

# KINSHIP CARE RESEARCH: SAVE THE CHILDREN TULINDE WATOTO WETU



UNDERSTANDING INFORMAL /ALTERNATIVE CARE MECHANISMS  
FOR PROTECTING CHILDREN: STUDY OF KINSHIP CARE  
PRACTICES IN BUSIA COUNTY KENYA



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IN BUSIA COUNTY KENYA

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# PREFACE

Save the Children Kenya Country Office is immensely pleased to present the kinship care research report: a detailed account of an in-depth analysis of realities of children living outside of their immediate family – and their caregivers - in Busia, Western Kenya.

The report highlights the extreme risks and vulnerabilities that children without appropriate care are faced with daily and should act as a call for all concerned stakeholders to take serious steps to better the situation. This particular region, Busia in western Kenya, has a large number of children living with relatives due to various vulnerabilities, not least of which being the effects of HIV/AIDS. In addition to living under relative's care, children are also sent to their relatives in urban settings to access education and other basic services, hardly accessible in many rural communities.

This research has been important in understanding the children's day to day life experiences when living with kin caregivers. Children and caregivers were actively involved as researchers and respondents; hence it provided an opportunity to listen to them, as well as other stakeholders so that their insights can inform programming and advocacy to increase the care and protection of children in families.

We are committed to strengthening the caring capacity of families and ensuring family-based alternative care for children becomes the preferred option for children who, for whatever reason, may be deprived of parental care. This is an important approach in safeguarding the wellbeing of children and especially being an approach for prevention of child rights violations.

We are particularly proud of the fact that children were actively engaged throughout the research period, and the experience helped them to develop a lot of confidence and self-esteem. Moving forward, we are confident that children will be a critical voice in the wind of change to inform child care reform and policies important to kinship care as an important form of alternative care for children.

Save the Children looks forward to developing stronger programs as a result of this research. We remain increasingly committed to ensuring that children are protected and cared for in families, under any circumstances.

We hope that this publication will be a valued resource for all of you who have a passion for children's wellbeing and it will be helpful in your child protection programs.

# ACKNOWLEDGEMENT

It would have been impossible to undertake and complete this research, including compiling the final report, without the extraordinary contributions all people involved and consulted. There are far too many to name individually, especially the research teams from both Kamunoit and Maduwa in Busia County, however each contribution, whether large or small, has been equally valued. It is our hope that this has been an enriching and empowering process for everyone and that all involved will continue to be part of the way forward.

Our thanks go to:

The Department of Children Services in Busia and all members of the Child Protection Working Group, who formed the local reference group and supported the research right from the beginning to the end.

The research teams in both Maduwa and Kamunoit (both children and adults) for being respondents as well as researchers in this activity which provided a lot of insight into the reality and practice of kinship care in Busia. Your efforts and endurance even amidst challenges is appreciated.

Childline Kenya, for being a great partner of Save the Children Kenya in guiding and supervising all research activities.

All colleagues at the Regional and Multi-Country Program Unit within Save the Children's East Africa Regional Office for their continued support.

Our special thanks are also extended to:

Claire O'Kane, International Child Rights Consultant, who provided great technical support and guidance throughout the research.

And, the children, young people and caregivers whose direct experiences of kinship care are the narrative we need to understand and listen to so that we tailor our work to better support their realities.

With the support of Swedish Post Code Lottery.

**Josephine Wambui Gitonga**  
**Child Protection Technical Advisor**  
**Save the Children**

# ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
CwAC	Children without Appropriate care
CBO	Community Based Organisations
CCI	Charitable Children's Institution
DHS	Demographic Health Survey
EARO	East African Regional Office
HIV	Human Immunodeficiency Virus
KDHS	Kenya Demographic Health Survey
MICS	Multiple Indicator Cluster Surveys
NCCS	National Council for Children Services
NGO	Non-Governmental Organisation
SCI	Save the Children International
UNCRC	United Nations Convention for the Rights of Children



*Setting the stage for Reflection Meeting*

# EXECUTIVE SUMMARY

This participatory research confirms that kinship care is widely practiced in many Kenyan communities as noted through the participatory engagement with communities in Busia County. Cultural practices and ways of life in many communities placed a high value on care for kin's children, which was seen as critical to safeguarding children, and to keeping the family lineage alive. Historically there have been cultural norms, values and a togetherness that kept marriages and family ties strong. However, socio economic pressures and challenges that accompany urbanisation and modernisation have negatively affected family unity, resulting in a more individualistic outlook to life and living. This distance and isolation in families does not augur well for children's wellbeing, especially where parents are incapacitated in one way or another in carrying out their primary role.

The Kenyan legal framework that provides for protection and care for children, does not explicitly reference kinship care as a form of alternative care for children, despite this being widely practiced in many communities as care for children. Probably if it were, there could have been associated guidelines or policies put in place to monitor the wellbeing of children in this kind of care. However, the fact that Kenya has adopted the International Guidelines for Alternative Care for children is a big step towards recognizing the existence of informal alternative care for children and implementing the recommendations there in concerning Kinship care.

This research has found that there are both negative and positive outcomes for children living in kinship care. Some children experience a sense of belonging, love, care and protection in extended families, and have their basic needs and rights met. In contrast, other children experience discrimination, mistreatment and are not having their basic needs and rights met. This denotes that there are inherent strengths and risks within kinship care relations and it is crucial to build upon the strengths and resilience of children and caregivers, and to reduce the risks faced to ensure children's wellbeing, care and protection. Undoubtedly, these strengths can be the basis upon which components crucial for strengthening and advocating for family based care can be built. This would save a lot of children from entry into institutionalized care which, despite its prevalence in Kenya, is not protective at all.

An interesting outcome of this research is the preferences of care options as depicted by children as they mapped care options available around them. Largely and even corroborated by desk review data and the caregiver perceptions, children's positive experiences of kinship care are associated much more with living with grandparents than any other kind of caregiver. This is despite their observation that there may be inherent risks associated with this care option due to the advanced age of the grandparents as primary caregivers. As demonstrated through data compiled from numbers of the caregivers consulted, due to their position of caring for their kin's child, grandmothers were the majority forming 50% of all caregivers combined in both research areas. This highlights the need for family strengthening strategies with skilful parenting and economic strengthening being key components of programming. Linkages to ongoing social protection initiatives are also important, as these were identified as one of the key resources available to families in this region.

Family poverty was identified as a push factor which influences parents to send their children to live with relatives. Even when one or both parents are alive some children are sent to live with relatives to access better services, especially education opportunities, health services or other livelihood opportunities. Insufficient efforts are made to prevent parental separation. Furthermore, many parents remain unaware of risks to discrimination and mistreatment that children may face when living with extended family. There is need to create awareness about these risks and to take active efforts to minimise them and to prevent parental separation. Advocacy for improvement of and access to basic services at county and village levels is needed to decrease the need for families to send children off to live with better off relatives.

It is necessary that integrated approaches to address these root causes of a child's separation from their parents are addressed. In addition, there is need to strengthen kinship care since there are many children who are without the comfort of having their biological parents due to certain vulnerabilities or death.



# INTRODUCTION

Children Without Appropriate Care (CwAC) is a priority area for Save the Children's child protection work for the period 2010-2015, with Save the Children's global child protection Breakthrough 2020 being that 'All children thrive in a safe family environment and no child is placed in harmful institutions'.

Millions of children globally are without appropriate care due to violence, abuse, poverty, conflict, HIV&AIDS, disability and humanitarian disasters. In Ethiopia and Kenya 11% of children are living in households without either biological parent. This figure rises to 17% for Tanzania. In all these countries children who are not living with either or both parents are much more likely to be living with a relative (grandparent or other relative). The widespread nature of informal alternative care, especially kinship care, across regions of the world calls for a better understanding of it so that Save the Children can strengthen the impact of its work in this area through better support to kinship care-givers and children living in kinship care.

In East Africa, Save the Children's Regional Office has supported capacity building workshops in Ethiopia, Kenya, and Tanzania for Save the Children staff, government officials and partners to realize the goal of improved care and protection for children without appropriate care. These workshops were instrumental in highlighting the lack of information on children in informal alternative care.

It is against this backdrop that Save the Children East Africa Regional Child Protection Programme in collaboration with global Child Protection colleagues designed a participatory research initiative which aims to build knowledge on endogenous care practices within families and communities, especially informal kinship care, in order to increase the care and protection of children. Three countries in the East Africa region opted to take part in the research, namely Ethiopia, Zanzibar, and Kenya. The research was implemented in each of these three countries while receiving continuous support from EARO and international consultants involved in the process.

The government of Kenya in 2012 developed the Guidelines for the Alternative Care for Children in Kenya out of a participatory process that was led by the Department of Children Services, currently under the Ministry of Labour and Social Services. This process involved a number of key stakeholders from diverse agencies with outstanding solid knowledge and expertise on matters of children and families.

In Kenya, communities have historically and traditionally cared for and protected orphaned, abandoned and vulnerable children within the extended family. Kenyan societies place enormous value on the role and responsibility of the extended family in caring for these children

*The Guidelines for the Alternative Care for Children in Kenya, 2011*

Although the guidelines are not legally binding, they are designed to assist and support government and partners in the provision of alternative care services. They provide practical tools for child protection practitioners who work with children deprived of parental care and those children who are at risk of being separated from their parents. They therefore uphold and give further effect to the core principles laid out in the Constitution of Kenya, 2010; the Children Act, 2001; the Adoption Regulations, 2005, the Charitable Children Institutions Regulations, 2005; and relevant government administrative directives made under the Children Act, 2001. It should be noted however that legislation on matters of children in Kenya - specifically The Children Act of 2001 - does not refer to kinship care as an alternative option for child care and protection; an issue which needs review and consideration.

In order to contribute to the process of strengthening alternative family-based care for children in Kenya, Save the Children designed this research in Kenya to explore the state of children in informal alternative care, specifically kinship care, with particular emphasis on the children currently living in informal kinship care.

## 1.1 Context and Scope

Major social, political and economic changes in Sub-Saharan Africa in the last two decades have changed the character, ability and capacity of families and communities to care for children. Many families are weakened by endemic poverty, HIV/AIDS, armed conflict, political instability, disasters, financial crises, urbanisation and family breakdown.<sup>2</sup>

In Kenya, the burden of caring for orphans and vulnerable children is often shouldered by older siblings or grandparents; those who may be least able to stand the challenges of additional expenses for feeding, clothing, educating or meeting medical care costs for the family. This is because the common practice among communities in many Africa countries, Kenya included, is to place orphans and abandoned children informally with extended family members or a community member. This system is however under threat due to weakening family structures and increasing socio-economic pressures.

Despite its prevalence, informal care is not generally dealt with in the legal and regulatory frameworks and there is a lack of research or documentation relating to such informal care practices.<sup>3</sup> In a review of existing research concerning orphans and the changing context of fostering in sub-Saharan Africa, Drah (2012) also highlights the lack of research efforts to explore local communities and children's understandings and perspectives.<sup>4</sup>

This kinship care research was carried out in Busia County in the Western region of Kenya, and incorporated two research sites; one rural community - Kamunoi village in Teso South sub county, and one urban community - Maduwa village in Busia township. Busia County was identified as the most preferred location due to it being one of the regions affected by HIV/AIDS pandemic resulting in a high number of children left to live with extended family. In addition, there is quite a strong child protection working group led by the County Coordinator of Children Services who are committed to strengthening response and prevention of child rights violations.

In addition to poverty, Busia suffers from the complex effects of HIV/AIDS and high levels of poverty. The resultant challenge of orphans and vulnerable children presents a special problem and is one of the challenges facing the county.

According to Busia County Department of Community Development, Sports, Culture and Social Services Strategic plan 2014-2018, the orphan population in the County is about 105,581 children. Although an accurate documentation of all children living with extended family is unknown, it is possible that 75% of orphans in this county live with extended family members or older siblings. The rest, about 25% or so, would most likely be in child care institutions or living on the streets.<sup>5</sup> This occurrence is further evident in national data as compiled by Better Care Network, (BCN) that shows nearly 11% of children aged 0-17 years live with neither biological parent, and of these 57% have two living biological parents, and another 17% have one. Only 17% of these children are double orphans<sup>6</sup>.

1 The Guidelines for Alternative Care of Children in Kenya:

2 Save the Children (2013) 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.

3 Family Support Services and Alternative Care in Sub-Saharan Africa, 2012, as before

4 Drah, B. (2012) Orphans in the Sub-Saharan Africa: *The Crisis, the Interventions and the Anthropologist*, Africa Today (59) 2.

5 County Government of Busia, 2014, *Department of community Development, Sports, Culture and Social Services Strategic Plan 2014-2018*, Busia County

6 BCN (November 2014 Draft) Kenya: *Children's Care and Living Arrangements DHS, 2003*

The research was spearheaded by Save the Children Kenya in collaboration with Childline Kenya as the consultant partner for entry into target communities. Save the Children EARO provided technical and financial support to the process. The methodology drew upon and adopted the regional research protocol, ethical guidelines, and participatory tools that were earlier applied in qualitative research by Save the Children and partners in the West Africa regional research, and have been further adapted for the East Africa context.<sup>7</sup>

## 1.2 Research Objectives

1. Increase understanding of trends and reasons why Kenyan children are living in kinship care.
2. Increase understanding of the experiences (positive and negative) of children living in kinship care;
3. Increase understanding of male and female caregivers and mothers and fathers' perspectives on the caregiver experiences (positive and negative), and existing mechanisms, support and practices that support or inhibit prevention of parental separation, family strengthening, and informal kinship care;
4. Identify and analyse the extent to which existing laws, policies, guidelines, child protection systems and community based mechanisms (formal and informal) contribute to identification, monitoring, protection and support of children living in kinship care and/or prevention of family separation.
5. Use the research findings to inform ongoing process of dissemination and utilisation of the National Alternative Care Guidelines, specifically providing information that will be helpful to statutory social workers and government agencies involved in the provision of services and oversight of alternative care in Kenya.
6. Develop policy and practice recommendations to prevent family separation and support family strengthening efforts within a comprehensive care and protection system for children and their caregivers.

## 1.3 Methodology of the Study

The research adopted a mixed method of quantitative and qualitative participatory and exploratory approach that involved children, young people and adults as researchers, respondents and documenters. Local research teams involved children (who are themselves living in kinship care), caregivers, local government officials, NGO staff and/or Save the Children staff. This kind of research design provided opportunities for children and caregivers involvement in every stage of the process. The study also drew upon recent analysis by the Better Care Network of existing quantitative data from existing MICS and DHS surveys concerning the child and their relation to the head of the household.<sup>8</sup>

## 1.4. Research process

### Location and stakeholders consulted

The Kinship research in Kenya was conducted in Busia County located in western region of Kenya. It involved two communities, one rural and one urban, all within Busia County. The regional research protocol earlier developed and implemented in West African region specifically: Nigeria, Sierra Leone, Niger and DRC, supported development and implementation of the participatory research, which involved children and caregivers as researchers, respondents and documenters. The children and caregivers were actively involved as researchers in the local research teams, working in collaboration with Save the Children staff and Childline Kenya, a national NGO and implementing partner.

