

Who Cares?

Child and family perspectives on effective care,
who provides it and why it matters



Family
for every child

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Summary

The importance of children being well cared for in families is widely recognised in global policies and guidance. There is extensive research demonstrating clearly the importance of a safe and caring family for child well-being and development. While there is consensus on the importance of effective care in families for children, there is a lack of discussion and agreement about the precise components of this care. In particular, further exploration is needed to determine which elements of effective care are universal and which are culturally or contextually specific, and to explore who provides this care and the factors that hinder or support it. This report contributes to debates on this important topic by providing perspectives from focus groups with 198 children and 81 adults from Brazil, Colombia, Egypt, Mexico, Russia, Rwanda and Zimbabwe (see Annex for information about these focus groups).

This report demonstrates that there are many commonalities in perspectives on and experiences of care across contexts. The following was consistently found throughout the seven settings where the consultations took place.

- Effective care for children in families involves meeting children's material and emotional needs, and providing them with food and shelter, love and affection, support and advice, and a peaceful, safe environment in which to flourish. In the minds of children, material needs do not take precedence over love and guidance.
- A range of individuals contribute to the care of children and it is rare for this care to be solely provided by parents. Each contributing family member provides specific inputs, meaning that the loss of a mother or grandmother has very different ramifications for child well-being compared to the loss of a father or grandfather.
- Communities make vital contributions to children's care.
- Care is impacted by both structural factors, such as poverty or lack of access to vital services, and relationships within the household and wider community, such as bonds between the carer and the child, or stigma and discrimination, as well as carers' access to extended family and community support.

There are also important differences in how care is perceived and experienced between the different settings. For example:

- It is far more common for children to live with one or both parents in some settings than others, and the most common family types differ by country and context.
- The specific role played by different family members and other actors in children's care varies and is heavily influenced by prevailing cultural norms. These also change over time and adjust to factors such as women having a greater role in the workplace.
- The particular structural and relational factors that influence care vary greatly by context with, for example, drug and alcohol abuse and high levels of violence in the community having a far stronger influence on care in some settings than others.

This suggests that while it is possible to identify some common features of effective care and universal strategies to support this care, it is equally important to fully understand and respond to specifics of effective care in each setting.

The findings of this report have numerous implications for both policymakers and practitioners, the most important of which include the following.

1. Improving children's care is a policy priority. Having the opportunity to grow up safe and protected in a family is of vital importance to children's well-being and development. This has ramifications for children's physical and mental health, schooling, and moral guidance, and consequent implications across a range of areas and development targets. Meeting children's physical and material needs is obviously important for their survival. However, as important is ensuring they have strong emotional well-being, supported by relationships, love and guidance.
2. Interventions to improve care must be holistic. Supporting effective care within families is unlikely to ever involve simple, single sector responses. Improving care requires efforts to build relationships within families and communities, combined with interventions to reduce poverty and improve access to services. Those working in child protection, health, education, social protection and other sectors all have a responsibility to monitor and improve children's care. Policymakers, programme designers and practitioners must develop a holistic package of support for families that can be individually tailored to meet specific needs.
3. Policymakers and practitioners must recognise that a range of individuals are responsible for children's care and must target interventions appropriately. For example, efforts to enhance 'parenting' cannot just be aimed at mothers and fathers but must also reach siblings and extended family members. Similarly, messaging in areas such as child nutrition, health or safety, will be far more effective if it targets those responsible for feeding and supervising children, which may not always be parents. When working with individual children and families, practitioners must consider wider caring relationships, rather than just focusing on parent and child interactions. Understanding the specific contributions made by each carer and how this varies by context and circumstance is vital for the success of a range of interventions.
4. Care must be a key consideration when seeking to identify and support the most vulnerable groups. Rather than focusing exclusively on orphanhood as a sign of vulnerability, it is important to also examine the existence of wider caring networks. Children who have smaller networks, or who lose key caregivers such as a grandparent, sibling, aunt or uncle, may be particularly vulnerable. As different caregivers provide different types of support, the lack of a particular caregiver in a child's network can also have an impact on the specific forms of vulnerability that children face.
5. Policies and interventions on care must be context specific. Who cares for children and the factors that affect the quality of care vary by setting; it is important to avoid simply importing solutions from one setting to another. Efforts must be made to fully understand context, to build on strengths within communities, and to develop supports to families that are appropriate to each setting. This includes avoiding importing parenting programmes from higher income countries and applying them without adaptation in lower income contexts.

1. Introduction

The importance of children being well cared for in families is widely recognised in global policies and guidance. The United Nations (UN) Convention on the Rights of the Child acknowledges that:

“The child for the full and harmonious development of his or her personality should grow up in a family environment of happiness, love and understanding.”

UN 1989, Preamble

The Guidelines for the Alternative Care of Children (welcomed by the UN in 2009) state that:

“Every child and young person should live in a supportive, protective and caring environment that promotes his/her full potential. Children with inadequate or no parental care are at special risk of being denied such a nurturing environment.”

UNGA 2010

There is extensive research demonstrating clearly the importance of a safe and caring family for child well-being and development. The supportive aspects of family environments – the bond between carer and child, the continuity of care, opportunities for stimulation, participation and learning, personal attention and love – are critical to children’s development and well-being (Foster and Williamson 2000; Harms et al. 2010; Hong et al. 2011; Save the Children 2012). Boys and girls who are unable to benefit from these features of family life are more likely to be stunted and malnourished (Family for Every Child et al. 2012), to have behavioural difficulties and experience language delays (Williamson and Greenberg 2010), to be out of school or unable to meet grade-level expectations (Family for Every Child 2016c; JLICA 2009; UNICEF 2011, 2012), to be exposed to HIV and substance abuse, and to experience mental health problems (Family for Every Child et al. 2012).

While there is consensus on the importance of effective care in families for children, there is a lack of discussion and agreement about the precise components of this care. In particular, further exploration is needed to determine which elements of effective care are universal and which are culturally or contextually specific, and to explore who provides this care and the factors that hinder or support it. This report contributes to debates on this important topic by providing perspectives from focus groups with 198 children and 81 adults from Brazil, Colombia, Egypt, Mexico, Russia, Rwanda and Zimbabwe. Further details on the methods used to gather the data included in the report can be found in the Annex.

Assumptions related to care form the basis of many activities aimed at improving children’s well-being. For example, they can shape who is considered to be the most vulnerable (often orphans – those that have lost one or both parents), how interventions are targeted (frequently at mothers assumed to be children’s primary caregivers), and what interventions are prioritised (in low income contexts, actions contributing to child survival). These assumptions have wide ranging implications across a number of sectors. Investigating them further is therefore critical to ensuring interventions are effective and relevant.

