Save the Children

"YARO NA KOWA NE"
Children belong to everyone

Children in a Nigerian community/Save the Children

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.

Child Protection Initiative, October 2013

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PREFACE

The West and Central Africa Region is proud to have been the host of the kinship care research carried out in four countries across the region.

This research has far-reaching implications in how we care for, and protect our children in this region. In West Central Africa we have a big number of adults and children moving within, and among the countries, by need or by choice. In many instances, children end up living in kinship care, particularly with relative caregivers. Children are also sent to their relatives in urban settings to access secondary schools, as such basic services are not yet accessible in many rural communities. Furthermore, this is a region where the most number of mothers' deaths are recorded, year after year—also increasing the likelihood that their children may be cared for by their relatives.

This research has been crucial to better understand children's day to day life experiences when living with kin caregivers. It has provided an opportunity to listen to children, caregivers, parents and other stakeholders so that their insights can inform programming and advocacy to increase the care and protection of children in families.

We are proud of the fact that this research has been carried out with the active engagement of children throughout the whole cycle. Because of their early involvement, children have developed the confidence and conviction to take forward the actions implied by the results. They are going to be a strong voice speaking to caregivers, parents, communities and policy makers on kinship care!

We look forward to developing stronger programmes 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 you have an enjoyable and enlightening time as you pick out the gems of wisdom throughout this publication!

Naida Pasion
Director, Program Development and Quality
Save the Children West and Central Africa Regional Office

MESSAGE FROM THE DIRECTOR

Save the Children believes that children without appropriate care should benefit from good-quality care services either in their own families or, when necessary, in family- and community-based alternatives. We therefore work to promote reform of care systems away from institutional care towards community and family-based care. We focus on increasing support for children and caregivers so that their needs are met and on strengthening the resilience of families to enhance their ability to overcome vulnerabilities. We advocate for reform of care and protection strategies and policies in line with the Guidelines for the Alternative Care of children which include national standards, legislation to support family-based alternatives for the care of children and increased budget allocations for family-based care.

In light of the above, this regional research on kinship care is highly welcomed and commended. It has produced valuable materials in the form of reports, videos, child-friendly materials and recommendations that will inform future child protection work and advocacy on all forms of alternative care, recognising the significant importance of informal kinship care in West Central Africa and other regions. I am also delighted to see how this research is now inspiring similar research in other regions where we work as well generating interest from other organisations beyond Save the Children.

In 2014 we will celebrate the 5th anniversary of the Guidelines for the Alternative Care of children and the International Year of the Family with national, regional and global events. This research is an important contribution to both events informing us as it does what children, their caregivers and communities have to say about kinship care.

I call on our donors, partners and all Save the Children members and country offices to take action to strengthen families and prevent unnecessary separation and enable us to deliver across the organisation on our ambitious 2020 Breakthrough: **All children thrive in a safe family environment and no child is placed in harmful institutions.**

I thank everyone who has contributed to this innovative and participatory research initiative.

Lena Karlsson
Director, Child Protection Initiative

ACKNOWLEDGEMENTS

ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
BCN	Better Care Network
CPI	Child Protection Initiative
CPWG	Child Protection Working Group
CRC	United Nations Convention on the Rights of the Child
CSO	Civil Society Organisation
CWAC	Children Without Appropriate Care
CWC	Child Welfare Committee
DHS	Demographic and Health Surveys
DRC	Democratic Republic of Congo
ENDA	Environnement et Développement du Tiers Monde
FGD	Focus Group Discussion
GDP	Gross Domestic Product
GBV	Gender Based Violence
HDI	Human Development Index
HIV	Human Immunodeficiency Virus
MICS	Multiple Indicator Cluster Survey
MINAS	Ministry of Social Affairs, Humanitarian Action and National Solidarity, DRC
MSWGCA	Ministry of Social Welfare, Gender and Children's Affairs, Sierra Leone
NGO	Non-Governmental Organisation
NPA	National Plan of Action
OVC	Orphans and Vulnerable Children
PEPFAR	The United State President's Emergency Plan for AIDS Relief
SAFE	Soins Appropriés pour les Familles et les Enfants
SCI	Save the Children International
UN	United Nations
UNCRC	UN Convention on the Rights of the Child
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WCA	West Central Africa

EXECUTIVE SUMMARY

Informal kinship care practices are widespread in the West Central Africa region. An estimated 15.8% of children in West Central Africa do not live with their biological parents[1]. However, only a very small number (0.002%) live in formal alternative care (including institutional care); while the majority live in informal care alternatives, especially with their extended family in kinship care. Kinship care practices have been identified as a traditional coping mechanism, which if effectively supported can contribute to resilient communities who are more able to care for and protect children in the face of adversity. However, studies have also identified that children living with relatives may face increased risks of discrimination, abuse and exploitation.

A regional Save the Children participatory research initiative 2012-2013 was undertaken to build knowledge on endogenous care practices within families and communities, especially informal kinship care, in order to better understand how the practice works and provide recommendations for programming to increase the care and protection of children. The importance of increasing an understanding of kinship care, especially from the perspectives of children and caregivers was identified as a priority action area following a Save the Children regional workshop on Children Without Appropriate Care in December 2011.

The participatory research on kinship care has been completed in diverse locations in the Democratic Republic of Congo, Nigeria and Sierra Leone[2]. The research has been undertaken in 17 communities (3 rural villages, 11 urban and 3 semi-urban) across the three countries. The development, adaptation and use of a regional research protocol supported participatory research involving children and caregivers as researchers, respondents and documenters. Across the three countries over 200 people (children and adults) were involved in local research teams.

More than 1100 stakeholders were consulted during the research process including more than: 325 children living in kinship care; 375 kinship caregivers; 154 parents; 172 children living with biological parents; and more than 150 other relevant stakeholders. The research was primarily qualitative and exploratory. A range of research methods including: interviews, focus group discussions, and participatory research tools including body mapping, time lines, resource mapping, visioning, drawing, and stories were used by local research team members. Ethical guidelines were applied to ensure voluntary informed consent and child safeguarding during the research process. Child researchers were actively involved in each stage of the research, and gained confidence and skills from their involvement.

Despite its prevalence, informal kinship care remains neglected in terms of specific policies and programming needed to better support the care, protection and well-being of children. The informality and normality of kinship care contributes to its key strengths ensuring on-going kin ties and child rearing in family and community based settings for significant numbers of children, some of

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[1] See 'Family Support Services and Alternative Care in Sub-Saharan Africa, 2012'. Background Paper produced by Child Frontiers for the Francophone Sub-Saharan Africa Conference on Family Strengthening and Alternative Care, Dakar, 10th-11th May 2012

[2] In addition inter-agency research involving the Ministry and UNICEF led by Save the Children is still underway in an urban and a rural community in 4 States of Niger namely Niamey, Zinder, Agadez, and Tahuoa. This report includes initial analysis on legal, policies and existing data from Niger. Save the Children Senegal is also collaborating with concerned Ministries, UNICEF, ENDA and the African Movement of Working Children and Youth to start inter-agency research on informal care in late 2013.

whom would otherwise require formal care. Some children living in kinship care benefit from increased access to basic services, including education, nutrition and health care. In contrast the lives of many children living in kinship care are characterized by discrimination and inequality in terms of access to education, nutrition, health care, and love. The informality of kinship care contributes to a lack of regulation concerning the care, protection, and other rights of girls and boys living with kin caregivers. The privacy of families makes it harder to monitor and intervene to ensure practice in a child's best interests, and cultural beliefs have contributed to a situation where many living parents relinquish their responsibilities once they have handed over their children to a relative.

Recognising both the strengths and constraints of informal kinship care, it is acknowledged that there are significant risks in formalizing kinship care. Formalization may prevent some caregivers from taking responsibility for their relatives' children, as they may not want to engage in a bureaucratic process associated with formal care arrangements which they may perceive as invasive, time consuming and potentially expensive. In many countries, given the overwhelming prevalence of kinship care, the Government child welfare system would also not be equipped to provide the support and follow up needed. In addition, while some kinship families may need a lot of support, others are highly functioning without any external support. Furthermore, formalization and increased targeted support for kinship caregivers may contribute to increased parental separation and stigma. However, it is clear that strategies and mechanisms, including informal mechanisms, need to be built upon and developed to ensure improved identification, monitoring, prevention and response to the concerns of children living in kinship care.

The research findings clearly indicate that there are: different reasons for sending children to live in kinship care; diverse positive and negative outcomes for children; and a number of factors influencing such outcomes. Thus, it is essential that a holistic approach is adopted to mitigate the root causes contributing to parental separation including: poverty; lack of access to primary and secondary schools in rural areas; migration and urbanization and migration; discrimination and violence within families and family breakdown; conflict and insecurity; illness and diseases including HIV; and traditional practices and beliefs including polygamy and accusations of witchcraft.

Key factors influencing positive or negative experiences of children living with relative caregivers have been identified including: *socio-cultural traditions concerning closer ties with maternal or paternal relatives* which influence the likelihood of a child being welcomed into the family; f*emale and male caregiver active participation in decision making to care* for a child, and in particular whether the primary caregiver chooses to care for or feels "forced" to care for a child; and the lack of or existence of s*hared responsibilities by parents and caregivers for children's well-being and needs.* While better off relatives may feel obliged to take care of their relatives children, on-going efforts are required to readjust the balance to ensure children are seen as a benefit to the family rather than a burden and to increase parental involvement in their children's lives. Informal mechanisms need to be built upon and strengthened to increase the agency and on-going participation of father, mothers, female and male caregivers, boys and girls in decisions regarding a child's placement and care and on-going monitoring of their circumstances.

The research findings have informed the identification of 12 key areas for increased programming and advocacy: 1) Improve data collection on kinship care; 2) Apply the Guidelines for the Alternative

Care of Children [3] to improve legislation policy and guidance on all forms of alternative care, recognising the significant importance of informal kinship care; 3) Increase child sensitive social protection, especially for vulnerable single parents and elderly caregivers; 4) Increase access to free primary and secondary education, especially in rural areas; 5) Increase budget for social services and social workers, and build the capacity of social workers; 6) Ensure better understanding of cultural practices to inform decision making in the best interests of the child; 7) Strengthen child protection systems, including informal mechanisms to increase oversight of informal kinship care; 8) Increase active participation of female and male caregivers, mothers, fathers and children in care decision making; 9) Increase opportunities for children's participation in families, communities, practice and policy developments affecting them; 10) Address stigma and discrimination of children living in kinship care; 11) Increase positive parenting for fathers, mothers and diverse caregivers; and 12) Increase fathers and mothers on-going communication and responsibilities for child rearing.

Save the Children is committed to take forward these recommendations to inform its own child protection and care programming, to ensure more integrated programming, and through its external influencing and advocacy work. In particular, Save the Children will be moving forwards to prevent family separation and to support family based care and protection to achieve its breakthrough 2020 that **"All children thrive in a safe family environment and no child is placed in harmful institutions."**

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[3] A/HRC/11/L.13 15 June 2009

1. Introduction

Save the Children is a leading independent organization working with children to increase fulfilment of their rights, and to help children fulfil their potential. The organisation works to inspire breakthroughs in the way the world treats children and to achieve immediate and lasting change in their lives. Children without Appropriate Care (CWAC)[4] is a priority area for Save the Children's child protection work for the period 2010-2015. Programmes and advocacy work are underway towards a goal that by 2015, 4.6 million children without appropriate care, and their families, (including children on the move and children affected by HIV and AIDS) will benefit from good-quality interventions within an improved child protection system. In addition, the goal of Save the Children's global child protection Breakthrough 2020 is that **"All children thrive in a safe family environment and no child is placed in harmful institutions."**

During a regional Save the Children workshop on Children without Appropriate Care held in West Central Africa in December 2011 the need to better understand kinship care, was deemed important given the prevalence of informal, particularly kinship care, in the region as opposed to institutional care. [5] The importance of increasing understanding of

> **Kinship care: family-based care within the child's extended family or with close friends of the family known to the child, whether formal or informal in nature.**
> *International Guidelines for the Alternative Care of Children 2009*

kinship care, especially from the perspectives of children and caregivers was identified as a priority action area following up the regional CwAC workshop.

A background paper for the Francophone Sub-Saharan Africa Conference on Family Strengthening and Alternative Care, organised in Dakar in May 2012 reported how 15.8% of children in West Central Africa do not live with their biological parents. [6] However, only a very small number (0.002%) live in formal alternative care (residential, institutional); while the majority live in informal care alternatives, especially kinship care. The paper also revealed that despite the policy rhetoric supporting family and community based care options there were limited family support services available to reduce family breakdown and family separation, or to support family strengthening or informal family care arrangements.

Major social, political and economic changes in Sub-Sahara 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. **West Africa's history of high mobility has a great impact on children and families and the care and protection of children**. Despite

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[4] 'Children without appropriate care' are children who are not receiving suitable, continuous and quality care, nurture and guidance at a physical, emotional, social and psychological level from either their families or from other primary carers who are meant to replace the family environment and who are responsible for their well being and development. This definition includes children within their own families, children in alternative care, and children who have become separated, either voluntarily or involuntarily, from their families, including children on the move. It also refers to children in developed, developing, fragile and emergency contexts.

[5] See 'Family Support Services and Alternative Care in Sub-Saharan Africa, 2012'. Background Paper produced by Child Frontiers for the Francophone Sub-Saharan Africa Conference on Family Strengthening and Alternative Care, Dakar, 10th-11th May 2012

[6] Ibid

such challenges families and communities continue to depend on their own resources for child care and upbringing. **Informal kinship care practices are widespread in the West Central Africa region, and such practices are identified as a traditional coping mechanisms, which if effectively supported can contribute to resilient communities who are more able to care for and protect children in the face of adversity**.

The Guidelines for the Alternative Care of Children (2009)[7] provide the basis for the establishment of national policies and data collection systems and are a key advocacy tool for Save the Children's work on children without appropriate care. 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.[8] There is also insufficient data collection on children without appropriate care in the region, especially in terms of children living in informal care arrangements. Research to date underscores the major gap in knowledge about kinship care, particularly from the perspectives of children and caregivers. For example, a discussion paper from UNICEF[9] aimed at improving understanding of informal alternative care drew two key conclusions: namely, that targeted research about children in informal care and national policies for children in informal alternative care are needed. 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.[10]

Thus, the regional Save the Children participatory research initiative 2012-2013 was undertaken 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**. Save the Children country programmes in the region were invited to "opt in" and participate in the research process. This research initiative has involved four country programs including: Sierra Leone, Nigeria, the Democratic Republic of Congo, and Niger. <u>This report primarily presents the methodology and findings from the research undertaken in Sierra Leone, Nigeria and DRC</u>, due to delays in completion of the research in Niger. However, key findings concerning analysis of legal and policy frameworks and existing data from Niger are included[11].