In the two research sites 35 people were involved as members of the local research teams. These team members included Save the



<sup>7</sup> Save the Children East Africa (November 2013) Research Protocol: 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. Developed by Claire O'Kane

<sup>8</sup> BCN (November 2014 Draft) Kenya: Children's Care and Living Arrangements DHS, 2003



*Kamunoi Research Team*



*Maduwa Research Team*

Children staff; NGO and CBO partners working in Busia; government officers from the county children's office; government administrative officers (chiefs); 16 children researchers (eight boys and eight girls), all living care; and, 13 caregivers (nine female and four male).

About 220 people were consulted, in the five weeks of the research, through focused group discussions and use of participatory research tools to explore issues in-depth. In addition, questionnaire data was collected through structured interviews in households sampled within the villages of the two research sites. This was important to support the qualitative data with some quantitative figures in further exploring some of the emerging themes.

In total, 42 children living in kinship care (23 girls, 19 boys); 160 caregivers (47 grandmothers, 28 grandfathers, 38 aunts and 19 uncles, 11 elder sibling, 16 step-parents, and one cousin); and 15 child protection and welfare experts as key informants were consulted through the various research tools.

### **Key elements of the research process**

#### **1. Orientation meetings for Kenya's kinship care research activity in Busia County (25<sup>th</sup> – 26<sup>th</sup> June 2014)**

In preparation for conducting the kinship care research, Save the Children Kenya country office identified a local partner with experience in implementing child protection work in the country. This was a necessary preliminary condition for this research to ensure that protection issues identified during the participatory research in the community would have an avenue for referral and response through the child protection system in the county. The outcomes of the orientation meetings were:

- Recruitment of the local reference groups from each research location in Busia County; these were mainly members of the Child Protection Working Group. They included staff from NGOs and CBO partners working in the children's sector; local leaders and local government officials (children's officers) working under the Department of Children Services in Busia, and two child representatives.
- The research concept and tools were introduced to the participants. This was important to ensure the local reference groups understood their mandate, which was to provide general support to the local research teams. In addition to this, upon conclusion of this research they would be involved in future programming and advocacy in Busia County, and perhaps beyond. Their feedback was extremely positive and they recognised that the outcomes would contribute to/enrich other ongoing processes in the county such as the establishment of a Child Protection Centre, and development of Case Management Guidelines for response and prevention of violence against children.
- During the meeting/orientation to the research tools, the two research locations were selected according to the various issues and challenges that families and children continue to face. The participants were confident that the participatory research would be important to bring out these issues and link families with crucial services important in supporting children and caregivers in Kinship Care.
- In addition to the orientation meeting, village elders in the two chosen locations were sensitised on the research activity. This was necessary to further elicit buy in and acceptance, which was critical to mobilization and support of the research teams during the research.

## 2. *Training of the local research teams on the participatory research and respective methods to be used during the research (July 11<sup>th</sup> – 13<sup>th</sup>, 2014)*

Following the preparatory meetings and with the support of the local reference group, the research teams from both urban and rural areas were brought together for the training, which was facilitated by Save the Children Staff previously trained in the research protocol and implementation. The three days of the training involved in-depth discussions of the purpose of the participatory research on kinship care, exploring together with the team the meaning of kinship care and various risks and opportunities for children and caregivers in this relationship.

In addition the research team members explored their hopes and fears of being involved and participating as researchers. Generally, the adults expected financial remuneration, provision of research materials, support of the children's office, and recognition with certificates after the research. Their fears included: the possibility of the community rejecting the research initiative; the community members expecting to be paid for information sharing; hostility from the community members; and fears that the research may open wounds or put children at risk in case of interviewing children and caregivers who may be in abusive relationships.

For the children, they hoped that parents and children will freely provide information during the research and that this information will be helpful in future plans of protecting all children; especially children in kinship care. They also hoped the research period would give them time to socialise, interact with children and make new friends. The children feared that some caregivers might refuse to be interviewed and regard them as incapable of collecting data, they feared being beaten or misunderstood by caregivers, insecurity in the community while walking as they work and interference with their school work, since some of them are also involved in a lot of chores at home.

In order to allay the expressed fears and assure the team of ongoing support, the team was reminded of the need to support one another throughout the research period and most important to share clear information with the intended respondents.

The research activities time plan was designed in such a way that the child researchers were able to participate without much interference with their school schedules. All activities were done during school holidays and mainly also Saturday afternoons when the children were least likely to be in school for possible remedial classes.

All members of the research team were also provided with an introduction letter detailing the purpose of the research which was meant to support them introduce themselves to the respondents and also answer any questions pertaining to the research.

Having gained the support of village leaders minimised the fear of possible hostility from the community since the leaders were instrumental in sensitising the community about the research activity.

### 3. *Implementation of the participatory research (July 29<sup>th</sup> –September 2<sup>nd</sup> 2014)*

The local research teams which were composed of adults and children in each research location went ahead to implement the in-depth research using the knowledge and practice gained from the three days of training.

- They reached out to other boys and girls, adult caregivers, community leaders and national officials in their capacity as key informants. The team largely used the participatory tools learnt in the workshop, observation, focus group discussions, timeline trend analysis, visual mapping of care options, body mapping, photo voice, draw and write, short essays, interviews and case studies.
- Regular meetings among the local research team members were organised within the five week research period, under the guidance and leadership of a social worker from Childline Kenya. These regular meetings helped to analyse emerging trends, document research results, discuss challenges and plan how to overcome them.
- Participation in monthly virtual meetings among the Save the Children country focal points together with other regional colleagues implementing the same kind of research in East Africa were also organised. These calls helped to share ongoing steps in the research, compare emerging themes, share successes, challenges and acquire expert advice from the regional research consultant to how to surmount challenges.

### 4. *Local Reflection workshop (September 4<sup>th</sup> - 6<sup>th</sup> September 2014).*

This workshop was held at the end of the sixth week of the research and it brought together both local research teams and the local reference group members to undertake a three day reflection of the research process.

- The local research teams shared key experiences on what went well in the research period, what was challenging, and how they managed to surmount those challenges.
- The local research team members shared and analysed key findings concerning: trends and traditional practices on kinship care; positive and negative experiences of children living in kinship care, as well as the experiences of the caregivers. Emerging themes from children's in-depth research using draw and write, essays and photo voice enabled rich experiences to be shared. In addition the workshop provided an opportunity to explore support needs and to develop recommendations for future programming and policy developments to better support and to address challenges of kinship care raised by both care givers and children.
- The three day reflection meeting also provided an opportunity for children and adults to have a fun filled afternoon of play and interaction which made the experience memorable.

## **Reflection of the research period**

### **Successes**

- ☺ In the planning and consultative period, Save the Children identified and developed a working relationship with Childline Kenya as the implementing partner; an organisation with a long term history and experience of working within the child protection system in Kenya. This was an important step to ensure that any protection risks identified during the research would be appropriately referred and addressed.
- ☺ Busia County was identified as the most preferred location due to it being one of the regions affected by HIV/AIDS pandemic resulting to high number of children left to live with extended family. In addition, there is quite a strong child protection working group led by the County Coordinator of Children Services who are committed to strengthening response and prevention of child rights violations.
- ☺ Save the Children won the support and cooperation of the county children's office and the child protection working group who right then volunteered to play the role of the local reference group in the research process.
- ☺ In the second meeting the local reference group in consultation with local administrators identified two sub counties to conduct the research based on the sub counties that had registered the highest number of cash transfer beneficiaries.
- ☺ The children's office identified the research teams according to the guidelines provided in the research protocol.
- ☺ Through the local reference groups in each research location, Save the Children also won the support of local leaders who after understanding the purpose of the research promised to support the research teams once they began. This was very important as a buy in for community acceptance.

- ☺ The community leaders supported community sensitisation in preparation of the research and this made it very easy to mobilise the research respondents and conducting observations.
- ☺ The research team was put together with the support of the County Coordinator of Children Services, and the local reference group members. Some of the members volunteered to be in the research teams and they hence became coordinators in each location.
- ☺ During the training the research team was very enthusiastic to learn the tools and implement the research in their villages. A lot of information was generated in the three training days since all the tools were tested with the research team as the respondents.
- ☺ The participatory nature of tools made it easy and the research team found it very easy to interact with the mobilised children and caregiver due to the sensitisation that had been conducted earlier.

### **Challenges and how they were overcome**

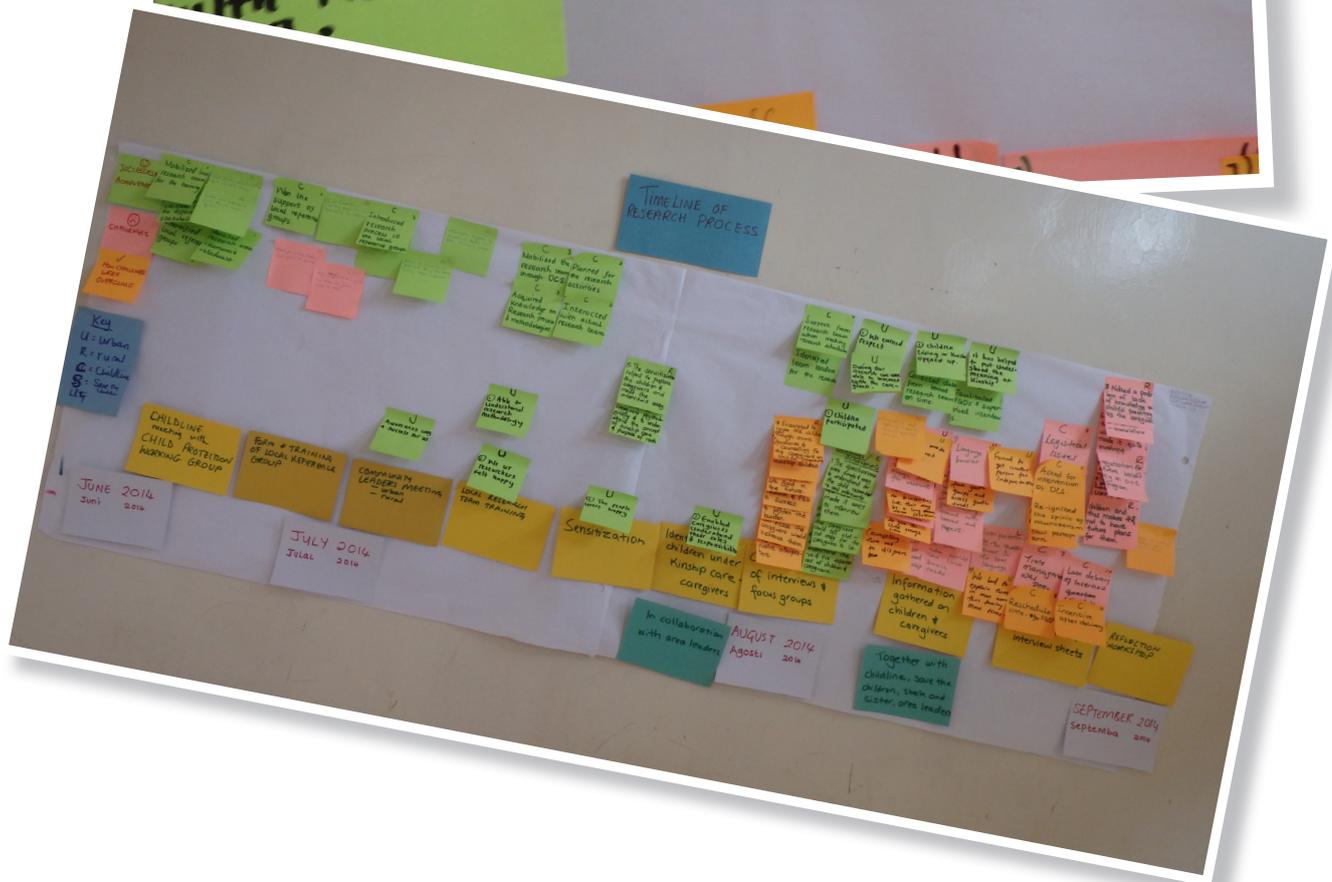
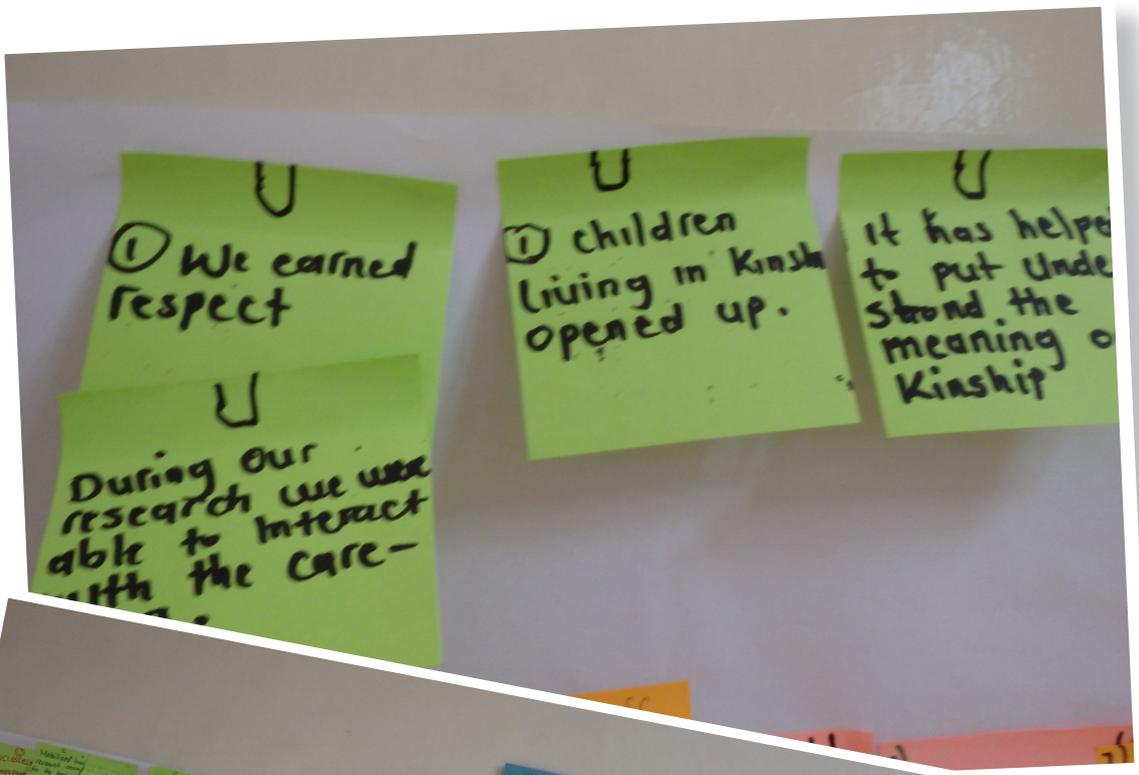
- ☹ During the planning meetings, the research teams had very high expectations of remuneration for conducting the research and due to the limited funding available it was a difficult expectation to deal with. However, this was resolved by more consultations and emphasis on problems and results being community driven, and the necessity for the results informing programs for response. In addition, there was a commitment to make sure their daily transportation and lunch costs were met.
- ☹ Some of the research team members had difficulties with local language in interviewing caregivers. Some of the research team members used their allowances to hire interpreters, others volunteered to interpreters and hence there was no respondent targeted for interviewed that wasn't interviewed. In some focused group discussions, participants volunteered to interpret within the discussion for those who could not understand.
- ☹ In some situations targeted respondents refused to be interviewed even after having gone through introductions and purpose of the research. Wherever that happened the team went on to the next household.
- ☹ In the rural context, the team encountered vast distances; a challenge which had not been factored in the initial planning. This problem was solved by some of them hiring 'bodaboda' (motor bikes used as taxis) to reach some household.
- ☹ In some households the caregivers expected incentives/appreciation for providing the information. The researchers time and time again explained the purpose of the research and the importance of the data for future programming to meet some of the challenges the caregiver explains. In addition, where they were mobilised for focused group discussions, refreshments were provided.
- ☹ There was one instance where a group of caregivers mobilised for an FGD failed to turn up. The research team mobilised another one which was conducted successfully.