2. What is effective care in families?

In all seven countries where the consultations took place, across age, gender and circumstance, participants articulated very similar ideas of what it means for a child to be well cared for. It was universally agreed that effective care involves meeting a combination of children's emotional, physical and developmental needs. Children need food, clothing, housing, sanitation and medical care, and to be supported to go to school, study, play and rest. Children and adults alike drew attention to the importance of children being loved and shown affection. Children valued being respected and free to express ideas and emotions. Boys and girls also spoke of the role that families play in providing advice and guidance, including teaching good manners and the difference between right and wrong. Good care was seen to include keeping children safe and protecting them from violence. Warm and peaceful relationships in the household, including between adults, and between adults and children, were also seen as fundamental.

“[Parents] show affection (love, hug and kiss them, tell them they love them) and give advice (tell them what’s bad).”

Child, aged 13-16, living with extended family, Mexico

“The child feels protected and loved.”

Mother of child with a disability, Russia

“[To be well cared for], a child needs to be given advice... to spend time with parents... to have basic needs met... to have health insurance... to be listened to... to be given a balanced diet... to have parents control how many children they have... to live in a peaceful home.”

Children living with extended family, aged 14-16, Rwanda

“A well-cared for child has school fees paid... is happy and free... likes going to school... eats nutritious food... is loved by parents.”

Woman, extended family caregiver, Zimbabwe

“Taking care of them means giving them affection, support, saying good things that are useful to them in their life.”

Girl, aged 12-16, living with her family, Colombia

“Knowing how to get to know your child and knowing what they want and what they don’t want... Knowing how to identify the reason behind the crying, providing good care, being present. The child feels that there is someone that they can count on.”

Mothers and female extended family caregivers, Brazil

“A family that loves them, wants them, makes an effort to reach an understanding with them... to ask about and look for him if they are absent from the house.”

Boys attending day care centre, aged 12-17, Egypt

These views on what it means to care for a child well are reflected in consultations in other contexts carried out by Family for Every Child, including those held with over 600 children in seven countries (Family for Every Child 2013), and short films made by 59 children and caregivers in eight countries using the digital storytelling technique (Family for Every Child 2016a). The digital storytelling project found that good family care is equated with love, support, guidance, identity and belonging, safety and freedom from violence, and access to school. Poor care is associated with neglect, violence and a lack of understanding of children's needs and wishes. Related streams of literature in areas such as violence, family separation and divorce, hospitalisation, and serious illness and mental health provide further insights into aspects of good care, highlighting in particular the critical importance children place on love, attention and emotional support (Armstrong, Hill and Secker 1998; Feudtner et al. 2015; Maes, De Moy and Buysse 2012; Naker 2005; Nelems and Vraalsen 2015; Roose and John 2003; UNICEF 2015). Evidence on the importance of attention from an early age is demonstrated in the literature on early childhood development. Research in this area highlights the importance of carers providing eye contact, verbal communication, and affection for building neural connections; these networks are essential for the development of communication and social skills.¹

Definitions of effective care stand in sharp contrast to descriptions provided by boys and girls who took part in the consultation that had experienced poor care. Adults and children in all countries drew attention to several main areas of concern. These included:

- health status (hungry, very thin, sick)
- appearance (dirty, torn clothing, no shoes)
- comportment (sad, depressed, rarely smiles, frequent crying)
- behaviour (steals, gets in physical fights with other children, rude, disrespectful, overly tired)
- academic performance (does not go to school, poor test results, incomplete homework)
- activities (has a job and never rests)
- relationships (no one provides love, affection, supervision, advice).

Children of all ages in all settings were particularly reflective about the negative social, emotional, behavioural and academic consequences that result when they have no one to look out for them and their best interests.

“The child misbehaves. She steals, bullies others because she is not getting good advice and guidance at home.”

Child being cared for by parents, no age given, Zimbabwe

“This girl is not well cared for because her mother is unemployed and does not care for her daughter and sleeps in and doesn't look for work, she doesn't give any love or affection to her daughter. She doesn't want her, she's ill and grubby, she only watches television and she doesn't wash her. She doesn't care about what she does.”

Girl, no age given, Colombia

¹ - 'Serve and Return', Center on the Developing Child, Harvard University,
<https://developingchild.harvard.edu/science/key-concepts/serve-and-return/>

“Child leaves the house because they are not looked after – [their parents] don’t pay attention, don’t speak to them, don’t take them to the doctor, don’t send them to school.”

Child living with extended family, aged 13-16, Mexico

The consultations explored participants’ perspectives on the differential care needs of boys and girls of different ages and circumstances. On the whole, younger children (aged approximately below 10 years) were felt to require more direct care than older children, particularly in terms of their physical needs for food, bathing, and supervision. While it was generally agreed by adults and children that both boys and girls require care throughout childhood, differences in the type and degree of care were said to emerge in adolescence. For example, in Colombia, Mexico, Brazil and Russia, adolescent girls were identified as being at greater risk than boys of sexual violence and as a result were thought to require greater protection within the home and the public sphere. Pregnancy in adolescence also appeared as a concern that leads carers to limit the mobility of girls in Colombia and Mexico, a finding substantiated by research elsewhere in the region (Plan International and UNICEF 2014).

3. Who cares for children in families?

A range of different families

The family may be defined as:

“A socially recognized group (usually joined by blood, marriage, cohabitation, or adoption) that forms an emotional connection and serves as an economic unit of society.”

Scott and Marshall 2005: 212.

The family is generally regarded as the most important institution in the life of a child (UN 1989). It structures children's roles and provides a framework within which they come to understand and interact with the world around them. Despite this shared view of its function, the role of the family is conceived and operationalised differently in different communities and contexts.

Two parent, nuclear family households are only one of countless models. Children live in a variety of family circumstances, and families may include children living with one or both parents, with step-parents, with adoptive parents, with aunts, uncles, grandparents, older siblings or other extended family members, or as part of wider kinship networks (Family for Every Child 2014). A family can be constituted with one or more adults in different or same-sex units which may or may not have a biological connection with the child. There are some families that are one husband and several wives or involve polyamorous relationships. Families may be 'blended' where the child belongs to two families. Families may include heterosexual or same-sex couples and extended families' members as well. Child and adult bonds may be based on genetic, surrogate, foster or adoptive parenting or guardianship.

Globally, at least one in ten children do not live with either biological parent (Martin and Zulaika 2016),² and within this aggregate figure lie vast differences in living arrangements across contexts. In Afghanistan, for instance, 96 per cent of children under the age of 15 live with both their mother and father while fewer than 25 per cent do in Swaziland (Martin and Zulaika 2016).

A child's age, sex, geographical location, and level of household wealth all appear to influence where, when and with whom a girl or boy lives, as do socially and culturally patterned care arrangements (Martin and Zulaika 2016). Children's living arrangements are also often fluid: in many societies, children circulate between different households at different times in their lives in response to a series of personal, familial, social, economic and political drivers.

Research suggests that who a child lives with can impact on their care and well-being, though linkages between family type and quality of care are complex. Many children express a preference to live with one or both parents (EveryChild and HelpAge International 2012). UNICEF research across 11 mainly African countries has shown that children living apart from parents are 30 per cent less likely to attend school compared with children living with one or both parents. There is also evidence that children living with more distant relatives can face an increased risk of abuse and exploitation (Roby 2011).

