters as researchers, one in Zaatari camp, and the other in a host community in Amman. The research was primarily exploratory and qualitative, and was implemented in collaboration with other UN and NGO agencies who are working with separated children in the Jordanian context including: IRC, IMC, JRF, UNHCR and UNICEF.

To implement the participatory research IRCKHF in collaboration with the Local Research Teams organised a series of four workshops reaching out to girls and boys living in kinship care and caregivers, both in Zaatari Camp and in Amman. Interviews, focus group discussions and child friendly participatory tools (including body mapping, time line, visual care mapping, me map, draw and write, stories, and value line discussions) were used to gather data. In addition, existing quantitative data concerning separated children was analysed, and literature concerning laws, policies, and services that are relevant to kinship care was reviewed. 98 stakeholders were consulted during the research process including: 40 children aged 8-17 years living in kinship care; 5 children living with parents; 35 kinship caregivers; 8 case managers; and 10 representatives from Government, UN, INGO and NGO agencies.

In line with International Humanitarian Laws the Jordanian Government is obligated to ensure that provisions of the UN Convention for the Rights of the Child (UNCRC) are applicable to refugee children who are resident in the country. A number of articles in the UNCRC outline the primary roles and responsibilities of parents, while also recognising customary roles of extended family or community members in raising a child.
Jordan has made considerable efforts to accommodate more than 600,000 refugees from Syria, and has granted Syrian refugees access to services, such as health and education in host communities, while also supporting the establishment of refugee camps. The National Council for Family Affairs, with the support of Save the Children and UNHCR, is also in the process of developing national alternative care guidelines which will apply both to Jordanian and refugee children.

Separated and unaccompanied children have been registered by UNHCR, IMC and IRC, in collaboration with UNICEF. For example, in the first six months of 2014, 1,367 unaccompanied and separated children (UASC) were identified, registered and received specialized case management. This figure represented an increase in unaccompanied and separated Syrian children entering Jordan in the first six months of 2014, compared to 2013 data on UASC. Child protection agencies have prioritised family tracing and reunification, supporting family based care of children with parents or relatives.

Data concerning separated Syrian children living with relatives in Jordan indicates that children are most commonly living with grandparent caregivers, followed by aunts and uncles, followed by elder siblings. Furthermore, there is a clear tendency to place girls with female blood relatives, and boys with male blood relatives. The main reasons for separation and children being cared for by their relatives described by caregivers consulted in this study were: the war which has led to displacement and migration of family members to seek safety and to access to basic services. Caregivers particularly emphasised the importance of protecting the honour of girls, as some girls were sent with relatives to seek safety in Jordan in order to reduce risks of sexual violence during the conflict in Syria.

Some children were living with relatives on a temporary basis, until they could be reunited with their parents in Syria or in Jordan. Other children were staying with relatives in a long term care arrangement due to parental death, divorce, or other inability to care for the child. Key informants interviews with professionals working with separated children in Jordan revealed that there was sometimes a shift in the willingness of Syrian caregivers to care for their relatives children if it was a long term care arrangement, rather than a temporary care arrangement, due to the associated financial, psychological and social pressures of long term care of a child. Thus, case management and care reviews for separated children are crucial to ensure long term care planning and decision making in the best interests of the child.

The main advantages of kinship care described by Syrian children living with relatives included: receiving love and care; being treated as the caregivers own child; blood relations and continuation of customs and traditions; getting their basic needs, respect and advice; and getting inheritance. In contrast the main disadvantages of kinship care identified by children were: discrimination especially if caregivers had their own biological children (who may be favoured) or discrimination based on gender and preference for boys; financial burdens on the caregivers; concerns about whether their basic needs would be met; fears of a lack of acceptance in the family, especially by the husband or wife of their relative caregiver; and risks of abuse or child labour exploitation. Some children preferred to live with their grandparents or unmarried elder siblings as they felt there was less possibility of intra-household discrimination.
The ability of caregivers to provide love, care and belonging was identified as more important to children, than the financial situation of the caregivers, or whether the caregivers were maternal or paternal relatives. Many children living with relative caregivers (grandparents, aunts, uncles, siblings and cousins) described feelings of being ‘part of the family’ and shared positive kinship care experiences. Many caregivers revealed how they were taking care of their kin children as they felt a strong sense of belonging with their blood relatives. Especially when caring for related children whose own parents had died, blood relatives recognised the importance of expressing love and care for the child to assure the child of their rightful place in the family. Children also described their appreciation of being told by the caregiver that they were wanted and loved.

In contrast some children described care arrangements which were characterised by discrimination and insufficient love. The research findings revealed that children were more likely to experience discrimination when living with aunties or uncles who were married and had their own children. Some children living with relatives faced differential treatment in terms of: love and care; education opportunities; distribution of household tasks and work; freedom of movement; opportunities to play; punishment, scolding and risks of early marriage. Children and caregivers also mentioned different forms of gender discrimination. Girls had limited freedom of mobility, and in some cases the caregivers didn’t allow the girls to go to school. On the other hand, boys had more freedom of mobility, but were also more likely to be asked to work outside of the home, and thus faced increased risks of school dropout.

Syrian refugee children are facing challenges in accessing education in host and camp communities, and increased risks of non-school attendance of separated children were identified during this study. Syrian caregivers living in Amman described how the school is either far away, or on a highway. Thus, some children have been withdrawn from school due to worries about children reaching school safely. Some adolescent boys have also dropped out of school in order to work to support the families’ livelihood. In Za’atri camp caregivers also described challenges concerning: the distance to school (in some sectors of the camp); bad treatment and attitude of the teachers; lack of attention on the child; and concerns that children were learning bad behaviors from other children in school, such as smoking. During the research children expressed the importance of access to education and non-discrimination in sending children to school.

Children living in kinship care highlighted protection concerns, revealing that children living with relatives faced increased risks of emotional abuse, physical abuse and exploitation, particularly from the spouse of their blood relatives. Children and caregivers described how risks of mistreatment were increased if a caregiver felt ‘obliged’ to care for a child (rather than being genuinely motivated to care for them). Some children described how their caregivers regularly reminded them that they were a burden on the family, and how they were expected to work within the household as way of expressing their gratefulness to their relatives for taking care of them. In such situations boys faced risks of economic exploitation and school dropout, being expected to contribute to the family income; while girls faced increased risks of domestic work within the household or early marriage.

Many refugee families experience financial hardships, and such hardships were increased when caregivers took care of additional children. However, caregivers described how agencies working with refugees do not give sufficient consideration to the number of children being cared for within a family unit. Both children and caregivers expressed the importance of increased economic support to
caregivers and families, and the importance of job opportunities for caregivers. Economic support and income generation opportunities for caregivers would reduce risks of child labour, especially risks of adolescent boys leaving school to work to earn a living.

Children and caregivers further emphasized the importance of community services and psychosocial support. Children and caregivers in Zaatari camp emphasized the benefits of the Child Friendly Spaces which provide opportunities for awareness raising, training, play and protection. In contrast, separated children and caregivers living in Amman were more isolated and had less access to child friendly spaces and community support services. Furthermore, due to conflict, parental separation, and displacement, case managers also described the importance of psychosocial support to separated children.

For separated children whose parents were alive, some children described how they felt less isolated and happier when they had regular phone communication with their parent(s). Many caregivers reported that their relative children were in weekly contact with their parents who remain in Syria, either by phone or social media. However, for some families financial constraints and technical difficulties in regards to the telecommunications network in Syria made it difficult for children to have regular communication with their parents. Furthermore, in a minority of cases caregiver’s restricted children’s communication with their parents, which increased a child’s sense of isolation.

The review of secondary data and interviews with key informants revealed that significant efforts have been made by concerned government, UN, INGO and national agencies in Jordan to respond to the needs of Syrian refugees, the specific needs of children, especially separated and unaccompanied children. In Zaatari Camp a range of services were being accessed by kinship caregivers and children such as education, health, psychosocial services and support through the Child Friendly Spaces and services for adolescents, and case management services for children’s care and protection. In Amman access to services for kinship care families was more haphazard, depending on which part of the city the kinship care families live. While UNHCR provided cash assistance for refugees based on the family situation, education, health and psychosocial services for Syrian refugees tended to be more limited, and not available for all the families.

Despite being registered as separated children with concerned child protection agencies, from the caregivers’ perspectives insufficient individual support was provided to children and to the caregivers. Although some education, health and psychosocial services were available for separated children living in Zaatari and in Amman, case managers also acknowledged that increased efforts were needed to ensure the accessibility of services, and greater efforts were needed to protect girls and boys from early marriage, school dropout, child labour, and others forms of violence.

This research has informed the development of 8 key recommendations to improve the care and protection of separated Syrian children living in Jordan. These recommendations require mobilisation and efforts by multiple stakeholders including: Governments; UN and international agencies; civil society and faith based organisations; media; other sector professionals; caregivers, parents, children, and members of community based child protection mechanisms.
1) Expand economic strengthening services for families especially for vulnerable caregivers such as elderly caregivers.

2) Increase family support services including positive parenting schemes for fathers, mothers, grandmothers, grandfathers, aunts, uncles and other caregivers.

3) Strengthen monitoring and case management support for separated children to further respond to children and caregivers needs, and to reduce risks of discrimination, abuse, and non-school attendance.

4) Strengthen community based child protection mechanisms for identification, monitoring, response and referrals on child protection concerns, with increased attention and support to kinship care.

5) Develop media and awareness campaigns to promote non-discrimination, child protection, and value for education.

6) Increase separated children’s and caregiver’s access to psychosocial support.

7) Support efforts to increase separated children's access to education in the camps and in host communities.

8) Support finalisation of the National Alternative Care Guidelines in Jordan ensuring clear guidance on informal kinship care.
Chapter 1: Introduction

Save the Children is a leading independent organization working with children to increase fulfilment of their rights, and to help children fulfil their potential. The organisation works to inspire breakthroughs in the way the world treats children and to achieve immediate and lasting change in their lives. Children without Appropriate Care (CWAC)\textsuperscript{xiii} is a priority area for Save the Children’s child protection work for the period 2010-2015. In the past few years, Save the Children has been working towards a global child protection Breakthrough that “All children thrive in a safe family environment and no child is placed in harmful institutions.” For the next Save the Children wide strategy from 2016 onwards the organisation will be working towards a 2030 breakthrough that “violence against children is no longer tolerated.”\textsuperscript{xiv} A focus on children being cared for in safe family environments is integral to this new breakthrough area.

Families – in many different forms - are the basic protective unit for children in society, and in most cases provide the best environment for meeting a child’s developmental needs.\textsuperscript{xv} Children need stability, permanency and safety in order to develop and thrive.\textsuperscript{xvi} A growing body of evidence from applied research from social work, neuroscience, and other disciplines has demonstrated the misuse and risks associated with institutional care,\textsuperscript{xvii} and have fuelled reforms in many countries to strengthen child protection and care systems so that children are first and foremost cared for by their parents and caregivers.\textsuperscript{xviii} In line with such reforms there are increasing efforts by governments, UN and civil society organisations to support families, and to ensure use of institutional care as a last resort and temporary measure.\textsuperscript{xix}

The international Guidelines for the Alternative Care of Children\textsuperscript{xx} provide a tool to inform national policy and programme developments for children without appropriate care support family strengthening and family based care options. In the Middle East and North Africa region, Save the Children’s Child Protection Initiative has supported capacity building workshops on Children without Appropriate Care for Save the Children staff, government officials and partners. Such workshops have been instrumental in encouraging national efforts to implement the Guidelines for the Alternative Care of Children, and the importance of family based care, including efforts to ensure appropriate care of children during and following emergencies. Dissemination and application of the Child Protection Minimum Standards (CPMS) and the ACE Toolkit for Alternative Care in Emergencies have also influenced Save the Children’s strategic and practical care and protection efforts in the humanitarian context.

Separated children refers to children who are separated from both parents, or from their previous legal or customary primary caregiver, but not necessarily from other relatives. These may, therefore, include children accompanied by other adult family members.\textsuperscript{xxi} Interagency guiding principles on unaccompanied and separated children, 2004

Poverty, armed conflict, disasters, displacement, HIV and other factors contribute to family breakdown and separation.\textsuperscript{xxi} In recent years the conflict in Syria has disrupted the lives of children and families
causing parental loss, family separation, and displacement. While the conflict has contributed to separation of children from their parents, significant numbers of children are being cared for by relatives. Such children are defined as “separated children”, compared to “unaccompanied children” who have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so (see glossary).

In Jordan efforts have been made by UN, international and national child focused agencies (government and civil society organisations) to identify and support separated and unaccompanied children. Applying the principle of “best interests of the child” family tracing and reunification of children with their own parents is usually the first option, followed by efforts to place children with known relatives. However, other alternative care options are sometimes necessary including: group homes, foster care, guardianship, adoption, or institutional care. Collaborative work with governments is crucial to ensure the development and strengthening of care and protection systems which are responsive to humanitarian crises, as well as ongoing development contexts.

Considering the widespread nature of informal kinship care, across regions of the world including the Arab World, Save the Children has been undertaking research to better understand kinship care, in order to strengthen programmes, policies and guidelines which provide support for family based care and protection. Research to date underscores the major gap in knowledge about kinship care. For example, a discussion paper from UNICEF that was intended to improve understanding of informal alternative care identified two key findings: that targeted research about children in informal care, and national policies for children in informal alternative care are both needed. In undertaking research on informal care, Drah (2012) further emphasised the need to better understand the perspectives and experiences of children and caregivers.

Building upon a Save the Children regional participatory research initiative on kinship care that was undertaken in West Central Africa (2012 – 2013) and in East Africa (2013 – 2014), Save the Children in Jordan adapted the research methodology to focus on obtaining a better understanding of kinship care of children in the current humanitarian context. Recognizing the readiness of relative caregivers to care for children in an emergency, the main aim of research was to gain a deeper understanding of the circumstances and experiences of Syrian refugee children living with kin relatives in the Zaatari refugee camp, and in the host community in Amman. According to UNHCR, 620,441 Syrian people had been registered in Jordan by December 2014; and over 80,000 refugees are living in Zaatari Camp. Contact with UNHCR and other agencies working with separated and unaccompanied children has provided access to and involvement of separated children and their caregivers in this research.

This study includes a review of relevant national policy and practice developments in the Jordanian context, as in line with International Humanitarian Laws, the Jordanian Government are obligated to ensure that the provisions of the UN Convention for the Rights of the Child are equally applicable to refugee children who are resident in the country. Initially there was also an intention to research the situation of Jordanian children living in kinship care. However, due to the low numbers of Jordanian

**Kinship care:** 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. *(International Guidelines for the Alternative Care of Children, 2009)*
Understanding Kinship care of Syrian Refugee Children Living in Jordan

Children living with relatives (see annex six), lack of official records regarding such children, combined with limited time and budget, the participatory research was focused on Syrian children living with relatives in Jordan. However, it is intended that the research findings can be used to inform good practice efforts by the Jordanian Government and other national organisations to strengthen the family based alternative care and child protection systems for Jordanian children, as well as for refugee children. During the past 10 years the Jordanian Government has been undertaking strategic efforts to promote family based care. More recently the National Council for Family Affairs, with the support of Save the Children and UNHCR has been developing national alternative care guidelines, in line with the international Guidelines for Alternative Care of Children. Moreover, recognising the geo-political context and the wider impact of the conflict in the region, the findings will also be used regionally and internationally to inform good practice for care and protection of separated and unaccompanied children.

Research objectives

The overall objective of the research was to increase understanding of kinship care experiences and practices for Syrian refugee children and caregivers in Jordan, which can be used to inform programming and policy developments on children’s care and protection.

The specific objectives of the research are:
- To improve understanding of the reasons why refugee children are living in kinship care;
- To improve understanding of the situation of children living with relatives, and risks and protection factors influencing outcomes
- To analyse existing policies and develop recommendations to strengthen policy developments;
- To analyse existing mechanisms of prevention and support services, and to develop practical recommendations to prevent parental separation and to better support children living with relatives in both humanitarian and development contexts.

A Brief Guide to this Report:

This report is organized in three parts and 7 chapters, as follows:

Part One: Introduction, Research Methodology and Desk Review.
This part includes the introduction and the following chapters:
- Chapter 1: Introduction to the rational and the objectives of the study.
- Chapter 2: Overview of the Research Methodology and stakeholders involved.
- Chapter 3: Analysis of Laws, Policies, Data and Literature concerning kinship care with attention to relevant international and national laws, policies, frameworks, and guidelines; as well as existing data and literature concerning children living in kinship care in the Jordanian context, and separated Syrian children in the humanitarian context. An analysis of existing data concerning separated children reveals some of the main reasons why Syrian girls and boys are living with relatives in Jordan. Key findings from a literature review relating to informal kinship care are also presented.
Part two: Research Findings

This part focuses on the findings chapters, as follows:

- **Chapter 4: Trends and factors influencing Kinship Care Options and Decisions.** This chapter provides perspectives of caregivers and children on: trends and factors influencing kinship care; care options and decision making processes; and the advantages and disadvantages of different care options.

- **Chapter 5: Positive and negative experiences of Syrian children living in kinship care.** This chapter presents positive and negative experiences of life in kinship care from children and caregivers viewpoints. The research explored how kinship care impacts on children’s wellbeing, daily lives, and realisation of their rights, including their rights to protection, education, play, health and nutrition. The research also helped identify risk and protection factors which can inform care decision making, and practice and policy developments to support children’s care and protection in families.

- **Chapter 6: Children and caregivers support needs and the availability of such support.** This chapter reviews findings from the perspectives of children, caregivers and case managers who are working with separated children and their families. It provides insights to the extent to which existing prevention and support services are accessible and relevant to children and caregivers.

Part three: Recommendations

- **Chapter 7: Recommendations** to improve the care and protection of separated Syrian children living in Jordan.
Chapter 2: Overview of the Research Methodology

Partners and Stakeholders: This exploratory study in Jordan was commissioned by Save the Children’s Child Protection Initiative. It builds upon and adapts existing research protocols that were earlier developed and applied in the African context. The Information and Research Center – King Hussein Foundation (IRCKHF) was recruited to support implementation of the research, including formation and support to two Local Research Teams (LRTs) in Zaatari and Amman. Each LRT involved children, caregivers and adult supporters as researchers. Initial capacity building of the LRT in Zaatari and online technical support was provided by an international consultant. Capacity building of the LRT in Amman was provided by IRCKHF.

The research was implemented by Save the Children and IRCKHF in collaboration with other UN agencies and NGOs who are working with separated children in Jordan. These partners include: the International Rescue Committee (IRC); International Medical Corp (IMC); Jordan River Foundation (JRF); the United Nations High Commissioner for Refugees (UNHCR); and United Nations Children’s Fund (UNICEF). An Advisory Group was also established to bring together representatives from key child focused agencies and academia.

Geographic Research Areas: As this research was primarily exploratory and qualitative purposeful sampling was utilised to identify geographic locations where the research with Syrian refugee children could take place. Decisions were made to focus the research on Syrian children living with their relatives in a) a refugee camp situation, and b) in a host community. Pragmatic decisions were made to form Local Research Teams in a) Zaatari Camp in Mafraq, and b) in Amman.