### **Research Limitations**

The Kinship Care research in Kenya was primarily qualitative and exploratory, but an attempt was made to involve a small cohort of caregivers through structured interviews at household level. Resources were not sufficient to undertake widespread household surveys, which would have provided larger quantitative data sets regarding the number and characteristics of kinship care arrangements in the research communities.

The research location provided a relatively small sample to conduct an in-depth study of kinship care relationships, and this having been done purposively, rather than randomly, the findings may not be entirely representative of the entire Busia region. However, all in all significant efforts were made to gather the views of girls and boys living with different relative caregivers, including grandmothers, grandfathers, aunts, uncles, cousins and older siblings. Furthermore, triangulation of the data from various sources increases the validity of the data gathered.

Another challenge also presenting some limitation is the unavailability of data on children's care arrangements especially concerning children without appropriate care, in the most current DHS data; 2008-2009. This report relied heavily on DHS 2003 which had provided some very important data on care arrangement. This data set was unfortunately missed in KDHS 2008-2009 edition.



The Research Timeline

# I KEY FINDINGS

## I. Existing legal, policy framework and programs on kinship care

This chapter provides an analysis of key findings from the research as well as a detailed desk review on child protection in relation to alternative care and protection concerning existing legal and policy frameworks on informal and kinship care in Kenya. Important demographic data obtained from KDHS is also presented to provide a reference background.

According to KDHS 2008/2009, which is the most recent DHS data in Kenya, there are about 20.7 million Children in Kenya, which makes up about 54% of the total population. An estimated six million of these children require special care and protection, of which approximately 2.4 million children are, orphans (having lost one or both parents). Most of the orphans are cared for by family members, but many are in charitable children institutions (CCI), on the streets, or in child-headed households.

It is important to note that within the last decade or so, Kenya has made significant progress on legislation, policy and programmatic guidelines in support of child protection and enjoyment of rights for children. The following are some of the legal instruments enacted for protection of children in Kenya

- The Children Act of 2001
- The Hague convention on Inter-country adoption 2007
- The Constitution of Kenya 2010

### I.1 An overview of provisions of the Legal framework for children without appropriate care

The Constitution of Kenya 2010 in Article 43(1) (3) of the Constitution provides for progressive realization of the right to social security to persons who unable to support themselves and their dependents.

Care and protection for all children, including those who cannot be with their biological parents has been provided for in the Children Act, in line with provisions of the UNCRC. This includes the requirement of the state to assist in reunification of separated children with their parents (section 6(3)), provision for foster care (Part XI and schedule 4), guardianship (Part VII I), adoption (Part XI Section 154-183) and placement of children in charitable children's institutions (Part V, Section 58-72).<sup>9</sup>

Further, the government developed the Adoption Regulations in 2005 to provide guidelines on how to conduct both national and international adoptions. In 2007, the government of Kenya ratified the Hague Convention on Inter-country adoption to provide guidance on the procedures to be followed for any application for inter-country adoption. Of importance to note is that Kenyan holds the welfare of the child as paramount in reviewing adoption cases, including applications from foreign nationals. The Adoption Regulations are being reviewed to accommodate the provisions in the Hague Convention, and to also address gaps identified by stakeholders in the implementation of adoption processes, in addition to gaps identified during a technical assessment made in 2008, on the law and practice of alternative care in Kenya.<sup>10</sup>

<sup>9</sup> The Children Act of Kenya 2001

<sup>10</sup> Government of Kenya, Ministry of Gender and Social Services and UNICEF: *A technical Assessment of the Legal Provision and practices of Guardianship, Foster care and Adoption of Children in Kenya*. 2008, Nairobi Kenya

## Policy formulation in enabling domestication of legislation

The government of Kenya in its commitment to domesticate and implement the legal instruments has been active in formulating guidelines and policy documents to enable programmatic response in implementation of the law. The huge challenge as always is that although many policies are designed, adopted and launched; implementation, monitoring and impact evaluation is rarely done.<sup>11</sup> Complicating matters further is that many duty bearers, especially at community level, are not aware of all the different laws and policies, regulations and guidelines, leading to misapplications that result in children falling through what should be a protective net.

For instance The Children Act (2001) is currently undergoing an amendment process, to review some of the contested issues some of which include:

- The roles and responsibilities of other ministries involved in child protection, such as the police, health and education, including accountability mechanisms;
- Refocusing the language to reflect an emphasis on alternative family-based, care as opposed to institutionalization;
- Care and maintenance of children, diversion programming, and corporal punishment.

## National Children's Policy

The national children's policy was enacted in 2008 to serve as a framework to guide the government in achieving its commitments for children in implementing the children act. In the preamble of the policy document "...*Their nurture, (in reference to children) and well-being is the responsibility of key stakeholders who include **parents, wider family, the state (central and local government) and civil society***".<sup>12</sup>

In reference to section **5.15** of the National Policy, it details guidelines of what should be done concerning children without appropriate care, these being Children under Community Care, Adoption, Foster Care and Charitable Children Institutions (CCIs). The section provides that although these kinds of care and protection for children have been found to be viable alternatives for childcare, all children living under these arrangements shall be protected against any possible abuse and exploitation. This shall be achieved by among others:

- Domestication of the provisions of the Hague Convention on Inter-country Adoption.
- Reasonable efforts undertaken by adoption societies to avoid the separation of siblings while placing children for adoption.
- Provision for CCIs to operate as the last resort and temporary measure for children as they await appropriate placement and alternative family care within the community.
- Strengthen and support the structures and community systems that take care of the orphans and other vulnerable children (OVC)

It is the recommendation of this National Policy for children that the Department of Children Services should always develop 10 year action plans for children to highlight prevailing situations of children in implementing the policy. Furthermore, the policy will need to be reviewed and updated periodically to capture new and emerging issues regarding child protection and wellbeing.

## Overview of first National Plan of Action for children in draft-2013-2016-NCCS

The first national plan of action was developed by NCCS in collaboration with stakeholders to address each policy area with relevant interventions for child wellbeing. This plan of action, although still in draft, details each policy area as identified by the National Children's policy and identifies interventions and expected outcomes for children. Below is a table adapted from the National Plan of Action on policy areas relevant to children without appropriate care.

<sup>11</sup> National Council for Children Services (NCCS): *Summary of the outcome of mapping and assessing Kenya's child protection system Strengths, weaknesses and recommendations. 2010. Nairobi Kenya (unpublished report).*

<sup>12</sup> *The National Children's Policy 2008*: National Council for Children's Services (NCCS), Nairobi Kenya

Policy area	Expected outcome	Interventions
Parental and Family Care	All children have a right to live and be cared for by parents or guardians.	<ul style="list-style-type: none"> <li>To strategically work with the schools, religious organizations, media, barazas &amp; other stakeholders to ensure children and parents forums are held.</li> <li>To collaborate with stakeholders to disseminate <b><i>caregivers manual</i></b> and develop parenting skills.</li> </ul>
Social Protection	Every child has a right to quality standard of living and total security	<ul style="list-style-type: none"> <li>To put in place social protection interventions for vulnerable families.</li> <li>To create awareness on the law of succession and on the importance of writing wills to protect orphans.</li> <li>To put in place social welfare systems to monitor the well-being of children within the family.</li> </ul>

Source: National Plan of Action for children 2008-2012: Mombasa draft

## National Plan of Action for Orphans and Vulnerable Children 2007-2010

The Department of Children Services designed this national plan of action out of recognition of the unique circumstances of orphans and vulnerable children (OVC) who are without parental care and protection mainly as a result of HIV/AIDS. Despite this effort, the high number of OVC and the extreme risks to survival presented by their situation has more than doubled the challenge of ensuring their survival and development.<sup>13</sup> It is important to note that the Children Act does not necessarily emphasize family care in this or any other situation of extreme vulnerability, but rather places a lot of emphasis on the role of charitable children's institutions; even foster care has to be done through a Charitable Children Institution (CCI)<sup>14</sup>.

### Objectives of the National Plan of Action for OVC

1. To increase family based care and retention of OVC within family/household set up.
2. To increase care and support of OVC by communities
3. To increase access by OVC to essential services including but not limited to education, health care, nutrition , birth registration, legal aid, and reproductive health
4. To ensure that appropriate policies and legislation for protection and care of OVC are in place and operational
5. To create a supportive environment for children and families affected by HIV/AIDS
6. To increase the capacity of government and other institutional structures to coordinate OVC interventions
7. To increase the capacity of the government to monitor and evaluate effectiveness of OVC structures and interventions

It should be noted that although the Act provides for placement of children in CCIs as **a measure of last resort**, in practice, CCIs have become the first placement for children who are rescued from various risky situations, including removing them from their families due to poverty, and as response to orphan hood due to HIV and AIDS. As such, numerous CCIs have been set up in Kenya, mainly by individuals keen to 'rescue' children from poverty and hence very many children are under their custody.

Unlike adoption, there have not been any expanded legal and policy guidelines developed to guide and promote the practice of foster care and guardianship. The need for development of guidelines to enable monitoring of both foster care and guardianship, and also to raise awareness on these practices of adoption, including promotion of

<sup>13</sup> National Plan of Action for OVC 2007-2013.

<sup>14</sup> The Children Act 2001

local adoption, has been evident among stakeholders in the government. Thus, increased efforts are needed to provide guidance for foster care, guardianship, and for informal kinship care.

### **Government plans in review of new National Plan of Action for OVC**

Renewed strategies should include reducing deaths through HIV and AIDS, enhancing support to orphans and vulnerable children through policy development and support of safety nets such as cash transfer scheme for OVC.

1. Strengthen the capacity of families to protect and care for OVC
2. Mobilize and support community based responses
3. Ensure access for OVC to essential services, including but not limited to education, health care, birth registration, psychosocial support and legal protection
4. Ensure that improved policy and legislation are put in place to protect the most
5. vulnerable children
6. Create a supportive environment for children and families affected by HIV/AIDS
7. Strengthen and support national coordination and institutional structures
8. Strengthen national capacity to monitor and evaluate programme effectiveness and quality

### **The Guidelines for Alternative Care of Children in Kenya 2011**

The purpose of the Guidelines for the Alternative Care of Children in Kenya is to enhance the current Kenyan legal framework and existing practices for children without parental care and those at risk of being separated from their parents. Regarding informal/kinship care the guidelines describe this kind of care as the most culturally appropriate and vastly practiced by many communities. The most important benefit expressed in the guidelines is minimal distress after parental death or separation, and fewer multiple placements while also minimising the risk associated with institutional care.<sup>15</sup>

The guidelines however recognise the potential risks in this kind of care due to the reality that there is no government authority, or external agency tasked with regulation and monitoring the welfare of children under this kind of care. Due to the socio economic pressures noted earlier, a lot of families may be under tremendous pressures to adequately care for the children, while others experience stress and tension which is a risky situation that can lead to abuse, neglect and/or other ills against the children. These guidelines have been designed to assist and support government and partners in the implementation of alternative care services for children. They recommend among other things, adequate assessment of needs and linking families to social support services to strengthen the capacity of families to provide care and support to children in the family.

## **1.2 An Overview of Kinship Care in Kenya**

In Kenya, communities have historically and traditionally cared for and protected orphaned, abandoned and vulnerable children within the extended family. According to the Guidelines for Alternative care of Children in Kenya, the Government of Kenya Cash Transfer Programme has documented that, of those orphans who do not reside with any parent, some 40 per cent live with grandparents and 34 per cent with other relatives. This according to the Guidelines shows that Kenyan society places enormous value on the role and responsibility of the extended family in caring for these children.<sup>16</sup>

The care arrangement is traditionally discussed and determined by family members or community elders, and there is no involvement of the Department of Children Services or external agencies. In most cases, the family (typically the father's relatives) discusses which family member will take in the child/children and the wider family network tries to support the family during the initial placement period by collecting funds and material goods.

Kinship care has the potential to provide vast benefits to the child. Within most Kenyan communities, kinship care is the most culturally appropriate and understood form of alternative care. The care arrangement is based on

<sup>15</sup> Government of Kenya, Ministry of Labour and Social Security, 2012; *The Guidelines for the Alternative Care for Children in Kenya*, Draft, Unpublished

<sup>16</sup> Government of Kenya, Ministry of Labour and Social Security, 2012; *The Guidelines for the Alternative Care for Children in Kenya*, Draft, Unpublished pg. 38

community mechanisms and processes. Kinship care allows children to maintain cultural, religious and linguistic links with their families and communities and ensures continuity, stability and a sense of identity and self-esteem for the child. The child also experiences less distress after parental death or separation. When living with relatives, the child usually experiences fewer multiple placements and avoids the risks associated with institutional care. It is a more cost-effective arrangement and children typically prefer this arrangement. During instances of family separation, kinship care can also be an important temporary arrangement until the child's family has been traced and he/she can be reunified with his/her family. However, as revealed during our research, living in kinship care can also place children at risk of discrimination and mistreatment. Thus, it is important to strengthen community based child protection mechanisms, and child welfare services to better support kinship care families to provide care and protection in the child's best interests.