Research objectives:

The research was primarily qualitative, participatory and exploratory designed to:

- Enhance understanding and knowledge on kinship care practices, trends, and factors that contribute to kinship care from caregivers, children, and other stakeholders perspectives;
- Use a gender and diversity lens to analyse and disaggregate the information collected from male and female caregivers, from boys and girls, older and younger children;
- Directly involve children as researchers and active participants to better understand their perspectives on both the positive and negative aspects of kinship care, looking at the factors that build or undermine the fulfilment of their rights, resilience, protection well-being, participation, development and their best interests;

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[7] A/HRC/11/L.13 15 June 2009
[8] Family Support Services and Alternative Care in Sub-Saharan Africa, 2012, as before
[9] Children in Informal Alternative Care, UNICEF, June 2011
[10] Drah, B. (2012) Orphans in the Sub-Saharan Africa: The Crisis, the Interventions and the Anthropologist. Africa Today (59) 2.
[11] Similar participatory research is also planned to take place in Senegal through an inter-agency approach.

- Involve caregivers to explore their views and experiences on existing mechanisms, supports and practices that support kinship care; and factors that make it difficult to care for and protect children in kin families;
- Lead to strengthened programs that promote prevention of family separation and family strengthening within a comprehensive care and protection system;
- Support advocacy for the development of family policies which integrate child sensitive responses and the specific needs of children and kinship carers;
- Result in communications materials to strengthen delivery of Save the Children's global child protection Breakthrough 2020.

This regional report provides: key contextual information concerning the research countries; an overview of the research methodology; key reflections from the research process; and key findings on the **five main research themes:**
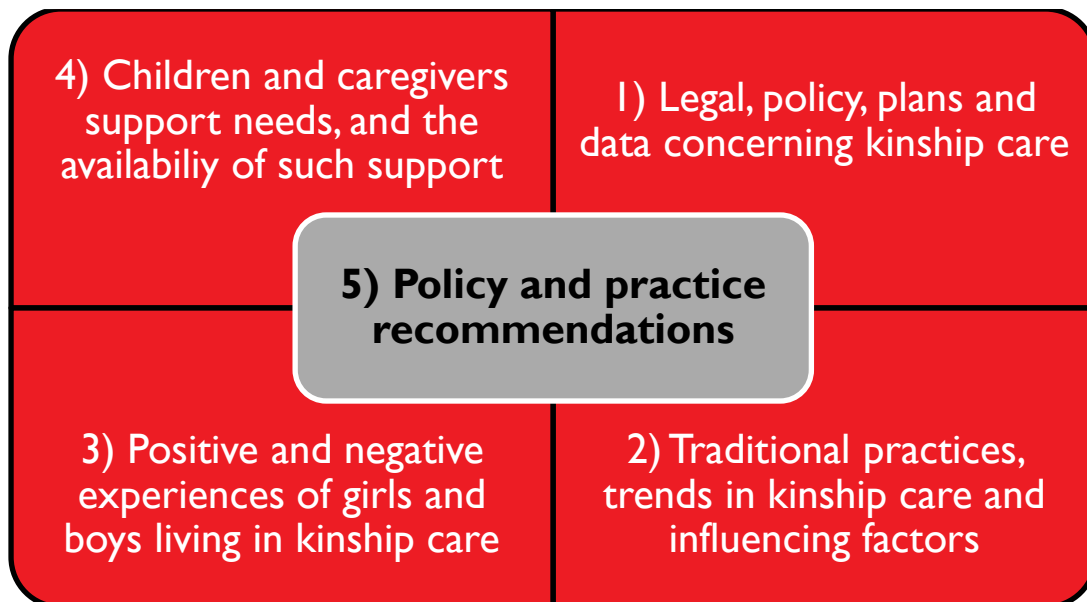
The final chapter of the report presents key conclusions and ways forward to ensure that Save the Children and other relevant agencies act upon the findings to ensure more effective policies and practices to prevent family separation, and to strengthen and support families within a comprehensive care and protection system.

Key contextual information on DRC, Nigeria, Niger and Sierra Leone

DRC context:

2ND largest country in Africa

65 MILLION
50% CHILDREN

REALITY FOR CHILDREN

1 in 5 die before their **5th birthday**

Only 51% attend **primary school** in rural areas

>1 in 4 are **working** (5-14)

>4 million are **orphans**

GDP: **$270** (2006)
HDI: **168th** (2010)

Population growth: **2.8-3%** per year
Resources: rainforest, diamonds, gold, copper, and cobalt

Niger context:

2ND largest country in WCA

17 MILLION
56.5% CHILDREN

REALITY FOR CHILDREN

43% in **child labour** (5-14)

75 % **married** <18

Child poverty: **63%** (2008)
HDI: **186th** (2013)

Infant mortality: **198** to **127** (per 1000 live births)

<5 mortality: **81** to **51** (per 1000 live births)

Nigeria context:

2ND largest least developed country in the world

Poverty: **100** million to live onless than **$2** a day

GDP per capita: **$1,128**

250 ethnics groups
500 indigenous languages

140 MILLION
74 million CHILDREN

REALITY FOR CHILDREN

2nd largest **HIV epidemic** in the world
2 million **orphans** as result of HIV
8 million orphans in total

Sierra Leone context:

POVERTY
70% live under the poverty line
50% live on under a $1 a day

- Human rights abuse
- Disruption of support structures

Violation of children's rights

REALITY FOR CHILDREN

1 in **5** die before their 5th birthday.
50.5% married < 18 years
34% pregnancies among teenage girls

6.4 MILLION
> 50% CHILDREN

2. Research process and methodology

An overview of the research locations and stakeholders involved:

The participatory research on kinship care has been completed in diverse locations in DRC, Nigeria and Sierra Leone[12]. The research has been undertaken in 17 communities (3 rural villages, 11 urban and 3 semi-urban) across 7 States/ Provinces across these three countries. The development, adaptation and use of a regional research protocol supported participatory research involving children and caregivers as researchers, respondents and documenters. In each of the countries children and caregivers were actively involved as researchers in the local research teams, working in collaboration with Save the Children staff and partners. **Across the three countries over 200 people were involved in local research teams.** These teams included: Save the Children staff; NGO partners; community child protection committee members; 33 girls and 26 boys living in kinship care; 15 girls and 10 boys living with biological parents; 36 female and 31 male caregivers.

More than 1100 stakeholders were consulted during the research process including more than: 325 children living in kinship care; 375 kinship caregivers; 154 parents; 172 children living with biological parents; and more than 150 other relevant stakeholders (community members, members of child protection committees, traditional chiefs, local and national officials, teachers, police, religious elders, members of NGO and UN agencies).

Key elements of the research process included:

- *Stage 1: Preparations for participatory research* (design, methods, ethics; and establishment and initial capacity building of country research teams) [August – November 2012[13]]

  - The development, adaptation and use of a **regional research protocol** [14] to support **participatory research involving children and caregivers as researchers, respondents and documenters.**
  - **Country teams developed Terms of Research** specific to their country context.

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[12] In addition inter-agency research involving the Ministry and UNICEF led by Save the Children is still underway in an urban and a rural community in 4 States of Niger namely Niamey, Zinder, Agadez, and Tahuoa. Save the Children Senegal is also collaborating with concerned Ministries, UNICEF, ENDA and the African Movement of Working Children and Youth to start inter-agency research on informal care in late 2013.
[13] Research preparations started in August 2012 in Nigeria, in September 2012 in Sierra Leone and in December 2012 in DRC.
[14] A regional research protocol and annexes were developed by the international consultant Claire O'Kane. Each country was able to adapt the protocol to their specific country contexts. See research protocol.

- Recruitment and **capacity building of local research teams** including **girls, boys, female and male caregivers, local Save the Children staff and partners** to increase their confidence, skills and knowledge to undertake research.
- Development and application of **ethical guidelines** [15] including adherence to child safeguarding protocols and basic requirements in children's participation to ensure safe, meaningful and inclusive children's participation throughout the research process.
- Development and use of an analytical and documentation framework[16]
- Development, adaptation and use of **participatory research tools**[17] including: interviews, focus group discussions, body mapping, time lines, visual care option mapping, transect walk, resource mapping, visioning trees, photography, drawing, stories of most significant change/ case stories, drama, observation, and the development of child led "Family Albums".
- **Establishing an advisory group**[18] **and a 'virtual interest group'** bringing together the focal points from each country and the advisory group for monthly calls to ensure regular communication, exchange, reflection and action leading to a quality participatory research and action process.
- **Desk research** on existing laws, policies, data, and research on kinship care[19]
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Ethical guidelines included efforts to:
- ✓ Ensure effective communication and co-ordination systems are in place
- ✓ Apply child safeguarding policy and code of conduct and ensure availability of psycho-social support if needed.
- ✓ Apply basic requirements in children's participation
- ✓ Identify risks and ensure strategies to minimise or deal with risks
- ✓ Plan research activities at times that suit children and caregivers. Use school calendars & harvesting calendars to inform timely planning.
- ✓ Ensure informed consent and options to withdraw at any time.
- ✓ In addition, seek the support of children's caregivers and wider community
- ✓ Ensure anonymity of views and safe keeping of data (locked)
- ✓ Be sensitive and flexible – ready to resolve any ethical issues which arise.
- ✓ Ensure feedback to all involved

- *Stage 2: Implementation of participatory research* *[November 2012 – June 2013]*

    - **Country research teams (adults and children) implemented the participatory research** reaching out to other girls and boys living in kinship care, biological children, caregivers, parents, community

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[15] See ethical guidelines, child friendly information, initial consultations.
[16] See annex 1analytical and documentation framework
[17] See participatory tools step by step guidance
[18] The Advisory Group included: CPI Regional Representative WCA; SCUK Child Protection Technical Advisor (WCA)/ Chair of CPI CwAC Task Group; the International Consultant; Representative from the CPI M&E task group; and key national staff from participating research countries. In the latter phase it also included Save the Children's Communication Manager.
[19] Ongoing desk research throughout the research study drawing upon existing global and regional research on kinship care was undertaken by Rebecca Smith, SCUK's global child protection adviser/ chair of CPI CwAC task group to inform the study.

members, and a range of other stakeholders (traditional chiefs, local and national officials). The country teams used mixed methods including: interviews, focus group discussions, case stories, observation and the child friendly participatory tools especially body mapping, time line, family album photos, drawings, and stories.

- **Regular reflection** among children and adults was also encouraged to discuss, document and analyse the emerging findings; and to identify and overcome any challenges faced during the research process. Monthly **virtual interest group** calls also provided an opportunity for country focal points to discuss challenges faced and solutions to overcome them with a regional/global advisory group; and to share key updates and plans to move forward with the research.

- In country local **reflection workshops** *near the end of stage 2* involving country research members (children and adults) and other reference group members were organised in each local research area. These reflection workshops encouraged: identification of lessons learned concerning the research process; further analysis of key findings; identification of any information gaps; and developing recommendations.

- **Preparation of visual documentation** (children's family albums encompassing photos, drawings, stories, and visuals of participatory results) and country reports were also drafted to inform action and advocacy initiatives.
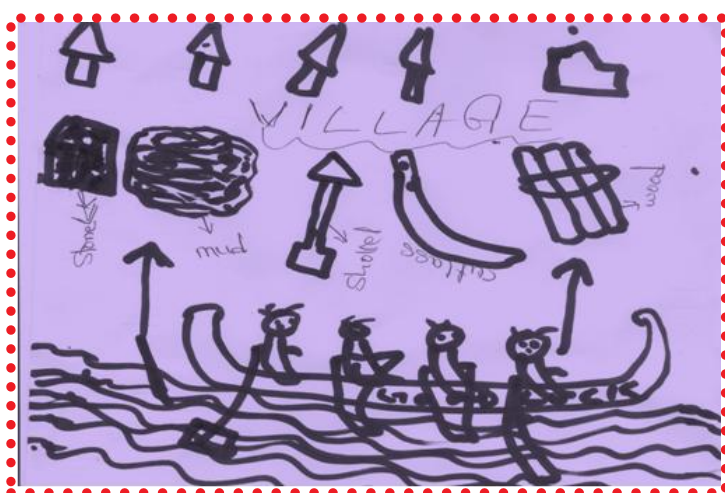
Kinship children paddling the canoe to get woods, mud, stones and sticks, etc. for their caregivers, while biological children are at home playing. (A 13 year old boy, Pujehun, Sierra Leone)

- ***Stage 3: Regional and country level reflection, documentation and advocacy based on participatory research*** *[June – October 2013]*

  - A **regional reflection workshop** involving children and adult representatives from Nigeria, Sierra Leone and Senegal[20], and adult representatives from DRC[21] and Ethiopia[22] was organised in September 2013. This 4 day workshop built upon the in-country reflection workshops and enabled children and adults to reflect on key findings and to collectively

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[20] In addition children and adults representatives from Senegal were involved in the workshop to learn from experiences from other countries to inform research planning and implementation on kinship care in Senegal.
[21] The DRC team decided not to send children's representatives to the Dakar workshop as it was school term and travel to and from Dakar meant that the children would miss more than one week of school. However, video messages from children and caregivers were shared during the regional reflection workshop.
[22] As Save the Children Ethiopia are also planning to start similar research in Ethiopia and other countries in East Africa.

develop recommendations for practice and policy developments. The regional reflection workshop also supported opportunities to collaboratively develop creative child friendly visual documentation including a regional family album, and brief advocacy videos.

- Finalising **country and regional reports**[23]
- **Strategic planning** – country teams and regional CPI use findings to inform country annual planning and advocacy 2014 onwards.
- **Advocacy** (including child led advocacy) to support practice and policy developments concerning improved child protection systems and practice to strengthen family-based care and better support kinship care.

Geographic scope of the research:

Decisions regarding the scope of the research in terms of geographic locations and numbers of children, caregivers and other key stakeholders involved [24] were influenced by the human and financial resources that Save the Children country teams were able to secure to support the participatory research process in their country. However, each country team was encouraged to conduct the research in at least 2 main geographic locations in each country, ideally one urban and one rural location. As this research was primarily exploratory and qualitative and aimed at improving practice, purposeful sampling was used to identify geographic locations where the research would take place. Decisions about research locations were largely informed by:

- Locations where Save the Children have existing child protection programmes. Through existing programmes Save the Children have relationships and trust with relevant community stakeholders to gain permission and support to undertake the research, and more structures in place to respond to any safeguarding or other concerns raised by children and adults during the research process;
- Knowledge or existing data regarding States or Regions where kinship care practices were increasing or more prevalent.

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[23] This regional report was written by the international consultant Claire O'Kane drawing up the country reports that were written by each country team.

[24] Either as active members of the country research teams and/or as research respondents

DRC undertook the research as part of its USAID-funded SAFE initiative supporting children without appropriate care. The research was undertaken in two main urban centres of Mbuji Mayi and Mwene Ditu in the province of Kasai Orientale. Local research teams were formed in both of these areas each involving 3-4 children (girls and boys living in kinship care) and 4 children living with parents; 2-3 male and female kinship caregivers; and Save the Children staff, members of CBOs, members of community based child protection committees. The research was undertaken in 8 local communes, 5 communes of Mbuji Mayi and 3 communes of Mwene Ditu.