Table 1: Kinship Care Local Research Teams’ Members

<table>
<thead>
<tr>
<th>Amman LRT</th>
<th>Zaatari Camp LRT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Jordan River Foundation focal point</td>
<td>2 Save the Children focal point</td>
</tr>
<tr>
<td>1 Child Protection Committee member</td>
<td>1 International Rescue Committee</td>
</tr>
<tr>
<td>3 children (2 boys, 1 girl – living with relatives)</td>
<td>9 children (3 girls &amp; 1 boy – living with relatives) and (3 boys &amp; 2 girls – living with parents)</td>
</tr>
<tr>
<td>3 caregivers (2 females, 1 male)</td>
<td>2 caregivers (1 female, 1 male) and 1 male youth living alone (19 years old)</td>
</tr>
<tr>
<td>IRCKHF team</td>
<td>IRCKHF team</td>
</tr>
</tbody>
</table>

Key Elements of the Research Process
This sub-section provides an overview of the phases of the research process and how it was conducted.

Stage 1: Preparations for participatory research (design, methods, ethics; and establishment and initial capacity building of local research teams) (December 2013 – June 2014)
- The development, adaptation and use of the research protocol and relevant annexes (including ethical guidelines) to support participatory research involving children and caregivers as researchers, respondents and documenters.
- Introductory meetings with key agencies who work with separated children (e.g. UNHCR, UNICEF, IRC, IMC, JRF etc.) were organised to share information about the participatory research, to seek partnership to access existing anonymous data concerning separated children, to enable information sharing with children and caregivers.

- **Child friendly information sheets** were developed and disseminated to ensure voluntary informed participation when recruiting members of the Local Research Teams.

- **Capacity building of Local Research Teams** including girls, boys, female and male caregivers, local Save the Children staff and partners on the participatory research approach was undertaken. The training enabled participatory learning on the child friendly research tools, interview techniques, observation and documentation skills to build LRT members’ skills, knowledge and confidence to undertake the research.

- **Participatory research tools** were adapted to focus on refugee children and their caregivers. Due to a smaller sample of caregivers who were available for focus group discussions in the host community in Amman, additional caregiver interviews were carried out. In addition interviews and focus group discussions were also carried out with case managers who have significant experiences of working with separated refugee children in the Jordanian context. Furthermore, IRCKHF incorporated some additional participatory tools with children including the “me map” to explore children’s relationships with institutions around them, and “value line discussions” to explore caregivers perspectives on the accessibility of services provided to them.

- **An advisory group** was established bringing together representatives from key child focused agencies and academia (see Annex I) who provided expertise in areas such family based alternative care, psychosocial needs of vulnerable children, research ethics particularly with vulnerable children and youth. Agencies represented included: IFH, IMC, IRC, JRF, NCFA, UNHCR and UNICEF and an expert consultant in family based alternative care systems. The Advisory Group met 3 times: the first meeting focused on reviewing the research objectives, scope and methodology (including the decision to focus on Syrian children living in kinship, rather than to also include Jordanian children living in kinship care); the second meeting reviewed the ethical
Understanding Kinship care of Syrian Refugee Children Living in Jordan

guidelines for the study; and the third meeting allowed the members to review key findings and to discuss recommendations.

- **A desk research** on existing laws, policies, data, and research on kinship care was primarily undertaken by IRCKHF, and was also supported by the international consultant.

**Ethical guidelines included efforts to:**
Apply child safeguarding policy and code of conduct and ensure availability of psycho-social support if needed.

- Ensure informed consent and options to withdraw at any time.
- Identify risks and ensure strategies to minimise or deal with risks.
- Plan research activities at times that suit children and caregivers. Use school calendars & harvesting calendars to inform timely planning.
- Apply basic requirements in children’s participation.
- Ensure effective communication and co-ordination systems are in place.
- In addition, seek the support of children’s caregivers and wider community.
- Ensure anonymity of views and safe keeping of data (locked).
- Be sensitive and flexible – ready to resolve any ethical issues which arise.
- Ensure feedback to all involved.
- Assent from children and consent from adult carers to take and use photos.

**Stage 2: Implementation of participatory research [May 2014 – August 2014]**

To implement the participatory research IRCKHF in collaboration with the Local Research Teams organised a series of four workshops reaching out to other girls and boys living in kinship care and caregivers, both in Zaatari Camp and in Amman. Focus group discussions were organised separately with caregivers, girls and boys. Child friendly participatory research tools were applied during the focus group discussions, including use of body mapping, time line, visual care mapping, me map, draw and write, stories, and value line discussions to gather data.

IRCKHF research team members also undertook additional supplementary data collection including: 2 Focus Group Discussions with caregivers; nine interviews with Syrian caregivers living in Amman and two caregivers living in Zaatari; 8 key informant interviews with specialists, NGOs and UN agencies working with separated children (Syrians and Jordanians); 3 interviews with case managers in
Amman (1 JRF and 2 UNHCR); and one focus group discussion with 5 case managers in Zaatari (IMC, IRC and UNHCR).

**Stage 3: Validation workshop and documentation of participatory research** [September – December 2014]

A one-day validation workshop was organised on a non-school day on September 27th at Zaatari Camp involving 8 child researchers (5 from the Zaatari camp, 3 from the Amman host community); 5 caregiver researchers (3 from the Zaatari camp, 2 from the Amman host community), 5 Save the Children, 5 IRCKHF and 1 IRC staff. The aim of the validation workshop was to share and validate key findings from the research and to develop recommendations.

The third meeting with the Advisory Group members was conducted the day after the validation workshop in order to share key findings and to identify preliminary recommendations.

**Participants Involved in the Research**

A total of 98 participants were consulted during the research process including: 40 children aged 8-17 years living in kinship care; 35 kinship caregivers; 5 children living with parents; 8 case managers; and 10 representatives from Government, UN, INGO and NGO agencies.

**Table 2: Stakeholders involved in the research**

<table>
<thead>
<tr>
<th>Participants involved in the research</th>
<th>No. of Participants</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Children living in kinship care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(age 8-17 years), Zaatari</td>
<td>11</td>
<td>12</td>
</tr>
<tr>
<td>Children living with parents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zaatar (age 12 – 17 years)</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Children living in kinship care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(age 9-17 years), Amman</td>
<td>13</td>
<td>4</td>
</tr>
<tr>
<td>Kinship caregivers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(aunts, uncles, grandfathers, grandmothers, elder siblings or cousins), Zaatar</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Kinship caregivers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(aunts, uncles, grandfathers, grandmothers, elder siblings or cousins), Amman</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>Case managers</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>Key informant interviews</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(with representatives from UN, Government, INGO, NGO and Academia)</td>
<td>1</td>
<td>9</td>
</tr>
</tbody>
</table>

**Kinship Care Album**

A “Kinship Care Album” was produced in both Arabic and English bringing together example of photos, draw and write, and stories from children and caregivers. In addition, this country report was developed to inform action and advocacy initiatives.

**Limitations**

This section outline a number of limitations relevant to this study. Although existing quantitative data concerning separated Syrian children was identified and analysed, the scope of the study did not enable us to undertake household surveys or to use random representative samples for data collection. Furthermore, the scope of the study was limited to small samples of Syrian refugee children in two
locations, and did not allow us to collect or compare data from other refugee children living with relatives in Jordan, such as children from Palestine, Iraq, Somalia or other countries. Neither did the study enable data collection on Jordanian children living in kinship care. Thus, further research is needed to better understand the situation of other groups or refugee children and Jordanian children living in kinship care.

Limitations were also faced by primarily relying on data and registration of children as “separated children” as this includes children who have come to live with their relatives since the emergency, but does not include children who were living with their relatives in kinship care prior to the emergency. While some caregivers were reached who were caring for children prior to the conflict in Syria, this study provided less opportunity to explore the wider range of reasons why children may live with relative caregivers in Syria.

The last limitation concerned administrative and logistical challenges which contributed to delays in forming and supporting Local Research Teams which negatively impacted upon the quantity and quality of data collected. The challenges included: delays in obtaining “camp permission” for members of the Local Research Team to undertake research in Zaatari camp; and delays in forming the LRT in Amman due to time needed for case managers to share information and secure interest from sufficient numbers of caregivers and children. Celebrations during Ramadan also reduced timely opportunities for data collection and analysis. Furthermore, during the research process three members of the LRT withdrew from the Team due to changes in their circumstances.

Despite the limitations, the study was the first to examine experiences of this population and therefore provides crucial insights to their perspectives, while also providing a platform for further research. Furthermore, triangulation of data from different sources increases the validity of the data collected.
Chapter 3: Analysis of Laws, Policies, Data and Literature concerning kinship care

As a signatory to the United Nations Convention of the Rights of the Children (UNCRC), the Jordanian Government is obliged to fulfil children’s rights for both Jordanian and refugee children in the country. Thus, an analysis of existing laws, policies and data helps to identify the extent to which prevention of family separation and support for informal kinship care are recognised and supported in national laws and policies. To this end, the chapter first begins by outlining relevant international laws (UNCRC and International Humanitarian Laws) concerning parental care and alternative care of children, international Guidelines for Alternative Care of Children, and other international guidance and standards concerning the care and protection of children in emergencies. It then reviews national laws, policies and guidelines in the Jordanian context. The chapter ends with reviewing available literature on kinship care and data concerning separated Syrian refugee children residing in Jordan. This information sheds lights on the main reasons leading to the separation of Syrian girls and boys from their birth families, as well as sharing broader findings from literature concerning the benefits and disadvantages of kinship care.

International laws concerning parental care and alternative care of children

The UNCRC recognizes every child’s right to survival, development, protection and participation. The Jordanian Government ratified the UNCRC in 1991, and is thus obligated to take all necessary steps including legislative, administrative and other measures towards its implementation. The Convention affirms “the family, as the fundamental group of society and the natural environment for the growth and well-being of all its members and particularly children, should be afforded the necessary protection and assistance so that it can fully assume its responsibilities within the community”. A number of articles in the CRC outline the primary roles and responsibilities of parents, while also recognising customary roles of extended family or community members in raising a child; the importance of preventing parental separation; and the responsibilities of the State to provide assistance to parents and caregivers, and to ensure special protection of children who are deprived of a family environment (see Annex Four).

**Article 20, UNCRC:**

1. A child temporarily or permanently deprived of his or her family environment, or in whose own best interests cannot be allowed to remain in that environment, shall be entitled to special protection and assistance provided by the State.
2. States Parties shall in accordance with their national laws ensure alternative care for such a child.
3. Such care could include, inter alia, foster placement, kafalah of Islamic law, adoption or if necessary placement in suitable institutions for the care of children. When considering solutions, due regard shall be paid to the desirability of continuity in a child’s upbringing and to the child’s ethnic, religious, cultural and linguistic background.

According to the CRC, decisions concerning the care of children should be based on several principles: the child’s best interests (Article 3); listening to children’s views, while taking into consideration their evolving capacity (Article 12); the child’s right to survival and development (article 6), and the principle of non-discrimination (article 2) must also be applied. Furthermore, Article 22 explicit focuses on the rights of refugee children.
**Article 22, UNCRC:**

1. States Parties shall take appropriate measures to ensure that a child who is seeking refugee status or who is considered a refugee in accordance with applicable international or domestic law and procedures shall, whether unaccompanied or accompanied by his or her parents or by any other person, receive appropriate protection and humanitarian assistance in the enjoyment of applicable rights set forth in the present Convention and in other international human rights or humanitarian instruments to which the said States are Parties.

2. For this purpose, States Parties shall provide, as they consider appropriate, co-operation in any efforts by the United Nations and other competent intergovernmental organizations or nongovernmental organizations co-operating with the United Nations to protect and assist such a child and to trace the parents or other members of the family of any refugee child in order to obtain information necessary for reunification with his or her family. In cases where no parents or other members of the family can be found, the child shall be accorded the same protection as any other child permanently or temporarily deprived of his or her family environment for any reason, as set forth in the present Convention.

Building upon the UNCRC, the International Guidelines for the Alternative Care of Children (2009) provide further guidance to support care planning, decision-making, monitoring and follow-up in the best interests of the child.

In line with *International Humanitarian Laws* including the 1951 Refugee Convention and the 1967 Protocol, the Jordanian Government is obligated to ensure that the provisions of the UN Convention for the Rights of the Child are equally applicable to refugee children who are resident in the country. Furthermore, separated and unaccompanied children require priority action by concerned organisations (government, UN, and civil society) to support family tracing, and/or special protection and provision of alternative care arrangements. Other relevant instruments that complement the CRC’s protection for separated children include: the Optional protocol to the CRC on the involvement of children in armed conflict, 2000; the Convention on protection of children and cooperation in respect of inter-country adoption; the four Geneva conventions of 1949 and their additional protocols of 1977.

**Guidelines for the Alternative Care of Children, 2009**

The Guidelines for the Alternative Care of Children apply for all children under the age of 18 years without parental care, and including those in humanitarian contexts. The Guidelines pay attention to both formal and informal care settings, with due regard to both the important role played by the extended family and community. The Guidelines set out to:

- Support efforts to preserve or re-establish the family unit;
- When needed, identify and provide alternative child care that promotes the child's development;
- Encourage governments to assume their responsibilities towards the rights of children without parental care;
- Encourage all those concerned with childcare to fully take into account the Guidelines in their policies and activities.
Two key principles of the Guidelines focus on whether alternative care is necessary and appropriate. The Guidelines aim to ensure the appropriate use of alternative care, preventing the need for unnecessary separation between the children and parents by promoting parental care and respecting children’s rights. The guidelines also require efforts to address the root causes of abandonment and separation. Family strengthening services (such as parenting courses) and supportive social services (such as day care, mediation, or other services for parents and children with disabilities) are encouraged to empower families with attitudes, skills, capacities and tools to provide adequately for the protection, care and development of their children. Youth policies aiming at empowering youth to overcome the challenges of everyday life, including when they decide to leave the parental home, and preparing future parents to make informed decisions regarding their sexual and reproductive health are also encouraged.

In determining whether alternative care is necessary the Guidelines encourage: Consultations with the family and the child; focusing efforts on family support and family reintegration; focusing efforts on addressing negative societal factors that may contribute to family separation; and effective gate-keeping by formal care agencies. Furthermore, in determining whether alternative care is appropriate the guidelines encourage assessments concerning the extent to which the care option meets certain general standards (access to basic services, contact with parents or family members, protection from violence and exploitation); and whether the care options meets the specific needs of the children in question considering their views, best interests and long term stability.

The Guidelines for the Alternative Care of Children recognize the critical role of kinship care as a major form of informal care, but also highlights the importance of such carers being encouraged to notify the competent authorities in order to access available services. The Guidelines also encourage States to “devise special and appropriate measures designed to protect children in informal care from abuse, neglect, child labour and all other forms of exploitation, with particular attention to informal care provided by non-relatives, or by relatives previously unknown to the children or living far from the children’s habitual place of residence”.

Competent authorities should, where appropriate, encourage informal carers to notify the care arrangement and should seek to ensure their access to all available services and benefits likely to assist them in discharging their duty to care for and protect the child (para 56, Guidelines for Alternative Care of Children, 2009)

Considering the principles of best interests, the views of parents, caregivers and children, and the importance of permanency planning, the Guidelines also encourage deliberation concerning opportunities to formal care arrangements after a suitable lapse of time. While formalizing care arrangements in the extended family may not be always be appropriate or realistic, developing a system
whereby the transfer of responsibility for the child’s care to relatives or friends is reported and recorded to the local authority would increase permanency planning, as well as improved monitoring and support.

In a **humanitarian context** additional international **guidance and standards** to support the care and protection of separated and unaccompanied children including:

- **Inter-Agency Guiding Principles on Separated and Unaccompanied Children, 2004**
- **Minimum Standards for Child Protection in Humanitarian Action (2012)** which outline principles and approaches, and provide a set of minimum standards including standard 13 on unaccompanied and separated children;
- **Alternative Care in Emergencies (ACE) Toolkit (2013)** which provide guiding principles for interim care planning and provision, including guidance of use of kinship care;
- **UNHCR Guidelines in determining the best interests of the child (May 2008)** which help identify the best interests of the child (BID) in particular situations to ensure compliance with the UNCRC.

### Guiding Principles for Interim Care Planning and Provision, ACE Toolkit, 2013:

The following principles should define the actions and activities of all those working to protect and care for children in and post emergency, from prevention of separation work and delivery of interim care, to reunification and reintegration or longer term care placements.

<table>
<thead>
<tr>
<th>Principle</th>
</tr>
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<tbody>
<tr>
<td>a. Base all decisions on the best interests of the individual child</td>
</tr>
<tr>
<td>b. Respond to the care and protection needs of vulnerable children, families and communities in an integrated manner</td>
</tr>
<tr>
<td>c. Prevent and respond to family separation</td>
</tr>
<tr>
<td>d. Prioritize reunification for all separated and unaccompanied children and long term stable placements for children unable to be reunified</td>
</tr>
<tr>
<td>e. Ensure that children and their caregivers have sufficient resources for their survival and maintenance</td>
</tr>
<tr>
<td>f. Promote local responsibility for the care and protection of children</td>
</tr>
<tr>
<td>g. Listen to and take into account the child’s opinion</td>
</tr>
<tr>
<td>h. Use and develop family based care alternatives wherever possible</td>
</tr>
<tr>
<td>i. Ensure that care placements meet agreed standards</td>
</tr>
<tr>
<td>j. Ensure each child’s care placement is registered, monitored and reviewed</td>
</tr>
<tr>
<td>k. Ensure that services are provided without discrimination and with attention to the specific needs of the child</td>
</tr>
</tbody>
</table>

### National laws, policies and plans concerning custody and care of children in Jordan:

The Jordanian Government are obliged to support efforts to respect, protect and fulfil the rights of Jordanian children, and refugee children living within their borders. Refugee children are children first and foremost and must be afforded the same rights and protection as any other children in the host country through laws, policies, plans and services. Article 2 of the **UN Convention on the Rights of the Child (UNCRC)** clearly states that the rights within the Convention should be respected for all children within the state party’s jurisdiction, ‘without discrimination of any kind’. Thus, this section reviews national laws, policies and plans concerning custody and care of children that will also have implications for family based care of refugee children residing in Jordan.
The Jordanian Government do not yet have a comprehensive law explicitly encompassing the rights of all children in Jordan, however, national efforts are underway to draft and adopt the new Juvenile Law (2014). All foster care procedures relating to children being cared for by non-relatives go through the Juvenile Court that adhere to the Juvenile Law. In terms of the care and protection of children other relevant laws and policies include: Sharia Law; the Personal Status Law (which was revised in 2010); and the Ihtidan System (1967). Furthermore, the Jordanian National Plan of Action for Children (2003 – 2013) has a strong focus on protecting children in difficult circumstances, encompassing a focus on children without parental care. In addition, the Jordanian Government has made efforts to develop national Alternative Care Guidelines in recent years. Each of these key laws and policies are briefly reviewed below.