### ***Potential Risks of Kinship Care***

Since kinship care is unregulated and not adequately supported by the government or external agencies, girls and boys living with relatives face significant risks. Community leaders in Kenya have noted that due to large number of societal challenges, caring for an extra child is increasingly becoming a heavy burden for many families. These pressures, along with a lack of monitoring and families inability to access supportive services, are leading to many of these children experiencing abuse, violence, neglect and exploitation, and some children are moved around from household to household. In addition, the family taking in the child may be based purely on the decision by family members but not on the child's needs and his/her best interest.

The protection and risk factors which influence the likelihood of a child having positive or negative experiences when living with relatives are further discussed in a later section of this report.



*Children researchers discussing experiences*



## 2.2 Factors responsible for changes of Kinship Care over time

Factors that contributed to low number of children under kinship care	Factors that have increased kinship care practice with time
Collective parenting, where everyone in the community cared for one another's child.	High death rates in the region occurred from emergence of new diseases that were difficult to deal with.
Strong extended family ties where family members supported one another with family welfare responsibilities.	Breakdown of family values and lack of parental monitoring resulting in early pregnancies.
Positive cultural practices and beliefs, e.g. when a young man or woman was ready for marriage, parents were involved and identified suitable spouses.	Young people engaged in multiple or serial marriages where there is no responsibility accorded to the families.
Security to family property was assured since even after parents' death, children remained within the paternal family.	Migration to urban towns for work which in many cases means that the children are left with the relatives back at home.
Male relatives assumed the responsibility of providing for the children and their mother upon the death of household head.	Poverty as a push factor, where parents lack resources to provide for their children's education send them off to live with more 'well-off' relatives.
Clan and extended family meetings were held to discuss conflicts and solve problems affecting families.	Inability to parent well and provide discipline and structure.
There was economic stability because such natural resources such as land were available for all in the family.	Conflicts between step parents and children, hence they ran away to other relatives, or biological parent takes them away to avoid conflict.
Minimal disease outbreaks were experienced, low death rates at a young age, so most children were raised by their biological parents.	Adopting a kin's child where one is unable to give birth to their own.
	Intermarriages and isolation of extended families.

### **Family situations/circumstances contributing to an increase in the number of children in kinship care.**

**Family poverty:** It emerged from the discussions that some parents send off their children to live with relatives, most often in urban areas, to enable children access some basic needs that would otherwise not be available due to financial constraints. Poverty being one of the push factors, where parents lack resources to provide for their children's education they send them to live with more 'well-off' relatives who most likely live in urban centres far from the villages for a chance at education.

**Need for discipline:** Another reason for parents to push children away to other relatives is when they consider themselves unable to discipline and mould their children. In such instances they send the child to a relative who - in their perception - would be able to perhaps provide the necessary structure and discipline.

**Step family conflicts:** Sometimes family conflicts cause parents to push children into kinship care. Most often, this happens when men take on new wives after the death of or separation from the first one. In most cases, the new wives do not favour taking care of the step children; hence their father may decide to send them to another relative to avoid conflict with new wife. In this situation, sometimes the children themselves request to go away due to mistreatment, excessive child labour, and/or abuses from step mother/father.

**Traditional fostering:** This was a common practice among African societies where when a family member is unable to give birth to their own children, another relative who had several would give them a child whom they could take care of as their own. In Busia, this is a cultural practice that still goes on today, and just like other alternative care situations has potential risks to the 'adopted' child.

**Difficulty in balancing the parenting responsibility:** Respondents in this research cited the challenge of providing basic needs which characterise a balancing role that parents have to deal with to ensure survival of the family. Most often, children are neglected and sometimes abandoned in this struggle hence children remain with no one to provide advice, monitoring and moulding of a good character. A lot of teenage pregnancies are attributed to this challenge of balancing the parental role.

**Inter-ethnic marriages:** An interesting perspective on effects of intermarriages to quality of kinship care was expressed by members of a grandmothers' discussion group in Maduwa village. It emerged that sometimes, the differences in culture within an inter-ethnic marriage can contribute to conflicts, divorce and separation, resulting in neglected and/or abandoned children who end up under the care of grandparents. Due to the different cultures and modern living, the young people who in the marriage often isolate the extended family deny children the warmth and familiarity of extended family. In this situation, children grow without knowing members of their extended family, and when the parents die or separate, it becomes very difficult for the children, who have to live with families that they had not known before. Often, conflicts between grandparents and grandchildren are attributed to this lack of nurtured warmth that would have been there had there been a relationship prior to the grandmothers' taking up the primary caregiving role.

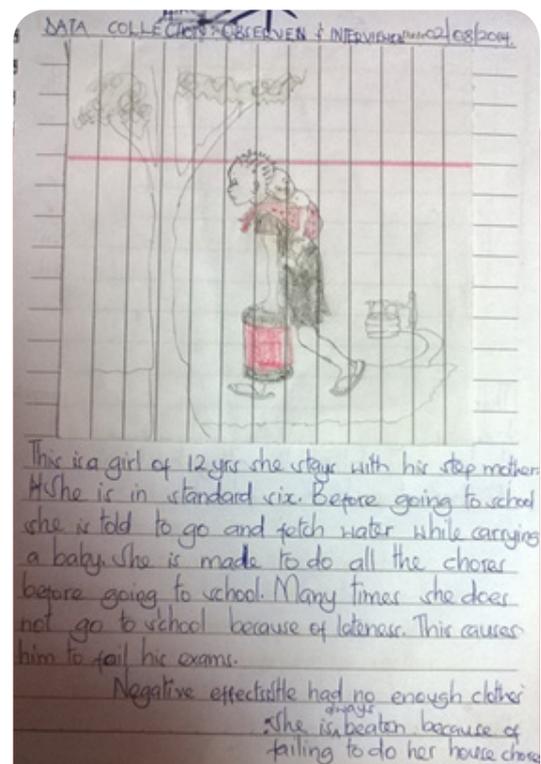
### 2.3 An analysis of factors influencing the trend of Kinship care

The discussions in this section brought out various factors that have contributed to an increase in the number of children within kinship care and a decrease in strength and quality of the caregiving environment. This, as presented in the previous sections, is a trend that has gradually emerged over time due to a changing environment that many families are grappling with.

With time, there have been changing trends and numbers of children living in kinship care due to different sociocultural, political, and economic, health and environmental factors. As alluded to earlier, Kenya has no current data on OVC population, but projections from other sources has estimated the number of children without parental care to reach 6 million while that of total orphans to be at 2 million by the years 2010-2012. According to DHS data, loss of both biological parents happens to approximately 2% of all children aged 0-14 in Kenya, mainly due to HIV/AIDS pandemic.

This information was largely corroborated by the outcomes of this research, which was specific to Busia but largely reflects the estimated trend. According to information gathered from the community, high death rates in the region started occurring around the period of early 1990s from emergence of new diseases that were difficult to deal with. The worst of them as identified was HIV/AIDS which began spreading from 1984 when the first patient was diagnosed in Kenya; and has resulted in a lot of children being orphaned and their care taken over by relatives.

Despite the challenges caused to the family as a result of illness and death, the society provided numerous safety nets to families and this worked well in ensuring neglect of widows and children did not happen. One of the safety nets was support in conflict resolution in families which were easily solved with the support of extended family, the church or elder mentors.



This is a girl of 12 yrs she stays with his step mother. She is in standard six. Before going to school she is told to go and fetch water while carrying a baby. She is made to do all the chores before going to school. Many times she does not go to school because of lateness. This causes her to fail her exams.

Negative effects: she had no enough clothes. She is beaten because of failing to do her house chores.

This is a story of a 12 year old girl who lives with her step mother: Each day before going to school, she is instructed to fetch water while carrying a baby. She then does household chores before going to school. There are many times she doesn't make it to school due to being very late. This has resulted to failing exams.

**Positive effects** - She has access to school despite this not being consistent

**Negative effects** - The heavy burden of chores she has to undertake before going to school, risk of dropping from school due to inconsistency and failing exams

During one of the Focus Group Discussions in Kamunoit Village (Rural Location), community members shared how some of the illnesses that resulted in large number of deaths of parents were: the tsetse fly outbreak in 1990 where many people and domestic animals (mostly cows) died; HIV/AIDS was prevalent in the 2000s and it continues to be a challenge to-date; in 2010, there was an outbreak of cerebral malaria and lastly in 2013, there was an outbreak of typhoid which mostly affected those living with HIV-AIDS. These deaths of parents and other caregivers meant that a lot of children were left alone and vulnerable hence most of these children had to live with their relatives.

Raising children was seen as a communal effort with every member of the community extending this responsibility to children wherever the children would be. Building character and good morals among the young children was a crucial responsibility for each gender. In addition, bearing children out of wedlock wasn't allowed and young people observed cultural values and morals that prohibited engaging in sexual activity before marriage

Polygamy was a cultural value in this community such that such unions had no trouble and every child in the marriage considered each woman as their mother. They would comfortably eat or sleep in any house. In addition, widowed women would be 'inherited' by the dead husband's brother whose primary role was to provide food, protection and recognition of the family within the community.

In present times, an issue identified by the respondents as a factor increasing kinship care was early pregnancies (resulting from immorality in some cases and in other cases, resulting from rape/defilement). This, according to outcomes of adult group discussions, is a recent problem which has stemmed from breakdown of family values and lack of parental monitoring. The children born out of this situation are left with the grandparents, since their mothers are most often children in school and with no clue about taking care of babies.

A new trend emerging out of broken families as perceived by the community was situation akin to multiple or serial marriages described as where a man takes on several wives, at different times, and even different places but does not measure up in providing for their wellbeing. This was attributed to lack of consultations with parents and extended family when a young man desires to marry.

On further probing around this issue the discussion brought out the reality that polygamy was practiced in this community, but there was a lot of responsibility attached to it. It emerged that no man would marry more than one wife if he did not have visible resources or wealth to provide for them. Wealth at the time was measured mainly in terms of the size or number of plots of land, number of cows and goats. This was necessary to ensure that every woman married had her own piece of land to till and provide for her children.

Another issue that has contributes to the increase in number of children in kinship care is migration to urban towns for work, which in many cases means that the children are left with the relatives back at home. Most often, they are left under the care of grandparents with limited resources and skill to parent well, hence resulting in neglect of the children under their care.

According to adult members of a discussion group in Kamunoit village, young men in current times take on wives without asking for their parent's consent. They later abandon the wife and take on another and another. 'This 'irresponsible polygamy' in the current young generation is leaving many children without care of parents and leaving young mothers to carry on the burden alone'.

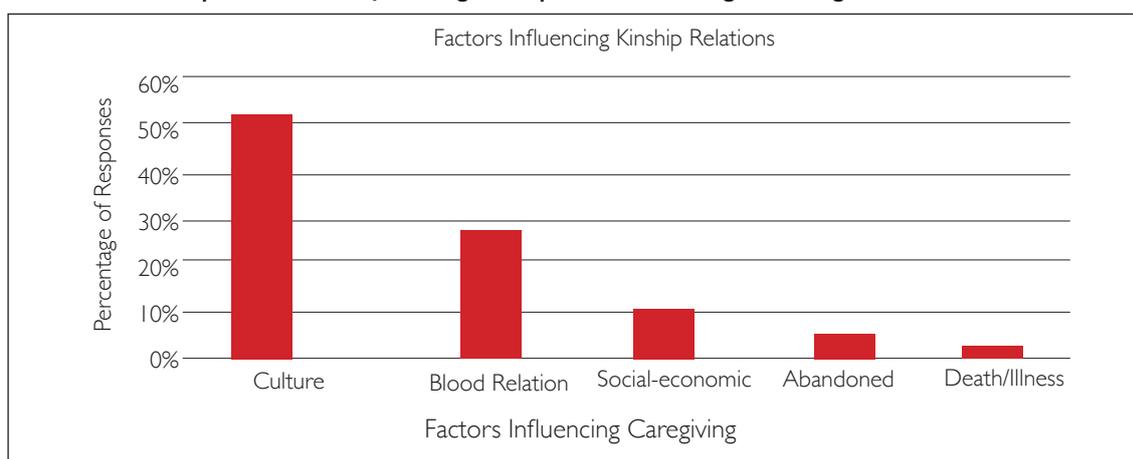
Family relations in Kamunoit sub location has changed. In the past our culture had norms and practices that secured families and kept children protected. Polygamy, taking care of widowed families through wife inheritance was valued and kept families together.

*Village Elder, Kamunoit Village,  
Teso South Sub County*

### Factors influencing decision to care for children

As alluded to in the previous section, this study found out that kinship care is a practice that was deeply ingrained in the culture of the people, whereby for instance raising children was seen as a communal effort with every member of the community extending this responsibility to children even when the biological parents were not present to take care of the children. In an attempt to further understand the factors considered by the current caregivers in taking up care of their kin's child, the caregivers were asked to provide reasons that brought about the care relationship. The graph below represents responses provided by caregivers in understanding some of the reasons that influenced their decision to become a caregiver.

**Graph 1: Factors influencing kinship relations among the caregivers interviewed**

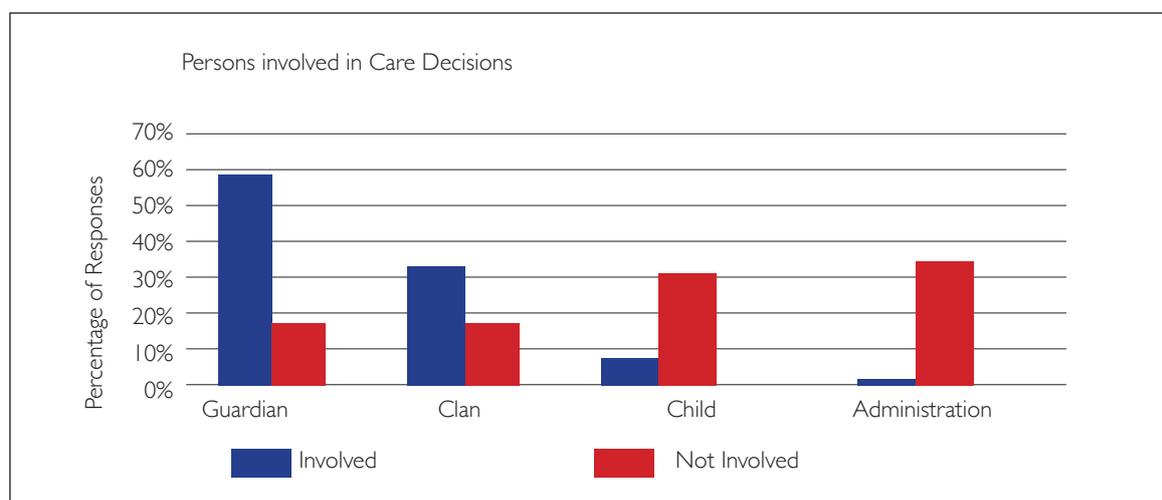


Most respondents said that their traditions and cultural practices regarding family kinship mean that they are expected to take in the children of a loved one who has died, is too ill to care for the children or is too poor to provide basic needs. Therefore for most respondents, who are indeed currently caring for their kin's children, this is their way of life, as inherited through generations. Another compelling reason which is largely connected to the culture of care is blood relations; this being seen as the natural thing to happen within the extended family, when children are left orphaned, abandoned or parents being too ill to provide care.