2 - Martin and Zulaika (2016: 59) use data from DHS (demographic and health surveys) and MICS (multiple indicator cluster surveys) to determine that 10 per cent of children do not live with either biological parent. However, since these surveys are conducted at the household level, they do not present information on boys and girls who live outside the home in residential care or on the streets, for example.

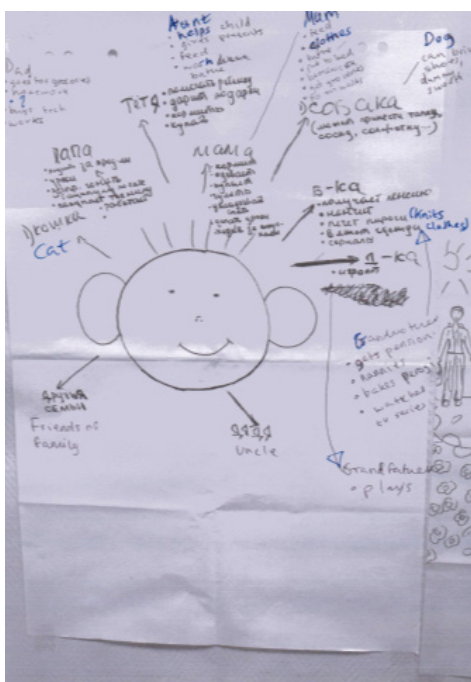
This said, research also shows that extended family members, particularly grandparents, often provide love and affection and high-quality care, especially if they are adequately supported (EveryChild and HelpAge International 2012). This fact suggests that while separation from parents can impact the quality of care, this is not inevitably the case, and children can experience quality care in a range of family types.

It is rare for a child to have just one caregiver

Regardless of whom children live with, in the seven countries where consultations were held, exclusive parental responsibility for children’s care is extremely rare. While parents, especially mothers, may ensure that their children are cared for, it is not always parents who do the caring. In some instances, parents personally perform the majority of caring tasks. In others, they delegate these responsibilities. Doing so may involve explicit requests for assistance (e.g. to an older child in the household) or, more commonly, through tacit, shared understandings with others that they will take on certain child-rearing tasks. In the words of one mother who participated in Zimbabwe: **“No single person can raise a child.”**

This reality suggests that child care is a social enterprise that is shared among a series of different people, many related, but some not. Parents certainly play a vital role, but grandparents, aunts, uncles, siblings and cousins may also contribute, as may neighbours, adult friends of the family, teachers, babysitters and children’s friends.

The role each of these parties plays changes over time and responds to a myriad of personal, social, economic and seasonal factors. The person who feeds and bathes an infant girl is not necessarily the same one who advises her in middle childhood or who comforts her in adolescence. Nor is it assured that those who provide the child with this care will have done so in precisely the same way for her older sister or will go on to do for her younger brother. Child-rearing is a complex, multi-faceted and collective exercise, and is strongly governed by social norms. In Rwanda, for example, the consultations found that working mothers or mothers of many children rely on elder daughters (and elder sons, depending on birth order) to play a nurturing role for young children. It is generally understood that this is not a role to be played by fathers or uncles. Similarly, in all seven countries, grandparents were said to provide love, affection and advice but rarely to act as disciplinarians, a role usually reserved for mothers, fathers, and, in some cases, elder siblings.



Drawing made during a consultation with children aged 13-18 in Russia illustrating who in the family cares for children and what each person does to care for a child.

Although these traditional norms enable and support the distribution of children's care, they can also constrain it. When set roles cannot be fulfilled, boys and girls may lack the kind of holistic care that they are understood to need. This reality emerged strongly in the focus group discussions held in Zimbabwe, where participants asserted that support systems have been undermined by migration and other stresses. For example, those adults who may have been expected to provide advice to their same-sex adolescent niece or nephew may no longer be available to do so. Cultural injunctions against parents or guardians sharing information about sex and reproduction can pose significant challenges for carers who must make a choice between, on the one hand, not meeting this need for guidance and thus exposing a child to significant risks and, on the other, confronting the taboo and enduring the resultant social consequences.

“If a neighbour overhears a mother talking about sex to her son they will conclude she is sleeping with her son.”

Mother, Zimbabwe

Some recognise that changing social and economic realities require a reconfiguration of customary child-rearing approaches if children are to be protected from harm:

“To me it's not difficult to talk to a boy about sex and sexuality. I can tell him and his partner to get tested for HIV and AIDS before they get married. They can contract the deadly disease if they are not careful.”

Mother, Zimbabwe

Evidence of the changing distribution of caring roles also emerged in Rwanda, where teachers are said to be playing a greater role in the non-academic lives of children, especially for girls in circumstances where aunts are not available or accessible and for children in female-headed households.

In Russia, it appears that men's and women's roles in caring for children are more interchangeable than in the other six countries where consultations were held; in this context, who cares for children depends on who the main breadwinner is.³

“Whichever parent works more, cares less for the child.”

Child living with guardian, age 8-10, Russia

“If the mother works, then the father will care the most for the child.”

Mother of child with disabilities, Russia

In Egypt, participants valued the presence of large, extended families, but there was far less mention of the existing and potential caregiving role these individuals could play than in other countries. Facilitators of these sessions suggested that this limited role is a reflection of the fact that most respondents came from poor, rural families where extended family members were already too stretched to provide assistance and support beyond the immediate family.

3 - It should be noted that the focus groups in Russia were carried out with parents of children with disabilities, and that it is possible that the findings with other parents may have been different.

The role of different family members

Despite the cultural specificities of care provision, it appears that different categories of family members play broadly similar roles across contexts, especially mothers, fathers, older siblings and grandparents. Differences do not so much lie in the types of support provided as in how these are given and performed.

The role of mothers

Mothers were in all settings said to play a crucial part in caring for children. In every focus group discussion held, mothers were consistently cited first when participants were asked: “Who cares for children?” Maternal care is highly valued the world over: its importance has been substantiated in research in nearly every discipline and public policy has long striven to promote and enable women’s caring roles. The social and cultural roles of mothers as caregivers are strongly dictated in many contexts, a fact that is borne out in global and national surveys which demonstrate the primary responsibility mothers have for the direct care of children. For example, a recent review of data from 77 countries found that 18 per cent of children under age 15 live with only their mother, while those who live with only their father represent 3 per cent (Martin and Zulaika 2016). Within these average findings, there is significant variation both between and within countries. For example, in Colombia, 32 per cent of children live with only their mother, whereas in Bolivia, 11 per cent do (ibid.). In Zambia, a national average of 19 per cent masks significant differences between regions: in the Western region, 26 per cent of children live only with their mothers as compared to 15 per cent in the Southern region (ibid.).

In these consultations, mothers in general were understood to play four broad roles.