**Legal system in Jordan has both civil and religious courts:**

As described in a UNICEF publication (2011, p1): “Jordanian laws are based on the French civil code and Islamic law (Sharia) and have also been influenced by tribal traditions. Both civil and religious courts are part of the judicial system. The Sharia courts have jurisdiction over matters related to marriage, divorce and inheritance (i.e. the personal status law – or family law). For religious minorities, the communities’ own religious standards are applied in matters related to personal status. This means there is no unified personal status law in Jordan. In civil courts, a woman’s testimony is equal to that of a man, while in Sharia courts the testimony of two women is equal to that of one man”.

**Sharia Law and Personal Status Law:**

Sharia is an Arabic word which means ‘the Clear Path’. As a term it refers to the guidance (teachings and commandments) of God contained in the Qur’an (the holy book for Muslims) and the teachings of the Mohammad, Prophet of Islam (PBUH). Islamic religious teachings encourage healthy family life, care and protection of orphans – add local definition – children lacking their immediate natural support network due to the passing away of one or both parents, or those from unknown families, and those living in alternative care settings are typically (and colloquially) referred to as orphans.

**The Care of Orphans in the Quran:**

The care of orphans in Islam is highly revered, Prophet Mohammad (PBUH) said, ‘I and who looks after an orphan and provides for him, will be in paradise like this,’ putting his index and middle fingers together.-Narrared by Sahl bin Sa’ad. Caring for orphans is considered to be an act of piety in Islamic thought. The Quran, the primary source of guidance for Muslims worldwide, repeatedly emphasizes the importance of taking care of orphans and those in need (2:67; 2:147; 4:36). The Quran tells believers that it is a duty to treat orphans with equity (4:127) and it is sinful to wrong them (93:9). The Prophet Muhammad himself was reported to have been orphaned at a young age and was raised by his uncle. The Prophet paid special attention to the needs of children and orphans, and asked believers to provide for orphans, regardless of the circumstances, lineage, and heritage.

The Sharia court is responsible for all personal status law related to child protection cases including custody, divorce, inheritance and legal guardianship, including formalisation of kinship care arrangements for children living with relatives (whether Jordanian or Syrian refugees). However, foster care procedures for children living with non-relatives go through the Juvenile court that adheres to the Juvenile Law.
The Sharia provides guidance to determine custody of the child in cases such as divorce, abandonment or parental death. Pre-conditions for the caregiver are that they are: i) mature; ii) sane; iii) capable of looking after a child; and iv) Trustworthy. Those entrusted with the care of the child are responsible for caring for the child, teaching and educating him/her. However, even when care is by a female family member, the father (if living) may be expected to pay regular expenses.

**Difference between Guardianship and Custody:**
In Arabic language guardianship is termed as ‘Wilayat’ and custody as ‘Hidhanat’. Custody means physical or material possession of the children, whereas its Arabic equivalent Hidhanat literally means ‘training’ or ‘upbringing of the child’. The term guardianship means the constructive possession of the child which deals with care of his or her person as well as property and its Arabic equivalent ‘Wilayat’ literally means to ‘protect’ or to defend.

Islam places a great emphasis on the ties of kinship and the importance of inheritance among blood relatives. Islamic law encourages locating a relative to care for the child, before allowing someone outside of the family, much less the community or country, to adopt and remove the child from his/her familial, cultural, and religious roots. Thus, Islamic laws help prevent child abandonments, as relatives are expected and encouraged to care for relative child, if their own parents are unavailable or unable to care for them. This is especially important during times of war, famine, or economic crisis, when families may be temporarily uprooted or divided. Islamic law does not allow adoption but allows what is called Kafalah or Ihtidan as forms of care that permits children to be looked after and cared for by a family that are not blood relatives; but without the rights given to a lawful child including the right to the name of the family, and its inheritance (see section below on Ihtidan).

**Sharia Law concerning those who have the right of Custody of Children “Hidana”**
Muslim jurists gave preference as to who has the right to care for a child taking into consideration the interest of the child. Women are preferred over men, and within the same gender preference has been given to those who are closer to the child and who are expected to be more compassionate and merciful.

Women:
1. The mother unless she is unfit.
2. Grandmothers: from the mother’s side first and then from father’s.
3. Sisters: Full sister, half-sister from the mother’s side and then half-sister from the father’s.
4. Aunties: from the mother’s side and then from the father’s.
5. Nieces: from the mother’s side and then from the father’s.

Men: If none of the above mentioned women is available or available but unfit, then one of the men have the right to custody in the following order:
1. The father, and then the grandfathers.
2. The brothers and then their children (nephews)
3. The uncles and then their children (cousins)
Understanding Kinship care of Syrian Refugee Children Living in Jordan

**The Personal Status Law (revised 2010)**

The Personal Status law of Jordan is mostly derived from Sharia Islamic law. It is primarily intended for Muslims who are the majority in Jordan (including refugees who are Muslims), while Christian have a Special Church Law. The Personal Status Law protects the rights of the child regarding the custody and guardianship taking into consideration what appropriate and protect the child. The Personal Status Law separates parental responsibilities based on gender, giving custody rights to the mother and guardianship rights to the father. This separation can be considered a bias against both parties: a mother is economically dependent on a father, while a father cannot gain custody of his children unless under extenuating circumstances. In the event of a divorce, the custody of a minor is primarily given to female relatives.

Article 170 of the Personal Status Law stipulates that a mother has custody rights and if she cannot fulfil her role as custodian, the right is then passed along to the mother’s mother, and then to the father’s mother. Custody is only granted to the father if none of these women can care for the child. If none of them can fulfil this role, the court then determines the fate of the children. The mother has custody until the child reaches the age of 15, while other custodians have custody until the child reaches the age of 10. At this point, the child is given the freedom to choose whether or not to stay with his or her mother until the age of 18. The duration of custody with female custodians may be extended if the child is sick and in need of a female’s care (Article 173).1

Article 178 states that the guardian of the child, who has financial responsibility for him/her, must pay custody fees to the child’s custodian. Guardianship of the child is primarily passed along the males in the family. Article 223 of the Personal Status Law states that a father has the automatic right to be the guardian of his child, however, if the father is unable to perform this duty, then the right falls upon the father’s appointed guardian, then the paternal grandfather, then the guardian appointed by the paternal grandfather, and finally to the court. Thus, while children may be in the custody of female relatives, legal guardianship may remain with the father or with paternal relatives. Similar to the requirements of custody, article 224a stipulates that the guardian should be a sane, trustworthy, and capable adult. In addition, the guardian of a Muslim child should be Muslim (article 224b).

**Ihtidan System:**

Islamic and Jordanian law ban adoption but allow foster parenting. For more than 20 years, the Jordanian government has supported the Ihtidan system of placing children with foster families under Sharia law.

This system is relevant to Syrian refugee children, as well as Jordanian children as it supports alternative family based care for children who cannot live with their own parents or other relatives. It provides important opportunities to support permanency planning. However, Ihtidan should only be considered after exhausting possibility to identify and reunify the child with their parents or other known relatives, ensuring that the decisions are guided by the best interests of the child, and taking into consideration the child’s own views, feelings and evolving capacity.

The Ministry most heavily involved in children’s issues is the Ministry for Social Development. It administers the National Aid Fund, which provides cash assistance to needy families, including families of children and adults living with disabilities through its subsidiary body Handicapped Care Aid. Moreover, it is responsible for regulating the provision of out-of-home care to orphaned and
abandoned children, and for overseeing Islamic fostering arrangements (kafala or ihtidan). Ihtidan is the legal terminology of Kafala, as reported by Sheikh from Iftaa department. The Ministry of Awqaf and Islamic Affairs also facilitates Islamic fostering arrangements, using different criteria. The Sharia law determines the relations between men and women. In Islam, the basic principle of the interaction between men and women is segregation. Such principles need to be considered when foster care arrangements are made.

Good practice developments by the Jordanian Government to promote family based care:
The Jordan government has taken important steps to promote family-based alternative care over the last two decades. Much more is known about formal alternative care options in Jordan than informal care. For more than 20 years, the Jordanian government has supported the “Ihtidan” system of placing children with foster families under Sharia law. These children are mostly children born out of wedlock or abandoned for other reasons. Ihtidan is one of the alternative care types in Jordan and it is one of the programs of the Directorate of Family and Children in the Ministry of Social Development. More than 858 children have been placed in Ihtidan families since 1967; the number of cases that have been placed in Ihtidan families during 2012 was 55, and in 2011 the number of these children was 61, while in 2005 the number was 19.

The National Council for Family Affairs (NCFA), with the support of Save the Children prepared a “Guide for Foster Families: for a Safe and Healthy Foster” in 2013. Standard operating procedures for the formalization of family based and independent group living arrangements for unaccompanied children through the Jordanian legal system are also being finalized with the Ministry of Social Development, UNHCR, UNICEF and Save the Children.

Moreover, the National Council for Family Affairs, with the support of Save the Children, UNHCR and UNICEF, is also in the process of developing National Alternative Care Guidelines, in line with the International Guidelines for Alternative Care of Children to ensure that institutional care is only used as a last resort and as a temporary measure. These Guidelines will apply to Jordanian children, and to unaccompanied and separated refugee children.

The Jordanian government and civil society have supported small scale placement of children in foster families, and The Ministry of Social Development has since incorporated the cost of foster support into its overall budget, marking an important step towards the further development and sustainability of foster care in Jordan. Under the law, children of unknown identity are automatically considered Muslims, and Christian parents are not allowed to raise them. After families receive permission to foster children, social workers make regular visits to their households to make sure that the children are taken good care of. Foster care pilots have included small numbers of children aged 0-6 who were placed in foster families after being placed in institutions when their mothers were sentenced to prison and approximately 20 separated or unaccompanied Iraqi children who were placed in foster families. More recently significant numbers of unaccompanied children have also been placed in foster families in Zaatari camp by IRC, with the support of UNHCR and UNICEF.
The National Plan of Action, 2003 – 2013:

The Jordanian National Plan of Action 2003 – 2013 includes a component on Protecting Children in Difficult Circumstances which aims at protecting children from all forms of violence, neglect, physical, sexual and psychological abuse, and economic exploitation. It encompasses a focus on children deprived of parental care, and children who are victims of armed conflict. In relation to children deprived of parental care the National Plan aims to:

1. Support programmes to empower at risk families with coping mechanisms, with the objective of strengthening the capacity of these families to care for and protect their children.
2. Improve the quality of educational, psychosocial and recreational services in the child care institutions.
3. Fulfil the rights of every child living in care institutions to develop and improve his/her abilities.
4. Develop appropriate programmes to support foster family systems to enable more children to grow up in a family environment.

Furthermore, for children who are victims of armed conflict, the NPA “aims to protect children in armed conflict according to the standards of International Humanitarian Law by encouraging the implementation of UN resolutions specifically in the occupied territory. The Plan also aims to provide training for those working in the field of child right and promoting international cooperation in this regard.”

Data concerning unaccompanied and separated Syrian children in Jordan:

In armed conflicts, children are at risk of being separated from their families, especially when fighting causes people to flee their homes and even their countries. Children may be separated from their parents involuntarily when fleeing from danger, when children are abducted, or when a parent is killed. Intentional separations may happen if parents decide for various reasons to send their children away, for example to live with relatives in a more safe location where they can access school. Some children are also abandoned as a result of family destitution or emotional exhaustion. ‘Secondary separation’ – when a child loses the family caregivers that had been caring for him or her – is also a frequent occurrence.

Refugee children separated from their parents face specific risks. A separated child is more vulnerable to a number of protection risks – including recruitment into armed forces or armed groups, living in institutions, abduction, trafficking, sexual exploitation and abuse - during and beyond emergencies, and requires urgent assistance. Separated children living with relatives in a host country often face a heightened risk of exploitation and denial of basic rights, including the right to a quality education. Monitoring care arrangements can be particularly difficult in such circumstances.

As a result of armed conflict and insecurity unaccompanied and separated (UASC) refugee children have entered Jordan from Palestine, Iraq, Somalia, and Syria. In the Jordanian context, refugee families and children (other than Palestinian refugees) are registered with UNHCR and separated children are provided with case management services through UNHCR and partners. Among the case management services conducted is an individual case assessment to determine whether the current care arrangement is appropriate and to provide any required support. Thus, significantly more information is available on refugee children living in kinship care arrangements, as compared to data...
Children without parental care in Syria prior to the crisis tended to be cared for on an informal basis, by grandparents or other members of the extended family, or by persons or families in the wider community, and this has continued during the crisis. A child protection assessment undertaken in Syria in 2013 suggested that due to spontaneous care by relatives, the incidence of separated children may have been under-reported. It further reported that many caregivers do not register changes in care arrangements with local authorities, possibly owing to the predominance of informal kinship care arrangements and the fear of sharing information in the current context.

When I was in Syria I was living with my stepmother. She was treating me, my brother and sister in a very bad way. When my father was killed [due to the conflict], she threw us out of our house. But we are lucky because my uncle took us in and now we are living with him and his second wife, and they are treating us in a very good way. (15 years old girl living with uncle, Zaatari)

Syrian refugees in Jordan:
Jordan has made considerable efforts to accommodate half a million refugees from Syria and this has clearly put significant strains on the country at large. Jordan has granted Syrian refugees access to services, such as health and education in host communities, and has supported the establishment of refugee camps. According to UNHCR, 620,441 Syrian people had been registered in Jordan by December 2014; and over 80,000 refugees are living in Zaatari Camp. The refugee population is divided between those living in Jordanian host communities and in camps with an 80–20 % respective split. Zaatari camp in Mafraq is by the largest refugee camp in Jordan. Environmental conditions are harsh, located in a very arid area with little protection from the elements- sun and dust in the summer, heavy rain and flooding in the winter.

Over half of all the Syrian refugees are under 18 years old, while only 3% are over 60 years old. In some communities, children make up to 62 % of the refugee population. Out-of-camp refugees tend to have an even more precarious existence than those in camps in terms of accessing services, information and generally making ends meet. Refugees registered with UNHCR receive the Asylum Seeker Certificate, which is valid for six months, after which it must be renewed.

Data concerning separated Syrian children living in kinship care:
Based on IMC, IRC and UNICEF data in 2013 the caseload of unaccompanied and separated Syrian children was1,657. In the first six months of 2014 anew caseload of 1,367 unaccompanied and separated children were identified, registered and received specialized case management. These numbers indicate a noticeable increase in UASC coming to Jordan in the first half of 2014 when compared to the 2013 numbers, and a larger proportion of unaccompanied children.
Table 4: Unaccompanied and Separated Children Trend Analysis_ UNICEF_ January to June 2014

<table>
<thead>
<tr>
<th>Category</th>
<th>2013 (year)</th>
<th>2014 (first six months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of unaccompanied children</td>
<td>472</td>
<td>538</td>
</tr>
<tr>
<td>Number of separated children</td>
<td>1,185</td>
<td>829</td>
</tr>
<tr>
<td>Girls (%)</td>
<td>38%</td>
<td>44%</td>
</tr>
<tr>
<td>Boys (%)</td>
<td>63%</td>
<td>56%</td>
</tr>
<tr>
<td>Reunification rate (%)</td>
<td>65%</td>
<td>89%</td>
</tr>
</tbody>
</table>

As indicated by the numbers of separated children in different age groups shown in table 7(below), there are increasing numbers of separated children with age. However, in the first half of 2014 there were relatively equal numbers of female and male Syrian children registered as separated children. Furthermore, it is encouraging to see high rates of family reunification of unaccompanied children. Out of 538 unaccompanied children registered in 2014, 479 children (89%) were reunified with a family member. According to IRC, this high rate of reunification of unaccompanied children could be explained by the fact that children are unaccompanied during their travel to Jordan, but most of them know the whereabouts of family members who are already living in Jordan. UNICEF’s trend analysis has also identified how social media and mobile phones have been an asset facilitate the reunification of children as children communicate with their parents and relatives through SMSs, email, WhatsApp or Facebook, etc.

Caregivers of separated children:

Table 5: Care arrangements of 407 separated Syrian children (212 male, 195 female): IMC caseload (July 2014)

<table>
<thead>
<tr>
<th>Relation to child</th>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal grandfather</td>
<td>43</td>
<td>12</td>
</tr>
<tr>
<td>Maternal grandmother</td>
<td>11</td>
<td>30</td>
</tr>
<tr>
<td>Maternal grandparents</td>
<td>22</td>
<td>32</td>
</tr>
<tr>
<td>Paternal grandfather</td>
<td>15</td>
<td>0</td>
</tr>
<tr>
<td>Paternal grandmother</td>
<td>16</td>
<td>18</td>
</tr>
<tr>
<td>Paternal grandparents</td>
<td>13</td>
<td>27</td>
</tr>
<tr>
<td>Older sister</td>
<td>19</td>
<td>20</td>
</tr>
<tr>
<td>Older brother</td>
<td>11</td>
<td>15</td>
</tr>
<tr>
<td>Maternal aunt</td>
<td>12</td>
<td>26</td>
</tr>
<tr>
<td>Maternal uncle</td>
<td>15</td>
<td>6</td>
</tr>
<tr>
<td>Paternal aunt</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>Paternal uncle</td>
<td>35</td>
<td>0</td>
</tr>
<tr>
<td>In-laws</td>
<td>0</td>
<td>2</td>
</tr>
</tbody>
</table>

Data from IMC’s caseload of separated children reveals that separated children are most likely to be living with: grandparent caregivers (57% of boys, 61% of girls); followed by aunts and uncles (29% of boys, 20% of girls); followed by elder siblings (14% of boys, 18% of girls). The data also reveals that girls compared to boys are more likely to live with maternal grandmothers, maternal or paternal...
grandparents, maternal aunts and paternal aunts; while boys are more likely to live with maternal grandfathers, paternal grandfathers, maternal uncles, and paternal uncles. Thus, there is a clear tendency to place girls with female blood relatives, and boys with male blood relatives.

**Cause of Separation:**

Based on the data from IMC, IRC and UNICEF the main causes of separation for UASC the first six months of 2014 are for safety, family reunification, death of the parents, and to access services.