### Decision making concerning kinship care options

It emerged from this research that decisions on who should assume care of children in informal care arrangements are largely taken by adults and clan members in the community and rarely are children consulted concerning their own care. Interviews with caregivers concerning this issue affirmed further the perceptions emerging from focused group discussions regarding decision making for care of children.

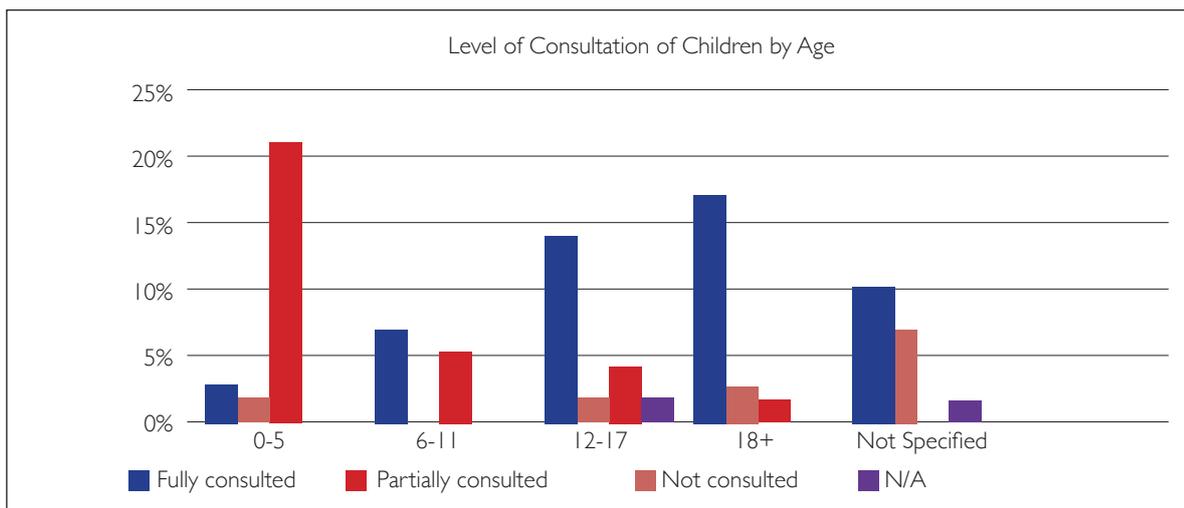
**Graph 2: Decisions regarding care options**



As is evident in the graphical representation above, kinship care arrangements for children whose parents are not in a position to care for their own children are organised and finalised by extended family, here composed of potential guardians and clan members, without the participation of children. Administration, in this case denotes government officials, most likely the local chief, but then very minimal of instances. Children are typically only informed when a decision has been reached and they are expected to comply.

A further inquiry into possibility of children being involved in care decisions brought out the following outcome:

**Graph 3: Level of consultation by age**



This representation depicts perceptions on levels of involvement of children concerning their care options in kinship care relations. The graph depicts an observed trend even in this research that there is a lack of opportunity for children to voice their opinions and to influence decisions regarding their care and protection. Girls and boys are rarely consulted by parents or their caregivers in any decisions that affect their care arrangement, especially younger children i.e. from 10 years and below, however, older children mostly above 12 years might be informed about decisions being made on their behalf, but this does not necessarily mean they are consulted.

### **Value placed upon kinship care**

The children's group discussions concerning care options, as well as individual draw and write, essays, poems and day in the life drawings, depicted some of their care option preferences, as well as the advantages and disadvantages of different care options. As depicted by the table below and as illustrated by some of the personal testimonies, children often prefer to live with their grandparents. Children tend to feel more loved and cared for by their grandparents, despite the observation that due to grandparents' age and possible health and livelihood weakness, there may be negative outcomes of living with grandmothers. Though some grandparents were perceived as lax, and do not monitor children closely or punish them harshly, this was identified as a risk in terms of general behaviour and discipline. However, compared with options of living with other relatives, many children expressed a preference to live with their grandparents as they felt more of a sense of belonging and care with their grandparents. Living with aunts or uncles who had their own biological children they faced more risks of discrimination.

Care options available in Busia county:



Overview of findings concerning children and adults perceived advantages and disadvantages of different care options:

Care Options	☺Advantages	☹Disadvantages
Grandmothers and grandfathers	<ul style="list-style-type: none"> <li>Giving stories about times gone by and lessons from culture and traditions.</li> <li>Providing their basic needs: food, shelter, medicine and clothes.</li> <li>Love, care and good advice.</li> <li>Protection from harm especially from some extended families or strangers.</li> <li>Provides sense of belonging to the children of their kin.</li> <li>Children are raised to be responsible.</li> <li>They inherit values and beliefs of the family/culture/ community.</li> </ul>	<ul style="list-style-type: none"> <li>Some children are not taken to school especially secondary schools due to lack of money.</li> <li>Risk of having to work if grandparent is elderly e.g. digging, fetching water, firewood and even cooking.</li> <li>Discrimination from the extended family where grandmother may have no control.</li> <li>Early pregnancy due too much freedom-grandmothers are not able to monitor and provide limits to behavior.</li> <li>Early marriages.</li> <li>Language barrier when the children have been living in a different environment – e.g. urban or from an intertribal marriage.</li> </ul>

Care Options	☺ Advantages	☹ Disadvantages
Aunt/Uncle	<ul style="list-style-type: none"> <li>• Provide school fees.</li> <li>• Gives them shelter.</li> <li>• Provides them with clothes.</li> <li>• Good advice.</li> <li>• Protects them from harm (security)</li> <li>• Encourages them to go to church.</li> <li>• Takes them on tour.</li> <li>• Provides food for them.</li> <li>• They give stability and solidarity in the family by living in peace.</li> <li>• They counsel them.</li> <li>• They show love and caring towards them.</li> </ul>	<ul style="list-style-type: none"> <li>• A lot of work and household chores left for the kinship children.</li> <li>• Being severely beaten even for very small mistakes.</li> <li>• Some children may end up in the streets due to lack of support to go to school.</li> <li>• Most often not taken to hospital while sick.</li> <li>• Given away to provide cheap labour for the aunt's friends and relatives.</li> <li>• Small quantity of food compared to cousins.</li> <li>• Discrimination on basic needs and especially new clothes.</li> <li>• They are given second hand clothes as their children get new clothes.</li> <li>• Risk of being disinherited by uncles.</li> <li>• Lack of freedom to worship.</li> </ul>
Step parents	<ul style="list-style-type: none"> <li>• Provide shelter.</li> <li>• They are taken to school.</li> <li>• Provide food.</li> </ul>	<ul style="list-style-type: none"> <li>• A lot of work left for the step child.</li> <li>• Most often no or very little food.</li> <li>• Woken up early to start work and household chores before going to school.</li> <li>• Beaten severely for small mistakes.</li> <li>• Not taken to school at all.</li> <li>• Going to fetch water alone while others are resting or playing.</li> <li>• Washing all the clothes, including soiled innerwear.</li> <li>• They are not taken care of while sick.</li> <li>• Most times they are chased away during meal time.</li> <li>• They are never shown love.</li> <li>• They are never involved in decision making in the home.</li> <li>• They are never bought new clothes.</li> </ul>

Care Options	😊 Advantages	😞 Disadvantages
Cousins	<ul style="list-style-type: none"> <li>• Encouragement to go to school.</li> <li>• They understand their problems since they could be in same age range.</li> <li>• They provide the basic needs, that is food, shelter and clothing.</li> <li>• Better family bonding.</li> </ul>	<ul style="list-style-type: none"> <li>• They discriminate and talk negatively about their kin relative.</li> <li>• High possibility of incest.</li> <li>• High risk of sexual assault by older cousins.</li> <li>• Early pregnancies due to incest and sexual assault.</li> <li>• Early marriages.</li> </ul>
Siblings (sisters & brothers)	<ul style="list-style-type: none"> <li>• They ensure younger siblings go to school.</li> <li>• They provide shelter, clothes, security, medicine and food.</li> <li>• They are taken to hospital while sick.</li> <li>• They advise their younger siblings.</li> </ul>	<ul style="list-style-type: none"> <li>• A lot of work and household chores.</li> <li>• They may not treat all children under their care equally.</li> <li>• Woken up early to do house chores like washing utensils, mopping the house before going to school.</li> <li>• They are chased from home whenever they do wrong</li> <li>• They can be insulting especially when they are requested to buy them something.</li> <li>• Harassment.</li> <li>• Sibling rivalry due to misunderstanding.</li> </ul>
Other non-familial care: can be people of good will, pastors, local leaders or people within same community or clan, neighbours and friends.	<ul style="list-style-type: none"> <li>• Provides the basic needs.</li> <li>• Give counselling and guidance.</li> <li>• They have the potential to be very understanding due to the humanitarian aspect.</li> <li>• Family identity through adoption or foster care.</li> <li>• Access to life skills and education.</li> <li>• Spiritual guidance.</li> <li>• Love, protection and care.</li> </ul>	<ul style="list-style-type: none"> <li>• Discrimination from the family members.</li> <li>• Risk of physical and sexual abuse.</li> <li>• Lose of family properties/assets.</li> <li>• Enmity amongst children in the foster family.</li> <li>• Risk of exploitation- trafficking taken from one location to another.</li> <li>• Disinherited.</li> </ul>



This is a day in the life of a 10 year old boy; researcher in Kamunoi village. He lives with his father and step mother in the same household. As depicted by the graph, he goes to school and has quite a number of household responsibilities to fulfil.

Positive aspects: He goes to school, has a home, and is given food.

Negative aspects: Although the household chores could be contributing to family unity, there could be risk of dropping out of school or not having adequate attention to school work.

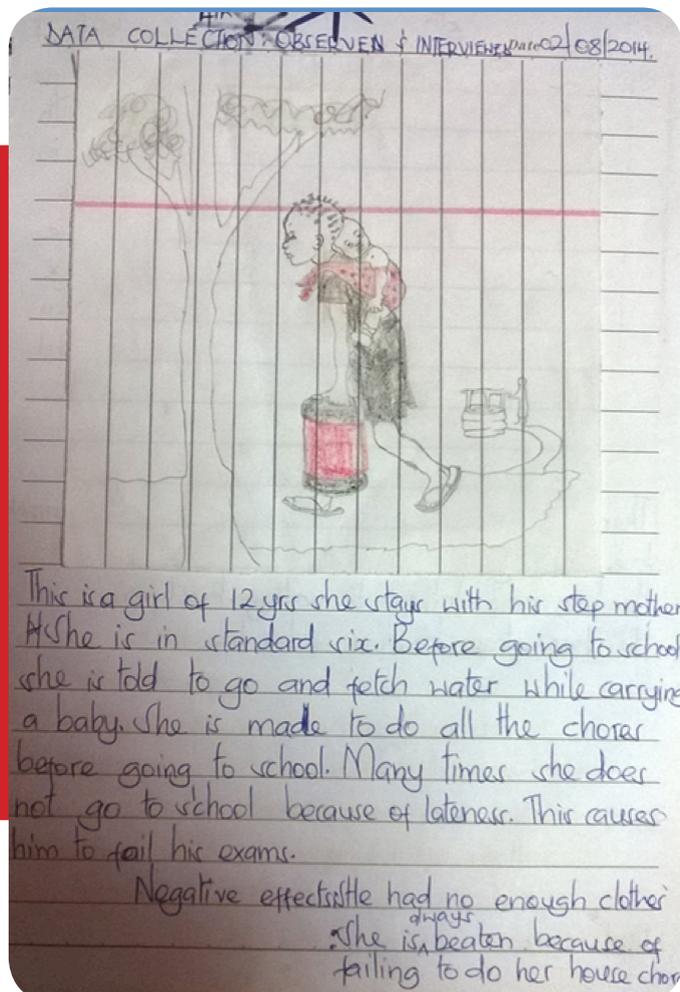
A child researcher in Kamunoi Village

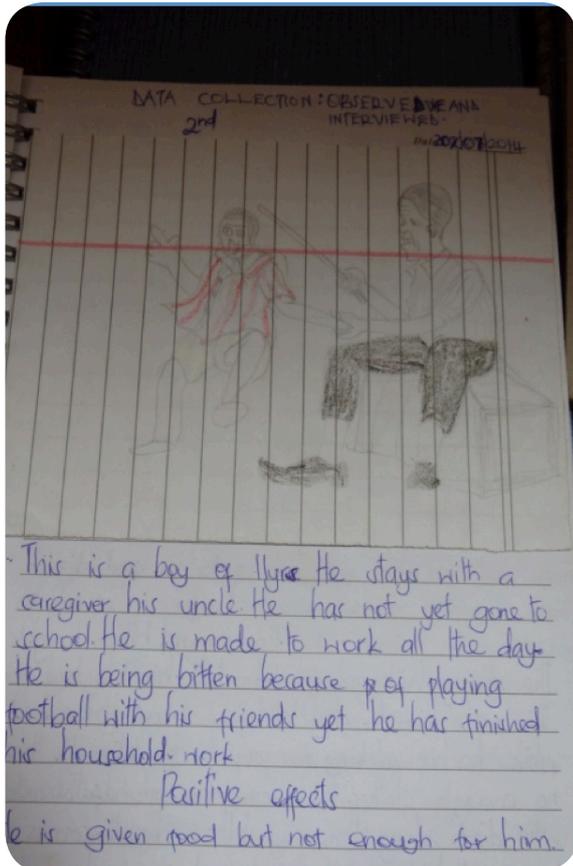
This is a 12 year old girl who lives with a stepmother. She is in class six, but every day before she goes to school, she has to fetch water while carrying a baby. She doesn't go to school many times due to being late. She often fails her exams

Positive aspects: she has a caregiver and has access to school

Negative aspects: she is often beaten due to no finishing her chores as expected. She has too much work which she must fulfil before going to school. There is risk of dropping out of school altogether.

A 12 years old researcher's observation of a child from Maduwa village





*This is a boy of 11 years. He stays with a caregiver his uncle. He has not yet gone to school. He is made to work all of the day. He is being beaten because of playing football with his friends yet he has finished his household work.*

*Positive aspects: He is given food but not enough for him.*

*Negative aspects: He lacks parental love. He has no good clothes. He is given all the chores to do at home. While others are in school, he is at home*

*A Child researcher from Maduwa Village*



*Research Teams Discussions*

### 3. POSITIVE AND NEGATIVE EXPERIENCES OF GIRLS AND BOYS LIVING IN KINSHIP

This section provides an analysis of positive and negative experiences of boys and girls living in kinship care and is illustrated by some of the children's draw and write, essays and poems.