- The provision of direct care to young children in the form of cooking, feeding, bathing, clothing and ensuring access to medical care and attention when unwell.
- The moral education of children, through the ongoing provision of guidance and advice on conduct and relationships, and the meting out of discipline to correct improper or unacceptable behaviours.
- The protection of young children from physical risks such as animals, traffic, fire and health hazards. Interestingly, mothers’ role in protecting children from violence outside or within the home was not mentioned in any setting.
- Ensuring that all required aspects of a growing child’s care are being met.

“[Mother] does almost everything.”

Girl living with her parents, age 12-16, Colombia

“It is my mum who provides everything to the child, you see it is her that identifies all our needs better than my father who is, most of the time, not around. Sincerely speaking, my mum plays a crucial role as she first knows whether I have gone to school or whether I am sick.”

Girl living in extended family, age 14, Rwanda

In those cases where single women were raising children, the economic roles of mothers were also emphasised. So too was the fact that fathers undertake many of these aspects of care if the mother is working, a finding that emerged primarily from the consultations in Russia (as mentioned above).

The role of fathers

Boys, girls and carers in all seven countries recognised the important role that fathers play in caring for children. Fathers were described as especially key to the family's economic stability. Participants commonly referred to fathers as 'providers' and stressed that without this support, children's basic physical and material needs could not be met. Likewise, these economic and material contributions were said to support the achievement of desired life plans, for example by enabling school enrolment (Rwanda) or the payment of bride price (Zimbabwe), or by freeing children to explore various options for their future (Egypt). In Russia, fathers appear to play similar roles to mothers, in part because both may be working outside the home and hence sharing child care responsibilities, a feature that most certainly is also the case in the other countries where discussions were held, but which was not explored in any detail in the consultations.

“[Father] does almost the same as the mother but less frequently.”

Mother of child with disabilities, Russia

In the other settings, fathers are seen to be less involved than mothers in the provision of direct care such as cooking, feeding and bathing.

“Men think that everything to do with the children's upbringing is the mother's duty, the father's responsibility is to be the breadwinner.”

Mothers and female caregivers, Brazil

Like mothers, fathers' role as moral educators and protectors was strongly emphasised by some respondents.

“[Father] teaches me not to stray from the path of righteousness.”

School-going boy living with his parents, age 12-17, Colombia

“[Father] should guide the child in what is right and wrong.”

Children living with their parents, age 13-17, Brazil

That families struggle more in the absence of a father figure was noted across all countries, as it has been in many other contexts (Burgess 2006; Madhavan et al. 2014). Participants emphasised how school attendance and supervision of children can suffer when mothers cannot count on fathers' material, financial and child-rearing support. Mothers in these circumstances are required to shoulder additional caring responsibilities and, as was noted by the facilitators in Egypt, children may miss out on the moral guidance and associated psychological stability that fathers provide. This finding has also been demonstrated by studies in multiple other contexts (Lesejane 2006; Levtoev et al. 2015).

Global research confirms that fathers contribute less time to child care than mothers, with women spending an average of three times more time on unpaid caring roles within the home than men, though male and female contributions vary greatly across the world. For example, women in South Asia work in the home for 6.5 times as many hours as men. In Central and Eastern Europe and Central Asia, this figure is 2.7 (Heilman et al. 2017). The division of labour between men and women is not set in stone, and evidence shows that men's contributions are increasing and are highly influenced by political, cultural and economic shifts (Heilman et al. 2017).

The role of older brothers and sisters

The consultations found that older siblings provide a variety of care to younger children in the family. Sisters were reported to provide direct care to babies and young children, although, depending on birth order and other factors, boys were also said to perform this role. As with other family members, siblings play a bigger role in the care of children in the absence of the parents, most commonly when both mother and father work outside the home.

“Both the mother and father are too busy trying to provide a living to care for their children, so the responsibility falls to an older sister, who is in reality also just a child, only older than her siblings by a year or two.”

Girl living on the street, age 8-12, Egypt

“[Sisters] take care of siblings while mother works outside of the home... I had to check up on everybody, do the dinner, take care of the house, I took care of everything. There wasn't any playing around... I didn't play... I had two older brothers, but even so I was the person that took care of the house.”

Adult female caregiver, Brazil, reflecting on her childhood

In many societies, the care of infants and young children is a central activity in the everyday lives of boys and girls (Parke 2013; Rogoff 2003; Weisner and Gallimore 1977). In these contexts, sibling caregiving is not so much a stop-gap measure for parents as it is a shared cultural routine that is valued (Lancy 1996). The ages at which children are considered old enough to look after their younger siblings and are allocated caregiving responsibilities define key stages of maturation and locally-significant developmental milestones (Whiting and Edwards 1988). Several anthropologists have explored the developmental consequences of child caregiving for both the children being cared for and those who look after them (Whiting and Edwards 1988; Harkness and Super 1996; Weisner 1997; Boyden and Mann 2005). It is generally agreed that child caregivers assist their young charges to develop locally-valued skills and to acquire important socio-cultural knowledge and skills such as co-operation, communication, negotiation and problem solving (Bruner et al. 1976). Being given responsibility for caring for a younger child is a recognition of competence that many children look forward to receiving. They want to contribute to the domestic workload because doing so is an expected stage in their development (Wenger 1989). The challenge is when performing these caring roles becomes too much of a burden for growing children and interferes with their schooling and opportunities to engage in leisure activities. It is important that an appropriate balance be struck between the need and desire to contribute to family life and the necessity of pursuing other avenues for well-being and development.

The close bonds that siblings form in the context of these relationships have been found to be lifelong (Whiting and Edwards 1988), a point evidenced in these consultations where participants suggested that as older siblings marry or begin working for pay, they often contribute to the costs of rearing their younger siblings, through payment of school fees or medical bills and the purchase of clothing or food.

The role of grandmothers

In all seven countries, the role of grandmothers was similarly described as supporting the social and emotional development of children. They provide guidance on appropriate behaviour, good manners and how to interact respectfully with others. They also give love, affection and attention. In some settings, grandmothers were said to support children's direct care, for example by cooking meals or bathing young children. These latter forms of care were almost always provided in the mother's absence, most notably for work-related reasons. By far the most common role played by grandmothers appears to be in the social and moral development of children. In all settings, children and adults emphasised this support.

“Grandmothers teach us how to respect others.”

Boy, age 12-17, Colombia

“[Grandmother] teaches us good manners.”

Child living with extended family, age 8-12, Zimbabwe

This combination of love, guidance, and practical support provided by grandmothers has also been noted in other research on the role of different family members in children's care (O'Kane and Feinstein 2013; Save the Children 2015). The emotional closeness that many grandmothers share with their grandchildren has been found to be a source of personal fulfilment, pride and self-described well-being by children and grandmothers in many contexts (Hayslip and Kaminski 2005; Goodman and Rao 2007; Clacherty 2008).

The role of grandfathers

Grandfathers' role appears to be largely similar across all contexts. Mostly it involves providing moral guidance, advising children on present and future problems, and teaching practical skills, such as farming. They also spend time doing activities with grandchildren, such as fishing and going for walks.

“[The grandfather] sets a good example, takes the children for walks... his role is more important if the father is not around.”