### Table 6: Causes of separation for UASC the first six months of 2014

<table>
<thead>
<tr>
<th>#</th>
<th>Description of cause</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>For safety</td>
<td>30.2%</td>
</tr>
<tr>
<td>2</td>
<td>For Family reunification</td>
<td>20.2%</td>
</tr>
<tr>
<td>3</td>
<td>Death of the parents</td>
<td>13.7%</td>
</tr>
<tr>
<td>4</td>
<td>To access services</td>
<td>10.5%</td>
</tr>
<tr>
<td>5</td>
<td>Separated at the border</td>
<td>6.9%</td>
</tr>
<tr>
<td>6</td>
<td>Child left the camp illegally and caught by the police</td>
<td>4.7%</td>
</tr>
<tr>
<td>7</td>
<td>Domestic violence</td>
<td>0.3%</td>
</tr>
<tr>
<td>8</td>
<td>To avoid conscription</td>
<td>2.4%</td>
</tr>
<tr>
<td>9</td>
<td>Send ahead of the parents</td>
<td>1.9%</td>
</tr>
<tr>
<td>10</td>
<td>Family returned to Syria and left the child behind</td>
<td>1.9%</td>
</tr>
<tr>
<td>11</td>
<td>Fear for sexual violence</td>
<td>1.1%</td>
</tr>
<tr>
<td>12</td>
<td>Unknown</td>
<td>5.8%</td>
</tr>
</tbody>
</table>

### Table 7: Main cause of separation based on the age group for the first 6 month of 2014

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Gender</th>
<th>Cause</th>
<th>Number of times this reason was cited</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4</td>
<td>Boys</td>
<td>For safety</td>
<td>24</td>
</tr>
<tr>
<td></td>
<td>Girls</td>
<td>For safety</td>
<td>17</td>
</tr>
<tr>
<td>5-9</td>
<td>Boys</td>
<td>For safety</td>
<td>30</td>
</tr>
<tr>
<td></td>
<td>Girls</td>
<td>For safety</td>
<td>38</td>
</tr>
<tr>
<td>10-14</td>
<td>Boys</td>
<td>For safety</td>
<td>62</td>
</tr>
<tr>
<td></td>
<td>Girls</td>
<td>For safety</td>
<td>63</td>
</tr>
<tr>
<td>15-18</td>
<td>Boys</td>
<td>For family reunification</td>
<td>133</td>
</tr>
<tr>
<td></td>
<td>Girls</td>
<td>For safety</td>
<td>140</td>
</tr>
</tbody>
</table>

Across most age groups and by gender the main cause of separation was for safety, except for boys aged 15-18 years the main reported cause of separation was for family reunification. Data suggests that the main causes of separation for registered unaccompanied or separated boys are safety (24.2% of boys), family reunification (20.7% of boys), and death of parents (10.5% of boys). In addition, some 13% of boys are becoming separated from their primary caregivers in order to obtain access to services here in Jordan. For girls, the main causes of separation for registered unaccompanied or separated girls are safety (36.2% of girls), family reunification (18.7% of girls), and death of parents (17% of girls). Across the board, girls were much more likely to list safety concerns as the reason for
Disaggregation of data by age and gender also enables identification of specific factors. For fifteen girls aged 15 to 18 cited fear of sexual violence as a reason for becoming separated. This was cited by 4 girls in the 10 to 14 age group, and was not mentioned by other age groups. Furthermore, although comparable numbers of boys and girls in the 15 to 18 age group (both around 2.25%) cited being separated at the border as a reason for separation, many more boys in the 10 to 14 age group (2.2%) cited this reason than girls in the same age group (0.28%). Reports and interviews have also revealed that adolescent boys are sent from Syria to avoid military conscription, to find work and an alternative safe place to live.

Literature review on informal kinship care and separated children

Kinship care is the most common form of alternative care for children in many parts of the world, including the Arab world. Kinship care is a culturally appropriate form of care, reflecting the values, roles and responsibilities of kin relationships in raising children and long-standing traditions of 'looking after one's own'. 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 help maintain strong family ties. Traditionally, kinship care has been a mechanism to maintain social stability, creating and helping to sustain bonds of mutual cooperation and interdependence. Caregiving is not always based on altruism, but may be undertaken with an expectation that the caregivers would also benefit from their emotional, material and financial investments. For example Save the Children’s research in West Central Africa revealed that there is an implicit expectation that kin children should continue to feel responsible for and contribute to both their kin caregivers’ households, as well as their own living parents’ households once they are adults.

Reasons for the prevalence of kinship care vary across regions and settings. However, common reasons include: traditional practices such as sending children to live with grandparents as companions; parents migration for work leaving children behind in the care of relatives; parental death or illness; sending children to live with relatives to access schools or other services; arrangements for a child to do domestic work in relatives’ houses; family breakdown (divorce, re-marriage, alcohol or drug use, domestic violence, accusations against a family members); and insecurity, conflict or disasters. As mentioned earlier, armed conflict can cause voluntary and involuntary separation of children from their parents. The risk of separations increases during large and chaotic population movements, particularly where there is, or people think there is, a threat to life. Deliberate separations occur when parents, caregivers or children themselves make a conscious decision to separate. These decisions may arise out of dire poverty, insecurity, or other reasons. As, the data concerning Syrian children has indicated some children are sent with their relatives to a place of safety to escape harm from ongoing conflicts.

Benefits and Risks of Kinship Care:
If a child cannot live with their own parents, the next best option is to explore opportunities for children to live with close relatives. In terms of benefits, kinship care helps to: preserve family, community and cultural ties; maintain identity; decrease trauma and distress of relocation and grief of
Kinship care is significantly less costly than other form of care, such as residential care or formal foster care. Furthermore, cultural acceptance of kinship care helps to reduce the likelihood of children being sent to institutional care where the risks to neglect, abuse, and exploitation are heightened. However, particularly due to the nature of informal kinship care it is also recognised that there are many potential challenges and risks inherent in this type of care due to the lack of monitoring of the care arrangements and barriers to accessing services. Kinship care is amongst the least adequately supported form of alternative care, with limited state assistance in many parts of the world, and grandparent caregivers are particularly vulnerable to a lack of support.

Challenges faced by caregivers and children may be economic, social or personal, and risks tend to be associated with: poverty; discrimination and disparate treatment within the household; health and nutrition disparities; access to school and school attendance; abuse, neglect and exploitation; lack of legal status and risks of losing inheritance; and emotional and psychological stress.

Save the Children’s research in West Central Africa revealed: different reasons for sending children to live in kinship care; diverse positive and negative outcomes for children; and a number of factors influencing such outcomes. Kinship care is a positive experience for some children enabling them to be cared for and loved by family members. Some children have increased access to education, health care and other resources when living with kin caregivers. However, for other children, kinship care is characterised by discrimination which can adversely affect their access to quality education, nutrition, protection and contributes to unfair distribution of household tasks. In general, children living with grandparents tended to express a greater sense of belonging and more happiness, compared with children living with other kinship caregivers. This finding has been reinforced in other research studies which indicate children’s preferences to live with grandmothers or maternal aunts who are more likely to provide love, care and a sense of belonging, despite potential economic hardships.

The degree to which members of the extended family feel responsible for a relative child in their care varies. Save the Children’s research in Africa identified that a sense of belonging in the family is very important to children, and that it is influenced by the degree of choice that male and female caregivers had in deciding to care for relative children. When a child feels a sense of belonging they tend to be more resilient, facing adversity and challenges in a positive way. In contrast, if a child does not feel a sense of belonging in the family, the discrimination and hardships faced may be more significant for the child. Socio-cultural traditions concerning closer ties with maternal or paternal relatives also influence the strength of the kinship relationship, the closeness of family relations and thus the likelihood of a child being welcomed into the family and treated well. Other studies have also found that level of housework, access to education, and nutritional status of children in kinship care differs depending upon the level of relatedness with the caregiver.
In the Jordanian context there is limited literature available on informal kinship care. However, studies concerning formal foster care and institutional care have indicated the advantages of children living with their parents or other relatives. Socio-cultural and religious attitudes tend to be more favourable towards children living with blood relations, than unrelated guardians. However, recent awareness raising campaigns by agencies promoting foster care are contributing to changing in attitudes regarding the benefits of family based care with non-relatives.
Chapter 4: Trends and factors influencing Kinship Care Options and Decisions

This chapter outlines key findings from the participatory research relating to:
- Kinship care trends and practices concerning the care of Syrian children by their relatives;
- Care options and perceived advantages and disadvantages of different options;
- Decision making processes regarding kinship care arrangements, and how such decisions may be influenced by age, gender or other factors.

Kinship care trends and practices concerning the care of Syrian children by their relatives

The conflict in Syria has played a significant role in causing separation of children from their parents, and has contributed to extended family decisions to care for relative children and to move across the border to Jordan in search of safety, security and access to services.

Close family ties and the importance of kin relationships have further contributed to the prevalence of separated children who travelled to Jordan with their relatives, as well as the high rates of reunification of unaccompanied children with relative caregivers. Furthermore, some children were living with their relative caregivers for different reasons (e.g. divorce, remarriage, migration for work) prior to or during the conflict in Syria.

Trend analysis concerning kinship care: Perceptions of Syrian caregivers:

A participatory Trend Analysis tool was conducted with caregivers in Zaatari and Amman to explore their perceptions regarding changes in kinship care practices over the years. The conflict and its impact was significant in their discourse:

2004| Economical situation was good in Syria. The number of children living in kinship care was very low. However, some children who lived with relative caregivers were appreciated as they are blood relations.

2010| Caregivers stated that the status of the country (Syria) in general, and the economic situation started worsening. There were reduced job opportunities. At this time most children were living with their parents, though economic hardships were increasing. Kinship care was relatively rare, though some parents considered options to seek support from extended family members.
This year marked the beginning of the Syrian crisis and kinship care increased with the growing number of parent deaths, unemployment and economic hardship. Grandparents, aunts, uncles and other relative caregivers took in the care of relative children if they had lost parents due to the conflict. Due to economic hardships it became challenging for some caregivers, especially grandparents to fulfil all children’s needs. However, most caregivers continued to treat children in the right way and to do all they could for them.

Due to the conflict more schools closed in Syria. The psychological state of those children worsened as some children lost their parents because of the war. Some children were sent to live with relatives because they were orphaned, some were sent with relatives to seek safety in another location within the country, or across border.

Kinship care practices increased due to the growing number of refugees and deaths as a result of the Syrian crisis. For separated children living with relatives in Zaatari camp increased hardships were faced due to the spread of diseases in the camp, economic hardships, poor quality education, and increased child labour. The camp situation contributed to an environment where some relative caregivers paid less attention to the care of the children living with them. Nonetheless caregivers felt safer in the camp than in Syria.

More children were orphaned or disabled due to the conflict, and unaccompanied and separated children continued to arrive in Jordan. In Zaatari camp more children stopped going to school and child labour increased. Compared to earlier education opportunities in Syria (prior to the war), the education opportunities for children were poor. However, a positive development in Zaatari camp was that caregivers were more aware of and able to access psychosocial and other forms of family support from organisations that were concerned with children’s care and protection. However, a lack financial support for kinship care families remained a concern.

Caregivers in Amman and Zaatari Camp hope this will be the year they are able to return to Syria. They hope to explore opportunities to reunify children with their parents in Syria. However, if their parents have died they will remain living with them as relative caregivers. Caregivers in Zaatari expressed their worries concerning destroyed infrastructure (education, health, sanitation etc) in Syria and the potential spread of disease. They expressed their fear that the current generation will not be a successful due to weakness in the educational system.

Caregivers hope that by 2020 the situation in Syria will have improved so that families can return to live in Syria. It is hoped that children will be back in school and there will be improvements in and their psychological state once there is peace, security and access to basic services.

Separated children living in kinship care in Jordan:

Syrian children living in kinship care in Jordan are primarily children who have lost their parents or are separated from their parents due to the conflict. Furthermore, some unaccompanied children who either arrived in Jordan without their parents or relatives, or who were left alone in Jordan when their
parents returned to Syria, have since been reunited with relative carers. Many children and relatives have been reunited through informal efforts by family members, while others have been reunited through formal Family Tracing and Reunification efforts by child protection agencies.

**Agencies working with Syrian unaccompanied and separated children in Jordan:**

Identification and registration of Syrian Unaccompanied and Separated children (UASC) in Jordan is being supported jointly by UNHCR and UNICEF through International Medical Corps (IMC) and International Rescue Committee (IRC). IRC and IMC are providing case management to UASC, which includes documentation of the children, family tracing, verification and family reunification, Best Interests Determination (BID) processes and alternative care arrangements, in addition to providing access to services needed by the child. While Save the Children is not undertaking case management in Jordan, it has played an important role in supporting capacity building of case management of different agency staff in Jordan.

During the research, children, caregivers, and case managers shared some of the reasons contributing to parental separation and care of children by their relatives.

**Table 8: Reasons for family separation by caregivers in each area listed in order of importance:**

<table>
<thead>
<tr>
<th>Zaatari Caregivers</th>
<th>Amman Caregivers</th>
</tr>
</thead>
<tbody>
<tr>
<td>War and migration</td>
<td>Secure/ protect the honour of the child-</td>
</tr>
<tr>
<td></td>
<td>especially girls (protect from sexual</td>
</tr>
<tr>
<td>Parents death (prior to or as a</td>
<td>harassment and rape)</td>
</tr>
<tr>
<td>result of the conflict)</td>
<td></td>
</tr>
<tr>
<td>Bad economic situation</td>
<td>Fear from the future</td>
</tr>
<tr>
<td>Lack of safety</td>
<td>Fear of arrest and violence</td>
</tr>
<tr>
<td>Secure / protect the honour of the</td>
<td>Bad economic situation</td>
</tr>
<tr>
<td>child (especially girls)</td>
<td></td>
</tr>
</tbody>
</table>

The main reasons for separation and children being cared for by their relatives were: the war that led to displacement and migration of some family members to seek safety and access to basic services. Furthermore, caregivers, especially those living in Amman emphasised the importance of protecting the honour of girls, from risks of sexual harassment and rape. While some parents remained in Syria, their daughters were sent with relatives to seek safety as refugees in host countries to reduce risks of sexual violence during the conflict. A key responsibility of the relatives was to continue to protect the girl's honour while daughters remained separated from their parents. Some adolescent boys were also sent away with relatives to avoid conscription into fighting forces.
Interviews with case managers also revealed that the reasons for children being separated from their parents vary, but the most common reasons are safety and access to services. They stressed that this was especially true for girls. Data from UNICEF shows that the top three reasons for separation are: safety, family reunification with relatives, and access to services.

"If the girl is an adolescent and her parents don't want to leave Syria they may ask her uncle or aunt to take her with them, to protect her from rape. Boys may be sent away to protect them from killing" (Kinship caregivers, FGD, Zaatari).

**Story of a Syrian male caregiver who has 18 family members in his home, Amman:**

_I am a 53 year old man. I am taking care of my nephew’s sons. There are 18 persons in my home; my children, nephews, and my grandsons. My daughter and her husband passed away during the conflict in Syria and she has 2 children. We fled from the war and damage to our homes. We fled because we were afraid for our children and our honour because in Syria they treated us in a bad way and we can't endure all of this. We are in a critical condition. The only support that we are receiving is the food coupons from the UN._

**Care options and perceived advantages and disadvantages of different options:**

In each socio-cultural context there are often a range of care arrangements (informal and formal) that may be considered for various reasons if a child is not living with their own parents. The types of informal care arrangements that may be considered by Syrian families identified by children and caregivers included:

- Living with extended family including grandfather, grandmother, aunt, uncle, brother, sister
- Living with family friends, neighbours or religious elders

The types of formal care arrangement identified included:

- Living in an orphanage or institution
- Foster care
- Group homes
- Adoption or Kafala

Using a ‘Visual Care Mapping’ tool, children and caregivers identified care options and the advantages and disadvantages of each care option. This tool was used with four groups of children, and four groups of caregivers. An overview of the results are shared in the table below. [Note C = children, CG = caregivers, A = Amman, Z = Zaatari if any differences in views]
Table 9: Advantages and disadvantages of living with different care options according to children and caregivers’ perception:

<table>
<thead>
<tr>
<th>Care Option</th>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Maternal grandparents</strong></td>
<td>Love and care</td>
<td>Elderly – low tolerance</td>
</tr>
<tr>
<td></td>
<td>Provision of needs</td>
<td>Difficulties in getting provision of needs</td>
</tr>
<tr>
<td></td>
<td>Kinder than paternal grandparents</td>
<td>Discrimination between grandson and granddaughter</td>
</tr>
<tr>
<td></td>
<td>Good advice</td>
<td>Financial burden</td>
</tr>
<tr>
<td></td>
<td>Respect</td>
<td>Lack of interest in education (CG/A)</td>
</tr>
<tr>
<td></td>
<td>Entertainment (C/Z)</td>
<td>Neglect (CG/A)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lack of freedom (CG/A)</td>
</tr>
<tr>
<td><strong>Paternal grandparents</strong></td>
<td>Love and care</td>
<td>Elderly have low tolerance</td>
</tr>
<tr>
<td></td>
<td>Provision of needs</td>
<td>Difficulties in getting provision of needs</td>
</tr>
<tr>
<td></td>
<td>Respect</td>
<td>Financial burden</td>
</tr>
<tr>
<td></td>
<td>Education (C/A)</td>
<td>Lack of freedom (C/A)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Discrimination against girls as boys carry family name (C/Z)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Child abuse (Risk of beating) (C/A)</td>
</tr>
<tr>
<td><strong>Eldest sister and brother</strong></td>
<td>Love and care</td>
<td>Child abuse by spouse (risk of beating)</td>
</tr>
<tr>
<td></td>
<td>Provision of needs</td>
<td>Child labour (inside &amp; outside home)</td>
</tr>
<tr>
<td></td>
<td>Blood relation</td>
<td>Difficulties in getting provision of needs</td>
</tr>
<tr>
<td></td>
<td>Treat you as their own child</td>
<td>False accusations by sister in law</td>
</tr>
<tr>
<td></td>
<td>Entertainment</td>
<td>Discrimination between kin and biological children</td>
</tr>
<tr>
<td></td>
<td>Respect</td>
<td>Financial burden</td>
</tr>
<tr>
<td></td>
<td>Good advice</td>
<td>Control</td>
</tr>
<tr>
<td></td>
<td>Education</td>
<td>Greed by inheritance (CG/A)</td>
</tr>
<tr>
<td></td>
<td>Equality in inheritance (C/A)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Brother is better than sister (C/Z)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sister is better than brother (C/A)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Maternal relatives</strong></td>
<td>Provision of needs</td>
<td>Financial burden</td>
</tr>
<tr>
<td>(aunts and uncles)</td>
<td>Education</td>
<td>Child abuse by spouse (Risk of beating)</td>
</tr>
<tr>
<td></td>
<td>Treating you as their own child</td>
<td>Exploitation (inheritance)</td>
</tr>
<tr>
<td></td>
<td>Aunt as mother</td>
<td>Lack of acceptance by spouses</td>
</tr>
<tr>
<td></td>
<td>Love and care</td>
<td>Father’s relative are kinder</td>
</tr>
<tr>
<td></td>
<td>Blood relation</td>
<td>Discrimination between kin and biological children</td>
</tr>
<tr>
<td></td>
<td>Customs and traditions</td>
<td>Deprivation from playing with cousins (C/Z)</td>
</tr>
<tr>
<td></td>
<td>Respect</td>
<td>Disrespect you in front of others (C/A)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Child labour (Inside/ outside home) (C/Z)</td>
</tr>
<tr>
<td><strong>Paternal relatives</strong></td>
<td>Love and care</td>
<td>Discrimination between kin and biological children</td>
</tr>
<tr>
<td>(aunts and uncles)</td>
<td>Customs and traditions</td>
<td>Lack of freedom</td>
</tr>
<tr>
<td></td>
<td>Blood relation</td>
<td>Lack of interest in education</td>
</tr>
<tr>
<td></td>
<td>Provision of needs</td>
<td>Child abuse</td>
</tr>
<tr>
<td></td>
<td>Education</td>
<td>Financial burden</td>
</tr>
<tr>
<td></td>
<td>Lack of acceptance/ not welcome by caregiver’s spouses</td>
<td></td>
</tr>
<tr>
<td>-----------------------------</td>
<td>-------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fear from the boy if he is teenager and they have girls (C/C)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Exploitation (Inheritance) (C/A)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Food deprivation/ only once a day (C/Z)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Orphanage</th>
<th>Education and can learn a profession</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Communication with other children</td>
</tr>
<tr>
<td></td>
<td>More disadvantage</td>
</tr>
<tr>
<td></td>
<td>May be beaten, abused or insulted</td>
</tr>
<tr>
<td></td>
<td>Caregivers lack passion and care</td>
</tr>
<tr>
<td></td>
<td>Loneliness</td>
</tr>
<tr>
<td></td>
<td>Child may be corrupted and develop a bad character</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Adoption</th>
<th>Provision of needs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Treating you as their own child</td>
</tr>
<tr>
<td></td>
<td>Love and care</td>
</tr>
<tr>
<td></td>
<td>Education</td>
</tr>
<tr>
<td></td>
<td>You can play with their children</td>
</tr>
<tr>
<td></td>
<td>Discrimination between kin and biological children</td>
</tr>
<tr>
<td></td>
<td>Eliminates customs and traditions</td>
</tr>
<tr>
<td></td>
<td>Child abuse (over beating)</td>
</tr>
<tr>
<td></td>
<td>Child exploitation (child trafficking)</td>
</tr>
<tr>
<td></td>
<td>May teach bad behaviour (stealing, curses, smoking)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Family friends – neighbours</th>
<th>They know you</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>They support you and give you advice</td>
</tr>
<tr>
<td></td>
<td>Temporary (can’t tolerate children for long periods of time)</td>
</tr>
<tr>
<td></td>
<td>Financial burden</td>
</tr>
<tr>
<td></td>
<td>May learn bad habits</td>
</tr>
<tr>
<td></td>
<td>Orphanage may be better because it is governmental</td>
</tr>
</tbody>
</table>

There were many similarities between the perspectives of children and caregivers. The main care options that adults and children mentioned in order of overall preferences were: maternal grandparents, paternal grandparents, elder sister or brother, maternal relatives (aunts and uncles), paternal relatives (aunts and uncles), adoption, family friends or neighbours, orphanage, or being homeless. In general kinship care was identified as a better care option than orphanages, adoption or staying with non-relative caregivers, as there are more negative factors associated with the more formal care options, such as fears of neglect, abuse, exploitation and the child learning bad habits. In addition, some children preferred kinship care as it was seen as a temporary option, with more possibility of returning to living with parents if they were alive.