The **Nigeria** research was undertaken in 3 Northern States, Bauchi, Katsina and Kaduna where Save the Children has existing projects - Links for Children (LFC), a five year (2009-2014) USAID/PEPFAR funded Orphans and Vulnerable Children (OVC) project. The research was undertaken in 1 rural village in Miri district of Bauchi State; in a semi-urban ward in Kudu 3 district of Katsina State; and in an urban location in Kaduna State. A local research team was formed in each of these areas involving local staff, NGO partners, female and male caregivers and children (1 girl, 1 boy) living in kinship care.

The **Sierra Leone** research was undertaken in 3 provinces (Eastern Province, Southern Province and Western Area) where Save the Children has existing child protection programmes. In each province research was undertaken in 2 villages or wards in one district within the province namely: Kailahun, Pujehun and Freetown districts. A local research team involving children (4- 6 girls, 4-6 boys), caregivers and Save the Children staff was formed in each of these 3 districts. In both Kailuhun and Pujehun the research has been undertaken in both one semi-urban and one rural village. In Freetown the research was undertaken in two urban wards.

Numbers of stakeholders consulted in the research process:

More than 1100 stakeholders were consulted during the regional research process across DRC, Nigeria and Sierra Leone[25]:

Stakeholder	Female	Male	Total
Children living in kinship care	170	155	325
Children living with biological parents	70	102	172
Grandparents	51	41	92
Aunts and uncles	77	69	146
Other relative caregivers	58	79	137
Biological parents (who have sent their children to live in kinship care)	71	83	154
Community members	64	105	169
.... and other relevant stakeholders	*Traditional chiefs, religious elders, NGO staff, teachers, police, local and national officials.*		More than 80

Note: Children consulted were mostly aged 10 – 17 years, however some children under the age of 10 years were also consulted, including 12 girls and 5 boys under six years old in Sierra Leone.

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[25] Especially due to large numbers of people consulted through the Sierra Leone research.

Country research teams reflection on the research process:

☺ **Strengths of the research process:**

☺ Initial consultations with concerned stakeholders (NGOs, local authorities, community members) increased their support for the research. ☺ The research work plan was developed in collaboration with children and caregivers with careful consideration of times people are more available (e.g. weekends, school holidays). ☺ Community members had a sense of ownership for the

research, as finding out more about how to support kinship care families was a "felt need". ☺ There was active involvement of children in all stages of the research process, and children gained a lot of knowledge, experience and confidence through their participation.

☺ 2 day training workshops with children and adult members of local research teams focused on the use of different data collection tools, data recording, child-friendly communication skills and child safeguarding. ☺ The Nigeria research team found the participatory tools (e.g. body mapping, story telling, time line, transect walk, drawings, resource mapping, drama etc) simple and easy to use with and by children. In DRC and Sierra Leone more effort was needed for staff and partners to initially understand the tools so that they could clearly introduce

> *One of the most surprising findings is identifying that there are so many different kinds of kinship care and different reasons. We were able to find out a lot through separate discussions with children and adults. (17 year old boy, young researcher, Sierra Leone)*

the research tools to children, especially if local language translation was required.

☺ Story telling was useful as children and caregivers were able to share a lot in a non-revealing manner. Observation and photography by children were also useful.

☺ Reflection workshops involving children and adults (including concerned local authorities in some areas) were organised in each of the local research areas was really helpful to bring all the learning and analysis together.

> *We were really able to help. We were able to understand the feelings, experiences and views of children.... One girl explained how if she woke up her aunty she would be treated with violence. The research team was able to follow up with the community chairman, the district head and the caregivers to respond to such protection concerns.*
> *(young female researcher, age 17 years, Nigeria)*

☹ **Challenges faced during the research process and how they were overcome:**

☹ Local authorities currently have very little data concerning kinship care. → *This research can help advocate data collection on kinship care by the local authorities*

☹ Limited funds for the research restricted possibilities of gathering and analysing quantitative data.

☹ Staff and children were involved who had not previously done research thus it was challenging to understand and adapt the research protocol and tools to local contexts, especially in rural areas. → *The initial capacity building workshops and consistent support from country focal points/ advisers supported local research teams to gain increased confidence.*

☹ Fear that children would not be accepted as researchers or listened to by adults in the community. → *Through sensitisation of caregivers and community elders, and by collaborative efforts by adult and child members of the research team they were able to overcome this challenge. In Sierra Leone child researchers were paired with adult researchers to ensure support and effective documentation.*

☹ Some caregivers raised challenges and fears that kin children would benefit more than their own biological children → *Awareness raising and sensitisation was needed to convince them and to explain that the research would inform advocacy to increase family strengthening.*

☹ People involved in the research had expectations that Save the Children would provide financial compensation (in kind or cash) or practice support to vulnerable children. → *Clear information was shared that Save the Children would not be able to provide any financial support. Some research volunteers in Sierra Leone dropped out once they realised that there would be no financial compensation.*

☹ In DRC it was recognized that some children answered the questions based on what they thought adults wanted to hear, rather than on their reality. → *In some contexts increased efforts were required to create a safe and enabling environment for girls and boys to share their feelings, thoughts and experiences.*

☹ In some research locations it was challenging to gain genuine involvement and support from the local authorities; *while in other research locations good support from the local authorities was provided.* → *Involving the concerned authorities from the early stages of the research process increases their collaboration.*

☹ Due to limited resources countries were unable to bring all the States together in one country level reflection workshop. → *However, findings from each of the local reflection workshops informed analysis and documentation of country reports.*

☹ Documentation and analysis was challenging and time consuming for field staff and children → *The teams tried their best and were proud that they really achieved something. However, in-country support from experienced researchers would have been beneficial.*

Limitations in the research methodology relate to:

- Lack of quantitative data collection
- Limited number of field locations
- Sampling decisions
- Limited funds which contributed to constraints in documenting, storing and analysing all the data gathered

This research was primarily qualitative and exploratory. Resources were not sufficient to undertake household surveys, which would have provided us with systematic quantitative data regarding the number and characteristics of each specific kinship care arrangements in the research communities.

The research was only undertaken in a few districts in each of the research countries. Thus, the sample is relatively small. While the research findings provide insight to kinship care in the specific research locations where they were undertaken, the research also reveals how socio-cultural traditions and beliefs influence kinship care arrangements and experiences, thus findings from one part of the country may be different from another; and will vary according to different ethnic and tribal groups.

The research locations were purposefully selected, in general undertaking the research in States and districts where Save the Children already had child protection programming. Efforts were made to undertake the research in diverse communities, and to specifically undertake research in both rural and urban locations in Nigeria and Sierra Leone, however, in DRC the research was only undertaken in urban locations. In some countries prior analysis of existing DHS data may have influenced alternative decisions. For example, the DHS data revealed that higher proportions of children were not living with biological parents in Southern regions; whereas the Nigeria research was undertaken in the Northern regions.

Limited funds for the research contributed to constraints in local research team members documenting, storing and analysing all the rich data gathered. The quality of documentation and analysis would have been improved if dedicated national consultants or full time staff members were allocated to support the research.

3. **Key findings**

3.1 *Theme 1:* ***Existing legal and policy frameworks, available data and national government programmes concerning kinship care***

This chapter of the report shares key findings concerning existing legal and policy frameworks concerning informal care and kinship care in DRC, Niger, Nigeria and Sierra Leone. It also presents key findings concerning secondary analysis of existing data and research on kinship care, including some key MICS and DHS data concerning children living in households without their biological parents.

In the past decade there have been significant legislation and policy developments to increase child rights and child protection in countries in the West Central Africa region. Key legislation in countries where the research took place include the:
- Child Rights Act (2003) Nigeria
- Child Rights Act (2007) Sierra Leone
- Child Protection Law (2009) DRC
- Framework for Child Protection (2011) Niger

Each of these laws and acts promote the principles of child rights and recognise the importance of the family unit. In DRC and Niger the constitutions also emphasise the "family unit" and the role of parents in raising children. The role of the community and civil society organisations in preventing and responding to child protection concerns are also promoted through child protection legislation. For example, the Child Rights Act of 2007 in Sierra Leone recognizes the primary responsibility of parents in the care and upbringing of their children. It includes a statement of parents' rights and responsibilities, including the obligation to protect children from all forms of neglect and maltreatment, to provide good guidance, care, assistance and maintenance for the child, and to ensure that in the temporary absence of a parent the child shall be cared for by a competent person. An emphasis has also been placed on community support for children and parents and village level support mechanisms, particularly with respect to prevention and early intervention services. However, although the Sierra Leone Child Rights Act has provisions on parentage, custody and maintenance of children, it does not include provisions on informal kinship care.

National Plans of Actions concerning child protection or orphans and vulnerable children have been developed including:
- The National Action Plan for Orphans and Vulnerable Children (2010 - 2014), DRC
- The National Plan of Action on Orphans and Vulnerable Children (2006 - 2010), Nigeria
- The National Plan of Action on Child Protection (2012 – 2016), Niger

Sierra Leone has also developed a specific Policy on Alternative Care for Children (2012). Each of these NPAs and policies reflect the principles of the UNCRC. To some extent they also reflect key principles of the Guidelines for the Alternative Care of Children (2009)[26], as family and community

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[26] A/HRC/11/L.13 15 June 2009

based care and protection, including efforts to prevent and respond to family violence and family separation are promoted. Furthermore, institutional care is recognised as the last resort.

Children living with frail or elderly grandparents should be targeted as vulnerable children, and a package of support should be provided.
(National Guidelines for OVC, 2007, Nigeria)

National Guidelines have been developed to increase programming to support orphans and vulnerable children, to prevent and respond to family separation, and to increase child protection including:

- Inter-ministerial Decree on the Regulation of the Social Placement of Children in Difficult Situations (2009), DRC
- National Guidelines and Standards of Practice on Orphans and Vulnerable Children (2007), Nigeria
- Family Tracing and Reintegration Guidelines (2012), Sierra Leone
- Document Cadre de la Protection de l'enfant (2011), Niger
- Orientation Nationales pour le Prise de Charge des Enfants (2010), Niger

These guidelines encourage family strengthening and increased social services support to families. The role of social workers, field officers, community welfare/ development committees and traditional leaders are outlined for assessing and ensuring packages of support to vulnerable children in Sierra Leone, DRC, Niger and Nigeria. While the National Guidelines for OVCs in Nigeria include a specific focus on children living with frail or elderly grandparents, in general a more explicit focus on children living with different kin caregivers (aunts, uncles, elder siblings, grandparents, cousins, close family friends) is required to ensure monitoring, prevention and response to ensure non-discrimination, care and protection of children living in kinship care.

Recent advances in laws and policies concerning alternative care in Sierra Leone provide direction and good practice initiatives that can be adapted and replicated in other countries in the region.

Advances in laws, policies and programming for alternative care in Sierra Leone:
Alternative care programming has been an integral part of the Child Protection Programme of the Ministry of Social Welfare, Gender and Children's Affairs (MSWGCA) and child protection agencies in Sierra Leone since 1996. There is an inter-agency sub-committee chaired by the Director of Children's affairs (under the MSWGCA) and co-chaired by UNICEF on Alternative Care that meets that meets on a monthly basis to find solutions for children that are already, or at risk of, becoming separated from their families. Through the work of this sub-committee a Policy on Alternative Care was developed in 2012, and is waiting for submission to the Cabinet by the MSWGCA.

The Policy on Alternative Care specifies that residential care should be the last resort; family placements (whether with the biological parents, extended family or in foster care) are promoted as the most favourable options for separated children as long as there is adequate monitoring; and any alternative care placement should be in the best interests of the child. While the policy recognizes the protective value of families it focuses mainly on institutional care and provides the framework and minimum standards by which formal alternative care can be practiced, the policy does not provide clear indicators or guidance to regulate informal alternative care including kinship.

However, in line with the 2012 Policy and its *embedded Family Tracing and Reintegration Guidelines (2012) a National Child Welfare Policy*[27] is also being developed. This new policy supports: early intervention to prevent family separation and to support family tracing and reintegration; family and community based care options as a first option for children requiring alternative care; ensuring that the Chief is aware of the potential need or likelihood that a child from their area will be placed in informal family care (*menpikin*[28]); and if a child is to be placed with family members outside of the community, thorough and on-going assessments should be undertaken to ensure the child's safety and welfare. It is expected that the implementation of the Child Welfare Policy will be further enabled through the development of Child Welfare Strategic Plan and The Human and Financial Resource Management Strategy.

Despite the development of significant laws, policies and guidelines to promote child rights and child protection especially for orphans and vulnerable children, in **general there is limited explicit focus on informal kinship care within existing national policies, national plans of action, standards and guidelines relating to children's care and protection**.

> *There is a perception that based on African culture families take in relatives in cases of death or other reasons including economic hardship, and that the government does not need to interfere in this arrangement.*
> *(Save the Children staff member, Nigeria)*

Guidance tends to focus on children living with parents, or children living in formal care arrangements. For example, the Inter-ministerial Decree on the Regulation of the Social Placement of Children in Difficult Situations (2009) in DRC lays out the procedure for placing separated children or children in other difficult situations with their families by social workers and case management. It specifically refers to children being placed in foster families, children who live autonomously, or children who are placed in institutions. It does not refer to placements of children with kinship carers. It does however recognise the wider family unit or 'famille élargie' and defines the role of the wider family as one in which takes into account the emotional needs of the child in his or her development while also acting as an ideal and moral framework.[29]

In some legislation and policies the term "family" does not often differentiate between family care by parents or care by extended family members. In other legislation the term 'foster family' also does not differentiate whether or not the family is biologically related to the child or not. Thus, advocacy is needed to influence policy and practice developments to ensure recognition and support for informal kinship care arrangements, while also continuing efforts to prevent children's separation from their parents.

Advocacy is also needed to increase resource

> *Recognizing that, in most countries, the majority of children without parental care are looked after informally by relatives or others, States should seek to devise appropriate means, consistent with the present Guidelines, to ensure their welfare and protection while in such informal care arrangements, with due respect for cultural, economic, gender and religious differences and practices that do not conflict with the rights and best interests of the child*
> *(para 18, Guidelines for the Alternative Care of Children, 2009)*

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[27] Draft Child Welfare Policy, Sierra Leone, September 2013
28 Term that defines kinship in local language (Krio).
[29] Ministerial Arreté No: RDC/0248/GC/CABMIN/AFF.SAH.SN/09 NOV 2009 with Regulation on the Social Placement of Children in Difficult Situations, pg. 2

allocations to Ministries responsible for child protection, social welfare and family strengthening. Across the West Central Africa regions Ministries concerned with the care and protection of children tend to be under-resourced in terms of both financial and human resources, contributing to constraints in implementation and enforcement of laws, policies and guidelines. For example, the Child Rights Act 2007 and decentralization legislation[30] in Sierra Leone give responsibilities for child protection services to district and town councils, while the Ministry of Social Welfare, Gender and Children's Affairs retains its responsibility for policy, planning and monitoring. The Child Rights Act mandates the formation of Child Welfare Committees (CWC) to promote the welfare and protection of children, including monitoring of foster families. However, there are still gaps, inconsistencies and a lack of capacity within the Government to implement the legislation. As a result, the majority of care placements are done informally and many CWCs are not established or operational. Despite the rhetoric concerning the importance of the "family unit" there are limited government investments in social services and child sensitive social protection schemes aimed at strengthening families (parents or kinship caregivers).