It also provides outcomes of discussions about how kinship care impacts on their well-being, development and realisation of their rights - including their rights to protection from neglect, abuse, violence and exploitation. Most of the emerging subjects of discussions around the range of experiences were around access to education; health and nutrition; opportunity for play, participation in decision making in the home, sense of identity, rights to land and inheritance of biological parents. Key differences in experiences due to gender, age, and other factors are also identified.

#### EMERGING THEMES

**Key positive and negative experiences of children living in kinship care:**

Negative Experiences ☹️	Positive Experiences 😊
Discrimination	Love, care and advice
Mistreatment	Access to basic needs
Lack of basic needs	Access to child rights to protection
Lack of education	Guidance, discipline, and moral support
Abuse (physical, mental and emotional)	Fair treatment - treated equally
Hard work	Inheritance
Indiscipline	Support
Lack of appreciation	
Trafficking	
Not enough time to play	





survival and development. The children talked of grandmothers as being very caring in ensuring the children have something to eat, even if they are not always able to provide a balanced diet, they at least they make sure the children eat something. 😊

Access to child rights to protection and basic services was another theme that emerged out of the positive experiences for most groups, children and adults included. Good protection by caregivers is experienced mostly from mainly from grandmothers. Protection is also enhanced by the availability of NGO and government services (child helpline, police, children officers) when in need. There are interventions and support from government through bursaries to cover school fees, intervention on matters of inheritance and safeguarding family property. While children were often happy to help with some household work, they also wanted enough time to study and to play with their friends. 😊

The children described the importance of receiving guidance and discipline from caregivers to instil discipline and good morals. Some children also talked about the importance of spiritual guidance. It was seen that some grandparents "spoiled children" by pampering to their needs. In contrast some caregivers, especially uncles and aunts used caning and beating to discipline children.

### **Impact of negative experiences**

Discrimination and mistreatment of children under kinship care was found to be a common trend among children living with relatives. Further analysis revealed that this happens inform though harassment from caregivers or children of caregivers (children of the relative caregivers), jealousy from children of caregivers, for instance if the foster child performs better in school or does chores better in the house. Sometimes children are falsely accused when there is a misdeed in the home.

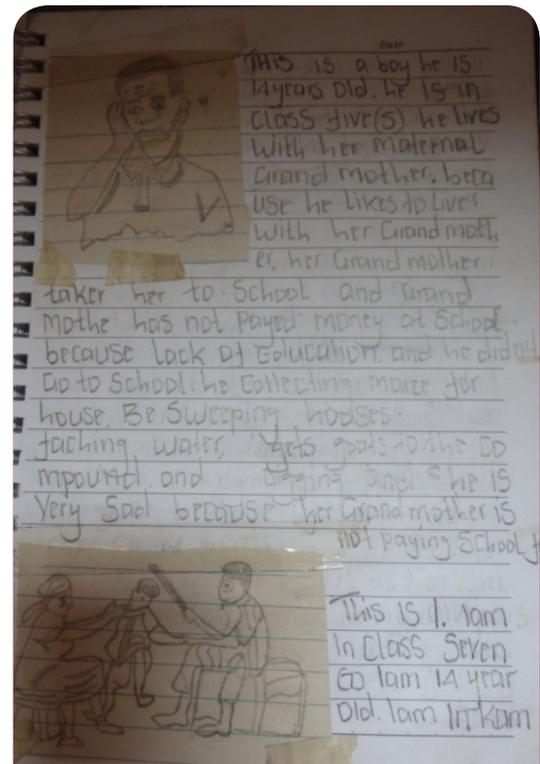
Relative children are often given more work to do than the caregivers own biological children. They may be given less food. Situations were also described where the relative children are being made to sleep on the floor while others are on beds, working while others are playing or resting. This makes children feel unappreciated, unloved and unsupported. 😞

Lack of basic needs which includes food, clothes and education, is also a common experience of the children involved in the research. This mainly leads to the children being exposed to illness, and absenteeism from school, most often some of them eventually drop out. Other children, in an attempt to survive, result to stealing, so as to fend for their needs. This has the potential to lead to severe beating if found out or even arrest by the police to face charges of theft. 😞

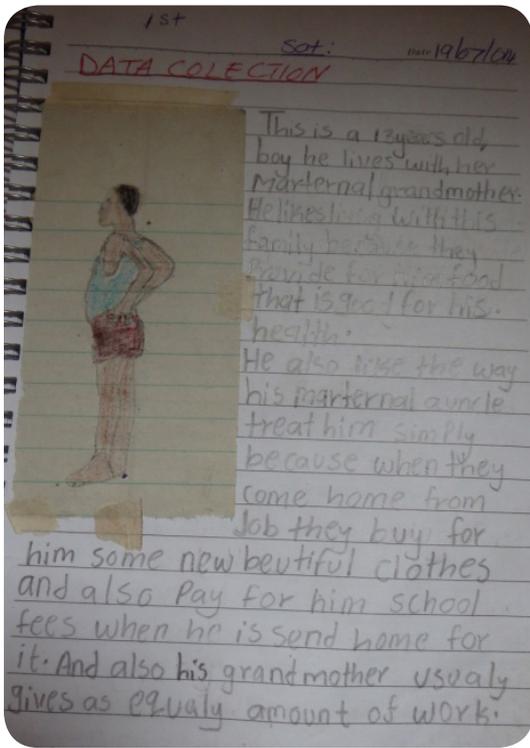
Abuse and exploitation also emerged as a key theme, and this was in various forms:

- Being beaten severely for small mistakes.
- Exposure to excessive work in the home or farm at the expense of school.
- Girls being sexually abused by male relatives such as uncles, cousins and step fathers.
- Others are trafficked to provide cheap labour for relatives in towns and cities where they again undergo more protections risks.
- Others run away from the abusive relations and opt to live in the streets, thereby facing even further protection challenges. 😞

A lack of discipline was also regarded as a negative experience especially where grandmothers allow for children to

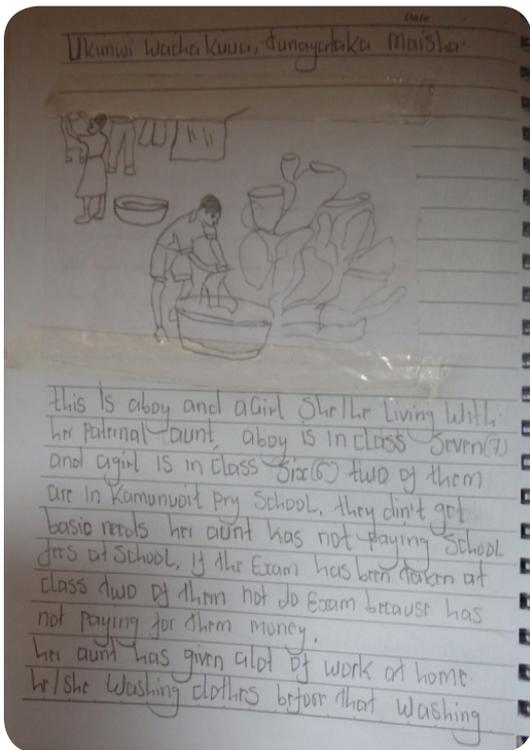
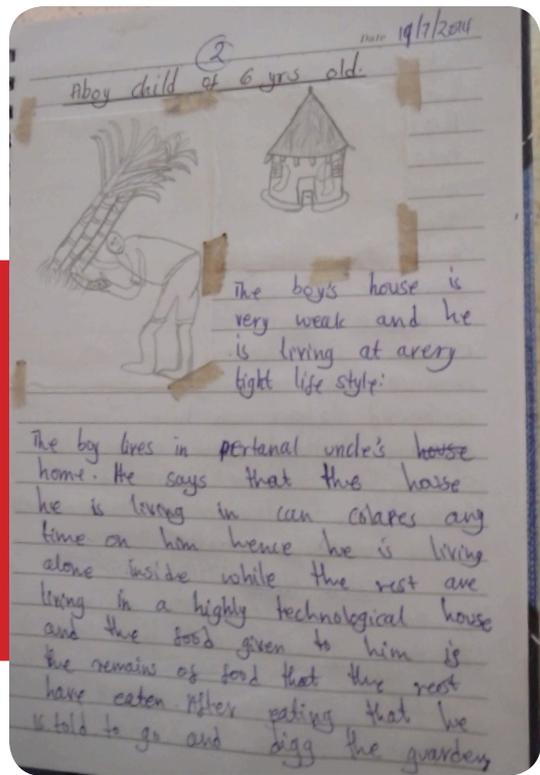


**This is a boy he is 14 years old. He is in class five. He lives with his maternal grandmother because he likes to live with his grandmother. His grandmother takes him to school [but] when the grandmother has not paid money at school because of lack of education he did not go to school. He is collecting maize for the house, sweeping houses, fetching water, taking goats to the compound and digging. He is very sad because his grandmother is not paying school fees.**



This a 13 year old boy. He lives with his maternal grandmother. He likes living with this family because they provide him with food that is good for his health. He also likes the way his maternal uncle treats him simply, because when he comes home from job they buy for him some beautiful clothes and pay his school fees...and his grandmother usually gives equal amounts of work.

A 6 year old boy lives with his paternal uncles. The boys home is very weak and he is living a very tight life style.... his house can collapse any time on him hence he is living alone inside, while the rest are living in a highly technological house. And the food given to him is the remains of the food that the rest have eaten. After eating he is told to go and dig the garden and cut the sugar cane.



This is a boy and a girl. They are living with their paternal aunt. The boy is in class 7 and the girl is in class 6.... They didn't get their basic needs. Her aunt has not paid their school fees... so they children can't take their exams. Her aunt has given them a lot of work. They are washing clothes and utensils, after that collecting firewood, and then starting to cook. After cooking they go to fetch water. If she is sick her aunt does not take her to the hospital. She goes to the market to buy medicine. If she makes a small mistake her aunt beats her.



have too much freedom, hence the result being indiscipline among children. This was associated with the advanced age of especially grandmothers who, due to age, are unable to instil discipline especially among teenage children. ☹

Early pregnancies as a risk and experience for some of the children was discussed as resulting from poor parenting, and also lack of basic needs. The discussion on this experience was found to have potential to perpetuate the cycle of poverty especially in this community. This is for the reason that according to the culture in this community, children belong to their fathers; therefore at teenage mother and her family can choose to chase the child away to the father or his family, who then might reject or severely mistreat the child and now with nowhere to go may run away, persevere

the mistreatment, get pregnant early if they are a girl, hence cycle goes on and on. ☹

### 3.2 Factors contributing to protective Kinship Care relations:

Children and adult researchers ranked protection and risk factors on a scale of -5 to +5. -5 representing the most significant risk factors, and +5 the most significant protection factors.

**Child is polite & well behaved:** this was considered as a very important protection factor (+5)<sup>17</sup> because then it enables the child to be loved and cared for through provision of basic needs and protecting them; it increases the chances of foster care for the child; the child has higher chances of good performance especially in school; they are considered as 'role models'; and lastly, it reduces the chances of the child experiencing stigma

**Caregiver feels it is a religious duty to care for relatives:** this is considered as a protective factor (+3) because for those caregivers to whom this applies, they embrace it fully as it is an expression of true religion and a form of worship in service.

**Child feels a sense of belonging:** Is considered a protective factor (+4) because parents/caregivers will be taken care of in the future by the child; caregivers will provide the child with basic needs and support their education; the child is assured of a share of inheritance; the child will ensure continuity and keep the family name; the child will be motivated

**Child is disabled or has ill health:** this was considered as both a protective and risk factor: A protective factor because disabled children have the potential to become someone important if given the chance and support by the respective caregivers; in addition to this, the support and legislation from the government on persons living with disabilities has allowed disabled children to be protected and be cared for.

**Male and female caregiver were involved in decision making and 'chose' to care for the child(ren):** is considered a protective factor (+5) because the children will be taken care of; the children have a good relationship with the caregiver; caregivers are willing to provide basic needs

**Love and care for the child by the relative:** is considered a protective factor (+3) because children are provided for basic needs and are happy, they will be taken to school, they will be advised through life, the love and care that they receive would set a good example to the children for them to remember and give back to those caregivers and to their own children in the future

<sup>17</sup> Children and caregivers ranked protection and risk factors on a scale of -5 to +5. -5 rank is most significant risk factors, and +5 rank was the most significant protection factors.

### 3.3 Factors contributing to risk within kinship care relations

**Male or female caregiver feels forced / obliged to care for the child:** is a risk factor due to the fact that it can lead to abuse, lack of provision of basic needs, death (from poisoning for example), living in fear, and an increase in stigma from the negative treatment.

**Child is disabled or has ill health:** this was considered as both a protective and risk factor. A risk factor because if the caregiver does not take a child to a school for children living with special needs, the child will most likely be neglected; the caregivers mostly feel ashamed of the child; where the caregiver is unable to financially take care of the child's special needs it poses challenges; where the child cannot do tasks/ help with house chores, he/she may be harassed/abused; some caregivers think that disabled children can infect their biological children with their disability and therefore tend to isolate them and mistreat them.

**Discrimination (caregiver favours their own biological children):** this was considered as a risk factor (-4) because the children would lack access to education, the child will lack for and risk getting sick/dying, the children under kinship care will more often than not lack basic needs while the biological children are provided for.

**Family Poverty (poor household economy):** was identified as a risk factor (-4,-5) because there will be lack of enough food, school fees, child labour (exploitation), basic needs in general; the child would be unhappy most of the time

#### **Gender and age differences which sometimes influence kinship care experiences:**

**Gender:** Caregivers may have preferences to care for girls because they can bring a dowry and they can help with housework. However, some caregivers prefer boys to keep the family name, to inherit the fathers property, and to help do more manual work and to look after the animals.

**Age:** Some caregivers prefer to take care of younger children as they think it will be easier to discipline and guide them. However, some prefer older children to help with the work. Older girls can help to take care of the caregivers own children.