Mother of child with a disability, Russia

The love and guidance provided by grandfathers, and their limited role in providing direct care and meeting children's practical needs, is also noted in other research (O'Kane and Feinstein 2013).

The role of aunts and uncles

In all settings, aunts and uncles were said to provide advice and guidance to their nieces and nephews, especially when children seek someone to listen to them and help them to solve their problems. Uncles usually provide support to nephews and in Zimbabwe, uncles are relied upon to make a financial contribution to the care of a child. Aunts usually provide support to nieces and tend also to provide substitute care to children in the absence of the mother.

A huge body of literature exists on the role of maternal and paternal kin in the care of children in different contexts. Ethnographic studies of family life in low income contexts have long emphasised the role of young maternal aunts in the provision of substitute care for children.

More recently, significant attention has been paid to aunts' and uncles' roles in caring for children in the context of the HIV epidemic in Sub-Saharan Africa (see, for example, Block 2016; Olsson et al. 2016). Recent research on kinship care in East Africa highlights the contributions that aunts and uncles make to providing practical support and guidance and passing on important traditions (Save the Children 2015).

Others who play a role in children's care

The role played by **step-parents** was mentioned by boys and girls in Russia, Colombia, Brazil and Mexico. Children in these settings emphasised the potential for these carers to treat children poorly, as did respondents of all ages in Zimbabwe and Rwanda. In Brazil, however, some children highlighted the positive role that step-parents can play.

“A mum is the person that raises a child and not the person that creates one.”

Child living with parents and/or extended family members, age 8-12, Brazil

In Rwanda, Zimbabwe, Colombia and Mexico, **teachers** were named, largely by adults, as important participants in caring for children. The main role they play is in the monitoring of children's behaviour and in supporting their academic learning.

“[Teacher] always checks for child's health and highlights what he observes to the parents.”

Mother, Zimbabwe

Neighbours' role in caring for children was recognised by both adults and children in Zimbabwe, Colombia, Mexico and Russia, largely in terms of watching out for children's safety, monitoring their behaviour and reporting any concerns to parents.

“[Neighbours] can look after the children when the mother is working.”

Mother, Mexico

Family friends appear to play this same role in many settings, as do **godparents** in Colombia and Mexico, where children said that they also provide love, advice and special attention.

“When there is no dad, [godparents] are like second parents.”

Boy living with his family, age 12-17, Colombia

In Mexico and Brazil, children said that **babysitters** play an important role, particularly in terms of supporting the direct care of young children, playing with them, and doing housework when the mother is at work.

“My Mum worked a lot: she paid for others to take care of me.”

Female caregiver, Brazil

In Colombia, where child participants were those who have been or currently are exposed to gangs, boys and girls said that **children** care for themselves by making sure that they do not harm themselves and are not *“led astray by bad friends”* (girl living with her family, age 12-16). In this setting, children also recognised the role of **God and the Virgin**, who were said to offer protection at all times, including protecting children from being killed. **Dogs** play a similar role in both Colombia and Mexico, where they *“protect me from baddies, or when other children are going to beat you or bully you”* (boy living with his family, age 8-13, Colombia); these pets *“[do] not let anyone mistreat us”* (boy living with his family, age 12-17, Colombia). **Friends** do the same for children in Mexico.

4. Which factors influence how family members care for children?

How families care for children is influenced by a series of factors which interact in myriad ways in the lives of an individual child and their family.

Poverty

Poverty and financial insecurity were mentioned in all focus groups in each of the seven countries as having a primary impact on an individual's ability to care effectively for their children, especially in terms of their ability to provide basic needs such as food, shelter, clothing and hygiene. Living in extreme poverty, carers' main preoccupation becomes seeking employment and getting enough money to meet the needs of all family members, including children. The necessity of doing so can very often detract from the amount of time that the carer can spend with the child. As a result, other, much-needed non-material needs, such as emotional support, attention, advice and love, may not be addressed, especially if extended family members are also too busy to provide support.

“As people these days spend all of their time looking for money, who has time to talk to and educate their children? Children are sent to school early morning, and parents get home late at night.”

Parent caring for child from extended family, Rwanda

“They don't have time to chat about their lives, speak to them, ask them what they need.”

Child living with parents, age 13-16, Mexico

“Money is a factor: with money you can take better care of a child.”

Girl living with family, age 12-16, Colombia

“What helps parents to best cater for the interest and needs of the child is finding food; other things come in the second place.”

Parent caring for child from extended family, Rwanda

“A mother is unable to provide child care as required by her children due to the other burdens and work that she has to deal with. These duties should be undertaken by others, such as going out to work and spending.”

Girl living on the street, age 8-12, Egypt

These findings echo the results of a voluminous number of studies from around the world which highlight the ways in which poverty challenges families' capacities to care for children (see, for example, Family for Every Child 2016b; Feeny 2015; Save the Children 2015; Vellakkal et al. 2015).

Access to basic services

The importance of having a safe and positive place for children to learn was emphasised by adult participants in all countries. Because many parents work long hours and sometimes far from home, parents stressed the important supportive role that day care in the community can play, though as above, many rely on extended family to fulfil this function. In Colombia, participants asserted the importance of having information available to young people on sexual and reproductive health in order that they can make informed decisions about becoming pregnant and raising a child:

“Young mothers don’t know how to take care of their children due to their youth, and some are thrown out of their house and the children are not well taken care of.”

Girl living with family, age 12-16, Colombia

“There are girls who get pregnant at a young age and do not know about proper care: here are methods to not get pregnant and they do not use them.”

Girl living with family, age 12-16, Colombia

Of course, other services may also be important in supporting children’s care, including physical and mental health care, after school clubs, and school itself, though these services were not highlighted by research participants.

Family relationships and household dynamics

One of the most commonly mentioned factors that influences care is a strong relationship between the parents/carer and the child. As we have seen, participants of all ages, but particularly children, asserted the necessity for both adults and children in the family to be respectful, to take the time to talk and listen to one another, and for the parent/carer to provide advice and guidance about issues that concern the child.

“[When] parents talk with their children, it does help them to uncover the likes and the dislikes of children, and parents know what the child needs and can meet these [needs], if resources allow.”

Boy living with extended family, age 16, Rwanda

Participants repeatedly noted that a lack of parental attention and guidance impacts negatively on a child’s behaviour.

“The child is disobedient as he doesn’t have anyone to provide guidance to do the morally acceptable.”

Mother, Zimbabwe

Participants of all ages, but especially children, stressed the **importance of family harmony**, in particular that parents/caregivers love one another, have open channels of communication and offer mutual support. Direct mention of domestic violence was infrequent in the consultations. However, in all countries, participants discussed how disagreement and tension between parents/caregivers negatively impacts children.

“Family harmony – family is more important than money... Poor people can be happy even though they don’t have money.”

Child living with parents, age 9-16, Mexico

“Parents in frequent disputes and quarrels cannot raise their children decently.”