Inter-agency collaboration and advocacy are underway to support Governments to adopt and implement the **Guidelines for the Alternative Care of Children 2009.**[31] A family strengthening and alternative care conference was organised in Dakar in March 2012 and the "Moving Forward"[32] handbook to support implementation of the Guidelines has been launched and promoted in the region.

The Guidelines for the Alternative Care of Children apply to the use and conditions of alternative care for all children under the age of 18 years, regardless of the care setting and of its formal or informal nature, with due regard to both the important role played by the extended family and community. The Guidelines set out to:

- support efforts to preserve or re-establish the family unit
- when needed, identify and provide alternative child care that promotes the child's development
- encourage governments to assume their responsibilities towards the rights of children without parental care
- encourage all concerned with child care to fully take into account the Guidelines in their policies and activities.

> *The family being the fundamental group of society and the natural environment for the growth, well-being and protection of children, efforts should primarily be directed to enabling the child to remain in or return to the care of his/her parents, or when appropriate, other close family members. The State should ensure that families have access to forms of support in the caregiving role. (Para 3, Guidelines for the Alternative Care of Children, 2009)*

Two key principles of the Guidelines focus on whether alternative care is necessary and appropriate. The Guidelines aim to ensure the appropriate use of alternative care, preventing the need for unnecessary alternative care by promoting parental care and respect for children's rights; and

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[30] Decentralization Policy (2010) and Local Government Act of 2004.
[31] A/HRC/11/L.13 15 June 2009
[32] CELCIS (2012) Moving Forward: Implementing the Guidelines for the Alternative Care of Children.

addressing the root causes of abandonment and separation. Family strengthening services (such as parenting courses) and supportive social services (such as day care, mediation, or services for parents and children with disabilities) are encouraged to empower families with attitudes, skills, capacities and tools to provide adequately for the protection, care and development of their children. Youth policies aiming at empowering youth to overcome the challenges of everyday life, including when they decide to leave the parental home, and preparing future parents to make informed decisions regarding their sexual and reproductive health are also encouraged.

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

The Guidelines for the Alternative Care of Children[33] recognize the critical role of kinship care as a major form of informal care, but also highlights the importance of such carers being encouraged to notify the competent authorities *"so that they and the child may receive any necessary financial and other support that would promote the child's welfare and protection" (para 56)*. Considering the principles of best interests, the child, parent and caregivers' views, and permanency planning, the Guidelines also encourage deliberation concerning opportunities to formal care arrangements after a suitable lapse of time. While formalizing care arrangements in the extended family may not be always be appropriate or realistic, developing a system whereby the transfer of responsibility for the child's care to relatives or friends is reported and recorded to the local authority *(e.g. to the traditional chief, child welfare committee)* would increase better monitoring and support.

Analysis of existing data on kinship care:

Across each country where the research was undertaken there are limited mechanisms in place to identify and record data concerning children living in informal kinship care arrangements. However, data available through socio-demographic household surveys including DHS and MICS provide useful data on orphans, and the numbers of children who are living without both their parents; and households which include children living without one or both of their parents.[34] Understanding the relationship between parental death and children's care situation is critical for two major reasons. First, the loss of one or both parents is a major risk factor for a child that has the potential of seriously affecting a child's well-being. Secondly, the role played by the extended family and others who step in when a child's parents have died must be understood to ensure policies and programmes targeted at 'orphans' and other vulnerable children effectively support the important role these alternative caregivers play. Furthermore, it is crucial to challenge the myth that the

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[33] A/HRC/11/L.13 15 June 2009
[34] Regional level data from other DHS and MICS enables a comparison of the situation of children in the region, but it is important to note that data for different countries is more or less recent, limiting somewhat the reliability of the comparison. Furthermore, some data sets focus on children under 18 years, while others focus on children under 15 years.

majority of children living in kinship care are orphans so that we better understand and tailor and develop programmes and policies to prevent family separation.

An insight to key findings from recent DHS and MICS household surveys[35]:

Data available through DHS surveys in 64 countries and through MICS in 31 countries indicate that the **numbers of children who have lost both parents (double orphans) are actually very low**, even in countries with major disasters, conflicts or epidemics. In the vast majority of countries, the percentage of children under 15 who have lost both parents has been consistently found to be less than one percent of the population surveyed, most under half a percent.[36]

DHS 2008 data for **Sierra Leone** indicates that the **vast majority of children under 15 years still have both parents (89%)**. Nonetheless, the percentage of children who are double orphans is high for West Africa (1.8%), almost double than other countries in the region, and 'double orphanhood' is likely to be a factor in children's living arrangements, although affecting a relatively small number of children. A significant percentage of children under 15 have **lost one parent (8.8%)** and their situation is also important to understand better in terms of the situation of their caregivers, and whether these children remain in the care of their parents or are cared for by others.

Significant proportions of children under 15 years are not living with their parents <u>even when both parents are alive</u>: 17.6% Sierra Leone; 7.8% DRC; 7.6% Niger; and 7.1 % Nigeria.[37] Thus, **factors contributing to parental separation need to be better understood.**

Compared to the 69 countries with DHS data, **Sierra Leone has the third highest percentage of children under 15 who are not living with their parents even though both are alive**, behind Namibia (23.6%), South Africa (20.6%).

In **Sierra Leone** DHS 2008 data indicates that **43.3% of all households have foster children and/or orphans (under 18 years) living in the household** with neither their mother or father present. This rises to **48.6% for urban households**.

Nigeria MICS 2011 data[38] indicates that **7.9% of boys and 9.8% of girls aged 0-17 years are not living with a biological parent**. The likelihood of not living with a parent increases with age. More children in urban (10.2%), compared with rural settings (8.2%) do not live with a living parent. There are also regional variations with children in Southern regions (11.8 – 12.4%) and the North Central (11.5%) region to be more likely to be not living with parents than in the Northern East (5.5%) and North West (4.5%) regions.

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[35] See www.childinfor.org; Martin, F. (23rd September 2013 draft) Ta Ka Biri: Understanding and improving Informal Alternative Care for Children in Niger, with a focus on Kinship Care. A *contribution to Save the Children Research Initiative.*

[36] ICF International 2012, Measure DHS Stat compiler, www.statcompiler.com, August 31st 2013.

[37] ICF International 2012, Measure DHS Stat compiler, www.statcompiler.com, September 1st 2013.

[38] NBS, UNICEF and UNFPA (April 2013) Nigeria Multiple Indicator Cluster Survey 2011.

In West Central Africa kinship care is unique not only in its high prevalence but because of the young age at which it begins.[39] The practice of sending a child to live with other caregivers is common in the region. DHS data illustrates that the total percentage of children under 15 years not living with either biological parent (regardless of parental status) is highest in Sierra Leone (23.4%), with relatively lower rates in Niger (9.9%) and Nigeria (8.8%).

West Africa Region: Percentage of children under 15 years not living with biological parents
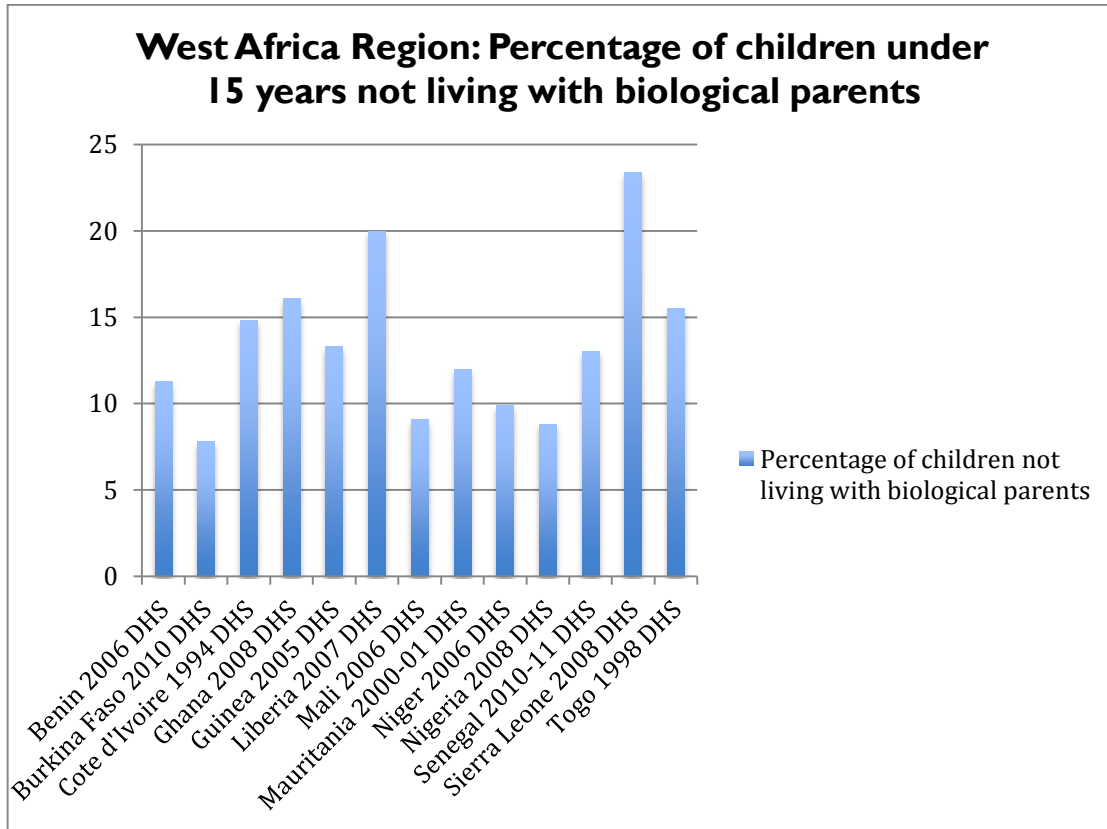
As illustrated by the diagrams from Sierra Leone and Niger below, the **vast majority of children under 15 years not living with their parents are not single or double orphans** but **have both parents alive**, and therefore other reasons must be underlying the fact that they are not living with their parents:

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[39] Uche C. Isiugo-Abanihe. *Child Fosterage in West Africa*. Population and Development Review, Vol. 11, No. 1. March 1985. pp. 53-73

Sierra Leone: Children under 15 not living with either parent by survival status of parents, DHS 2008

- Both alive
- Only father alive
- Only mother alive
- Both dead
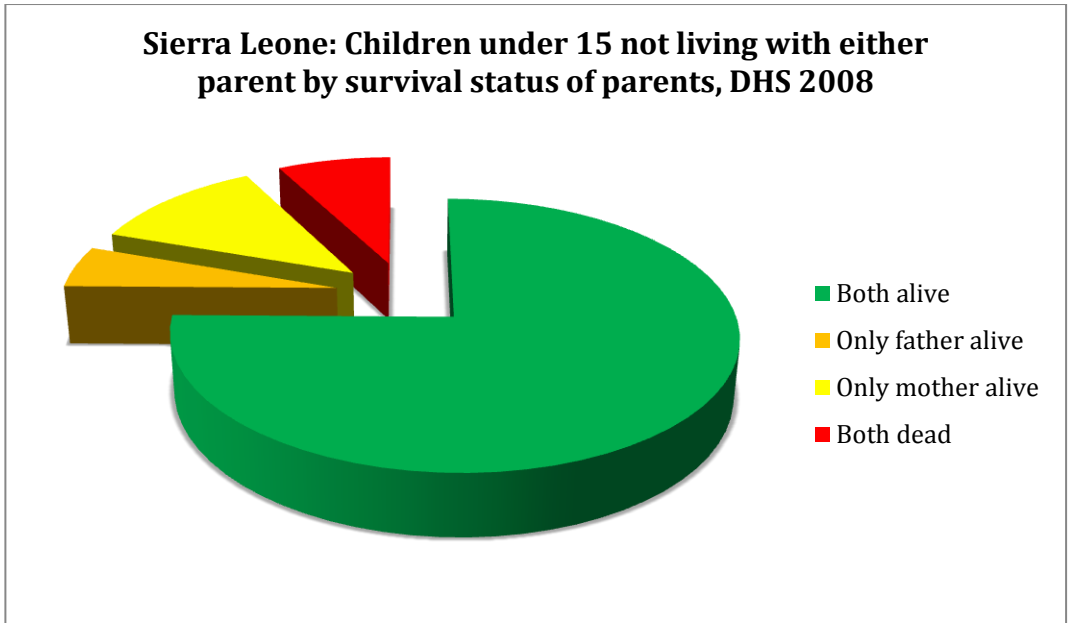
Niger: Children under 15 not living with their parents by survival status of parent(s) (DHS-MICS III, 2006)

- Both parents alive
- Only mother alive
- Only father alive
- Both parents dead
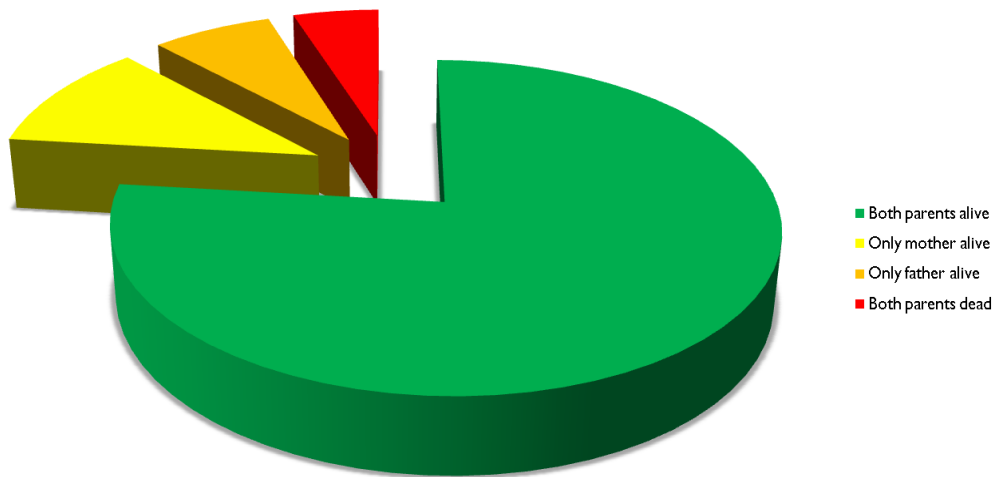
Sierra Leone DHS 2008 data indicates how the percentage of children not living with a biological parents varies according to age, gender, rural/ urban residence, region and family wealth. In Sierra Leone **not living with a biological parent increases: by age; for girls; for children living in urban residence; and for children living in wealthier families**. There are also highest rates of children not living with a biological parent in western region of the country. For children under 15 years not living with their parents in Sierra Leone there are **clear age differences** with much fewer children in the 0-2 age group in that category (6.9%) compared to **a far higher percentage (21.8%) in the 10-14 age group,** with a particular dramatic increase between 0-2 and 3-5 age group (17.5%). Further exploration is needed to better understand this increase, to inform

programming that can prevent parental separation and better support children's the care and protection by their parents, especially for younger children.