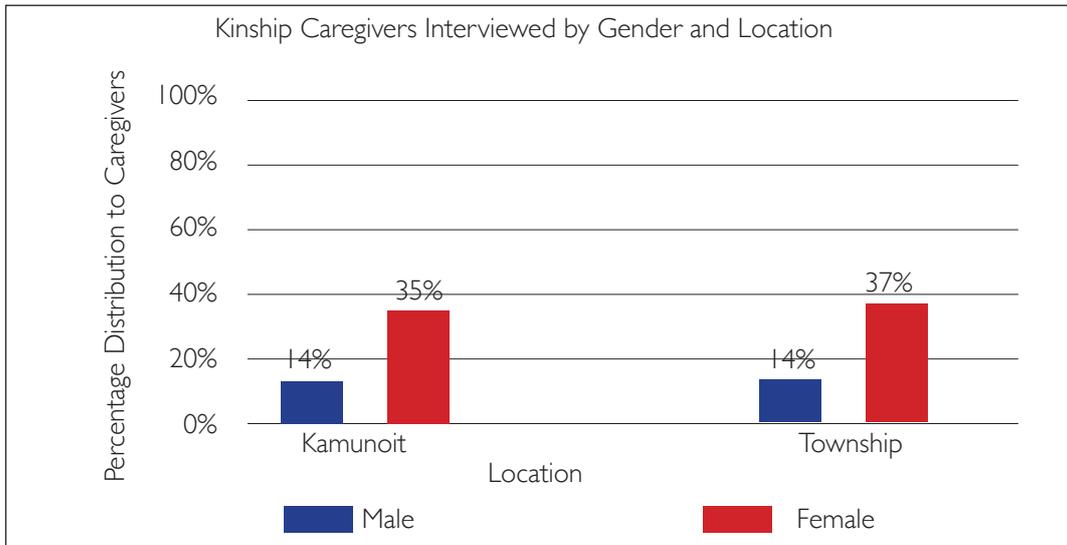
### 3.4 Caregivers' experiences of kinship care

Within the five weeks period of this research, kinship caregivers participated in the research through focused group discussions guided by very interactive participatory tools that helped to explore in-depth, various emerging themes. In addition, a different group of caregivers were involved in household surveys through use of a questionnaire derived from the research protocol. The criterion for selection of the caregivers was being a parent as well as a caregiver for a kin's child. Below are graphical representations of caregiver respondents by gender, location and relationship with children.

As depicted by table 1 below, the research findings demonstrate that the majority of caregivers were grandparents, closely followed by aunts. This occurrence largely corresponds to national DHS data which shows that among children living with neither biological parent 78% of children under the age of four is likely to be living in households headed by grandmothers<sup>18</sup>.

<sup>18</sup> BCN (November 2014 Draft) Kenya: Children's Care and Living Arrangements DHS, 2003

**Graph 4: Kinship Caregivers, by gender and location**



Source: Field data: Kinship care Research

The graph above indicates the distribution of caregivers who participated in the household survey through structured interviews during the kinship care research. Largely it is evident that women as primary caregivers in kinship care were far more than males. This largely reflects the representation demonstrated in the previous table that might explain the reality that majority of the children under kinship care are under the custody and care of grandmothers as household heads due to death or vulnerability of the children's parents.

This research shows that the majority of caregivers were grandparents, closely followed by aunts. Generally, perceptions of caregivers demonstrated a high regard of their roles as a natural consequence of cultural expectation since these are children of their kin and families hence they regarded themselves as playing an important role on the children's lives. The data depicted further corroborates the value and preference placed upon grandparents as the first option of care for children without parental care.

In addition, the data presented in the section shows that caregivers do indeed experience certain positive attributes of caregiving but it was also not without challenges. Here below is an analysis of most of their responses from the various data gathering methods.

### **Positive experiences of caregivers in the caregiving role**

Largely, the caregivers who participated in this research associated the caregiving responsibility with feeling good and blessed due to looking after the children, feeling important and useful in the family and community since they had been entrusted with the care of the children of their kin.

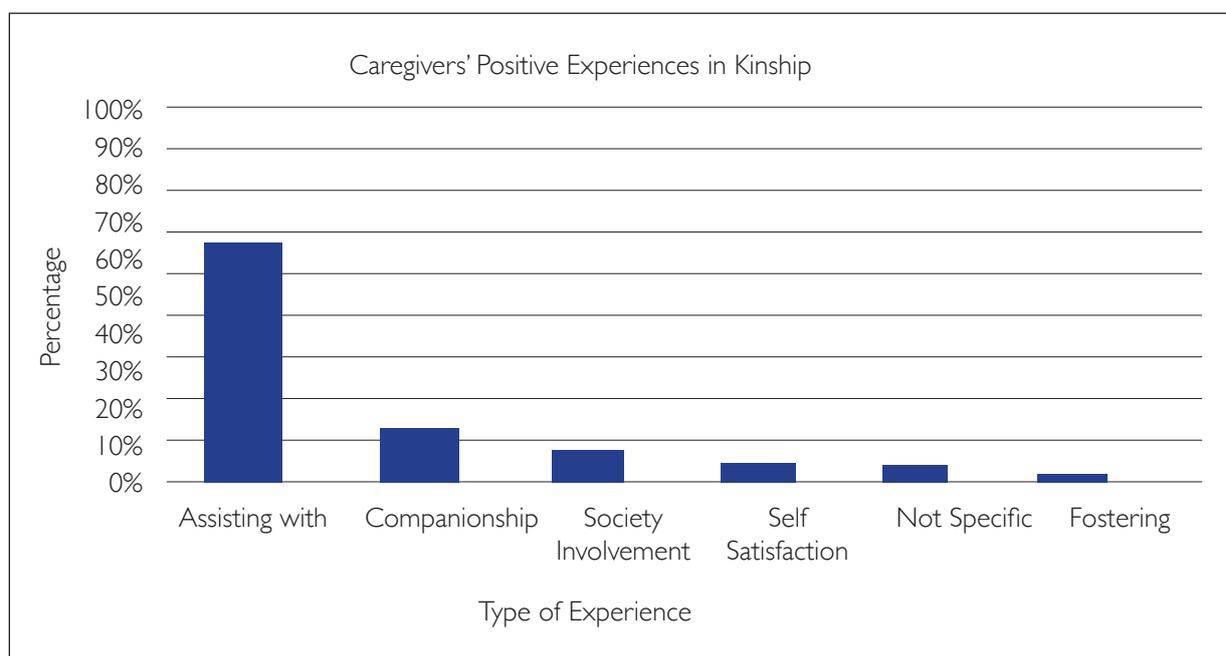
There was a strong sense of belonging and connectedness to their departed kin: this was repeated over and over especially by the grandmothers, who said that they felt the presence of their children through the grandchildren.

Some of the grandmothers said they feel young again and enjoyed the company of youth around them, due to caring for young children all over again. In addition, they feel regarded highly in the community for fulfilling the expectations of their culture and traditions.

They also identified certain benefits that kinship children provide through support in household chores, farm work, care and repair of the household and even security, especially teenage boys. The children are also seen as a benefit to the family due to possible source of financial security after the children are grown, educated and employed. This was more evident of the girl children, as several caregivers in a focused group discussion said that, **'.....caring for girls is good as they do not forget their parents'**.

An analysis of the household interviews summarised positive attributes of caregiving as follows.

**Graph 5: Positive experiences of caregiving**



Household work and chores provided by the kinship care children tops the list of positive experiences as benefits provided by the children. Companionship, societal regard and self-satisfaction also emerging from the focused group discussions, comes at a distant 2<sup>nd</sup> and 3<sup>rd</sup> on importance. This confirms that the majority of caregivers find it useful to take in the children out of what they can offer in terms of household or other work. The risk as expressed in this analysis is the very likely occurrence of denial of the right to education and various other important rights to survival.

**Negative experiences; presented as risks and challenges to caring for children:**

The caregivers identified economic pressures which inhibit provision of basic needs and comforts to children under their care as one of the main challenges of caregiving. In addition, the respondents pointed to lack of support from extended family in caring for the children who are most often regarded as a 'burden' in the family. This easily creates resentment and frustrations and can easily result to violence and neglect to the kinship children.

- A lot of expectations from the community that you cannot meet
- Economic stress and inadequate resources to meet the children's needs
- A lot of self-denial and sacrifice to meet needs of children
- Overworked in search of basic needs to support the children

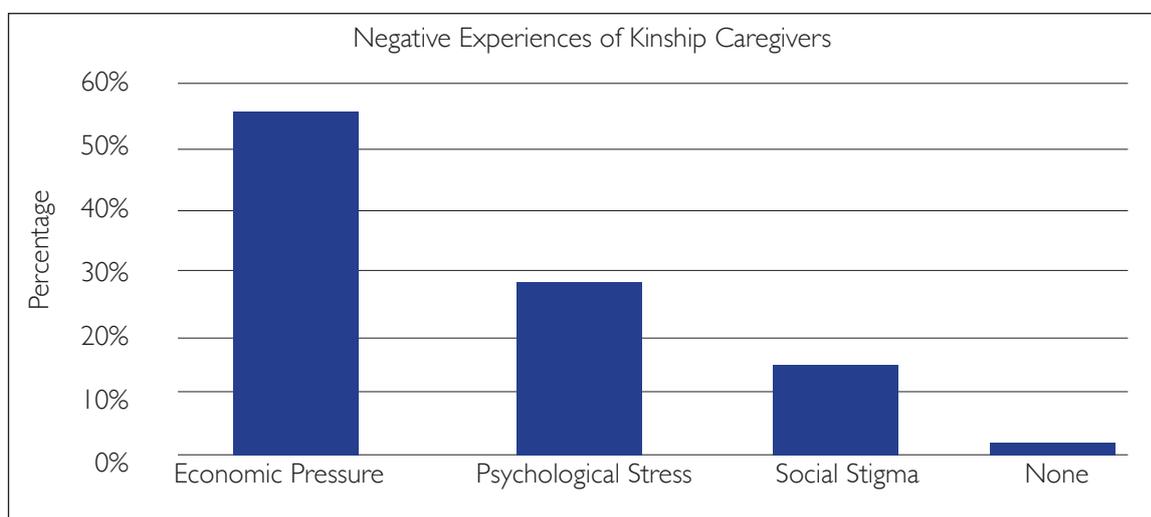
Another challenge that caregivers face is culture and language barriers when caring for children brought up in urban environments. Some of the caregivers said it takes a very long time or never to bond with children who have to suddenly move to rural context when their parents die.

The new experience of parenting, especially for grandmothers in the digital age complicates communication and dealing with behaviour especially for pre-teens and teenagers. This was also regarded as a source of frustration which has the potential to lead to neglect

In normal circumstances, parenting and family life is characterised by high stress levels in dealing with economic pressures, family conflict and the time required to raise children. The added caregiving role to an extra child or children most often results in minimal attachment and monitoring of the children, leading to problems of discipline and truancy in many kinship relations.

Many parents feel negatively judged by the community when the children under their care do not thrive positively. They fear the potential stigma of being branded the bad parent, since the community expects to see positive outcomes of the caregiving role.

A similar trend of responses on negative experiences was also depicted from the structured interviews with caregivers, with the responses are presented below.



In conformity with the outcomes of the focused group discussion, the graph depicts that caregivers have various challenges that present negative experiences of caregiving.

- **Economic pressure:** the largest percentage of respondents experience financial demands that come with caring for extra children. Under normal circumstances, financial constraints are a challenge for all families and it then would be evident that this would be one of the key concerns for the caregivers.
- **Psychological stress:** As expressed by most caregivers, especially explored through FGDs, psychological stress is often seen as a result of economic pressures, family conflicts, dealing with discipline, and especially for grandparents, the demands of parenting young children and teenagers in present times when parenting is already a challenge for most families.
- **Social stigma:** As expressed by caregivers was due to instances of disapproval and negative judgement by community and/or extended family when the caregiver is seen as not being able to perform the parenting role for several reasons. This arises in situations when others perceive indiscipline in children, illness or malnutrition and even conflict among children.



**Mapping Care Options**

## 4. SUPPORT NEEDS OF CHILDREN AND CAREGIVERS

This chapter presents a description of the expressed needs of children and caregivers living in kinship care and also explores what is available in the community in fulfilling some of these needs. In addition, the discussion brings out gaps prevailing from the resources available in the county for these families. It also provides an overview of the stakeholders existing in this county and the various ways in which they are providing services necessary for the wellbeing of the families and children in Busia and more so the families caring for kin's children.

### Support needs of children and caregiver

Children	Caregivers
<ul style="list-style-type: none"> <li>• Access to basic needs and services which are crucial for survival. Health care, balanced diet, access to free education. Unfortunately though basic education is free there are still hidden costs that parents have to bear. The caregivers and parents need support to provide these.</li> <li>• Awareness of child rights and information on how to identify, where to refer and what to expect when handling a child rights violation case. In many communities there is a lack of awareness on how child abuse cases are handled causes fear and hence many are unreported. Furthermore, caregivers and children are afraid of the justice system and the associated expenses.</li> <li>• Legal aid and support for protection of inheritance, property or land in cases where disputes emerge at the death of parents or household head</li> </ul>	<ul style="list-style-type: none"> <li>• Access to social security support from the government.</li> <li>• Psychosocial support like counselling, encouragement, appreciation for the support.</li> <li>• Parenting skills training to enable them raise responsible children.</li> <li>• Financial literacy and access to financial support: income generating activities, loans and grants to improve family livelihood.</li> <li>• Material support where available for: food, construction materials, and household items.</li> <li>• Skills to strengthening family unit to avoid conflict, divorce and separation.</li> <li>• Training of gainful farming and animal husbandry.</li> <li>• Adult education in order to read and write.</li> <li>• Marital counselling.</li> <li>• Training on child rights.</li> <li>• Involving the community and other stakeholders like the Chief to help solve the family issues.</li> </ul>
<ul style="list-style-type: none"> <li>• Children need love; acceptance, advice and counselling to enable them feel secure.</li> <li>• Spiritual guidance.</li> <li>• Life skills to enable the children become resilient and acquire self-esteem.</li> <li>• Time to play and socialize with their peers.</li> <li>• Personal hygiene and grooming for instance having their hair plaited, shaving for the boys.</li> <li>• Good parental care with guidance and discipline.</li> <li>• To be treated with respect and without discrimination in the adoptive family.</li> <li>• Acceptance and sense of belonging in the extended family and the community.</li> <li>• Consulted in decision making concerning where they would want to live, education, future career and aspirations.</li> <li>• Appropriate work load for their age as a contribution to the family wellbeing.</li> </ul>	

- The Busia county children's office provides a number of services for children and family welfare: child custody disputes, prevention and responding to child rights abuses, referral for legal aid and associated services. The office links families to services and support according to the children's and caregivers needs
- The county children's office also manages and implements the cash transfer program in Busia, which is important for most vulnerable families in meeting the needs of the children in kinship care.
- The government of Kenya from 2002 initiated a free basic education policy for all children in Kenya. Although there are still levies that parents must take care of, the county like all other counties benefit from bursary grants meant for children in vulnerable families.
- The government hospital provides free access to health care for children under five, and also for some illnesses like TB, Malaria and access to ARVs to boost immunity.
- There are a number of NGOs, CBOs and religious affiliated programs in Busia that provide support to families in various ways- education grants for children, food aid, payment for health services, micro-credit and savings programs, new knowledge and technology for farming, legal aid.
- Some of the government and community supported schools have feeding programs, book aid and collaborate with health service providers for disease prevention services.
- There is an orphanage in Amukura, Teso south, which supports the children's office in rescue, fostering and adoption.