For children living with relative caregivers the main advantages were: receiving love and care; being treated as the caregivers own child; blood relations and continuation of customs and traditions; getting basic needs, respect and advice; and getting inheritance. In contrast the main disadvantages identified were: discrimination especially if caregivers had their own biological children (who may be favoured) or discrimination based on gender and preference for boys; financial burdens; concerns about whether their basic needs would be met; fears of lack of acceptance especially by the husband or wife of their relative caregiver; and risks of abuse or child labour exploitation. Some children prefer to live with grandparents or unmarried elder siblings as there is less possibility of discrimination or exploitation by the caregivers’ spouse.
With regards to religion, customs and norms, caregivers described how the law tends to give custody to the maternal grandparents, while financial responsibilities tend to fall to the paternal grandparents or other paternal relatives. Interestingly, some children, especially the girls expressed that they preferred to live with their maternal relatives and especially grandparents as they show more love and care. The ability of caregivers to provide love, care and belonging was identified as more important to children, than the financial situation of the caregivers, or whether the caregivers were maternal or paternal relatives.

From case managers perspectives challenges arose when children were cared for by their grandparents as they were older and need to be cared for themselves. However, from children’s perspective girls and boys often preferred to live with their grandparents as they felt they were more likely to receive love and care from their grandparents which was crucial for the well-being and development.

**Decision making processes regarding kinship care arrangements:**

When children are living with relatives through informal care arrangements, relative caregivers, parents (if alive), other relatives, and children (older than 8 years) were usually involved in the decision making process. For example, in situations where children were living with their parents in Syria, caregivers and children described how the child was usually consulted on whether or not to leave with their relatives or to stay with his parents in Syria (if they were alive). Furthermore, in some cases, children were sent to Jordan by their parents in order to reunite with relatives who had already left Syria for Jordan.

For unaccompanied children, if child protection agencies were involved in family tracing and reunification the child was consulted about whether they wanted to live with relative caregivers, and who their preferred caregivers were. In the same respect the relative caregivers were asked whether or not they wanted to and had the ability to care for the child. Caregivers expressed that this decision is usually a shared decision between males and females (husband and wife in the family).

Some of the children were living with relatives on a temporary basis, until they could be reunited with their parents in Syria or in Jordan. However, some children were staying with relatives as a long term care arrangement due to parental death, divorce, or other inability to care for the child. Key informants interviews revealed that there was sometimes a shift in the willingness of caregivers to care for the relatives children if it was a long term care arrangement, rather than a temporary care arrangement, due to the associated financial, psychological and social pressures. Thus, case management and care reviews for separated children are very important to ensure care planning and decision making in the best interests of the child.

**Case management of separated children:** As mentioned earlier separated and unaccompanied Syrian children living in Jordan are identified and registered by UNHCR, IRC or IMC. Agencies conduct Best Interest Assessment (BIA) and undertake family tracing and re-unification. When assessing care option for the child, factors including the financial and psychological state of the family are taken into consideration. As a first step they trace the child’s family to find out if any members are in Jordan and if the family was not found, they look for a foster family taking into consideration factors such as age, gender, family size and culture. Thereby potential care options in order are as follows:
The interviews and FGDs with specialists and the case managers clarified the main factors that determine if the care is inappropriate. Those include any type of violence, discrimination, exploitation or neglect. If any of these factors are found, the organizations working with the families directly intervene to try to resolve the identified concerns (e.g. through counselling or awareness raising), or to explore alternative care arrangements. If the care arrangement needs changing, UNHCR will put together a BID panel consisting of UNHCR case managers for that particular case, in addition to a panel supervisor who is a more senior UNHCR staff member. Additionally, if there are other agencies or NGOs involved in the case management (JRF, IMC, IRC, or family protection department) they would be in attendance. The caseworker presents a full report to the panel that includes the case details as well as proposed recommendations. The panel will then examine the report and make a decision based on the recommendations. The same process applies in the case of children living with relatives where it is identified that the child faces violence or significant risks of violence or discrimination within the home (see Annex 5).

**Best Interest Determination Panel** has been established for refugees in Jordan, and is operational in Amman and Zaatari. A best interest determination (BID) describes the formal process with strict procedural safeguards designed to determine the child’s best interests for particularly important decisions affecting the child. It should facilitate adequate child participation without discrimination, involve decision-makers with relevant areas of expertise, and balance all relevant factors in order to assess the best option.

The five situations in which UNHCR must make a BID include:

- Temporary care decisions for unaccompanied and separated children in certain exceptional circumstances – in Jordan it is recommended that placements of unaccompanied children in alternative care arrangements are reviewed by the BID panel;
- The identification of the most appropriate durable solution for unaccompanied and separated refugee children (i.e. voluntary repatriation, local integration or resettlement);
- The possible separation of a child from her/his parents/caregivers (or person holding custody rights by law or custom) against their will, if competent authorities are unable or unwilling to take action;
- The identification of durable solutions or decisions on care arrangements, in situations where the custody situation remains unresolved and national authorities are unwilling or unable to adjudicate on the custody;
- In complex cases, prior to family reunification.
Many factors influence informal and formal decision making regarding kinship care arrangements for child, including their gender, age, any disability, and the number of siblings. Some of these factors are linked to traditions cultural and religious beliefs; others are more linked to available resources and capacities.

**Gender & Age** | Some families prefer to care for girls, while others prefer boys. This depends on the situation of the family (age and gender of their children and potential kin children) and cultural considerations. For example, some families who have daughters may refuse to care for a boy to prevent mixing inside their homes, and vice versa. The age of the child impacts this decision, as caregivers are less likely to take in adolescent boys if they have adolescent girls in their household (and vice versa). Furthermore, many caregivers expressed increased fears to care for girls, compared with boys due to higher responsibilities to protect a girl’s honour.

**Disability** | Disability is an obstacle as it adds an additional burden of care, and makes it harder to secure relative caregivers willingness to take in children with disabilities as they fear that they may not be able to meet their needs. Furthermore, the spouse of the relative may be more reluctant to take on the care of a child with a disability.

**Siblings** | Whether or not the child has siblings is an important factor that is taken into consideration, especially when the parents have passed away. While Guidelines for Alternative Care of Children, and the ACE Toolkit recommend keeping siblings together, and see kinship care as a viable care alternative to keep siblings together, it is also recognised that caring for a number of siblings increases the burden of care for the relatives. A number of relative caregivers are willing to care for siblings particularly if it is a temporary arrangement. However, for long term care arrangements some relatives may be unable to accommodate all siblings in the same household due to limited space, resources and other capacities.
Chapter 5: Positive and negative experiences of Syrian children living in kinship care

This chapter explores:

- Positive and negative experiences of Syrian children living in kinship care in Jordan. It shares the perceptions and experiences of both children and caregivers on key themes:
  - Love, care and a sense of belonging;
  - Equality or discrimination between kin and biological children;
  - Access to basic needs including education, health, food and clothes;
  - Protection from different forms of violence and exploitation, and different forms of child work;
  - Communication with parents and expression and participation in decision making.
- Protection and Risk factors influencing positive and negative outcomes.

Positive and Negative Experiences of Syrian children living in kinship care in Jordan:

Using the ‘Body Mapping’ tool, children and caregivers were able to express the main positive and negatives experiences that they experienced living in kinship care as children, or as caregivers. The body mapping was undertaken with four groups of children, and with two groups of caregivers. Girls, boys and caregivers also used draw and write, poems or written stories to share their feelings and experiences on some of the themes identified during the body mapping exercise.

There are mixed outcomes for children living with relatives. While many children primarily have positive experience living with their relatives, receiving love and care and accessing basic services; other children do not receive sufficient love or care, but rather experience discrimination, mistreatment and challenges in accessing basic services. An overview of the positive and negative experiences of children living in kinship care is shown in the table below:

<table>
<thead>
<tr>
<th>Positive Experiences 😊</th>
<th>Negative Experiences 😞</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children receive sufficient care, love, respect and advice.</td>
<td>Children may not be given sufficient care, love, respect or advice.</td>
</tr>
<tr>
<td>Children are more likely to be cared for and have a sense of belonging when living with close relatives who express love and appreciation for the child (like a parent) and treat them in a good way</td>
<td>Children face a lack of care and neglect from some kin caregivers. Some children feel like a burden to their caregivers.</td>
</tr>
</tbody>
</table>
Some children are treated equally to biological children and their needs are met

Some children experience discrimination compared with biological children; it includes: doing more domestic work; abuse and neglect; lack of love, care and not meeting child’s needs

Some children’s basic needs are met – they go to school, receive health care when ill, have food, clothes etc

Some children don’t attend school or have dropped out of school, and they face challenges in getting other basic needs met

Some children feel protected by their caregivers and receive advice and counselling from them. Some caregivers have taken children in and protected them when their own parents or other caregivers have abused them.

Some children experience mistreatment in their home, including doing excess work, and may flee because of lack of supervision and protection from their caregivers. Some children face increased risks of early marriage.

Some children get to enough free time to play with their friends or siblings

Some children are deprived from playing

Some children are able to maintain contact, visits and communication with living parents

Children can’t call who they want, and they are sad because they can’t see their parents.

Love, care and a sense of belonging

This drawing describes the importance of “love and care”. It is by a 14 year old girl living with her grandmother in Amman.

‘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.’ (17 year old girl, living with aunt, Zaatari)

The importance of love, care and a sense of belonging was emphasised by children living with relatives. Many children living with relative caregivers (grandparents, aunts, uncles, siblings and cousins) described feelings of being ‘part of the family’ and shared positive kinship care experiences. Relationship between child and caregivers are often “respectful” with caregivers treating children in a “kindly and good way”.

Many caregivers shared how they are taking care of their kin children as they feel a strong sense of belonging with their blood relatives. Especially when caring for related children whose own parents
had died, some caregivers recognised the importance of expressing love and care for the child and ensuring the child of their rightful place in the family. Children appreciate being told by the caregiver that they are wanted and loved. When a child feels a sense of belonging they tend to be more resilient, facing adversity and challenges in a positive way. A strong sense of belonging was also associated with a sense of equality and reduced risks of discrimination within the household.

**Story of a female caregiver living in Zaatari camp with her 4 biological children and 4 relative children:**

My family are from Syria. My sister had three girls and three boys. We heard that her house had been bombed and was damaged. Three of my nieces and one of my nephews had the chance to leave the home, but my sister and her husband and two of my nephews were not found. My nieces and nephew came to live with me, my husband and our own four children. My husband was so sweet with my relative’s children. The children were happy they were living with me and my husband. We lived in Syria together for another year but the crisis got worse. When our own home became damaged by the bombs we decided to move to Jordan. We have been living in Zaatari camp. The responsibility on my husband is too much. We will soon be an 11 member family as I am expecting another baby. There is not enough help in the camp. However, my husband is so sweet with the children. I encourage all relative caregivers to be sweet and to care for all children as we are all one family. I hope every family who has an orphan has male and female caregivers who are kind-hearted.

**Equality or discrimination between kin and biological children**

Many children living with kin caregivers expressed that they felt equal in their kin families. Similarly some caregivers reported that they treat their kin children equally to their own children and in some cases give them preferential treatment because they are without a family. While other caregivers worried that they might favour their own biological children, especially when deciding use of resources.

However, a number of children described situations where children living with relatives face discrimination in relation to caregivers own biological children. Discrimination appears in many forms. Children living with relatives face differential treatment in terms of: love and care; education opportunities; distribution of household tasks and work; freedom of movement; opportunities to play; punishment, scolding and risks of early marriage.

Some girls were expected to do more household chores than biological children; and some boys were expected to do more work to contribute to the household economy.

Some of the participants felt that when caregivers are “forced” to take care of the children, there is a correlation with discrimination and abuse. Some children experience emotional abuse and scolding from relative caregivers which increases their sense of isolation when separated from their own

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‘There is a girl who lives with her maternal aunt and she treats her as if she is one of her children. Her aunt gives her love and care. She also helps her in her study and meets all her needs. The girl helps her aunt in doing the household chores. The aunt teaches her traditions and how to respect others. She also gives her freedom.’ (A 15 year old girl living with her aunt, Zaatari)

‘If our neighbours complained because I made a mistake, my uncle will beat me, but he will not care if the complaints are made about a mistake his son did.’ (14 year old boy living with uncle, Zaatari)
parents. Furthermore, as described further below some children are expected to work within the household as way of expressing their gratefulness to relatives for taking care of them. This drawing shows a boy walking with his father somewhere with a new a balloon he bought for him. The separated child living in kinship care is looking at them and crying. (19 year old male youth, Zaatari)

Children and caregivers also mentioned different forms of gender discrimination. Girls had limited freedom of mobility, and in some cases the caregivers didn’t allow the girls to go to school. On the other hand, boys had more freedom of mobility, but were also more likely to be asked to work outside of the home, and thus faced increased risks of school dropout. It is recognised that some forms of discrimination are based on positive intentions to “protect the child”. Caregivers shared their worries regarding the importance of protecting a girl’s honour, which contribute to restrictions placed on relative girls in their care, which may be even stricter than for their own biological daughters.

Access to basic services (education, health, food and clothes)

As part of quality care caregivers should make sincere efforts to ensure that children’s basic needs are met, including access to education, health, nutrition, food, clothes, play, as well as recognizing their emotional needs. State governments also have responsibilities to support caregivers in meeting children’s basic needs ensuring non-discriminatory access to: education, health care, and other relevant services.

All refugee children have the right to be registered in Jordanian schools, and schools have been established in the camps. However, for various reasons Syrian children are not attending or are dropping out from school. Despite pre-war figures of 97% of primary age-children and 67% of secondary-age children attending school in Syria, significant proportions of Syrian refugee children are not attending school in Jordan.
Key findings from a Joint Needs Assessment Report on access to education for Syrian children in Zaatri Camp:

A recent assessment (UNICEF and Reach, September 2014) found that 48.4% of all school-aged children in Zaatri camp are out-of-school. Further, 38.6% of school-aged children in Zaatri camp are not currently attending any form of education (formal or informal) and 28.3% have never attended any form of education in Zaatri camp. The attendance rate among all school-aged children in Zaatri is 51.6%, and is higher among girls (59.1%, compared to 44.1% for boys). However, only 33.2% of 12-17 year-old boys attending school, compared to 54.5% of 12-17 year-old girls, 62.7% of 6-11 year-old girls, and 52.7% of 6-11 year-old boys.

For all school-aged children, the most common reasons for never attending were school is too far away (24.9%), the quality of education is perceived as not good (9.3%), they have never been enrolled in school before in any location (8.3%) and they do not feel that education is important/applicable (7.1%). The main changes needed to enable attendance was, the family need to receive financial support and/or supplies provided (18.9%), extra catch up classes (14%) and a solution to harassment/violence on the way to and from school (10.6%) and a different curriculum (9.6%).

This research identified similar barriers to education facing Syrian children in Amman, as well as in Zaatri camp. For example in Amman caregivers mentioned that the school is either far away, or on a highway and so caregivers worry about their kin children getting to school and thus withdraw them. In Zaatri caregivers also described challenges concerning: the distance to school; bad treatment and attitude of the teachers; lack of attention on the child; and the child learning bad behaviors from other children in school, such as smoking.

In addition, caregivers in Amman stated that one of the traditions and norms in Syria and especially in Dara’a is for a boy to leave school and work instead if we wanted to, as it is believed that a boy should depend on himself and it is his role to support his family financially. Such traditions help understand why more adolescent boys are dropping out from school. The research also indicated that separated children faced increased risks of non-attendance or school dropout.

However, despite the challenges faced many caregivers recognise that children have rights to education, and they are motivated to make significant efforts to send kin children to school.

This drawing (below) shows two boys going to school, but the separated child living in kinship care is crying and working with wood. (A 19 year old boy, Zaatri)
Approximately 50% of the children who participated in the research were not attending school, with proportionately more girls than boys attending school, and more children in Zaatari attending schools compared with children in Amman. 10 out of the 16 girls were attending school, in comparison to 9 out of 22 boys. In Zaatari 15 children were attending school and 10 children were out of school, while in Amman 4 children were attending school, and 9 were out of school. Interviews with key informants and care managers indicated that many Syrian children face discrimination in schools, both students and from faculty members. Discrimination is mostly in the form of physical and verbal abuse.

This drawing shows one of the most significant challenges faced by some children living with relatives, which is the deprivation from education. Children living with their parents go to the school while the child who lives with relatives doesn’t go to the school and stay at home. (14 year old boy living with his family in Zaatari Camp)

In regards to the other services such as health, nutrition and clothes, the majority of children stated that their caregivers are taking care of their health. If they are sick their caregivers takes them to the health centre in the neighbourhood, or to the hospital. For nutrition, most children stated that their caregivers cook the food they love to eat, but on the other hand some of children clarified that their caregivers sometimes don’t take into consideration what they like and don’t like to eat.