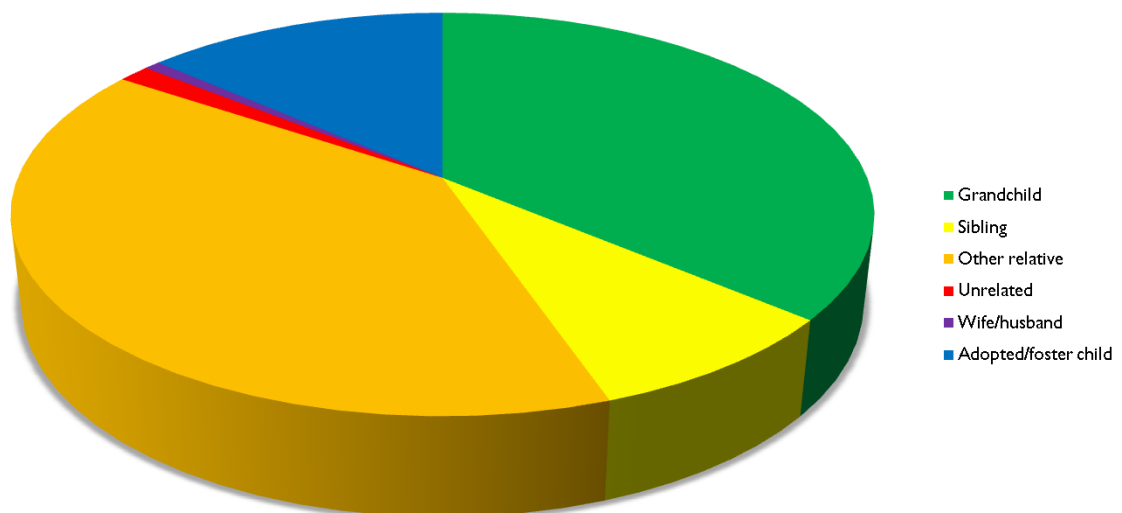While DHS data from the region indicates **small percentages of children who are only living with their father, proportions are higher in Sierra Leone**. DHS 2008 data from Sierra Leone also indicates that 9.6% of children under 15 years are living with their father, but not their mother (whether the mother is alive or dead). 8.5% of children are living with their father, even when their mother is alive. Further research is needed to better understand why, and to see how father and mothers can be better supported to care for their children.

Historical data that is available on **Niger** through 3 DHS surveys (1992, 1998, 2006) also provides important information about **trends in living arrangements** and survival of parents for children under 15 years of age. Data on prevalence of children who have lost one or both parents shows relatively little change over the 14 year period. Despite this, the percentage of **children who live with both parents in Niger has undergone a small but steady decrease** over the same period (1992: 75.2%; 1998: 73.5%; 2006: 68.3%). Furthermore, data on children under 15 who live only with their mother, even though their father is alive, provides a striking picture of changing living arrangements in Niger indicating a significant increase over the period of the surveys from 5.4% (1992) to 14.3% (2006), almost a **tripling of numbers of children who are only living with their mother, even though their father is alive**. Better understanding of factors contributing to such changes in living arrangements, and support for single mothers is needed.

The diagram below indicates the **diversity of care arrangements and the prevalence of kinship care arrangements for children under 15 years who are double orphans**. The majority of double orphans in Niger are living with grandparents, aunts, uncles and siblings:

Niger: Children under 15 not living with parents (both parents dead) and relationship to the head of the household (DHS-MICS III, 2006)

Legend:
- Grandchild
- Sibling
- Other relative
- Unrelated
- Wife/husband
- Adopted/foster child

Looking at the **living arrangements for these (double orphan) children in Niger** from an age group perspective, children under two were either in a household headed by their grandparent (50%) or a sibling (50%), indicating that following the death of both parents, a young child is likely to be cared for by immediate family. For the 2-4 age group however the situation had already changed, with a greater proportion with grandparents (69%), but also a significant percentage taken into an adoption or foster care arrangement (19%) and a smaller group with other relatives (12.5%). For children in the 5 to 9 age group, arrangements are more diverse with 40% with grandparents, 10% with siblings, 29% with other relatives, 17% adopted or fostered and only 4% with unrelated persons. In the 10-14 age group the living arrangements have clearly shifted towards other relatives (54%) compared to grandparents (25%), siblings (8%) and adopted or foster care arrangement (10%).

Such data indicates the importance of understanding the complexity of factors influencing family breakdown, separation of children from their mothers and fathers, and alternative care arrangements. In our efforts to reduce family separation and to ensure care and protection of children in families, there needs to be more focus on reaching and involving fathers, mothers, aunts, uncles, grandfathers, grandmothers, elder siblings and other kin caregivers from a wide range of income groups in positive parenting education initiatives. Better understanding across the region of changes in family composition and living arrangements, and how this affects children's care is critical to ensure social policies and programmes are developed that support families and better outcomes for children in terms of their care and well-being. **The importance of rural to urban migration and cross border migration in the region in the search for livelihood, or as a result of displacement through conflict or natural disasters, also indicate the importance of regional level analysis and approaches**.

3.2 Theme 2: *Traditional practices, trends in kinship care and influencing factors*

Across the West Central Africa region kinship care practices are prevalent and historical. For example, in research undertaken in Benin, discussions with older people found that more than 90% of those over the age of 70 years did not spend their childhood with their biological parents.[40] In many societies child fosterage is described as an accepted means of raising children.[41] Kinship care is a mechanism to maintain social stability, creating and helping to sustain bonds of mutual cooperation and interdependence[42]. For example the practice of kinship foster care used to be a process whereby children were passed on to people other than their parents for training or companionship without the parents losing parental rights. This process helped to cement kinship or friendship bonds, reaffirm family ties or political relationships and sometimes provide companionship or household help to a childless person.[43] Kinship care also provides opportunities for a child in a rural setting to migrate to a town and, for urban children, to live with better-endowed adults, who may send them to school or enrol them in an apprenticeship.[44] In addition, kinship care is identified as an alternative source for domestic help and social support for childless and aged relatives.[45]

> **Local terms for describing kinship care within communities in Sierra Leone varied in each local language. In Mende language children living with relatives or close family friends are referred to as *Makehluie*, in Krio *Menpikin,* and in Kissy *Chumadaa*. The majority of families in Sierra Leone hold the belief that the more children you have under your care the more God blesses you.**

Factors influencing kinship care arrangements in DRC, Sierra Leone, and Nigeria identified through this research included:
- The significance of local traditions;
- Family poverty;
- Increasing value for education and lack of access to secondary schools;
- Polygamy and family breakdown (divorce, re-marriage, alcoholism);
- Accusations of witchcraft;
- Conflict, insecurity and displacement and its impact upon families;
- Outbreaks in disease, including HIV/ AIDs, poor health, and maternal mortality;
- Urbanisation and migration.

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[40] Ermute Alber (2004). Grandparents as Foster-Parents: Transformations in Forster Relations Between Grandparents and Grandchildren in Northern Benin. Africa, 74, pp 28-46 doi: 10.3366/afr.2004.74.1.28

[41] Drah, B. (2012) Orphans in Africa. Africa Today, 59 (2); Isiugo- Abanihe, Uche, C. (1985) Child Fosterage in West Africa. Population and Development Review, Vol. 11, No. 1. March 1985. pp. 53-73.

[42] Ankrah, Maxine E. (1993). The Impact of HI V/AI DS on the Family and Other Significant Relationships: The African Clan Revisited. *AIDS Care* 5:5–22; Save the Children UK (2007) Kinship Care: Providing positive and safe care for children living away from home.

[43] Afua Twum-Danso Imoh (2012) From Central to Marginal?: Changing Perceptions of Kinship Fosterage in Ghana. Journal of Family History 37 (4) 351-363

[44] Goody, Esther N. (1982). *Parenthood and Social Reproduction: Fostering and Occupational Roles in West Africa.* New York: Cambridge University Press.

[45] Nsamenang, A. Bame.(1992). *Human Development in Cultural Context.* Newbury Park, Calif.: Sage.

The significance of local traditions: Local tradition plays a significant role in care arrangements for children. In Sierra Leone, Nigeria and DRC it is culturally accepted for a family member or close relative who is in a good financial position to support the child of another family member with fewer resources. Kinship care is viewed and accepted as a family obligation.

> *There is a general belief that better off relatives are more able to support the overall wellbeing of the child. (DRC research finding)*

Traditions contributing to kinship care practices in Sierra Leone:

In Sierra Leone a family who has several children may give one away (or more than one in some cases) to families who cannot have their own.[46] Although regulated by law under the Child Rights Act 2007, adoption often takes place outside the legal system. .

Another traditional practice that influences kinship care practice in Sierra Leone is the initiation ceremony for boys and girls into *Poro* or *Bondo* secret societies which entail Female Gender Mutilation for girls and circumcision for boys. This common practice in Sierra Leone requires a big investment for families who cannot always shoulder the cost that the ceremony demands. Thus, parents who want to follow this tradition are encouraged to send their children into kinship care, so that the new caregivers will cover the cost.

Family poverty plays a significant role in decisions to send a child to live with a relative, especially for parents living in rural areas. Poverty and a parent's ability to care for and raise their own children are compounded by unemployment, being a single parent, parental illness or a child's disability.

As indicated above, a key factor influencing decisions to place a child with relatives, is that economically better off relatives may be better placed to provide for the educational and material needs of the child. Some parents consulted in the research emphasized that there was insufficient government support for mothers and fathers to look after their own children. Livelihood opportunities, such as micro credits, supply of farm inputs to farm land and scholarships were identified by biological parents as support that would have enabled children to remain with their parents.

> *Adults mentioned that caring for a disabled child requires additional time and resources which many families struggling financially are not able to provide. It was believed that relatives who were better off financially were also better able to care for a child with disabilities. (DRC research finding)*

Taking care of relative's children when the mother is widowed and poor, DRC:

I am Michel[47], a father of six, and I live in Mwene Ditu. Two of my sister's children also live with me. Sadly, my brother in law passed away, and my sister could not bear taking carrying of the children following his death. The children had a very difficult time after their father's death because my sister did not have the material means to support them. In total, my sister had 5 children – 3 girls and 2 boys. The situation was very difficult because my sister was not emotionally stable following her husband's death. As a result, she let the children roam the streets where they looked for food to

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[46] A similar practice was also described in Nigeria.
[47] Name changed to ensure anonymity

> eat, and clothes to wear. After long discussions with the family, I decided to take two of the children into my care as I was not financially able to care for them all. Two of the other children went to live with my younger brother, and one of them stayed with my sister. I fight to be able to provide for all of my children, and so that they have enough food to eat, even though my ability is limited. I do not perceive the children differently from one another. I treat them all as if they were my own children. They are my children.

However, DHS data reveals that wealthy families also send their children to live with relatives. Thus, poverty is not always the driving force. Parents may send their child to live with relatives who have better wealth than them (even if they are considered wealthy in their own rights), or if relatives are living in particular urban settings where children can access better schools. There are many factors influencing kinship care practices and diverse kinship care experiences.[48]

Increasing value for education and lack of access to secondary schools is a key "pull factor" influencing kinship care practices in each of the countries where the research was undertaken. In the Sierra Leone country report it describes how "*families and communities have slowly gained awareness of the importance of sending children to school. This societal behaviour change towards the development of children was due mainly through the advance of children's rights in the country materialized through the Education Act of 2004 and the Child Rights Act of 2007. As a result primary schools were established in most rural communities and few junior secondary schools in chiefdom head towns. Children graduating from primary schools are therefore normally given in kinship care for them to pursue secondary education in bigger towns*".

In DRC, Nigeria and Sierra Leone insufficient secondary schools in rural areas is a significant factor contributing to practices where by parents send their children to live with relatives in towns to access education and to improve their chances for a better future.

> *Parents are aware that investing in their children's education increases the chances of them obtaining better jobs and secures income to his/her family.*
> *(Sierra Leone research finding)*

Polygamy and family breakdown (divorce, remarriage and alcoholism) are also contributing to kinship care practices. Polygamy continues to be practiced in each country where the research was undertaken. Conflict within polygamous families has resulted in some children being sent to live with other relatives due to discrimination or maltreatment by a second wife. Similarly, divorce and remarriage sometimes creates a situation where children living with step parents face increased risks of discrimination that may result in them being sent to live with other relative caregivers.

> **Story of a child affected by polygamy and divorce who now lives in kinship care, DRC:**
> My name is Brigitte[49] and I am 17 years old, the second oldest in a family of four children. My father worked in a mining company where he made a lot of money. As a result of his good salary, he decided to take on a second wife. My mother did not react well to my father's decision and she developed some health issues due to stress, specifically, hypertension. My father in turn was upset with my mother as a result of her inability to cope with his new wife, and he divorced her. I was nine years old when all of this happened. My mother left the house but she came back shortly after and

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[48] Verhoef, H. And Morelli, G. (2007) "A Child is a Child": Fostering Experiences in Northwest Cameroon ETHOS Vol. 35, Issue 1, pp. 33-64, ISSN 0091-2131 online ISSN 1548-1352. American Anthropological Association. University of California.

[49] All names were changed to protect anonymity

> took me and my brothers. She did not have any money though, so we ended up living with her on the streets and begging for money in the market or carrying luggage for market vendors. I had no choice but to drop out of school. It was a very difficult situation for the entire family. My mother's health continued to deteriorate, one of my paternal uncles saw us and took us back to our father, even though we did not want to go back and live with him. My mother left to live in her hometown. We had such a nightmare with my father's new wife. We had to do all of the household chores like collecting firewood and fetching water. I was not happy. My little brothers left and went to Katanga, and I never hear any news of them. My older sister got married. Her husband, my brother in law, is very nice. I went to live with them when I was 14 years old. My brother in law takes care of me, and he even pays for my studies as I was able to return to school when I moved in with them. He considers me his own sister now. I will never go home to live with my father.