### ***Strengths and recommendations that can increase and strengthen family based care***

Generally there are no specific services designed to support kinship care arrangements in Kenya, hence most children living in this kind of care receive interventions usually meant for vulnerable families, which most of them live in. Despite the various challenges and gaps in the support system, it was a purpose of this research to identify strengths existing among the stakeholders and within service system that, if further strengthened, can improve family bonds and help to keep children safe. These systems include the following:

#### **Children**

Children as key stakeholders in their own wellbeing were encouraged to contribute to family strengthening, by being respectful to each other in the family, their parents and caregivers as well as elders in the community. They need to cultivate resilience and be involved in child led groups for advocacy on child rights and development issues. There are already some child led advocacy initiatives in Kenya, for instance the Children's Assembly supported by the department of Children Services. Some of the child researchers in this research are members of this initiative.

#### **Parents and Caregivers**

Parents and caregivers need to feel proud of being caregivers, and should love all children without discrimination. They should include children and other relatives in decision making concerning the wellbeing of the children under their care. In addition so as to utilise available services, parents and caregivers should strive to know and understand the services available at their disposal and seek help when in need.

#### **Government**

The government and more specifically the Ministries responsible for children's issues and services to families - education, health, protection, legal aid - need to increase resources and manpower for children's services, to reach more families not currently targeted and initiate family strengthening programs; the most important of these being building capacity for skilful parenting and household economic strengthening. The national government needs to formulate the necessary policy to support family strengthening.

Government sectors at both county and national level should work at eradicating corruption, nepotism and

discrimination within their systems, as this derails development and progress of communities. They should also prioritise enforcement of the existing laws to take legal action on parents and caregivers who abandon children.

### **Busia County**

Since Busia County has some programs that promote family strengthening, a specific recommendation for the County Children's Office was that it should improve the approach of targeting families for support of education bursaries and cash transfer programs to the needy children. They should also incorporate an effective data base to avoid duplication of services to the same beneficiaries.

The County should also consider:

- Educational support to children in some of the very poor families who may not achieve the required top grade to receive support. Most often they are not able to acquire the grades due living conditions that inhibit focus on studies.
- Strengthen families especially support to families providing kinship care to children.
- Strive to disseminate information to children on where they can get support if required.
- Declare a total ban on 'Disco Matanga'- a common practice in Busia which consists of all-night vigil when someone dies in the community. The period consists of music and dance and this has particularly been singled out as a risk to children and young people because of alcohol and sexual liaisons that happen in the ceremonies.

### **Civil Society (NGOs, CBOs and Faith based organisations)**

All non-governmental organisations working in Busia to support and work closely with the government to form a collaborative and non-competing role in the provision of services to support family strengthening. Particularly important is targeting vulnerable families for social protection support as well as monitoring the overall benefits to the family. Also capacity building in skilful parenting, economic strengthening.

### **Local Community Initiatives**

Active roles of the religious leaders are important due to their position of influence. They should encourage support for kinship care in safeguarding the wellbeing of children. The local leaders, community and traditional elders form a crucial part of the informal child protection system, since they are the first point of contact for challenges affecting families and children. Co-operation between community leadership and government needs to encourage families to raise their children within the comfort and protection of the family. There is also need to include skilful parenting talks in chief Barazas and religious forums/meetings.



The vision of Children in Kinship Care

## 5. POLICY AND PRACTICE RECOMMENDATIONS

It emerged from the desk analysis of this research that kinship care as an ongoing practice for safeguarding children without appropriate care is not recognised by legislation; there are therefore no guidelines to monitor child wellbeing in this kind of care. This is despite the reality that kinship care is such a widespread form of safeguarding children without appropriate care and has been practiced for decades by many communities. It is also a fact that this kind of alternative care for children is associated with risks to children's survival and wellbeing.

In an attempt to pick out relevant recommendations that can be used to improve the positive qualities of this kind of alternative care, this research utilised the visioning tree tool to engage participants in imagining a future for children, who are currently without appropriate care. The outcomes of this exercise were important in defining some of the key issues relevant to this community that emerged.

### The Visioning tree

In summary, the children's vision depicted the importance of: love, care, a sense of belonging, guidance, and access to basic services including education, good health facilities, shelter, water and food. They want to experience a future where family members have access to a good livelihoods and homes, and they are able to meet all children's basic needs. There is family unity, no discrimination among children and no child feels isolated. A future where children are protected and can play without fear.



## Key recommendation areas that emerged from the visioning exercises for a better situation for children

**Recognition of kinship care as a protective structure:** Since the government of Kenya has recently adopted the Guidelines for Alternative Care of children, there should be deliberate steps towards implementing the guidelines in recognition of this important structure which has the potential to keep children within families. Laws, policies and guidelines need to be in place to support families and children who have challenges with inheritance, child custody problems, violence and conflicts which have negative effects for children. Strengthening of the kinship care arrangements/system so as to ensure that, as much as possible, children have stability in that they do not move from one caregiver to the next but are able to settle with the selected caregiver for as long as possible as long as the environment is suitable for the child.

- **Recognition of kinship care as an existing strength for protection of children without appropriate care. Implement Guidelines for alternative care for children.**
- **Increase the opportunities for participation of children: in families, community, policy development arena.**
- **Family strengthening programs in county children offices and with accompanying legislation and policies.**
- **Improving the reach of cash transfer, through better targeting and monitoring outcomes.**
- **Increase access to free primary education and eliminate the hidden costs.**
- **Strengthen child protection systems especially the community based informal system which is the first point of recourse for families.**
- **Positive parenting that include grandparents, aunts, uncles and other relative caregivers.**
- **Budgetary allocation for more human resource in the children sector.**
- **Better coordination among actors to avoid duplication and wastage of resources.**

**Opportunities for child participation:** Children are stakeholders in their own protection and therefore should be involved in advocacy at various levels of engagement. They should be involved in decision making processes which continue to enhance their self-esteem, resilience and overall development.

**Strengthen child protection systems at all levels:** There is need for continuous awareness on programmes, particularly on the existing structures/mechanisms in place to address cases of violence against children which reflect on the need for strengthened national/community based child protection systems.

**Improving the reach of cash transfer programs:** Largely, the community regarded this program as an important resource that has been helping families provide basic needs to the children. They felt that there is need to not only increase the reach, but also monitor the program to ensure better targeting and wellbeing to children as a result.

**Access to school and elimination of hidden costs:** Although there is free primary education, there are still families that are unable to ensure access for their children due to existing 'hidden' costs that are levied by schools since the government allocations are inadequate. There is need to evaluate these costs and provide better for the education system in Kenya. For many children, schools are protective havens and provide hopes for the future.

**Establishment of family strengthening policies and guidelines:** There is need to initiate family strengthening programs; most important being building capacity for skilful parenting and household economic strengthening. The national government needs to formulate the necessary policy to support family strengthening. Establish family and child protection unit to address issues of parenting.

**Better collaboration among the different government ministries/sectors to address conflicting legislation and guidelines where children could be put at risk:** for instance there is need to harmonize some provisions of The Employment Act that allow minors to be involved in gainful employment, and The Children Act which prohibits employment of children (under 18) due to the risk of exploitation.

## 6. CONCLUSION

### 6.1 Summary of critical research outcomes

This participatory research confirms that Kinship Care is widely practiced in many Kenyan communities as noted through the participatory engagement with communities in Busia County. Traditions and culture placed a high value in the practice, which was seen as critical to safeguarding children, and keeping the family lineage alive. Historically there have been cultural norms, values and a togetherness that kept marriages and family ties strong. However, socio economic pressures and challenges that accompany urbanization and modernisation has negatively affected family unity. In many communities family bonds have broken, leaving families more individualistic and distant from each other.

As evident in the desk review, kinship care is not explicitly referred to as a form of alternative care for children within the Kenyan legislation (Children Act of 2001) that guides protection and provision for children. If it were, there could be associated guidelines or policies that could have been put in place to monitor the wellbeing of children in this kind of care. However, the fact that Kenya has adopted the Guidelines for Alternative Care for children is a big step towards recognizing the existence of informal alternative care for children and implementing the recommendations there in concerning Kinship care.<sup>19</sup>

This research has found that there are both negative and positive outcomes for children living in kinship care. Some children experience a sense of belonging, love, care and protection in families, and have their basic needs met. In contrast, other children experience discrimination, mistreatment and may not have their basic needs met. Many caregivers are committed and are doing all they can to care for children, but some caregivers, especially grandparents, struggle to meet all their basic needs due to family poverty or ill-health; and other relative caregivers may not provide relative children with equal access to basic needs due to discriminatory practices.

It is crucial to build upon the strengths and resilience of children and caregivers, and to reduce the risks faced. There is need to draw into some of these strengths and use them as components crucial for strengthening and advocating for family based care. This would save a lot of children from entry into institutionalized care which despite its prevalence in Kenya is not protective at all.

There are many reasons that push children into formalised care or institutionalised care. According to this research parents sometimes are responsible for their children living with extend family or relatives. Most often; where parents are alive and children are taken to live with kin, it would be for reasons of accessing better services, most often education, health or generally a better life. Unfortunately for many parents, the inherent risk of children living with extended family is not evident, and there is therefore a need to create awareness about these risks and to take active efforts to minimise the risks. Outcomes of positive and negative experiences brought forth by children underscored this fact. It is necessary that integrated approaches to address these root causes of a child's separation from their parents are addressed. In addition there is need to strengthen kinship care since there are many children who are without the comfort of having their biological parents due to certain vulnerabilities or death.

An interesting outcome of this research is the preferences of care options as depicted by children as they mapped care options available around them. Largely and even corroborated by the caregiver outcomes, children's positive experiences of kinship care are associated with living with grandparents. This is despite the observation that there may be inherent risks associated due to the advanced age of the grandparents as primary caregivers. As demonstrated through data compiled from numbers of the caregivers consulted, due to their position of caring for their kin's child, grandmothers were the majority, forming 50% of all caregivers combined in both research areas. This calls for the need for facility strengthening strategies with skilful parenting and economic strengthening being key components of family strengthening. Linkages to ongoing social protection initiatives are also important to enable these households provide meaningful safeguards for the children in their care.

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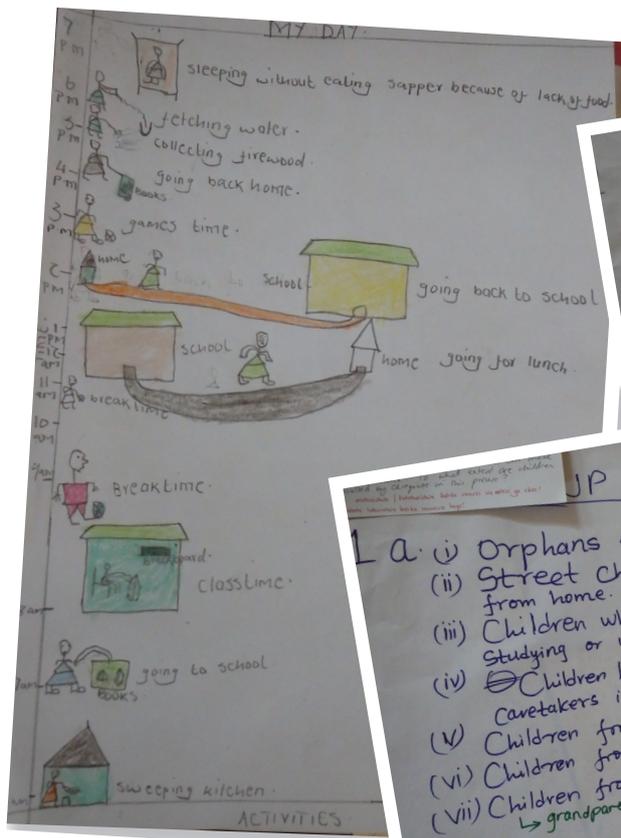
<sup>19</sup> The Guideline for Alternative Care for Children in Kenya

Media initiatives and community based monitoring and prevention efforts to promote non-discrimination and proper care and protection of children living with relative caregivers are also required, so that more children receive the care and protection within extended family care settings.

## 6.2 Moving forward

Save the Children is committed to strengthening the caring capacity of families and to build family-based alternative care options for children who cannot remain with their families. This is an important approach in safeguarding the wellbeing of children and especially being an approach for prevention of child rights violations. Save the Children Kenya in collaboration with government and civil society a partner is:

- Promoting safe family environments for children in Kenya, and advocacy on kinship care as an important safety environment for children.
- Collaborating with other child protection actors and the Department of Children Services to disseminate and support implementation of the Alternative Care Guidelines for Kenya.
- Supporting existing ongoing social protection programs for vulnerable families, including cash transfers, with components that will strengthen the programs and make visible the outcomes for child welfare.
- Advocating for county and national level polices to priorities family welfare as a key component in enabling programs for family strengthening.
- Designing strategic advocacy on linking informal and formal child protection systems. Critical in this would be moving towards enabling understanding of the laws and policies on child wellbeing at the community level.
- Supporting children's participation and community participating in decision making processes that enable them to participate in decisions concerning their care and protection, and in advocacy for issues affecting children in the community. The Children's Department supports the Children's Assembly as a child participation structure to enable children articulate issues important to them. Save the Children supports this initiative and it can also be a forum for advocacy on issues affecting children in kinship care.
- Strengthening its work in promoting accountability and transparency on issues of children, e.g. strategic impact mitigation to pick up issues of conflicting legislation on matters of children. The ongoing review of the Children's Act is an important opportunity to articulate the gaps identified.



Children from mentally challenged parents -  
 ↳ grandparents, uncles and maternal aunts

- (i) To keep the family name alive and to give the children an identity.
- (ii) To preserve the reputation of the family
- (iii) To keep the tradition of the clan/ teaching the children the traditions of the clan.
- (iv) Safety of the children.
- (v) To secure inheritance.
- (vi) Access basic needs
- (vii) Family companionship
- (viii) For love and care.
- (ix) Bonding and identifying the family by the child.

**JP TWO**

A. (i) Orphans either both parents or one

- (ii) Street children those that have run away from home. CCI → foster homes/families/rehab
- (iii) Children whose parents are far either studying or working → grandparents → mother
- (iv) Children born out of wedlock and left to caretakers ie grandparents, uncles (maternal)
- (v) Children from broken marriages. → uncles & maternal grandparents
- (vi) Children from very poor families. → both paternal/maternal uncles
- (vii) Children from mentally challenged parents. ↳ grandparents, uncles and maternal aunts

↳ To keep the family name alive and to give the

Experiences of kinship care



Fun and games



*Recap games*





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