For clothes, the majority of children stated that their caregivers buy clothes for them when they have enough money, and if their caregivers received clothes from the good people they distributed them equally.

**Drawing:** ‘We were going to the market to buy some stuff that we needed. While we were walking I fell down and lost my shoes. I asked my kind-hearted uncle, who is taking care of me after my dad passed away: Who is going to buy me new shoes? He directly took me to the shoe market and bought me a new pair of shoes. I felt so happy. He’s very friendly and when I do something wrong he sits with me and talks to me calmly without beating me.’ (11 year old girl, living with paternal uncle, Zaatari)
Protection from different forms of violence and exploitation, and different forms of child work

Children living in kinship care face increased risks of neglect, emotional abuse, beating and exploitation. During the validation workshop children were asked to write down the top three positive and negative experiences of living in kinship care, the table shown below shows the results. Children’s priority in terms of negative experiences was physical and verbal forms of child abuse.

It is 'child abuse' when the caregiver beats his kin child (14 year old boy, Zaatari)

<table>
<thead>
<tr>
<th>Most positives</th>
<th>Most negatives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Love and care (13)</td>
<td>Child abuse (physical and verbal) (13)</td>
</tr>
<tr>
<td>Meet my needs (13)</td>
<td>Don’t see family (father, mother, siblings) (5)</td>
</tr>
<tr>
<td>Play and go to the garden (10)</td>
<td>Do not meet my needs (5)</td>
</tr>
<tr>
<td>Teaching Quran and religion (3)</td>
<td>Can’t go anywhere anytime (3)</td>
</tr>
<tr>
<td>School (2)</td>
<td>Discriminate between me and her/his children (2)</td>
</tr>
<tr>
<td>Respect (2)</td>
<td>No hope to return to Syria (2)</td>
</tr>
<tr>
<td>Play with friends (2)</td>
<td>Don’t go to school (1)</td>
</tr>
<tr>
<td></td>
<td>Don’t help with school work (1)</td>
</tr>
<tr>
<td>Give hope to return to Syria (2)</td>
<td>My friends are in Syria (1)</td>
</tr>
<tr>
<td>Living in safer country (1)</td>
<td>Can’t play with friends (1)</td>
</tr>
<tr>
<td></td>
<td>Deprivation from food (1)</td>
</tr>
<tr>
<td></td>
<td>Work (1)</td>
</tr>
</tbody>
</table>
The children described that some children in kinship care are abused physically and verbally by their caregivers, or cousins. They are hit on their face or legs, sometimes with a stick. Some children are also scolded, verbally abused or emotionally mistreated. Some children feel that they are hated, as their relatives keep reminding them that he/she is a burden, and therefore the child needs to relieve this burden by working. Boys face risks of economic exploitation, being expected to contribute the family income; while girls face increased risks of early marriage or being homebound. In general girls are generally expected to help with household tasks within the home, while boys may also be expected to help with tasks outside the home (e.g. collecting water, chopping wood). Financial hardships faced by the families also compel children to work and to drop out of school.

**Story of 15 years old living with her aunt in Zaatari Camp who had to work:**

I am a 15 year old girl. I was living with my grandparents in Syria. One day my aunt decided to seek refuge in Jordan because of the conflict, she asked me if I wanted to go with her and I agreed. I have been here for a year and half. I went to the school for only 3 weeks. At the beginning the economic situation was good and we were living in a tent, but suddenly someone stole it, then we left the camp and lived in a tent and we worked in farms but it was winter and rained a lot and our tent flooded, therefore we returned back to the camp. Then my aunt had been sick for 3 months and during all of this period no one working. After my aunt felt better we returned to the work in the farms up. I am working because we don’t have anyone to support us financially, the organizations don’t know that I am working and that I left the school.

Case managers also reported growing concerns in Zaatari camp with regards to risks of sexual abuse of girls and boys. Furthermore, adolescent girls living with relatives also face increased risks of early marriage, as marriage is identified both as a means to protect the girl’s honour, and as a means to reduce the burden on the caregiver’s family.

**Story of a 15 year old girl living with her uncle in Zaatari who was married:**

I was living with my father and his wife, I wasn’t happy with her, she was nervous, she discriminated between me and her children and she turned my father against us. My father passed away, from that moment she expelled me and my siblings out of our house. My uncle decided to take us with him to Jordan after he asked us and we agreed. We are happy with him and his wife, they treat us in a good way and better than our stepmother. My uncle asked me if I would agree to marry his son (my cousin) and I did. I am happy with my husband and I have a 6 month baby girl. My husband also asks me to take care of my sisters.

Interviews and focus group discussions with case managers working with separated children in Amman and Zaatari generated additional insights. Case managers 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. Children also face challenges and psycho-social difficulties if their caregivers change or refuse to take care of them. Furthermore, separated

“There was a boy whose parents passed away so he had to go and live with his uncle. His paternal uncle was very tough. He was deprived from everything. One day he asked his uncle to go to the park but his uncle refused and told him: “hey boy, stay at home, you cannot move from here”.”

(A 13 year old boy living with his grandmother and uncles in Amman)
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children living in host communities in Amman were observed to face some challenges in adapting to a new society and life.

‘My kin child is working in an advertising company from 8 am till 10 or 11 pm, and they give him 4 JDs per day .... Look at the exploitation’.
(Female caregiver, Amman)

Communication with parents, and expression and participation in decision making

For separated children whose parents are alive, regular communication and contact between the child and their parents, and between the parents and the caregivers is important. Regular and healthy communication can enhance efforts to ensure children’s care, protection and basic needs are met. Children and caregivers feel more supported and less isolated.

Many caregivers reported that relative children are in weekly contact with their parents who remain in Syria, either by phone or social media. In some cases, children are separated from their parents who are living in other locations in Jordan, and the parents visit their children. However, for some children financial constraints and technical difficulties in regards to the telecommunications network in Syria make it difficult for children to have regular communication with their parents. In a minority of cases caregivers also restrict children’s communication with their parents, or other relatives.

This drawing shows a caregiver unable to provide the resources for the child to call his parents due to poor economic situation. Therefore I keep waiting for my parents to call me and when they call me I feel full of hope and optimism and when they are late I feel sad. In the mobile it says ‘my parents calling’ and there’s a hand wanting to answer. [A 16 year old boy living with his aunt in Amman]

Story of a 16 year old boy living with his aunt in Amman:

I am a 16 year old boy. When I was in Syria I was living a great life with my family, but because of the situation there my parents asked me and my brother to go with my aunt to Jordan. I am happy with my aunt and she is taking care of me and my education. There are two issues which make me feel sad, these are the bad economic situation of my aunt and the effect that this has on the communication with my parents in Syria. I can’t call them at any time I want, therefore I keep waiting for my parents to call me and when they call me I feel full of hope and optimism and when they are late I feel sad, anxious, tension and lonely. The other thing that affects me is the home space which is small and this makes me feel restricted. I’m afraid that this affects my educational competence level as I need a better space or a separate room.
In terms of children’s expression and participation in decision making in their households, in general children are expected to listen to and obey their caregivers’ instructions. However, when children have respectful relationships with their caregivers, girls and boys are also able to express their views and to ask questions. Furthermore, when making decisions about children’s care arrangements, both caregivers and children are often consulted, though there are some situations where the caregivers make the decision without consulting the child. Girls and boys emphasised the importance of listening to children’s views and encouraging children to express their feelings.

**Protection and Risk Factors influencing Positive and Negative Outcomes**

Drawing upon the opinions of children, caregivers, and the case managers this chapter explores key protection and risk factors associated with kinship care among Syrian families living in Jordan that contribute to positive or negative outcomes. These protection and risk factors are inter-linked and multifaceted. Each family and individual is different, thus a number of these factors are often at play, and the relationships between factors are complex.

Key protection and risk factors that seemed to influence negative or positive experiences of children and caregivers when living in kinship care (in Amman and Zaatari Camp) were identified during the participatory research. These factors were then explored in the validation workshop. Children and caregivers separately scored +1 → +5 for protection factors (where +5 is the strongest protection factor); and -1 → -5 for risk factors (where -5 = greatest risk), or (0) for factors that were considered neutral, not having any significant effect on positive or negative outcomes.

*Table 12: Protection and risk factors influencing positive and negative outcomes in kinship care from children and caregivers perspective:*

<table>
<thead>
<tr>
<th>Factors:</th>
<th>Rating</th>
<th>Reasons</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PROTECTION FACTORS</strong></td>
<td>Children</td>
<td>Caregivers</td>
</tr>
</tbody>
</table>
| **Love and care of children by caregivers** | +4 | +5 | When they have love and care there is more likely to be:  
|                                 |        | C = Children; CG = caregivers  
|                                 |        | - non-discrimination and care (C)  
|                                 |        | - tenderness, love and expression of feelings for the child (C)  
|                                 |        | - sense of safety and security for the child (C, CG)  
|                                 |        | - more likely to support children’s education that will increase a child’s security (CG)  
|                                 |        | - opportunities for children to play (C)  
|                                 |        | Due to being blood relations and kin relation this increases  

‘The most important thing is having someone who will listen to us as a child.’  
(Child living with aunt, Zaatari camp)
| Sense of belonging | +3 | +5 | When there is a sense of belonging it increases:  
- Feeling of being part of the family, not a stranger (CG)  
- Equality between children (C)  
- Good treatment (C, CG)  
- Feeling of safety (C, CG) |
|-------------------|----|----|-------------------------------------------|
| Child is registered as a separated children (e.g. with IRC, JRF, UNCHR) which allow them to access and receive services | Between +2 and +3 | 0 | When children are registered as separated children with an agency the children felt that this increases opportunities to get:  
- Psychological support (C)  
- Financial support (coupons) (C)  
- Health insurance (free) (C)  
- Training and competitions (C)  
- Children awareness (C)  
However, the adults rated “registration” as although the children are registered they did not think that this effects access to services or support, as there is a lack of follow up from the organizations |
| RISK FACTORS | Children | Caregivers | Reasons [C = Children; CG = caregivers] |
| Discrimination – caregiver favours their own biological children | -4 | -5 | Discrimination against the child increases:  
- Deprivation of materials (C, CG)  
- Children are more likely to leave school (C)  
- Likelihood that the child’s needs won’t be met  
- Child labour (C, CG) – girls do more chores (CG)  
- Risk of early marriage (CG)  
- The caregivers make the child feel that he/she is a burden and undesirable (CG)  
- Child’s feelings of inferiority (CG) |
| Poor economic situation of the caregiver family | -4 | Between -4 and -5 | Poor economic situation of the family (which are enhanced by the lack of job opportunities for refugee caregivers) increases risks of:  
- Child labour to improve the economic situation (C, CG) and risks of labour exploitation (CG)  
- Risks of early marriage to reduce the cost of living (CG)  
- Inability to meet the child’s basic needs (C, CG)  
- Inability to communicate with parents (C) |
| Male or female caregiver feels “obliged” to | -2 | -3 | If a male or female caregiver feels “obliged” to care for the child this increases risks of:  
- The caregivers making the child feel that he/she is a burden and undesirable (CG)  
- Discrimination (CG) |
| care for the child | - Child abuse (verbal and/or physical abuse) (C) |
| - Deprivation from education, food (once a day) and not to meet the child needs (C) |
| - Limited mobility (C) |
| - Child labour (C) |
| - Early marriage (C) |
| - Feeling of loneliness and poor luck (C) |

A clear strength of kinship care is the existing blood ties, the importance of kin relations among relatives which fosters feelings of love, care and a sense of belonging, especially among close relatives. When caregivers are able to express their love and care for the child, and to create a strong sense of belonging it acts as an immense protection factor to children supporting their psychosocial well-being. Love and care also motivates caregivers to communicate effectively with children in their care, and to do whatever they can to meet children’s basic needs and to treat family members with equality and non-discrimination. In contrast discrimination of relative children (compared to caregiver’s own biological children) and poor economic situation of families increases the risks faced by children who are living with relatives. As refugees, many caregivers were facing financial challenges in security job opportunities, and thus face financial difficulties. Even if jobs are found for family members, the wages were often low and the work conditions exploitative. Financial challenges increase risks of child labour (especially of boys) and early marriage of girls. Furthermore, risks of discrimination, mistreatment and child labour are enhanced if the male or female caregiver feels “obliged” to care for a relative’s child.

While separated children recognised the advantages of being registered with child protection agencies, as it increased access to services and support, the caregivers did not think that registration had a significant impact on children’s well-being, due to the lack of systematic follow up by agencies.
Chapter 6: Children and caregivers support needs and the availability of such support

This chapter describes the main identified needs of separated children living in kinship care, as well as the needs of caregivers. It also explores the extent to which support is available to meet these needs. It provides insights to the extent to which existing prevention, case management and support services are accessible and relevant to children and caregivers, and ways to improve support and service delivery both to prevent family separation, and to support children living in kinship care and caregivers, especially elderly caregivers.

Needs of separated children living in kinship care:
Many of the needs of separated children living in kinship care are needs that are generic to all children, including: love, care, emotional support and guidance; an identity and sense of belonging; access to education, play and leisure opportunities; protection from all forms of violence, exploitation and discrimination; shelter; nutritious food; health care; hygiene; clothes; freedom of expression and opportunities to participation in decisions concerning them; and spiritual guidance. As described in earlier sections of the report, warm and loving relationships between children and their caregivers are very important, so that children feel wanted, a sense of belonging and security in their care setting. As a result of the financial hardships faced by many refugee families, children and caregivers expressed the needs for economic support to families, and increased job opportunities for caregivers that may reduce needs for children (particularly adolescent boys) to work to earn a living. Furthermore, due to conflict, parental separation, and displacement, some separated children have more specific needs for psycho-social support if they are facing difficulties sleeping at night, are withdrawn, depressed or aggressive.

Children and caregivers in Zaatari camp emphasised the importance of the Child Friendly Spaces which provide support to children and provide opportunities for awareness raising, training, play and protection. Separated children living in Amman emphasised the importance of having more accessible schools, and more access to parks and play areas.

Many separated children who have living parents need regular communication with their parents, and are hopeful that they may be reunified with their parents in the future, particularly if and when the security in Syria improves.

‘The colourful people are the children living with their biological parents, but because of the war and family problems the child has to live with his uncle and his uncle’s wife. They are taking care of him and he goes to the market with his uncle’. (A 13 year old boy living with his paternal aunts in Amman).
Needs of caregivers looking after relative children:
Caregivers’ needs reflect the needs of many parents and other caregivers who desire to fulfil the basic needs of children (identified in the paragraph above), while also providing emotional stability, love and care. Basic services including education, health care, social services, and legal advice should be accessible to caregivers and their family members. However, the needs of refugee caregivers are enhanced due to hardships faced in terms of access to employment and livelihood; difficulties in shelter and living conditions; legal issues which may impact on their freedom of movement; and psychosocial challenges due to the impacts of conflict, displacement, loss, and readjustment to new living arrangements. In addition, elderly caregivers may have specific health care and financial needs that necessitate extra support.

Caregivers in Amman emphasised their need for financial support or job opportunities, due to the lack of employment opportunities, and the costs of rent and other basic needs. They also highlighted the importance of ensuring more accessible education and health care opportunities for children, as the schools and health care centres tend to be far from their homes.

In Zaatari camp the needs emphasised both by caregivers and children were similar. They were looking for more Child Friendly Spaces which support and empower children; and more water tanks as they are suffering from water scarcity in their locations, and thus do not have access to enough clean water that is crucial to their health and hygiene. Furthermore, while acknowledging that there are many organisations providing educational and health services within the camp, such services are not available in all districts of Zaatari camp. Children and caregivers also mentioned the importance of improving access to and quality of education, including efforts to address discrimination and violence within schools.

Case managers and other specialists working with caregivers and separated children recognised the importance of financial support and/or job opportunities for caregivers. They also emphasised the importance of psychosocial support, parenting education and awareness raising for caregivers that may enhance children’s care and protection. Furthermore, the specific health and financial needs of elderly caregivers was also highlighted. For children, the case managers recognised that separated and unaccompanied children face increased exposure to risks including: early marriage, child labour, school dropout and violence. Furthermore, they emphasised children’s psychosocial, educational and health care needs. Common protection concerns that were identified and recorded in case files of separated children living with relatives included: insufficient food or non-food items (boys and girls); non-attendance at school (of boys and girls, especially boys); child labour by boys; early marriage of girls; have no legal documents; health concerns of elderly caregivers; medical needs of children (girls and boys); and witnessing violence (girls and boys).

Specialists from UNHCR and UNICEF also emphasised the importance of increased efforts to prevent parental separation, to ensure families access to services including family support services in Syria and Jordan, including additional support for single mothers, parents of children with disabilities, parents with chronic illness, or parents who are in the process of divorce or re-marriage.

The extent to which support is available to separated children and kinship caregivers:
Significant efforts have been made by concerned government, UN, INGO and national agencies in Jordan to respond to the needs of Syrian refugees, the specific needs of children, especially separated...
Understanding Kinship care of Syrian Refugee Children Living in Jordan

and unaccompanied children. UNHCR in Jordan established 3 centres to register Syrian refugees in the cities of Amman, Irbid and in Zaatari camp. These accredited centres supervise the issuing of the refugee cards, which enable refugees to benefit from the services of the UNHCR. It also ensures the refugees civil protection and human rights in the hosting country and protects them against legal liabilities except in cases of violation of applicable Jordanian laws and regulations. Furthermore, case managers and social workers from UNHCR and partner organizations work with refugee children and their families to support family reunification, to help children enrol in school or take part in other educational programmes. UNHCR’s financial assistance programme also helps to deter Syrian refugee families from resorting to negative coping strategies, such as taking their children out of school to work. 

Furthermore, major inter-agency efforts have been made to develop and support implementation of relevant Emergency Standard Operating Procedures for Prevention of and Response to Gender-Based Violence and Child Protection in Jordan, and Minimum Standards for Child Protection in Humanitarian Action which have an explicit focus on the care and protection of separated children, while also supporting wider efforts to strengthen the child protection system for all children and families.

**Good practice developing Inter-Agency Emergency Standard Operating Procedures:**

The Inter-Agency Emergency Standard Operating Procedures for Prevention of and Response to Gender-Based Violence and Child Protection in Jordan (2013) was developed under the umbrella of the National Council for Family Affairs (NCFA), the Child Protection and GBV sub-Working Groups. The development of the SOP was led by the SOP Task Force composed by Save the Children, UNHCR, UNICEF, UNFPA and NCFA. The document is the result of extensive consultations with national and international stakeholders involving over 40 ministries, institutions and organizations. The SOPs describe guiding principles, procedures, roles and responsibilities in the prevention of and response to gender-based violence (GBV) and in child protection (CP) for those affected by the Syrian crisis living in urban contexts, camps and/or other settlements/collective centers.

One of the guiding child protection principles in the Inter-Agency Emergency SOP is to avoid restricting services and benefits to specific categories of children or families, e.g., separated children, as this may inadvertently cause harm contributing to separation in order to access services. However, specific services for family tracing and reunification, and case management of separated and unaccompanied children are encouraged in order to assess and respond to the specific needs and vulnerabilities of separated and unaccompanied children.