Accusations of witchcraft are a significant factor contributing to a child being sent away from their own family in DRC, and in some instances in Nigeria. In DRC child abandonment caused by accusations of witchcraft is a relatively recent phenomenon, accruing mainly since the mid-1990s and becoming more prevalent, particularly in Kinshasa and Kasai Orientale. While it is an area of study that requires more in depth research, reasons for the rise of witchcraft accusations against children have been largely attributed to the deteriorating socio-economic situation in DRC. 18% of adult respondents who were part of focus group discussions for this research in DRC identified accusations of witchcraft as the primary reason that children were living in kinship care.

> **Being accused of witchcraft, a 12 year old boy, DRC:**
> My name is Geoffrey[50] and I am 12 years old. My father died and my mother quickly remarried. Her new husband forbade her to allow us into his home, so we had nowhere to go and we went to live on the streets. My aunt found out and she took care of us for a little while. She convinced my mother to take us back, but her new husband would not permit it. We stayed for a little while but he would curse at us and beat us, especially when he had been drinking. His sister also lived with us. One day she got sick. We were locked up in a room for three days because she accused us of putting a curse on her because we were witches. She told everyone that if I was not cured I would kill everyone in the family. When my aunt found out about this accusation, she came and took us back to live with her. My aunt's husband pays for our schooling just like he does for his own children. I want to continue staying here. I have nowhere else to go.

Conflict, insecurity and its impact upon families causing death of parents and displacement of families has also contributed to scenarios where children require alternative caregivers. The civil war in Sierra Leone (1992 – 2002) resulted in increased numbers of orphan children, many of whom were sent to live with extended family members or friends who had survived to the war. Recent conflict and insecurity in Nigeria has contributed to kinship care practices. Family Tracing and Reunification has supported efforts to trace and reunify separated children with their parents or other relatives.

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[50] Name changed to ensure anonymity

Outbreaks in disease, including HIV/ AIDs, poor health, and maternal mortality have resulted in single or double orphans, increasing the chances of children being taken in by relative caregivers. For example, community members in Nigeria described how outbreaks of cholera, malaria and measles had increased the number of orphans in need of alternative family care.

> *In my community some babies have lost their mothers during child birth. They were sent to live with an elder sister or an aunt (17 year old young researcher, Nigeria).*

Urbanisation and migration has also influenced kinship care practices as better facilities (educational, medical, business etc.) are centralized in big towns. Parents are often motivated to send their children to live with relatives living in urban settings in order for their children to access better education and other facilities. However, in reality the costs and pressures facing some families in urban settings means those children do not always get access to such facilities. In Sierra Leone the country research report describes how *"Commercial activities occur in bigger towns therefore caregivers see the benefit of having additional children to their own to help them in their business. In this line, the high cost of living in urban areas has negative consequences for children living in kinship care as they are put to work to sustain his/her new family's economy and this results often in maltreatment, neglect and privation of their basic rights…. Children are not receiving quality education and are being forced by their caregivers to work to sustain the family economy; the ones who make it to school often drop out as they are burdened with other tasks and school fees are not always paid by the caregivers."*

> *Urbanisation is a key factor with increasing rural to urban migration. (Save the Children staff, West Central Africa)*

Community perceptions concerning trends in kinship care:

In each country community members (traditional elders, caregivers, parents, neighbours, and children) felt that there were increasing trends and/or changes in kinship care practices over the past two to three decades. Factors contributing to increasing trends mentioned by community members, as well as key changes in practice identified in the literature review are summarised in the table below:

DRC	Nigeria	Sierra Leone	Literature review[51]
Continued socio-economic instability Increased beliefs and practices of accusing children of witchcraft Polygamy and its impact	Instability Death due to epidemics and HIV Increased divorce Value for education Urbanisation and migration	Impact of civil war Advances in education and increasing value for education. Urbanization	Poverty Growing number of orphans due to HIV/AIDS Children spend more time in school Education is often expensive Increased migration and urbanisation Change in grandparent/ grandchildren relationships

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[51] See Smith, R. (2013 draft) Literature Review on kinship care in sub-Saharan Africa. Save the Children

Care options:

In each community there are usually a range of care arrangements (informal or formal) that may be considered for various reasons if a child is not living with their own parents. The types of informal care arrangements included:

- Living with extended family (grandfather, grandmother, aunt, uncle, brother, sister, cousin, step parent)
- Living with friends, neighbours or members of the community Child Protection Committee (informal foster care)
- Living with a local religious elder or being sent to a religious teacher or Koranic school outside of the local area.

The types of formal care arrangements included:

- Formal foster care (with relatives, friends or previously unknown people who are approved as foster parents)
- Orphanage or institution (government, private, NGO)
- Rehabilitation centre
- Boarding school
- Day care
- Koranic schools

Traditional practices within Islamic communities:

In **Nigeria the Almajirinci**[52] describes a group of people who derive their identity from the concept of "almajirana" which is an Arabic word that describes Koranic/ Islamic education. Thus, the Koranic pupil is the "almahajiru" or "almajiri". The Almajiris are children sent away from their homes and entrusted into the care of Islamic teachers to learn the Islamic studies. The concept of almajirinci in the present sociological and anthropological usage is understood in the context of, or in relationship to street begging.

In **Sierra Leone** some Muslim children are often given to the **Karamoko**[53] to receive koranic education. These children are prevented from accessing the formal education system and decisions about their welfare as well as support are solely made by the Karamoko.

There was also recognition that some children were sent away to do domestic work or to live with employers, however, such practice was not necessarily identified as a form of alternative care due to the risks of exploitation, abuse and potential lack of care provided to the child.

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[52] Obioha, E. (2009) Becoming a Street Child in Poverty Ridden Society: A Descriptive Case of Kaduna Metropolis, Nigeria. Journal of Social Science, 19(1): 41-49 (2009)
[53] Koranic tutor

Which caregivers do children live with and how do gender, age and other factors influence this:

Children usually stay with their relatives (aunties, uncles, grandparents, step parents, brothers, sisters, cousins), but not always. Neighbours, religious leaders, close friends of the biological parents and business people (or any other person that is known to have money to raise the child) may also be considered as caregivers.

The age of the child and cultural practices influences care decisions. In Sierra Leone, younger children tend to be sent to live with their grandparents, as there is a belief that elders are able to take better care of children than younger adults. When boys and girls are older, they are usually sent with aunts and uncles. In Nigeria, it was described how babies who were breastfeeding would be placed with a woman caregiver, ideally a nursing mother. Another factor that influences kinship care decision making in Nigeria is the culture of supporting a sister who is not able to have a child of her own. In such situations families with more children can send one or two of their children to live with such families. Also in some circumstances, children are sent to live with elderly or sick grandparents for companionship. The DRC research found children seemed more likely to be sent to live with the grandparents if they were orphaned, but to aunts or uncles if they had living parents.

Traditional beliefs concerning gender roles and responsibilities also influence kinship care arrangements. For example, in DRC, community members described how it was more likely for girls with at least one living parent to be placed and accepted by kinship caregivers as girls were more docile and easier to manage than boys. Caregivers in Sierra Leone also described how girls were easier to control than boys. They also described how girls were able to do more household chores and help with the care of younger children. Furthermore, caregivers may benefit from the dowry of a girl who is married while in their care. Thus, accepting girls into kinship care was a motivation for future financial gains, and was a push factor for early child marriage, as kinship caregivers reap the financial benefit from the dowry, without having to care for the girl for too long of a period of time.

In contrast some female caregivers expressed preferences not to take in adolescent girls (especially those who were not blood relatives of their husbands) as they feared that the adolescent girl may attract their husband. In Sierra Leone, biological parents also expressed how they preferred to send boys rather than girls into kinship care in urban settings, as they feared that the girls run increased risk of becoming pregnant if there was not strict supervision of the caregivers.

As part of the northern culture in Nigeria, at a certain age male children are not encouraged to be with their mothers, and are thus sent to live with another relative. The research in Nigeria also revealed that siblings are not often maintained in the same care setting but scattered, so as not to overwhelm any particular caregiver, especially considering that caregivers often have their own children.

Some kinship care arrangements are temporary, especially when children are sent to live with caregivers until they complete secondary education. However, other kinship care arrangements are permanent until they reach adulthood, especially when biological parents have died or are extremely poor.

Decision making regarding kinship care or other care arrangements:

Decision making regarding a child's informal care arrangements tend to made informally involving the father, mother and some concerned relatives or friends. Children are rarely consulted in the decision making process. Depending on the matriarchal or patriarchal socio-cultural system female and male caregivers are more or less involved in the decision making process. In DRC, Nigeria and Sierra Leone there were examples of parents sending their child to live with a male relative (e.g. an uncle) without any consultation with the female caregiver (e.g. the aunt). Lack of involvement of key caregivers in the decision –making process increases risks of negative outcomes for children.[54] In some situations the traditional chief or community elder is consulted or informed about the decision making process. Formal care arrangements involve social workers or local official, the chief, the parents and concerned caregivers.

Lack of children's participation in decisions about their care:
A reverberating finding throughout the research has been the distinct lack of opportunities for children to voice their opinions and to influence decisions regarding their care and protection. Girls and boys are rarely consulted by biological parents or their caregivers in any decisions that affect their care arrangement, especially younger children. Older children between 12 and 17 years might be occasionally informed about decisions being made on their behalf, but are also rarely consulted.

> *Children are not asked their views even when they are 16 or 17 years old. They are just told the decision at the end – tomorrow you are going to live with your aunt.*
> *(17 year old young researcher, Sierra Leone)*

In the DRC country report it describes how if adult stakeholders "*felt that the placement of children into kinship care was necessary, whether due to the child being an orphan or due to the beliefs of parents that other members of the family would be better able to care for the child. Subsequently, it is likely that children are left out of the decision-making process due to the belief of parents, or carers in the incident that the child is an orphan that kinship care is the best option and therefore it could be that this option is not up for discussion*".

> *Experiences were shared about how children may be deceived into going to stay with relations, by making them think it is for a short holiday, but then children are never taken back by their parents. (Nigeria research)*

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[54] See Drah, B. (2012) Orphans in Africa. Africa Today, 59 (2); Verhoef, H. And Morelli, G. (2007) "A Child is a Child": Fostering Experiences in Northwest Cameroon ETHOS Vol. 35, Issue 1, pp. 33-64, ISSN 0091-2131 online ISSN 1548-1352. American Anthropological Association. University of California.

Advantages and disadvantages of living with different kin caregivers:

Children involved in the kinship care research in Nigeria analysed the advantages and disadvantages of living with different kin caregivers:

Care Options	Advantages	Disadvantages
Grandmother	Good advice Love and care Happiness Provision of needs Good training	Bad shelter Poor feeding Risk of beating No freedom of worship
Grandfather	Love and care Good discipline Freedom	Risk of molestation Bad training Bad discipline
Step mother	Peace of mind Good advice Freedom of worship	Hatred Less sleep Over work
Step father	Good clothing Good advice	Bad clothing He would not tolerate you as his own child Risk of molestation
Sister	Good labour Good feeding Good training	Accusing you of what you don't know Child abuse Force you to do what is against your wish
Uncle	Paying your school fees Good feeding Good shelter	Differentiating you from his children Not getting freedom Not paying your school fees
Aunty	Good training Good feeding Get freedom	Maltreat Hard labour Not going to school
Family friend	Treating you as their own child Giving you the best Freedom of worship	Over beating Child trafficking Risk of molestation

The children's emphasis on gaining more love and care from grandmothers and grandfathers as compared to other caregivers is reinforced by other research.[55] For example a study of orphan children living with their grandparents in Tanzania found that despite economic hardships, the majority of children felt very comfortable living with their grandmother, more than an aunt or uncle.[56] Furthermore, a study with children affected by HIV/ AIDs in Malawi found that while adult's preferences was to send children to live with relatives who had the highest income and lowest numbers of children, children preferred to remain with their mother, maternal grandmother, a sibling, or the mother's younger aunt.[57]

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[55] Mann, G. (2004) Family Matters: the Care and Protection of Children Affected by HIV/AIDS in Malawi. Save the Children; Claherty, G. (2008) Living with Bibi: A qualitative study of children living with grandmothers in the Nshamba area of north west Tanzania.

[56] Claherty, G. (2008) Living with Bibi: A qualitative study of children living with grandmothers in the Nshamba area of north west Tanzania.

[57] Mann, G. (2004) Family Matters: the Care and Protection of Children Affected by HIV/AIDS in Malawi. Save the Children;

3.3 Theme 3: *Positive and negative experiences of girls and boys living in kinship care*

This chapter of the report presents positive and negative experiences of life in kinship care. It shares children, caregivers, parents, and other stakeholder perspectives. It illustrates that girls and boys experiences of kinship care are diverse and that outcomes for children are mixed.

Key sub-themes explored include:
- Sense of belonging, family harmony and love;
- Equality or discrimination between kin and biological children;
- Access to basic services (education, health, social services), food and clothes;
- Protection from different forms of violence and exploitation, and inheritance rights;
- Expression and participation in decision making;
- Caregivers perspectives and efforts to pursue mutual benefits;
- Parents' perspective and on-going communication with parents and family members;
- Community member perspectives.
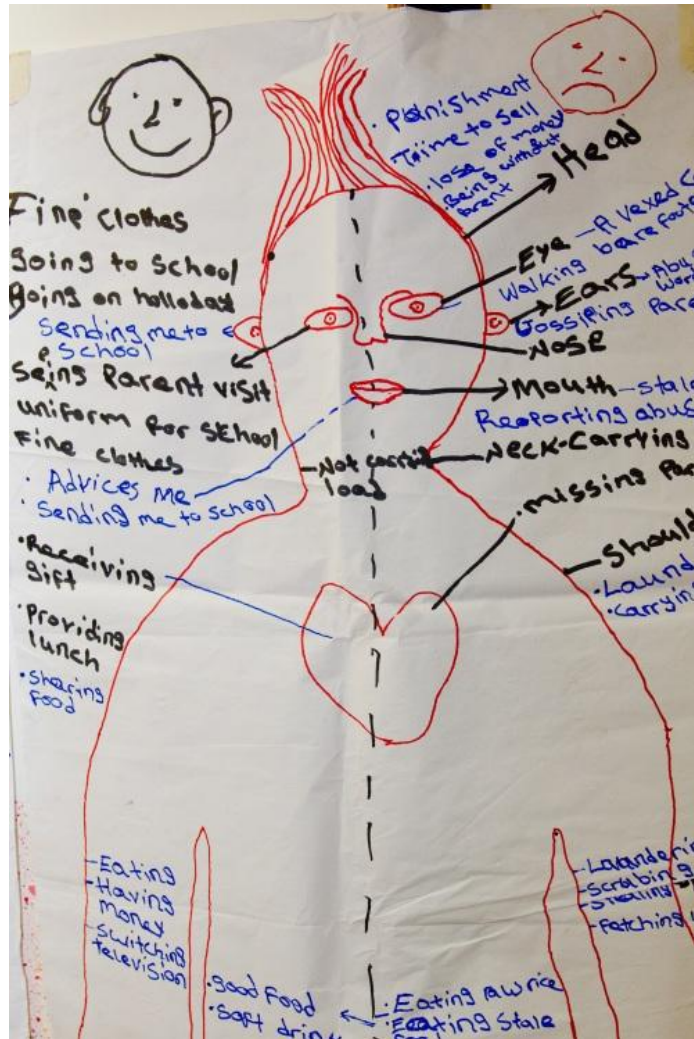
Key factors have been identified that influence positive and negative experiences of children. These factors which are explored in the final part of this chapter include:
- *Socio-cultural traditions concerning closer ties with maternal or paternal relatives*;
- *Female and male caregiver active participation in decision making to care* for a child; and
- *Shared responsibilities by parents and caregivers for children's well-being and needs.*

An overview of positive and negative experiences of living in kinship care:

Kinship care is a positive experience for some children enabling them to be cared for and loved by family members. Some children have increased access to education, health care and other resources when living with kin caregivers. However, for other children, kinship care is characterised by discrimination which can adversely affect their access to quality education, nutrition, protection and

contributes to unfair distribution of household tasks [58]. Some children also face stigma and discrimination in the wider community. In many scenarios the situation is complex where caregivers are striving to support kin children in their care, but financial struggles place constraints and stresses on the family.