Boy living with extended family, age 16, Rwanda

“For me the root cause [of poor care] is the lack of agreement within the family. Disputes hinder the smooth running of family affairs and the child is the first victim.”

Girl living with parents, age 16, Rwanda

“His mother worked in the prosecution service, his father was a policeman... And when they woke up they were always quarrelling about who would drive the child to kindergarten, who would give him porridge. And so he heard all that and said, ‘When I grow up I shall be a thief.’ And he became one. He was transferred from school to school, the teachers chased him away, they couldn’t bear him. He steals from everyone, and then gives away all the money in break.”

Mother of a child with a disability, Russia

In the consultations in Egypt, much was made of the importance of having both the mother and the father involved in the care of children. Divorce was said to hinder the provision of good care.

“Mother and father play roles that connect, interlink and complete one another in providing child care.”

Boys attending day care centre, aged 12-17, Egypt

In Brazil and Egypt, participants asserted the challenges faced by families with many children to provide basic essential care.

“My auntie has five children; she doesn’t manage to take care of everyone; she sends the children to ask for money.”

Child living with parents and/or extended family members, age 8-12, Brazil

In some circumstances, family separation was the result.

“My cousin has six children; they have to stay with her mum, one stays with their auntie and two stay with her.”

Child living with parents and/or extended family members, age 8-12, Brazil

In Egypt, younger children and boys living in large families were said to be given preferential treatment.

Characteristics and personality of carers

Adults and children in all settings identified a series of traits and behaviours among individual carers that influence how well they are able to care for children. These include the carer's:

- level of happiness and well-being
- desire to take responsibility for caring for a child
- ability to love and show affection
- ideas about children and expectations of appropriate behaviour at different ages
- level of education and experiences in their own upbringing
- drug and alcohol abuse
- disability, or age (being too young to care for the child)
- time-availability (often influenced by how much work they have to do to survive).

“If the child wants to talk, they (the parents) don't pay them any attention. And they (the children) get upset and become rude. There are families which have money but they don't want their children and they disregard them. Because they are very busy. This is a threat to us because our parents don't listen to us. There are people who are more interested in watching TV or talking to other people than learning about what happened to their children at school.”

Child, living with parents, age 9-16, Mexico

“Parents need to be happy, educated, good people who teach the child to be educated and show respect.”

Boy living with family, age 8-13, Colombia

“Parents' attitude, explaining everything to the child and helping the child.”

Child living with guardian, age 8-10, Russia

Substance abuse was mentioned frequently during consultations in Colombia, Mexico and Russia, where drugs and alcohol dependency were raised as major hindrances to the effective care of children. The impact of substance abuse on children's care is supported by the literature, which shows an association with increased levels of marital conflict, disrupted routines and inconsistent parenting, increased risk of neglect and abuse, poor child mental and physical health, children experiencing feelings of shame and stigma, and children having to take on caring roles (Parliamentary Office of Science and Technology 2018).

Characteristics and personality of child

A number of characteristics of individual children were identified by participants as having a potential impact on the quality of care they receive. These include the temperament of the child (e.g. whether they are 'difficult' or 'rude'), their level of physical attractiveness, their academic achievement, or whether they have a disability, or a dependency on drugs or other substances.

“If, for example, the parent dreamed of his child being a genius, achieving certain heights. And, for example, then a disabled child is born, and all his dreams have collapsed. And some people manage to deal with this and adapt, but some don't.”

Mother of child with disabilities, Russia

“Children are no longer polite and obedient. So you feel disheartened by their behaviour and you dispose of some of your responsibilities.”

Parent caring for child from extended family, Rwanda

“There are some of children’s behaviours that occasion his/her ill-treatment, for instance, a child who is vagrant or addicted to drugs.”

Mother of child with disabilities, Russia

Support outside the household

As discussed previously, participants emphasised the important support role that non-resident family members provide to children, both in terms of practical support when parents/carers are absent, and in relation to emotional support and guidance. The non-resident family members who play the biggest role in all seven countries are grandparents. To a lesser extent, aunts and uncles were said to also step in to care for children when parents are absent or working.

In all settings it was asserted that children’s care can be augmented when there is a wide, supportive network of people available – such as teachers, neighbours, godparents and village chiefs – to assist with child care and protection and the monitoring of children’s behaviour.

Safe neighbourhoods and communities

The importance of keeping children protected from harm emerged in all seven country contexts. Participants in the focus groups in Colombia and Mexico emphasised the risks children face living in unsafe neighbourhoods, where drugs, violence and crime are rife.

“[Children] end up on the street, in gangs, stealing, taking drugs, attacking people.”

Parent of child attending the JUCONI Centre, Mexico

“It’s a tough neighbourhood.”

Schoolboy, aged 8-13, living with parents, Colombia

5. Conclusions and policy implications

The report demonstrates that there are many commonalities in perspectives on and experiences of care across contexts. The following was consistently found throughout the seven settings where the consultations took place.

- Effective care for children in families involves meeting children’s material and emotional needs, and providing them with food and shelter, love and affection, support and advice, and a peaceful, safe environment in which to flourish. In the minds of children, material needs do not take precedence over love and guidance.
- A range of individuals contribute to the care of children and it is rare for this care to be solely provided by parents. Each contributing family member provides specific inputs, meaning that the loss of a mother or grandmother has very different ramifications for child well-being compared to the loss of a father or grandfather.
- Communities make vital contributions to children’s care.
- Care is impacted by both structural factors, such as poverty or lack of access to vital services, and relationships within the household and wider community, such as bonds between the carer and the child, stigma and discrimination, as well as carers’ access to extended family and community support.

There are also important differences in how care is perceived and experienced between the different settings. For example:

- It is far more common for children to live with one or both parents in some settings than others, and the most common family types differ by country and context.
- The specific role played by different family members and other actors in children’s care varies and is heavily influenced by prevailing cultural norms. These also change over time and adjust to factors such as women having a greater role in the workplace.
- The particular structural and relational factors that influence care vary greatly by context with, for example, drug and alcohol abuse and high levels of violence in the community having a far stronger influence on care in some settings than others.

This suggests that while it is possible to identify some common features of effective care and universal strategies to support this care, it is equally important to fully understand and respond to specifics of effective care in each setting.

The findings of this report have numerous implications for both policymakers and practitioners, the most important of which include the following.

1. Improving children’s care is a policy priority.

Having the opportunity to grow up safe and protected in a family is of vital importance to children’s well-being and development. This has ramifications for children’s physical and mental health, schooling, and moral guidance, and consequent implications across a range of areas and development targets. Meeting children’s physical and material needs is obviously important for their survival. However, as important is ensuring they have strong emotional well-being, supported by relationships, love and guidance.

2. Interventions to improve care must be holistic.

Supporting effective care within families is unlikely to ever involve simple, single sector responses.

Improving care requires efforts to build relationships within families and communities, combined with interventions to reduce poverty and improve access to services. Those working in child protection, health, education, social protection and other sectors all have a responsibility to monitor and improve children's care. Policymakers, programme designers and practitioners must develop a holistic package of support for families that can be individually tailored to meet specific needs.