Agencies working on protection are undertaking various efforts to support children’s psycho-social well-being and protection by running Child Friendly Spaces, establishing community based Child Protection Committees, organizing awareness campaigns on child protection, as well as women’s empowerment programmes and initiatives to prevent and protect gender based violence. For example, an Amani Campaign was launched in Zaatari camp in March 2014 with the overall campaign message is “Our sense of safety is everyone’s responsibility - شعورنا بالأمان - مسؤوليتنا كمان”. The campaign is based on key inter-agency messages for communities, children and parents, on how to better protect children and adults from harm and different kinds of violence. IRC also has many programs for women empowerment, and GBV in

‘As organizations working on unaccompanied and separated children we’ve been able to better establish and harmonize standards for us to be able to identify, assess and then take decisions in their best interest.’ (Women’s Protection and Empowerment Advisor, IRC)
addition to early marriage. Furthermore, UNHCR is working on early marriage and psychological support with a support from IMC and IRC.

In Zaatari Camp a range of services are accessed by kinship caregivers and children such as education (including stationary support), health, psychosocial services and support through the Child Friendly Spaces and services for adolescents, and social services such as the UNHCR protection department, case management services and the family protection department. In Amman access to services is more haphazard, depending on which part of the city the kinship care families live in. Services in Amman tend to be more limited, and not available for all the families. UNHCR provides cash assistant for refugees based on the family situation. JRF and IMC also provide services related to psychosocial support and help them in education issues by the awareness sessions if they are not registered in the schools.

During the research a ‘Me Map’ tool was used with children to explore the interaction of children with their surroundings, so as to identify existing relationships and activities that could be strengthened as sources of support for the child. In addition, and a community resource mapping tool was used with children and caregivers to identify existing resources within the community that could better mobilised to support children and caregivers living in Zaatari or Amman. Key findings from the “Me Map” in relation to children’s interactions with their family, school, neighbourhood and with organisations are summarised in the visual diagram (shown below) The findings indicate how Syrian children living in host communities in Amman are more isolated than their peers in Zaatari camp.

**Family**
Most children stated that they interact with their relatives, mentioned that they are kindhearted and treat them in a good way as well as meet their needs. However, there were exceptions, as a few separated children were either beaten or badly treated by their relatives in other ways.

**School**
Many children are not attending school. However, for children who are going to the school some shared that teachers treat them in a good way, also they mentioned that they spend a great time with their friends. A few children also mentioned discrimination and violence on the way to school and in schools, as well as negative peer influences.

**Organizations**
Children in Zaatari know more organizations than children in Amman, as they live in a more confined geographic area with quite a high concentration of organizational efforts. Children and caregivers in Zaatari tell each other about the available organizations which provide support and/or activities for them including: UNHCR, Save the Children, IRC, IRD, IMC, MC, and NRC.

**Neighborhood**
Syrian children who are living in Amman are less likely to interact with Jordanian neighbours, and few receive support from their neighbours. While children in Zaatari camp interact have strong social relations with their neighbours in the camp, and are more likely to interact with their district neighbors as many of them are Syrians.
Findings from the community resource mapping also indicated that children and caregivers in Amman have access to basic services such as: schools, health centres, markets, parks and mosques. However, such services are sometimes located a long distance from their homes. Similarly in Zaatari camp children and caregivers have access to education, health care, nutrition, entertainment, and some training services. Children and caregivers in Zaatari appreciated the Child Friendly Spaces that were run by Save the Children, and other child and adolescent friendly services that were run by Mercy Corps and IMC.

Yet despite the establishment of clear inter-agency SOPs, the existence of case managers, and efforts of various protection agencies, Syrian caregivers looking after Syrian children do not feel sufficiently supported, and do not have access to adequate services that meet their needs. The majority of caregivers both in Zaatari and Amman felt that they do not receive adequate support or services from organisations that are concerned with the needs of Syrian refugees, and the specific needs of separated children. Although it is recognised that many organisations are working for Syrian refugees, particularly in Zaatari camp, the services and support provided remains inadequate.

There is not sufficient recognition of the needs of caregivers (or parents) who are providing for families with larger numbers of family members. Furthermore, despite being registered as separated children with concerned child protection agencies, from the caregivers' perspective there is not enough individual support provided either to children or the caregivers.

Although some education, health and psychosocial services are available for separated living in Zaatari and in Amman, case managers also acknowledged that increased efforts are needed to ensure the accessibility of services, and greater efforts are still needed to prevent and protect girls and boys from risks such as early marriage, school dropout, child labour, and other forms of violence. Many organizations are raising awareness on child protection among children and caregivers, for example through Child Friendly Space and community based Child Protection Committee activities. However, increased efforts are needed to strengthen community based child protection mechanisms which involve community members in monitoring, preventing, reporting, and making referrals of child protection risks. In particular members of existing Child Protection Committees need to be sensitised to better identify and support relative caregivers who are looking after children, especially elderly caregivers.

Furthermore, ongoing efforts are needed to strengthen child protection case management so that the case manager periodically visits the child and caregivers, and communicates effectively to listen to the views of the child, caregivers and other family members to help assess any concerns and to consider the protection and risk factors that are present, in order to ensure individual care planning and action planning based on principle of the best interests of the child.

‘As organizations working on unaccompanied and separated children we’ve been able to better establish and harmonize standards for us to be able to identify, assess and then take decisions in their best interest.’ (Women’s Protection and Empowerment Advisor, IRC)

‘Here the organizations don’t discriminate between families that have many children including kin children and other families which don’t have a big number of children… They tell us that they will provide services, but we haven’t received anything!!’

(Male kinship caregiver, Zaatari)
Chapter 7: Recommendations

This final chapter draws upon the research findings, and the perspectives and suggestions of children, caregivers, case managers and advisory group members to inform the development of recommendations to improve positive outcomes for children living in kinship care, with a particular focus on Syrian children living with relatives in Jordan. Existing good practice guidance developed by Government, UN, INGO and NGO agencies within Jordan (such as the Standard Operation Procedures and the draft National Alternative Guidelines) and international guidance (including the ACE Toolkit, the Minimum Standards for Child Protection in Humanitarian Action, and the Action for the Rights of Children ARC resource pack for child protection in and after emergencies) are also drawn upon to ensure recommendations that are in the best interests of the child.

Separated and unaccompanied children are one of the most vulnerable groups of children in an emergency. However, one of the guiding child protection principles of international guidelines and the Inter-Agency Emergency Standard Operation Procedures for Prevention of and Response to GBV and Child Protection is to avoid restricting services and benefits to specific categories of children or families, such as separated children, as this may inadvertently cause harm contributing to separation in order to access services. Thus, there is more emphasis on identifying and targeting all groups of vulnerable children and families, which may for example include elderly headed households, child headed households etc.

This research found that informal care by relatives is often spontaneous and normative due to traditional socio-cultural and religious values and responsibilities concerning kin relations. Some Syrian children were being cared for by relatives due to family breakdown such as divorce, and significant numbers of children are being cared for by relatives due to the armed conflict in Syria. Some children were taken in by relatives when their parents died, while many others were encouraged to leave Syria with relatives in search of safety, security and access to services. Due to increasing risks of sexual violence and harassment in the emergency context in Syria some girls were sent with relatives to protect their honour, and some boys were sent to avoid recruitment into the fighting forces. Significant proportions of unaccompanied children who entered Jordan without relatives have also been reunited with relatives who are present in Jordan. Many of these family reunifications were spontaneous, while others were facilitated through Family Tracing and Reunification and case management approaches.

This research revealed the importance of kinship care, as many relative caregivers provide crucial love, care, guidance, a sense of identity, and stability for separated children, and make sincere efforts to meet their basic needs within the resource constraints they face as refugees. For children whose parents have died, the love and care of close relatives supported children in their psychosocial recovery and supported their emotional well-being and sense of identity. Furthermore, for children who were temporarily separated from their parents, the love, care and security provided by relative caregivers was also very important. However, risks of living with relative caregivers were identified,
particularly in households where caregivers had their own biological children and where one or both caregivers discriminated against the relative children, favouring their own children. Risks associated with the financial and emotional burdens of caring for additional children were particularly felt in an emergency refugee context when families already had faced significant resource constraints. Furthermore, separated children often preferred and were most likely to live with grandparent caregivers, who often faced additional constraints in terms of their health and economic status. Thus significant efforts are needed both to build upon the resilience and strengths of relative caregivers and children, while also addressing vulnerability and risks faced so that family based care options can be more effectively supported.

This research has informed the development of **8 key recommendations** which require mobilisation and efforts by multiple stakeholders including: Governments; UN and international agencies; civil society and faith based organisations; media; other sector professionals; caregivers, parents, children, youth, and members of community based child protection mechanisms.

| 1) Expand economic strengthening services for families especially for vulnerable caregivers such as elderly caregivers. |
| 2) Increase family support services including positive parenting schemes for fathers, mothers, grandmothers, grandfathers, aunts, uncles and other caregivers. |
| 3) Strengthen monitoring and case management support for separated children to respond to children and caregivers needs, and to reduce risks of discrimination, abuse and non-school attendance. |
| 4) Strengthen community based child protection mechanisms for identification, monitoring, response and referrals on child protection concerns, with increased attention and support to kinship care. |
| 5) Develop media and awareness campaigns to promote non-discrimination, child protection, and value for education. |
| 6) Increase separated children’s and caregiver’s access to psychosocial support. |
| 7) Support efforts to increase separated children’s access to education in the camps and in host communities |
| 8) Support finalisation of the National Alternative Care Guidelines in Jordan ensuring clear guidance on informal kinship care. |

**1. Expand economic strengthening services for families especially for vulnerable caregivers such as elderly caregivers.** The importance of financial support to caregivers, especially to elderly caregivers has been emphasised by caregivers, children, and case managers. It is recognised that refugee families face significant economic constraints, particularly due to their legal status which negatively affects job opportunities. Taking care of relative children creates additional financial and social burdens to the heads of the household who are expected to meet their families’ basic needs. The SOPs for prevention and response to GBV and child protection in Jordan recognize that poverty is one of the root causes of child protection concerns, and thus supports cash assistance and livelihood programmes to help prevent child labour, early marriage, school dropout, and to better support families caring for separated or unaccompanied children. The SOP outlines various ‘cash for work’, cash transfer, small business enterprise grants and other support schemes that are managed by UNHCR and other concerned agencies. However, the SOP also emphasises that “Cash should only be provided to child protection cases as part of a broader programme to ensure that these cases meet
standard criteria and receive assistance comparable to other vulnerable persons. Programmes that provide cash or shelter assistance specifically for child protection cases (e.g. unaccompanied children) should not be established. This avoids stigmatisation and encouraging children or parents/caregivers to claim their children are separated or have experienced violence.” (p65) While recognising the importance of this guidance and the principle behind it, agencies are encouraged to review the criteria for vulnerability to ensure that elderly caregivers looking after grandchildren are better identified and targeted for cash transfers and other child sensitive social protection schemes. Furthermore, caregivers or parents looking after very large families should also be considered for prioritisation, especially for livelihood/employment opportunities.

2. Increase family support services including positive parenting schemes for fathers, mothers, grandmothers, grandfathers, aunts, uncles and other caregivers to prevent family separation and to enhance family based care. This research has revealed the significance of warm, caring, and loving relationships that relative caregivers provide to children, particularly in the aftermath of armed conflict, displacement and loss. Children need the warmth and security of their main caregivers to support their psychosocial and emotional well-being. The risks of discrimination, mistreatment and insufficiently warm relations between caregivers and children, especially between children and their relative’s husband or wife have also been highlighted. Thus, it is crucial that training for caregivers is provided to increase their knowledge, skills and awareness on children’s needs and rights, and the importance of non-discrimination between biological children and relative children. Positive parenting schemes that traditionally target mothers, should be expanded to actively reach and involve grandmothers, grandfathers, fathers, uncles, aunts and other relative caregivers. Positive parenting should encompass a focus on child rights, non-discrimination, best interests, children’s survival, development, protection and participation. Information should be shared on the negative effects of physical and humiliating punishment, child labour, early marriage, and discrimination, and positive discipline skills should be developed.

Family strengthening programmes should be at the heart of interventions to promote safe and protective family based care environment for children in Jordan, Syria and other neighbouring countries. The International Guidelines for the Alternative Care of Children encourage governments to develop and implement family strengthening services such as parenting courses and sessions, the promotion of positive parent-child relationships, conflict resolution skills, opportunities for employment and income generation. Supportive social services are also encouraged such as day care, mediation and conciliation services, substance abuse treatment, financial assistance, and services for parents and children with disabilities. Such services should be accessible at the community level and should actively involve the participation of families as partners, combining their resources with those of the community and the caregivers.

3. Strengthen monitoring and case management support for separated children to further respond to children and caregivers needs, and to reduce risks of discrimination, abuse and non school attendance. Child protection agencies in Jordan have clear designated responsibilities in terms of family tracing and reunification, and case management of separated and unaccompanied children. Clear coordination mechanisms and SOPs are in place. However, additional capacity building for case managers and their supervisors are needed to strengthen case management of separated children, to ensure assessments, monitoring, case reviews and action plans that better respond to the individual needs of children and their caregivers. The research findings, including the
identification of protection and risk factors, and guidance in the ACE toolkit can be applied to inform capacity building initiatives, and case management improvements.

This research has highlighted the importance of regular monitoring visits by case managers to listen to and be responsive both to the needs and concerns of children living with relatives, and of caregivers. Some children face increased risks to discrimination, emotional abuse, scolding and exploitation when living with relatives, thus it is important that girls and boys have opportunities to speak up about their concerns and that action is taken based on their best interests. Case plans should be regularly updated to ensure that children and caregivers are aware of and are accessing relevant services. In particular, increased efforts must be made to ensure that children and caregivers are provided with psychosocial support or counselling when needed, and that family economic strengthening opportunities are identified for caregivers.

During assessments, monitoring visits and review meetings it is crucial that the case managers meet separately with children (older than age 7 years) and with caregivers to listen to their perspectives concerning:
- the strengths and challenges faced; the quality of relationships within the family;
- children’s roles and responsibilities inside and outside the household vis-a-vis other biological children in the family;
- updates regarding children’s access to school, health services or other support services;
- caregivers’ access to support services (including financial services or livelihood opportunities);
- children’s communication with living parents, freedom of expression and mobility.

In cases where children have living parents ongoing efforts should be made to support communication and reintegration with their parents where-ever safe and in the best interests of the child. In cases where children are not able to return to their parents where long term care arrangements are needed, further assessments and plans should be undertaken to support permanency planning with the relative caregivers where-ever in the best interests of the child. Male and female caregivers, children, and other members of the household should be actively informed and involved in review and planning meetings, while considering children’s evolving capacity and best interests. In complex cases the BID procedure should be applied. Furthermore, guidance in the ACE toolkit should be applied when considering case closure.

Criteria for closing a case (ACE Toolkit, p.155)

Once a child has been reunified or placed in a permanent arrangement will be multiple and should be sustained over a period of time. They are likely to include when:
- the child demonstrates satisfaction with family life;
- the child is treated the same as the other children in the family;
- the child attends available formal or non-formal educational services;
- the child participates in community activities;
- at least one member of the family earns income, or provides enough resources to adequately sustain the family;
- the child eats a similar amount of food to other children in families in the same community, and the child eats alongside any other children of the placement;
- there are no protection concerns;
- the child is able to make and keep friends; and
- all administrative procedures have been followed.
4. Strengthen community based child protection mechanisms for identification, monitoring, response and referrals on child protection concerns, with increased attention to kinship care. Within refugee camp and community settings Save the Children and other agencies have supported the establishment and functioning of Child Protection Committees to help identify, prevent, monitor, respond, and make referrals to child protection concerns affecting girls and boys. Such CPCs tend to involve trained community volunteers who are motivated to mobilise community members to better protect children and to prevent different forms of violence including: corporal punishment, early marriage, child labour, school dropout, sexual abuse, gender based violence, and different forms of discrimination. Furthermore, CPCs are often more effective when they work collaboratively with community based Child Groups.

As part of broader efforts to strengthen child protection systems at national, sub-national and local levels, ongoing efforts are needed to strengthen community based child protection mechanisms (CBCPMs), including their links to formal protection services and referral mechanisms. Increased capacity building to CPC members is needed to strengthen the role of CBCPMs in preventing family separation and in providing psychosocial and other forms of support to relative caregivers, especially to elderly caregivers, and to children living in kinship care. Reporting and referral mechanisms also need to be strengthened at community and district levels to increase access to relevant forms of support (social work, psychosocial, educational, health, legal, livelihood or social protection).

5. Develop media and awareness campaigns to promote non-discrimination, child protection, and value for education. Significant concerns regarding the discrimination that some children face while living with relatives necessitates sensitization campaigns and other initiatives to prevent and address discrimination and mistreatment. Awareness raising and sensitisation is also needed on children’s rights, the value of education, and related protection concerns including: corporal punishment, early marriage, child labour, and school dropout. The Amani campaign on children’s protection should be continued and scaled up. Save the Children and other child focused agencies should work in collaboration with the government, state and private media agencies to implement campaigns to increase love, care, protection, and non-discrimination of children living with relatives, through radio programmes, soap operas, and through social media. Civil society organisations, faith based organisations, traditional and religious elders, social workers, community based child protection committees, and child groups can support community based awareness raising initiatives, as well as identification and early interventions to prevent and address discrimination and different forms of mistreatment.

6. Increase separated children’s and caregiver’s access to psychosocial support. Living through conflict, being displaced, experiencing separation from parents, and adjusting to life in a new country create significant challenges for children and their caregivers. The emotional and social responsibilities of caregivers to take good care of children, and to protect the honour of girl children was clearly expressed during the research. Thus, it is crucial that children and caregivers have access to psychosocial support, and other forms of support that ease their burdens, and enable them to maintain a positive outlook despite the adversity faced. Caregivers themselves have a crucial role to play in providing warmth and support to children that will support their psychosocial well-being. Guidance for caregivers on this is provided in the ACE toolkit. In addition, caregivers themselves need support. Such support can be provided by relatives, neighbours and
members of CPCs. Case managers also have a role to provide support and referrals to additional services where needed.

During the research children and caregivers in Zaatari camp emphasised the benefits of the Child Friendly Services which provide structured activities supporting children’s psychosocial well-being, access to information and awareness raising, and opportunities to actively participate in groups and activities on issues concerning them. In contrast children and caregivers living in host communities in Amman had less social networks and felt more isolated. Thus, it is important for child protection agencies to expand Child Friendly Spaces and other community based drop in centres to increase caregivers and children’s access to psychosocial support, opportunities for expression and participation, and access to information on available services. Children and caregiver’s participation in policy and practice developments concerning them should also be supported to ensure policy and practice developments in the best interests of children.

7. Support efforts to increase separated children’s access to education in the camps and in host communities. During the research significant concerns regarding the proportion of Syrian children that are not attending or have dropped out of school were raised. There are increased risks of separated children dropping out of school due to the financial burden on families caring for additional children, and due to the potential intra-household discrimination faced by relative children. Thus, concerted and coordinated efforts are needed by a wide range of agencies and individuals to overcome identified barriers. Priority interventions concerning Syrian children’s education in Zaatari that were made in the Joint Needs Assessment Report in September 2014 need to be acted upon, and actions need to be adapted and acted upon for Syrian children living in host communities.