Positive experiences	Negative experiences
Children are more likely to be cared for and have a sense of belonging when living with close relatives (especially grandmothers, maternal aunts) particularly when the caregiver has been actively involved in the decision to care for the child.	Children face a lack of care and neglect from some kin caregivers, especially if the female caregiver was not involved in the decision to care for the child.
Some children have increased opportunities to attend school (primary, secondary, higher education) and have school fees and other associated costs paid for. Children may also have increased access to vocational skill training.	Some children don't attend or have to drop-out of school due to household or work responsibilities, or due to school fees or other associated costs not being met by caregivers.
Children have shelter, clothes and food.	Children may not be given sufficient care, love or materials resources.
Some children are treated equally to other children in the household, including caregivers own biological children.	Many children living in kinship care experience discrimination compared with caregivers biological children. Discrimination may manifest itself in: being sent to poor quality schools or not being sent to school; receiving less nutritious food, insufficient clothes and less health care; having to do more domestic work and other tasks; being neglected, scolded and abused; lack of love, care and attention; sleeping on the floor rather than in a bed.
Children may receive health care including herbal medical treatments when they are ill.	Children may not receive sufficient health care or nutritious feed, particularly if the kin child faces discrimination within the household.
Some children feel protected by their caregivers and receive advice and counselling from them. Some caregivers have taken children in and protected them when their own parents or other caregivers have abused them or accused them of witchcraft.	Children face increased risks of scolding, abuse (emotional, mental, physical, sexual), labour exploitation, increased risks of early marriage and sexual exploitation. Some caregivers use obscene language when referring to the child's biological parents.
Children's land inheritance and property rights can be protected by kinship caregivers	If a child is orphaned aunts, uncles or other relatives or kin caregivers may take the child's land as their own, such that the child loses their inheritance rights
Some children were able to express their views to caregivers.	Children have a lack of opportunity to express their views freely and to participate in decisions affecting them.
Some children enjoy opportunities to play.	Some children have fewer opportunities to play

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

	due to their multiple household tasks, while also trying to study.
Some children are able to maintain contact, visits and communication with living parents.	Some children have very limited communication with their parents once they have been "handed over" to other relative or kin caregivers.

> *I live with my grandparents. I work hard and I do everything that they ask me to do. I don't see any injustice in this even though they sometimes ask me to do all of the housework. I never ask for help. I love my grandparents because without them I would not be as I am... I lost my father when I was 8 years old and my mother when I was 11 years old. I study like any other child.*
> *(13 years old girl, DRC)*

Sense of belonging, family harmony and love:

A sense of belonging in the family is important to children. When a child feels a sense of belonging they tend to be more resilient, facing adversity and challenges in a positive way. In contrast, if a child does not feel a sense of belonging in the family, the discrimination and hardships faced may be more significant for the child.

> *My grandmother shows me true and special love and affection. She cooks food for me and she cares about my education*
> *(15 year old boy, Nigeria)*

In general, children living with grandparents tended to express a greater sense of belonging and more happiness, compared with children living with other kinship caregivers. This finding has been reinforced in other research studies.[59] For example, many children living with grandparents in DRC stated that they felt at home with their grandparents and supported their grandparents around the house. Due to the lack of other birth children in the household, discrimination between the children was also not an issue. Generally, however, they claimed that they had fewer opportunities to education due to the socio-economic situation of their grandparents.

Some children living with other relative caregivers (aunts, uncles, sibling, and cousins) also described feelings of being 'part of the family' and shared positive kinship care experiences. A sense of equality (which is further explored in the next sub-section) has also been associated by children with being 'part of the family'.

The DRC country research report described how *"for some children who had at least one living parent, it was hard for them to feel at home with their kinship caregivers if they preferred to be living with their parents. Thus, even if they were treated well, and had more access to education, food or*

> *"I am 15 years old. I have not lived with my parents since I was 12 years old but instead with my aunt and uncle. I am now a part of this family. I enjoy all of the same benefits as the true son of the house. I study with my cousins, eat together and we have the same chores. There is never any suspicion that I don't belong to this family. My aunt and uncle are like parents to me. I love them like parents. I don't even know where my biological parents are.*
> *(15 year old boy, DRC)*

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[59] Claherty, G. (2008) Living with Bibi: A qualitative study of children living with grandmothers in the Nshamba area of north west Tanzania; Mann, G. (2004) Family Matters: the Care and Protection of Children Affected by HIV/AIDS in Malawi. Save the Children.

clothing they did not feel a sense of belonging or ownership in their new homes". In contrast, if a child felt a sense of permanency with their caregivers they were more likely to experience a sense of belonging in their kin families, particularly if their caregivers treated them with warmth and love.

> *Some of the negative behaviours of children raised by the caregivers seem to be exhibited as a result of the tension and unfriendly environment they face at home. For example some children have become addicted to a drug "tramoul". Counselling of their caregivers to treat the children with more care has reduced children's addiction. (Nigeria research)*

Family harmony or disharmony also affects children's care experiences. For example, in DRC some children revealed that they had poor relationships with other members of the family. They also indicated that one child in the family having a poor relationship with an adult in the family can creative a negative family environment. In some situations the burden of caring for extra children felt by one of the caregivers can significantly contribute to family disharmony with adverse effects on children's kinship care experiences. For example, older children in Nigeria described how they spent more time with their peers and experimented with drugs as a result of disharmony and maltreatment in the family.

Equality or discrimination between kin and biological children:

Some children living with kinship caregivers (grandparents, aunts, uncles, siblings, cousins, family friends etc) experience a sense of equality and non-discrimination within the family, particularly when there is a strong sense of belonging and security regarding the child's permanency within the family.

> *I've lived with my uncle since I was little. All of us are going to the same school and eating together. We do everything together. (11 year old boy, DRC)*

In West Central Africa girls and boys (particularly children older than 7 years) are expected to assist in domestic tasks and duties to contribute to the family household. All children living in the household (kin and biological children) tend to have duties and responsibilities. Furthermore, if the family is struggling economically older children may be expected to earn a living to contribute to the family income and survival. Thus, for some children living in kinship care, household duties and work are not a means of discrimination, but rather a normal responsibility to support the family.

However, discrimination is a key experience of many children living in kinship care, particularly those living with caregivers who have their own biological children. Children living in kinship care in Nigeria and Sierra Leone were particularly vocal about the prevalence of discrimination. Children living with relatives or other kin caregivers face different treatment in terms of: clothing, food

(amount and quality), sleep arrangement, distribution of household tasks, access to school, and work.

> **Living with my elder sister and her children, by a 17 year old girl, Sierra Leone:**
> At seven years, I was given to my elder sister to take care of me as my father had died and my mum was poor. My sister has four children and all of us live in the same house with her. I am happy staying with my elder sister because she has given me access to go to school, provides me food, gives me time to study at home, advices me to be serious with my education and buys me clothes on special occasions. In spite of the all of the provisions my sister gives me, there are few things I dislike which make me feel disappointed about being in kinship care. I do almost all of the domestic work at home, I don't share the same dwelling with her biological children, I don't eat together with my sister's own children, I sleep on the floor while her children sleep on foam mattresses. I am the first to wake up and last to go to bed and I am not involved in any decisions. Above all when there is a misunderstanding between me and her biological children, she will always take sides with her children and doesn't give me time to explain. I am with the strong opinion that if I was living with my biological parents, I would not have encountered all these challenges.

In Sierra Leone more than 140 biological children were consulted as part of the research process. The majority acknowledged that their situation is better compared to that of the children living in kinship in the same household. Some expressed beliefs that such discrimination was appropriate, that children living with relatives do not have the same rights within the household. However, a few biological children had empathy for kinship children, and some were happy to have other children in the household to play with. For example, one child described how *"I was the only child and now we I have two more to play with"*.

Caregivers see their own biological children as the rightful owners of their property and thus don't expect other children to be treated equally (Sierra Leone research finding)

Some caregivers try to treat all children in their care equally. However, other caregivers acknowledged that it was challenging to treat other children the same as their biological children especially if they faced financial struggles within the family.

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

As described earlier one of the main reasons that parents send children to live with kin caregivers is to increase opportunities for children's education and future prosperity. Significant numbers of children are sent from rural homes to live with relatives in urban settings in order for the children to access secondary school. Some children are able to access better education (secondary education and university education), as well as gaining increased access to health services, social services and information when they are living with kin caregivers in urban settings. However, a number of children living in kinship care particularly in Nigeria and Sierra Leone described discriminatory experiences in the type of education they were able to access compared to caregivers' own biological children. While biological children may be sent to private schools, kin children were sent to government schools, community schools or Koranic schools that were considered to be of lower quality.
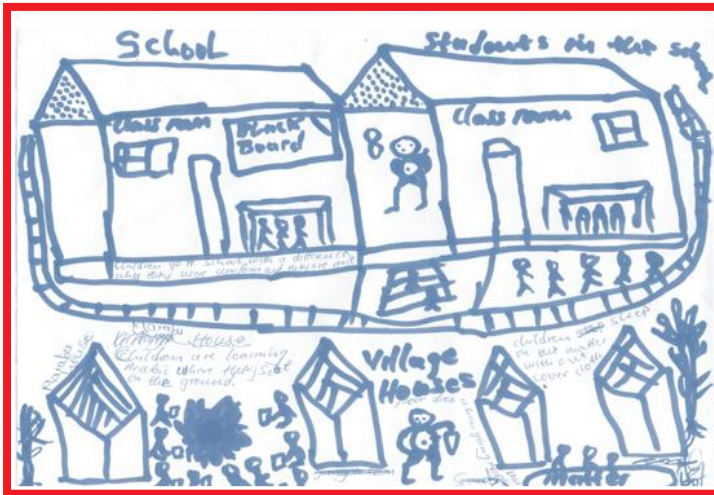
The picture portrays both the formal and informal school setting in Pujehun community. Most of the children in the Kinship care sit around the fire having Koranic lessons between the village houses while other children receive formal education in the school building.
(13 year old girl, Pujehun, Sierra Leone)

Discrimination compounded by financial hardship within kinship care families also adversely affects the amount of domestic, agricultural or economic work that a kin child is expected to do. Children's work responsibilities can have negative impact on children's education, as children struggle to combine school and work responsibilities. Some children described falling asleep in school due to tiredness from working early morning prior to school, and working late at night to fulfil their household duties.

Kin children's workload has adverse impact on school attendance and learning, Nigeria:
In a community in Bauchi State children living in kinship described how they do most of domestic work and that the work interferes with their school attendance and learning process. Children in the community have to travel up to 9 kilometres to collect fire wood; and in families with kin children such work is mostly done by kin children. Children's work responsibilities often result in them being late for school, or missing school. For example, a 15 year old girl shared her story: *"I always wake up as early as 4am to fetch water from the well which about 400m away from the house. I wash the plates and bath the younger children. I also sweep the compound before going to fetch fire wood and I return home around 9am. I then take my bath and go to school. I am often late for school and I face punishment. This is very embarrassing for me in front of the other students, but I know it's not my fault, it is just because I am staying with someone that is not my biological father".*

Too much child work, delayed or non-payment of school fees has also resulted in school dropout, or missed periods of education by children living in kinship care. Furthermore, while some elderly caregivers desire to send their grandchildren to school, financial hardship and domestic needs in the household make it more difficult for them to afford costs associated with school.

Challenges in accessing school when living with my uncle, 17 year old boy, Sierra Leone:
In June 2009 my uncle came to my village and talked to my father that he wants to take me along with him to Freetown. I was so happy because I have heard different stories about Freetown that really urged me to accept my uncle's request. During the first week in the house, I felt I belonged because I was treated as a king. But then, my uncle's wife started asking me to accompany her son to school and I did that for few weeks, then I was allocated with a second task to fetch water. Even when I started schooling, the work load increased, I started ironing the family clothes added to the other previous work. One holiday my father surprisingly paid a visit in the city and when my uncle heard of it, he asked his wife to find me presentable clothes and enough food to impress my father that everything was fine. I wanted to give my father a clear picture but I was afraid. My father went back without noticing the ugly situation. Then one fine day, my uncle's wife asked me to start selling cold water as a means of augmenting for my school fees. I did all this, but it came to a time when my uncle stopped paying my school fees and ask me to search for a job because he can no longer afford to take care for me.

Protection from different forms of violence, exploitation and inheritance rights:

Children living in kinship care face increased risks of neglect, scolding, emotional abuse, beating, sexual abuse and exploitation. For example, in Sierra Leone some boys described how they were: forced to fish and cultivate rice and cassava; sent to the rivers to mine and transport sand or stones; sent to do street trading; or sent to fetch wood for their caregivers. Girls were also sent to fetch water and were expected to do a large share of the household chores.