3. Policymakers and practitioners must recognise that a range of individuals are responsible for children's care and must target interventions appropriately.

For example, efforts to enhance 'parenting' cannot just be aimed at mothers and fathers, but must also reach siblings and extended family members. Similarly, messaging in areas such as child nutrition, health or safety will be far more effective if it targets those responsible for feeding and supervising children, which may not always be parents. When working with individual children and families, practitioners must consider wider caring relationships, rather than just focusing on parent and child interactions. Understanding the specific contributions made by each carer and how these vary by context and circumstance is vital for the success of a range of interventions.

4. Care must be a key consideration when seeking to identify and support the most vulnerable groups.

Rather than focusing exclusively on orphanhood as a sign of vulnerability, it is important to also examine the existence of wider caring networks. Children who have smaller networks, or who lose key caregivers such as a grandparent, sibling, aunt or uncle, may be particularly vulnerable. As different caregivers provide different types of support, the lack of a particular caregiver in a child's network can also have an impact on the specific forms of vulnerability that children face.

5. Policies and interventions on care must be context specific.

Who cares for children and the factors that affect the quality of care vary by setting; it is important to avoid simply importing solutions from one setting to another. Efforts must be made to fully understand context, to build on strengths within communities, and to develop supports to families that are appropriate to each setting. This includes avoiding importing parenting programmes from higher income countries and applying them without adaptation in lower income contexts.

References

Armstrong, C., Hill, M. and Secker, J. (1998) Listening to children. London: The Mental Health Foundation.

Block, E. (2016) The AIDS House: Orphan care and the changing household in Lesotho. *Anthropological Quarterly* 89(1), p.151-180.

Boyden, J. and Mann, G. (2005) Children's risk, resilience and coping in extreme situations. In Ungar, M. (ed.) *Handbook for working with children and youth: Pathways to resilience across cultures and contexts*. Newbury Park, CA: Sage.

Bruner, J., Jolley, A. and Sylva, K. (eds.) (1976) *Play: Its role in development and evolution*. New York: Basic Books.

Burgess, A. (2006) The costs and benefits of active fatherhood: evidence and insights to inform the development of policy and practice. London: Fathers Direct.

Clacherty, G. (2008) Living with our bibi: "Our granny is always our hope." A qualitative study of children living with grandmothers in the Nshamba area of north western Tanzania. Johannesburg: World Vision and REPPSI.

EveryChild and HelpAge International (2012) *Family first. Prioritising support to kinship carers, especially older carers*. London: EveryChild.

Family for Every Child (2013) *My world, my vision. Consultations with children on their priorities for the post-2015 development framework*. London: Family for Every Child.

Family for Every Child (2014) *Towards a family for every child. A conceptual framework*. London: Family for Every Child.

Family for Every Child (2016a) *Why family matters to me. Findings from digital storytelling in eight countries*. London: Family for Every Child.

Family for Every Child (2016b) *Cash for care: Making social protection work for children's care and well-being*. London: Family for Every Child.

Family for Every Child (2016c) *Schools that care*. London: Family for Every Child.

Family for Every Child, the Better Care Network, the Consortium for Street Children, Save the Children, SOS Children's Villages and World Vision (2012) *Protect my future. The link between child protection and health and survival*. London: Family for Every Child.

Feeny, E. (2015) Less opportunity, more risk, greater vulnerability: How inequalities undermine children's development. *Young Lives Policy Brief* 23. http://www.younglives.org.uk/sites/www.younglives.org.uk/files/YL-PB23_How%20Inequality%20Undermines%20Childrens%20Development.pdf

Feudtner, C., Walter, J.K., Faerber, J.A., Hill, D.L., Carroll, K.W., Mollen, C.J., Miller, V.A., Morrison, W.E., Munson, D., Kang, T.I., Hinds, P.S. (2015) Good-parent beliefs of parents of seriously ill children. *JAMA Pediatrics*, 169(1), p.39-47.

Foster, G. and Williamson, A. (2000) Review of the current literature on the impact of HIV/AIDS on children in Sub-Saharan Africa. *AIDS*, 4(4), p.275-84.

Goodman, M. and Rao, S. (2007) Grandparents raising grandchildren in a US-Mexico border community. *Journal of Family Issues*, 17(8), p.1117-1136.

Harkness, S., and Super, C. (eds.) (1996) *Parents' cultural belief systems: Their origins, expressions and consequences*. New York: The Guildford Press.

Harms, S., Jack, S., Ssebunnya, J. and Kizza, R. (2010) The orphaning experience: Descriptions from Ugandan youth who have lost parents to HIV/AIDS. *Child and Adolescent Psychiatry and Mental Health*, 4(6).

Hayslip, B. and Kaminski, P.L. (2005) Grandparents raising their grandchildren: A review of the literature and suggestions for practice. *The Gerontologist*, 45(2), p.262-269.

Heilman, B., Levto, R., van der Gaag, N., Hassink, A., and Barker, G. (2017) *State of the world's fathers: Time for action*. Washington, DC: Promundo, Sonke Gender Justice, Save the Children, and MenEngage Alliance.

Hong, Y., Li, X., Fang, X., Zhao, G., Zhao, J., Zhao, Q., Lin, X., Zhang, L. and Stanton, B. (2011) Care arrangements of AIDS orphans and their relationship with children's psychosocial well-being in rural China. *Health Policy and Planning*, 26(2), p.115-123.

Johnson, R., Browne, K. and Hamilton-Giachritsis, C. (2006) Young children in institutional care at risk of harm. *Trauma, Violence and Abuse*, 7(1), p.34-60.

Joint Learning Initiative on Children and HIV/AIDS (JLICA) (2009) Home truths: Facing the facts on children, AIDS and poverty. JLICA.

https://s3.amazonaws.com/ssrc-cdn1/crmuploads/new_publication_3/home-truths-facing-the-facts-on-children-aids-and-poverty.pdf

Lancy, D. (1996) *Playing on the mother ground: Cultural routines for children's development.* New York: The Guildford Press.

Lesejane, D. (2006) Fatherhood from an African cultural perspective. In Morrell, R. and Richter, L. (eds.) *Baba: Men and fatherhood in South Africa.* Cape Town, South Africa: HSRC Press, p.173-182.

Levtov, R., van der Gaag, N., Greene, M., Kaufman, M., and Barker, G. (2015) *State of the world's fathers: A MenCare advocacy publication.* Washington, DC: Promundo, Rutgers, Save the Children, Sonke Gender Justice, and the MenEngage Alliance.

Madhavan, S., Richter, L., Norris, S.A., and Hosegood, V. (2014) Fathers' financial support of children in a low income community in South Africa. *Journal of Family and Economic Issues*, 35, p.452-463.

Maes, S.D.J., De Moy, J. and Buysse, A. (2012) Children's experiences and meaning construction on parental divorce: A focus group study. *Childhood*, 19(2), p.266-279.