8. Support finalisation of the National Alternative Care Guidelines in Jordan ensuring a clear focus on support for informal kinship care. Existing good practice efforts by the National Council for Family Affairs in collaboration with Save the Children, UNHCR and UNICEF to draft National Alternative Care Guidelines should be finalised to ensure a clear focus on informal kinship care as an important family based care option for Jordanian children, and for refugee children living in Jordan. Given the cultural and religious acceptance of kinship care, this care option should be nurtured and supported, as if children are not able to live with their parents, permanency in family based care with relatives is an important alternative family care option. Increased state and civil society support for informal kinship care and family support services would support policy and practice efforts to reduce use of institutional care. For children who are unable to live with relatives, increased efforts should also be made by the Jordanian Government and by child protection agencies to raise awareness, understanding and support for non-relative foster care such as the Ihtidan system (or Kafalah).
Concluding comments:

This research on kinship care has provided a unique opportunity to capture the experiences and views of Syrian refugee children and caregivers living in kinship care in Jordan, and to draw upon perspectives of professionals working with them. Use of participatory tools, stories, drawings, and poems from children and caregivers has offered a powerful insight into their world and daily lives. The research findings revealed children’s huge ability for recovery, and resilience in the face of adversity, particularly when experiencing forced parental separation due to the emergency situation. The findings also revealed the power of kin relations and the significant efforts made by relative caregivers to protect their family unity, to provide love, care and guidance to relative children during an emergency. Challenges and risk factors have also been identified which can help inform further efforts to develop programmes and policies that will better support family strengthening and family based care options both in emergency and development contexts.

Save the Children is committed to taking forward action on the 8 key areas identified. In particular, Save the Children will be moving forwards to prevent family separation and to support family based care and protection to achieve its breakthrough 2020 that “All children thrive in a safe family environment and no child is placed in harmful institutions.” Three strands of Save the Children’s child protection work include: keeping children safe, related to protecting children within the family environment; strengthening families and preventing unnecessary separation, related to providing support to families and promoting family-based care; and securing family reunification in humanitarian crises, which involves ensuring that separated and unaccompanied children are provided with family tracing and reunification services. Learning from this participatory research on kinship care will significantly inform each of these three strands. It will also inform action and advocacy initiatives that are relevant to the newer 2030 breakthrough that “violence against children is no longer tolerated.”

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[Image] A woman holding a colorful drawing.
Annexes

Annex 1: Advisory Group Members

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
<th>Current Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ana Belen Anguita Arjona</td>
<td>United Nations High Commissioner for Refugees (UNHCR)</td>
<td>Protection Officer (SGBV/CP)</td>
</tr>
<tr>
<td>Anne Laure Baulieu</td>
<td>Terre Des Hommes (TDH)</td>
<td>Country Representative Jordan and Syria</td>
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<tr>
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<td>Director of legislation and conventions</td>
</tr>
<tr>
<td>Dr. Rawan Ibrahim</td>
<td>Consultant in the development of family-based alternative care systems and research with vulnerable minors</td>
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<td>Karen Whiting</td>
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<td>Women’s Protection and Empowerment Advisor</td>
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<tr>
<td>Mustafa Hassan</td>
<td>International Rescue Committee (IRC)</td>
<td>Child Protection Manager</td>
</tr>
<tr>
<td>Samia Bishara</td>
<td>Jordan River Foundation (JRF)</td>
<td>Director</td>
</tr>
<tr>
<td>Zaina Jadaan</td>
<td>United Nations High Commissioner for Refugees (UNHCR)</td>
<td>Associate Protection officer (SGBV and child protection)</td>
</tr>
</tbody>
</table>

Annex 2: The protocol annexes

- Annex 1: Analytical and Documentation Framework
- Annex 2: Ethical Guidelines
- Annex 3: Child/ User Friendly Information Sheet about the Research
- Annex 4: Guidance for Initial consultations with children and caregivers
- Annex 5: Participatory research tools – step by step guidance
- Annex 6: Webinar training plans and Power points
- Annex 7: Possible training workshop plans for research teams
- Annex 8: Guidance on sequencing of research tools
- Annex 9: Initial Guidance for country (and regional) reports

To obtain these annexes contact claireokane2008@gmail.com
Annex 3: Key informant interviews

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
<th>Job Title</th>
<th>Date of Interview</th>
</tr>
</thead>
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<tr>
<td>Ana Belen Anguita Arjona</td>
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<td>SGBV programmers</td>
<td>13/08/2014</td>
</tr>
<tr>
<td>Audrey Bollier</td>
<td>UNICEF</td>
<td>Child Protection Specialist</td>
<td>12/08/2014</td>
</tr>
<tr>
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<td>UNHCR</td>
<td>Case manager</td>
<td>28/08/2014</td>
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<tr>
<td>Dr. Ahmad Harasies</td>
<td>Iftaa Department</td>
<td>Mufti - Directorate of Studies and Research</td>
<td>11/09/2014</td>
</tr>
<tr>
<td>Dr. Hanan Al Daher</td>
<td>NCFA</td>
<td>Director of legislation and conventions</td>
<td>17/08/2014</td>
</tr>
<tr>
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<td>CUMERC</td>
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<td>10/09/2014</td>
</tr>
<tr>
<td>Karen Whiting</td>
<td>UNHCR</td>
<td>Protection Officer</td>
<td>24/08/2014</td>
</tr>
<tr>
<td>Maha Homsi</td>
<td>UNICEF</td>
<td>Child Protection Chief of section</td>
<td>12/08/2014</td>
</tr>
<tr>
<td>Melanie Megevand</td>
<td>IRC</td>
<td>Women's Protection and Empowerment Advisor</td>
<td>14/08/2014</td>
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<tr>
<td>Rawan Al Amoush</td>
<td>JRF</td>
<td>Case manager</td>
<td>10/08/2014</td>
</tr>
<tr>
<td>Sheeraz Mukhaimer</td>
<td>IMC</td>
<td>Protection Officer</td>
<td>24/08/2014</td>
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<tr>
<td>Yasmeen Al-Rashdan</td>
<td>UNHCR</td>
<td>Case manager</td>
<td>28/08/2014</td>
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<tr>
<td>Zaina Jadaan</td>
<td>UNHCR</td>
<td>Associate Protection officer (SGBV and child protection)</td>
<td>21/09/2014</td>
</tr>
</tbody>
</table>

Annex 4: Additional CRC articles concerning separated children:

Article 7 Name and nationality  The child has the right to a name at birth and birth registration. The child also has the right to acquire a nationality and, as far as possible, to know his or her parents and be cared for by them.

Article 8 Preservation of identity  The State has an obligation to protect, and if necessary, re-establish basic aspects of the child’s identity. This includes name, nationality, and family ties.

Article 9 Separation from parents  The child has a right to live with his or her parents unless this is deemed incompatible with the child’s best interests. The child also has the right to maintain contact with both parents if separated from one or both.

Article 10 Family reunification  Children and their parents have the right to leave any country and to enter their own for purposes of reunion or the maintenance of the child-parent relationship.

Article 12 The child’s opinion  The child has the right to express his or her opinion freely and to have that opinion taken into account in any matter or procedure affecting the child.
Article 19 Protection from abuse and neglect  The State shall protect the child from all forms of maltreatment by parents or others responsible for the care of the child and establish appropriate social programmes for the prevention of abuse and the treatment of victims.

Article 20 Protection of a child without family  The State is obliged to provide special protection for a child deprived of the family environment and to ensure that appropriate alternative family care or institutional placement is available in such cases. Efforts to meet this obligation shall pay due regard to the child’s cultural background.

Article 21 Adoption  In countries where adoption is recognised and/or allowed, it shall only be carried out in the best interests of the child, and then only with the authorisation of competent authorities, and safeguards for the child.

Article 22 Refugee children  Special protection shall be granted to a refugee child or to a child seeking refugee status. It is the State’s obligation to cooperate with competent organisations which provide such protection and assistance.

Article 25 Periodic review of placement  A child who is placed by the State for reasons of care, protection, or treatment is entitled to have that placement evaluated regularly.

Article 35 Sale, trafficking and abduction  It is the State’s obligation to make every effort to prevent the sale, trafficking, and abduction of children.

Article 37 Torture, degrading treatment and deprivation of liberty  Children, including refugee and asylum-seeking children should not be detained. In situations where they are detained, this detention must be a measure of last resort and should be for the shortest period of time.

Annex 5: BID guidelines

The BID guidelines are from the Field Handbook for the Implementation of UNHCR BID Guidelines (2011)

UNHCR uses a database system called “proGres” for registration of refugees and refugee households. ProGres can record information regarding persons with specific needs, such as unaccompanied and separated children, and children associated with armed forces and armed groups. The system can also capture information covered in the BID Report Form and record the various actions taken in order to carry out case management.

After the BID panel reaches a decision, the BID supervisor is responsible for completing the BID Report Forms with the following information in order to record the decision-making process and ensure transparency:

• The decision that has been reached.
• The reasoning of the decision.
• If the decision has been rejected or deferred and the reasoning for this.
• Whether the decision was reached unanimously or by majority.
• Any relevant issues raised during the discussion. Whether any information was rejected (e.g. for lack of credibility).

A recommended plan of action to monitor the implementation of the decision and to follow up and address child protection issues, including a timeframe and details of the organization(s)/institutions responsible for follow-up. The BID decisions should be formalized with the signature of all BID panellists on the BID Report Forms as soon as possible. The BID supervisor has to make sure that not only the decision, but also all relevant information mentioned above, is included in the BID Report Form before the panel members can sign the decision.
Annex 6: Data concerning Jordanian children living in kinship care:

According to the Jordan Population and Family Health Survey (JPFHS) which is part of the worldwide Demographic and Health Surveys only 1% of households in Jordan have at least one child under age 18 who doesn’t live with both parents. A very low percentage of households (0.1%) include double orphans (both parents deceased), while 3% include single orphans (one parent deceased). However, there are no significant differences among households with single orphans according to urban-rural residence.

The majority of children under age 18 years (93%) are living with both parents. Younger children are most likely to live with both their parents. The range is between 96% for children age 0-4 and 87% for children age 15-17. No variations were noted according to sex, region, Badia or camp areas, while there are slight variations in some governorates. The proportion of children under 18 living with both parents tends to increase with wealth before falling at the highest quintile.

Table 3: the percentage of children not living with a biological parent, and the percentage of children with one or both parents dead, according to background characteristics, Jordan 2012

<table>
<thead>
<tr>
<th>Age</th>
<th>Not living with either parent</th>
<th>Percentage not living with a biological parent</th>
<th>Percentage with one or both parents dead</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Both alive</td>
<td>Only father alive</td>
<td>Only mother alive</td>
</tr>
<tr>
<td>0-4</td>
<td>0.2</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Less than 2 years</td>
<td>0.1</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>2-4</td>
<td>0.3</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>5-9</td>
<td>0.2</td>
<td>0.1</td>
<td>0.1</td>
</tr>
<tr>
<td>10-14</td>
<td>0.5</td>
<td>0.1</td>
<td>0.0</td>
</tr>
<tr>
<td>15-17</td>
<td>1.7</td>
<td>0.2</td>
<td>0.1</td>
</tr>
</tbody>
</table>

From all 71 countries for which DHS data is available, Jordan has the lowest percentage of children under 15 who are not living with their parents when both parents are alive. This is a significant finding. Thus, additional research should be undertaken to identify “strength” factors in the Jordanian context that prevent children’s separation from their parents, so that lessons learned may be applied to strengthen family unity and parental care in other contexts, particularly in the Middle East region.

The data also indicates that numbers of Jordanian children living in kinship care are relatively low. There is limited data available regarding the reasons why children may be living with relatives, rather than their own parents. However, some of reasons may include: the death of parents (especially mothers), re-marriage, children being born out of wedlock, parents migrating for work, sending children to live with relatives to access better services, or identification of violence within the family. When mothers remarry, children may go to live with the extended family of the parents, rather than stay with the mother and the new stepfather. Sometimes, parents are unable to care for their children or feel their children will be better cared for by other family members. Such is the case when parents are unwell or are in prison. Children born out of wedlock are sometimes cared for by extended family members, although many are placed with alternative families. Children may also be sent to live with extended family members if this means better access to services or opportunities, such as educational or work opportunities. When the Family Protection Department intentionally separates children from their parents due to violence or neglect, priority is given to placing them in the care of other family members. Insufficient data is available concerning the reasons for children living with relatives, or the quality of these care arrangements. However, due to belief in kin and extended family responsibilities kinship care is generally considered more appropriateness than institutional care, foster care with non-family members or adoption.
References and Endnotes:

3 Williamson, J. & Greenberg, A. (2010). Families, not orphanages. (Better Care Network, working paper);
4 For documentation of these reforms, go to Better Care Network online Library of Documents at:
   www.bettercarenetwork.org
5 Save the Children (2009) Keeping Children out of harmful institutions: Why we should be investing in family based care.
9 ix Data provided by IMC on request of Save the Children, July 2014. No data with identifiable features were shared.
10 x Data provided by IMC on request of Save the Children, July 2014. No data with identifiable features were shared.
11 xi Interviews with Protection Officer, IMC, 24/08/2014 and Associate Protection officer (SGBV and child protection), UNHCR, 21/09/2014
13 xiii ‘Children without appropriate care’ are children who are not receiving suitable, continuous and quality care, nurture and guidance at a physical, emotional, social and psychological level from either their families or from other primary carers who are meant to replace the family environment and who are responsible for their wellbeing and development. This definition includes children within their own families, children in alternative care, and children who have become separated, either voluntarily or involuntarily, from their families, including children on the move. It also refers to children in developed, developing, fragile and emergency contexts. For the purpose of this study we are focusing on children who become separated, either voluntarily or involuntarily, from their families.
14 xiv This new proposed breakthrough is still draft as it is yet to be approved by Save the Children
17 xvii Williamson, J. & Greenberg, A. (2010). Families, not orphanages. (Better Care Network, working paper);
18 xviii For documentation of these reforms, go to Better Care Network online Library of Documents at:
   www.bettercarenetwork.org
19 xix Save the Children (2009) Keeping Children out of harmful institutions: Why we should be investing in family based care.
20 xx A/RES/64/142 United Nations General Assembly, 24 February 2010
22 xxii UNICEF (2014) Unaccompanied and Separated Children Trend Analysis, January to June 2014
24 xxiv Humanitarian work is designed to save lives, alleviate suffering and maintain and protect human dignity during and in the aftermath of emergencies; and development work responds to ongoing structural issues that may hinder economic, institutional and social development. However, it is increasingly recognised by Save the Children that humanitarian and development work are inextricably linked and that it is more effective to work across a full spectrum of humanitarian to development approaches.
25 xxv Children in Informal Alternative Care, UNICEF, June 2011
xxxii Save the Children Jordan Humanitarian Response Situation Report, 8th December 2014
xxxiv including the 1951 Refugee Convention and the 1967 Protocol
xxxvii See Save the Children (2013) “YARO NA KOWA NE”: Children belong to everyone: Save the Children Research Initiative: 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; Save the Children (2015) A Sense of Belonging: Save the Children Research Initiative: Understanding and Improving Informal Alternative Care Mechanisms to increase the care and protection of children, with a focus on Kinship care in East Africa.
xxxviii The international consultant Claire O’Kane had supported similar participatory research by Save the Children and partners in West Africa and East Africa, and had developed the initial research protocol and annexes which were adapted to the Jordanian context.
xxxix The Advisory Group included: International and regional representative (UNHCR, UNICEF, IRC, IMC, CUMERC, JRF, TDH, IFH-NHF). See Appendix 2
xxx(x) See annex 2
xxxvi A/HRC/11/L.13 15 June 2009
xxxvii A/HRC/11/L.13 15 June 2009
xxxviii The Child Protection Minimum Standards were developed by the Child Protection Working Group under the auspices of the Global Protection Cluster.
xxx The principles in the ACE Toolkit reflect the guidance given in the Convention on the Rights of the Child, the Guidelines for the Alternative Care of Children, and the Intergency Guiding Principles on Unaccompanied and Separated Children.
xxi x
xxii In 2004 a comprehensive Child Rights Act was drafted and submitted to the Lower House of Parliament for consideration. However, after prolonged deliberation the bill was withdrawn from the Parliament in 2006 due to concerns that the draft Act had been superseded by the publication of the CRC in the Official Gazette which meant that the CRC must be enforceable in the domestic law.
xxv Helping Hand for Relief and Development, Islam and Orphans.
http://www.ijhssnet.com/journals/Vol_4_No_5_March_2014/29.pdf page 2
xxviii http://islam.about.com/cs/parenting/a/adoption.htm
http://www.alfteaa.jo/Question.aspx?QuestionId=558#V1k8P9KuFZ8
xxx National Council for Family Affairs, (2013). The Guide for Foster Families: for a Safe and Healthy Foster,
xxx National Council for Family Affairs, (2013). The Guide for Foster Families: for a Safe and Healthy Foster,
xxxv Ibid
Understanding Kinship care of Syrian Refugee Children Living in Jordan


Palestinian refugees are registered with the United Nations Relief and Works Agency for Palestine Refugees (UNRWA)


Save the Children Jordan Humanitarian Response Situation Report, 8th December 2014


Data provided by IMC on request of Save the Children, July 2014. No data with identifiable features were shared.


A child might have “multiple” causes of separation, thus one cause of separation does not mean one child.


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


Save the Children (2013) “YARO NA KOWA NE”: Children belong to everyone: Save the Children Research Initiative: 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.


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Save the Children (2013) Save the Children Research Initiative: 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

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


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

Save the Children (2013) “YARO NA KOWA NE”: Children belong to everyone: Save the Children Research Initiative: 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; Save the Children (2015) A Sense of Belonging: Save the Children Research Initiative: Understanding and Improving Informal Alternative Care Mechanisms to increase the care and protection of children, with a focus on Kinship care in East Africa.


Interview with Child Protection Chief of section, UNICEF, 12/08/2014

Exact data from UNICEF, UNHCR, IRC and IMC on the numbers of unaccompanied children who were re-unified with relatives was not made available to the research team.

C/A: Children – Amman
C/Z: Children – Zaatari
CG/A: Caregivers – Amman
CG/Z: Caregivers – Zaatari

Interviews with Protection Officer, IMC, 24/08/2014 and Associate Protection officer (SGBV and child protection), UNHCR, 21/09/2014

Interview with Protection Officer, UNHCR, 24/08/2014

Save the Children (2013) “YARO NA KOWA NE”: Children belong to everyone: Save the Children Research Initiative: 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; Save the Children (2015) A Sense of Belonging: Save the Children Research Initiative: Understanding and Improving Informal Alternative Care Mechanisms to increase the care and protection of children, with a focus on Kinship care in East Africa.

Interview with Psychologist, IMC, 07/08/2014


Interview with Case Manager, Jordan River Foundation, 10/08/2014 and Protection Officer, IRC, 21/08/2014


Ibid

Para 34, A/HRC/11/L.13 15 June 2009


This new proposed breakthrough is still draft as it is yet to be approved by Save the Children International


Ibid

Ibid