Martin, F. and Zulaika, G. (2016) Who cares for children? A descriptive study of care-related data available through global household surveys and how these could be better mined to inform policies and services to strengthen family care. *Global Social Welfare*, 3(2), p.51-74.

Naker, D. (2005) *Violence against children: The voices of Ugandan children and adults.* Kampala: Raising Voices and Save the Children.

http://raisingvoices.org/wp-content/uploads/2013/03/downloads/resources/violence_against_children.pdf

Nelems, M. and Vraalsen, P. (2015) Qualitative study of violence against children in Bhutan. Report submitted to UNICEF Bhutan by Child Frontiers Ltd.

O'Kane, C. and Feinstein, C. (2013) 'Yaro na kowa ne.' *Children belong to everyone.* London: Save the Children.

Olsson, J., Höjer, S., Nyström, L. and Emmelin, M. (2016) Orphanhood and mistreatment drive children to leave home. A study from early AIDS-affected Kagera region, Tanzania. *International Social Work*, online publication before print.

Parke, R. (2013) *Future families: Diverse forms, rich possibilities.* Chichester, UK: Wiley.

Parliamentary Office of Science and Technology (2018) Parental alcohol misuse and children. POSTnote 570. London: Houses of Parliament Parliamentary Office of Science and Technology.

Plan International and UNICEF (2014) Experiences and accounts of pregnancy amongst adolescents: An approximation towards the cultural, social and emotional factors influencing teenage pregnancy, through a study in six countries in the region. Panamá: UNICEF Regional Office for Latin America and the Caribbean and Plan International Regional Office for the Americas.
https://www.girlsnotbrides.org/wp-content/uploads/2016/10/LAC_study-factors-influencing-teen-pregnancy_Plan-UNICEF_-Eng_Dec14.pdf

Roby, J. (2011) *Children in informal alternative care.* Discussion paper. New York: UNICEF.

Rogoff, B. (2003) *The cultural nature of human development.* Oxford, UK: Oxford University Press.

Roose, G.A. and John, A.M. (2003) A focus group investigation into young children's understanding of mental health and their views on appropriate services for their age group. *Child: Care, Health and Development*, 29(6), p.545-550.

Save the Children (2012) Family-centred HIV programming for children.
<https://frontlineaids.org/resources/good-practice-guide-hiv-programming-for-children/>

Save the Children (2015) A sense of belonging: Understanding and improving informal alternative care mechanisms to increase the care and protection of children, with a focus on kinship care in East Africa. Nairobi: Save the Children.

Scott, J. and Marshall, G. (2005) Dictionary of Sociology. Oxford: Oxford University Press.

UNICEF (2011) Taking evidence to impact: Making a difference for vulnerable children living in a world with HIV and AIDS. New York: UNICEF.

UNICEF (2012) The state of the world's children 2012. New York: UNICEF.

UNICEF (2015) 'It takes a village to raise a child': National child protection study in Ghana. Accra: UNICEF.

United Nations (1989) United Nations Convention on the Rights of the Child. New York: United Nations.

United Nations General Assembly (UNGA) (2010) Guidelines for the alternative care of children. New York: United Nations.

Vellakkal, S., Fledderjohann, J., Basu, S., Agrawal, S., Ebrahim, S., Campbell, O., Doyle, P. and Stuckler, D. (2015) Food price spikes are associated with increased malnutrition among children in Andhra Pradesh, India. *Journal of Nutrition*, 145(8), p.1942-1949.

Weisner, T.S. (1997) Support for children and the African family crisis. In Weisner, T.S., Bradley, C. and Kilbride, P.L. (eds.) *African families and the crisis of social change*. Westport, CT: Bergin and Garvey.

Weisner, T.S. and Gallimore, R. (1977) My brother's keeper: Child and sibling caretaking. *Current Anthropology* 18, p.169-190.

Wenger, M. (1989) Work, play and social relationships among children in a Giriama community. In Belle, D. (ed.) *Children's social networks and social supports*. New York: John Wiley & Sons.

Whiting, B.B. and Edwards, C.P. (1988) *Children of different worlds*. Cambridge, MA: Harvard University Press.

Williamson, J. and Greenberg, A. (2010) Families not orphanages. Better Care Network working paper.
https://bettercarenetwork.org/sites/default/files/Families%20Not%20Orphanages_0.pdf

Annex

A series of consultations was conducted by members of Family for Every Child with children and parents and other caregivers in seven countries: Brazil, Colombia, Egypt, Mexico, Russia, Rwanda and Zimbabwe. Each consultation was conducted by teams of two individuals: one facilitator and one note taker. The teams were supported remotely by Family for Every Child's Research and Advocacy Officer as well as two consultants from Child Frontiers, who developed the research guidelines and toolkit. These served as a guide for research teams in the different country settings.

Various participatory tools were used during the consultations to explore the key questions, and the consultants from Child Frontiers provided an orientation to the research teams remotely via calls in order to ensure that the teams were familiar with and understood the tools and methodology.

The first tool brought participants together with the facilitator to create a map of caring relationships within the family. Its purpose was to elicit all of the different people who care for children, the roles and responsibilities that different individuals carry out, and the relative importance of each person to the care of children of different ages. The second tool saw the facilitator work with the participants to produce drawings that represented the participants' different perspectives on what it means to be well cared for and not well cared for and why some boys and girls might be better cared for than others. Finally, the facilitator posed questions to encourage the group to discuss factors that might help and factors that might hinder carers from caring for children well.

Special attention was paid to ensuring that the research was ethical and did not harm children. The research adhered to the Family for Every Child Standards for Consultation and Research with Children, which included speaking only with boys and girls with whom members or partners already had an existing relationship and in settings where follow-up support or referrals could be made in cases where children became upset or revealed abuse, violence or neglect. The consultations were designed to minimise risks to participants and to maximise the potential benefits of taking part, and children's explanations for their drawings and comments were sought throughout.

Members could choose to speak to boys and/or girls, and to younger and/or older children, however, the methods were not designed for children aged under eight years. Groups were, for the most part, divided by age and gender so that the different perspectives of these different groups could be better understood.

Table 1 Breakdown of participants

Country	Number of consultations	Number of child respondents	Number of adult respondents	Total number of respondents
Brazil	6	20	18	38
Colombia	5	46	0	46
Egypt	8	56	8	64
Mexico	7	30	19	49
Russia	5	12	8	20
Rwanda	5	19	10	29
Zimbabwe	4	15	18	33
Total	40	198	81	279

There were a number of limitations associated with this research.

- Very little contextual information was available on participants, the contexts in which they live and how and why they were selected to participate.
- Because support to the research teams was provided remotely, it was challenging to achieve uniformity and consistency across the focus groups and the different contexts.
- It is difficult to know what ‘care’ was understood to mean in the different settings where the focus group discussions took place. Did differences in the data arise in part from the way in which questions were posed or interpreted?
- Some challenges around facilitation of the focus group discussions emerged such as not always following the toolkit and not always probing and/or capturing the data sufficiently.

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