Due to a lack of care received in some kinship care families, some older girls in Sierra Leone described their intention to stay on their own and to look after themselves, even if this meant that they may need to resort to earning a living on the streets, including commercial sex trading.
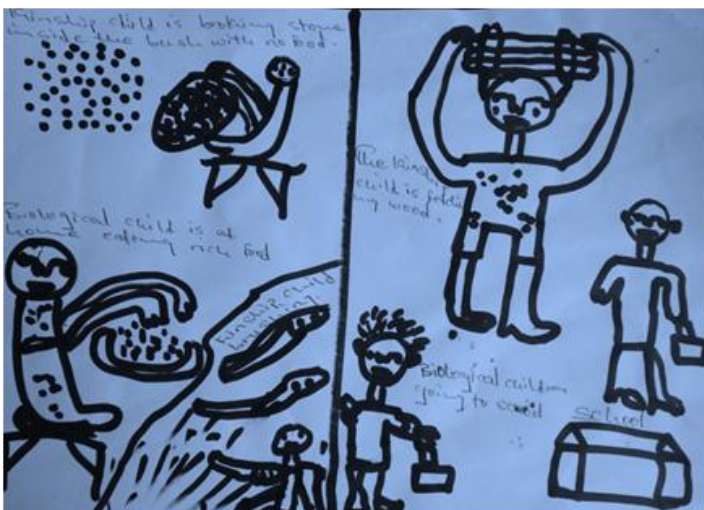
Kinship child is breaking stone inside the bush with no food *(upper left)*. Biological child is eating rich food *(bottom left)*. Kinship child is brushing *(bottom left)* and fetching wood *(upper right)*. Biological children going to school *(bottom right)*.
(15 year old boy, Puiehun, Sierra Leone)

Paternal relative can be heartless and often fight over the properties the parents of the children left behind (Nigeria research)

Children who are orphaned, particularly those who have lost their father face increased risks of losing their inheritance rights. In DRC although all children have rights to inheritance under Congolese Child Protection Law, adults explained that the inheritance rights of girls were less likely to be upheld as

girls are often viewed as a 'passenger' in the home before they get married. The kinship caregiver often claimed the inheritance that the girl was entitled to. Boys were more likely to receive their inheritance as they are the ones who uphold the family name and customs.

Expression and participation in decision making:

Socio-cultural norms and traditions in much of West Central Africa contribute to an environment where children are expected to listen to and obey their caregivers, parents and elders. Girls and boys are generally not expected to express their views, to ask questions or to participate in decisions affecting them. While some children living in kinship care are able to express their views and to seek advice and guidance from their caregivers, a significant proportion of children are excluded from decision making processes affecting their lives. Furthermore, in situations where children, particularly boys assert themselves the caregivers often describe their behaviour as disrespectful.

Caregivers perspectives and efforts to pursue mutual benefits:

Caregivers take in relative's children for a variety of reasons. For many there is a sense of family obligation, particularly if their family is economically better off than their relatives' family or more strategically placed in an urban setting with increased access to basic services. There are cultural norms that encourage better off family members to take in a niece, nephew or other relative to enable them to access education, vocational training or other opportunities to improve their future outlooks. Taking in a relative child can also increase the status of a caregiver within their community, as in many cultural contexts keeping your relatives'

> *For families who already struggle financially, taking additional children into their care whether due to a sense of family duty or otherwise, can act as an additional stressor on the overall family unit. (DRC research)*

children is considered to be a blessing and it increases a caregivers prestige and integrity in the community. Many caregivers also appreciate that the children who are sent to live with them assist in domestic work in the household and provide income to the family through petty business. Children also provide companionship, and may be groomed to take care of elderly caregivers.

> *The children help the care givers and the caregivers support the children. Kin children are more responsible in taking care of the home; they are always there to help. (Kinship caregivers, Nigeria)*

If children are orphaned the sense of family obligation and the need to take responsibility for their own kin is even more keenly felt. Close family relations, especially grandparents and maternal relatives who already know and have a sense of closeness with their grandchildren, nieces or nephews tend to be particularly ready to take over the responsibility of caring for them. They may embrace relative children in order to help a loved one. Elderly grandparents may also benefit from the companionship and assistance in the home that their grandchildren provide. However, caregivers are also aware that taking in other children will be burden on their family resources, particularly if they are expected to cover all associated costs for the child's education, nutrition, health care, clothing and other needs.

Historically kinship care has been a mechanism to maintain social stability, creating and helping to sustain bonds of mutual cooperation and interdependence. Caregiving is not always based on altruism[60], but may be undertaken with an expectation that the caregivers would also benefit from their emotional, material and financial investments. For example, caregivers in Sierra Leone described how they felt it was appropriate for the kin children to contribute to the multiple household chores and income generating activities, and they claimed that they in exchange provided food, clothing, shelter, education and medical care when required. Caregivers also expressed their frustration if children grew older and left their household without the kin children appreciating the efforts taken to raise them. The research revealed that there is an implicit expectation that kin children should continue to feel responsible for and contribute to both their kin caregivers' households, as well as their own living parents' households once they are adults.

Caregivers perspectives on the positive and negative effects of taking care of kin, Nigeria	
Positive effects	**Negative effects**
Companionship The children serve as house help and run errands Hawking contributing to family income Cattle rearing It gives us prestige when we take in children who are not our own It encourages bonding between the two families House security Future benefit	They cause us high blood pressure They cause us embarrassment, a lack of contentment and bitterness Some children are disobedient They steal, roam about, and can be a nuisance There may be unwanted pregnancy or drug abuse

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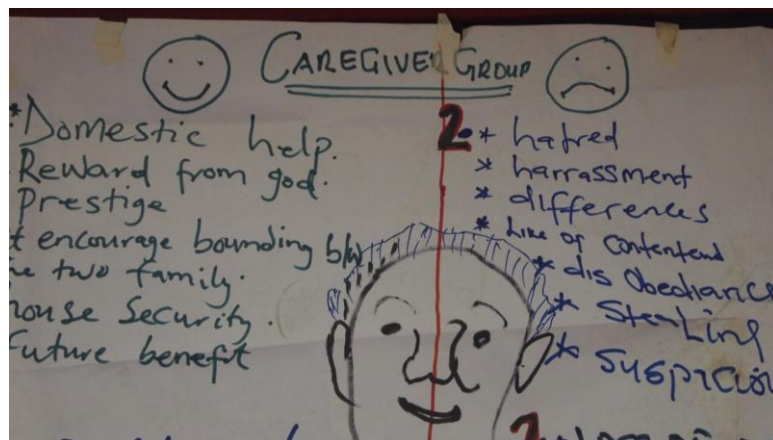
[60] Drah, B. (2012) Orphans in Africa. Africa Today, 59 (2); Isiugo- Abanihe, Uche, C. (1985) Child Fosterage in West Africa. Population and Development Review, Vol. 11, No. 1. March 1985. pp. 53-73.

As will be further described below, if the decision to take in a child is made by a male caregiver without consultation or involvement of his wife in the decision making process the risks of negative experiences for the child are increased. Female caregivers are more likely to feel burdened and angry about using their own family resources to pay for a kin child's education, health and other needs. Children who are not welcomed by their kin caregivers are more likely to be treated with discrimination and suspicion, and may be accused of stealing or causing arguments within the house.

Parents perspectives and on-going communication with parents and family members:

Fathers and mothers who were consulted in DRC shared their beliefs that their children would have greater access to education, and therefore greater career opportunities if they lived with better off relatives. This would allow them to support the family financially in the future. Similarly some biological parents in Sierra Leone described how some children willingly go into kinship care as they see caregivers as role models to look up to and thus believe that by being under their care they will succeed in life, and that the burden on their parents will be reduced. Parents appreciate the responsibilities taken on by their relatives to provide better opportunities for their children.

Parents also recognised some of the disadvantages of sending children to live with relatives. They realised that they would not be able to directly supervise their children and that their children may develop poor behavioural skills as a result, for instance, not respecting their elders. In addition, some parents expressed fears that their children may be given too many household and other responsibilities, and thus not have enough time to focus on their studies. Some parents in Sierra Leone explained how deceived they felt when their children did not prosper in their kinship care settings: "*we are normally of the opinion that when we send our children in bigger towns they will come back like big people the community can admire but, some of them have returned pregnant and others have not achieved anything*".

A number of children living in kinship care who have living parents expressed a desire to live with their parents, or at least to have regular contact with them. In situations where the parent lives close by and the child is temporarily living with a relative caregiver communication and visits are more likely. In Sierra Leone, for example, visits, especially from mothers, are paid to their biological children living in kinship care during harvest season to ensure that food is provided. However, when children are sent to live with relatives on a more permanent basis, especially when parents live far away from the caregivers there is often a lack of on-going communication and monitoring by the parents. In Sierra Leone and Nigeria once parents hand over their children to the care of another relative, they tend to have minimal communication with the child, and are no longer involved in significant decision making processes concerning their child. For example, in Sierra Leone it is not unusual for relative caregivers to make decisions about initiation ceremonies, female gender mutilation, or marriage of a child in their care without consulting the child's biological parents. The lack of communication is attributed to traditional beliefs and practices that you are entrusting your child to a relatives care, thus such implicit trust should not be put into question by making enquiries about the child. In

> ***Sending their children to live with relatives is seen by parents as a future investment with hope for future financial benefit when children become adults and enter the workforce. Whether children live with relatives or not, there still exists a perceived obligation for children to contribute to the care of their birth parents financially once they are old enough to secure employment.***
> ***(DRC research finding)***

Nigeria, another reason for the lack of communication was to "avoid bringing nostalgic feelings for the children". At worst there tended to be no communication between parents and their children, however, some children were encouraged to visit their parents once a year during specific celebrations (e.g. Christmas or Sallah). Maternal relatives also made efforts to visit children during festivals or special occasions, wherever possible giving some provisions to children.

Traditionally, communication between families in rural and urban areas has been challenging due to the lack of phones and other communication mechanisms. In general it has been more difficult for younger children to contact their parents. However, some of the older children send verbal messages through friends who know their families and are also starting to use mobile phones to contact their biological parents. Considering the increased availability and accessibility of mobile phone technology increased awareness raising and sensitisation is required to encourage on-going communication and monitoring by parents of their child's care and well-being, even if the child is not able to live with them.

Community member perspectives:

The perception of community members on how kin children are being treated was diverse. Many community members consulted in Sierra Leone recognised that children would be better off living with their biological parents if they are able to adequately raise them. Increased efforts to ensure access to secondary schools in rural areas, and to support to mothers and fathers, especially single parents are required in order to prevent family separation. If children are not able to be raised by their own biological parents, or are not able to access education opportunities, many community members felt it was appropriate to send them to live with extended family members. Community members, traditional and religious elders consulted in DRC felt that sending children to live with their relatives may increase children's opportunities to access education, food and clothing enhancing their prospects for future employment. However, community members in each of the countries also recognised the risk that some children who are sent to relatives to study may end up doing domestic work or petty businesses for their caregivers, and may not necessarily benefit in terms of education. They also identified the risk that children living in kinship care are more susceptible to falling in with the "wrong crowd" and being negatively influenced to experiment in drugs, crime or other anti-social behaviour.

Key factors influencing positive and negative experiences of children:

This chapter has revealed diverse positive and negative experiences of girls and boys living in kinship care. Three inter-related factors influencing how the child is treated include:

- *Socio-cultural traditions concerning closer ties with maternal or paternal relatives;*

- *Female and male caregiver active participation in decision making to care* for a child, and in particular whether the primary caregiver chooses to care for or feels "forced" to care for a child;
- *Shared responsibilities by parents and caregivers for children's well-being and needs.*

Socio-cultural traditions concerning closer ties with maternal or paternal relatives influence the strength of the kinship relationship, the closeness of family relations and thus the likelihood of a child being welcomed into the family. Matriarchal or patriarchal practices vary in diverse locations within countries in West Central Africa. In some socio-cultural contexts children tend to have closer ties to their maternal relatives, thus a child may be more welcomed in the household of the maternal grandparents, the maternal aunt or the elder sister. For example, in both DRC and Nigeria caregivers and children described how children faced more risks of discrimination if they stayed with paternal relatives, compared with maternal relatives. In other contexts, closer ties may be fostered with paternal relatives. In each diverse socio-cultural context in which we work it is important to understand the nature and impact of matriarchal or patriarchal beliefs and practices to inform care decision making in a child's best interests. Close relatives are more likely to welcome a child in the home and tend to be more willing to invest in the care, education and well-being of their kin. This finding is reinforced by other studies[61], including a DHS study across 10 countries which found that *"adult caregivers are less likely to invest in children who are more distantly related regardless of household incomes".*[62]

> *In terms of the negative experiences of children in kinship care, the responses of children revolved around the position of the female kinship caregiver. Children have explained that if it is the female in the household who has accepted the child into the home, which is most often the case when the child is the offspring of a member of her side of the family, then the child is treated like any other child in the family. Children from the paternal side of the family were more likely to face negative experiences (DRC research finding)*

Female and male caregiver active participation in decision making to care for a child is extremely significant. The research has revealed that decisions to receive a relatives or friends child in the household are sometimes made between male members of the family, without any consultation with the male caregiver's wife. As a result the female caregiver is more likely to feel "forced" to care for the child, thus increasing the sense of burden and negative perceptions concerning the child. This in turn increases the likelihood of the child being treated with suspicion, discrimination and a lack of care. It is crucial that all primary caregivers – female and male are involved in the decision making process.

Some children living in kinship care in DRC have explained that they are more likely to face negative experiences in their kinship care setting if the female caregiver in the household was not part of the decision making to care for them. Such situations are more likely when the child is related to the paternal side of the family, rather than the maternal side of the family. Some children also described difficulties faced if the male caregivers re-marry and they are not accepted by the new wife. Thus,

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[61] Verhoef, H. And Morelli, G. (2007) "A Child is a Child": Fostering Experiences in Northwest Cameroon ETHOS Vol. 35, Issue 1, pp. 33-64, ISSN 0091-2131 online ISSN 1548-1352. American Anthropological Association. University of California.

[62] Case, A., Paxson, C., Ableidinger, J. (2004) Orphans in Africa: Parental Death, Poverty, and School Enrolment - Center for Health and Wellbeing Research Program in Development Studies, Princeton University.

informal consultation and decision making mechanisms should be encouraged to ensure that female and male caregivers have voice and agency in decisions to care for kin children to avoid situations where a caregiver feels forced to take in a child. Advocacy for children's participation in decision making is also required.

Shared responsibilities by parents and caregivers for children's well-being and needs can reduce the burden faced by kinship caregivers, and can lead to improved care and outcomes for children living with relatives or family friends. It has been suggested that fostering traditionally worked as there was a more equitable sharing of costs and benefits of child rearing between biological and kinship foster parents. [63] Significant proportions of children living in kinship care have at least one living parent, and many have living fathers and mothers. Increased efforts are needed to strengthen families, to prevent family separation, and to encourage the active role of fathers and mothers in ensuring children's care, protection and well-being. Even if children are sent to live with relative caregivers to access education, fathers and mothers should be encouraged to maintain regular contact, and to demonstrate their on-going responsibilities for their children, including making financial contributions towards children's education, health and other needs. In situations where parents are unable to provide any financial assistance, emotional support to their children may still be provided through regular communication with the child and the caregivers. By listening to their children and encouraging girls and boys to share their feelings and experiences concerns relating to discrimination, abuse, or difficulties in accessing education may be raised. Sensitive communication will be needed between parents, caregivers and children to foster family harmony, rather than conflict between families, while also considering the best interests of children.

> *Caregivers in Sierra Leone mentioned that special efforts need to be made by biological parents in terms of financial support, even minimum, to caregivers and regular visits to their children to share the burden. The fact that biological parents avoid responsibilities towards their children discourages caregivers from adequately caring somebody else's children.*

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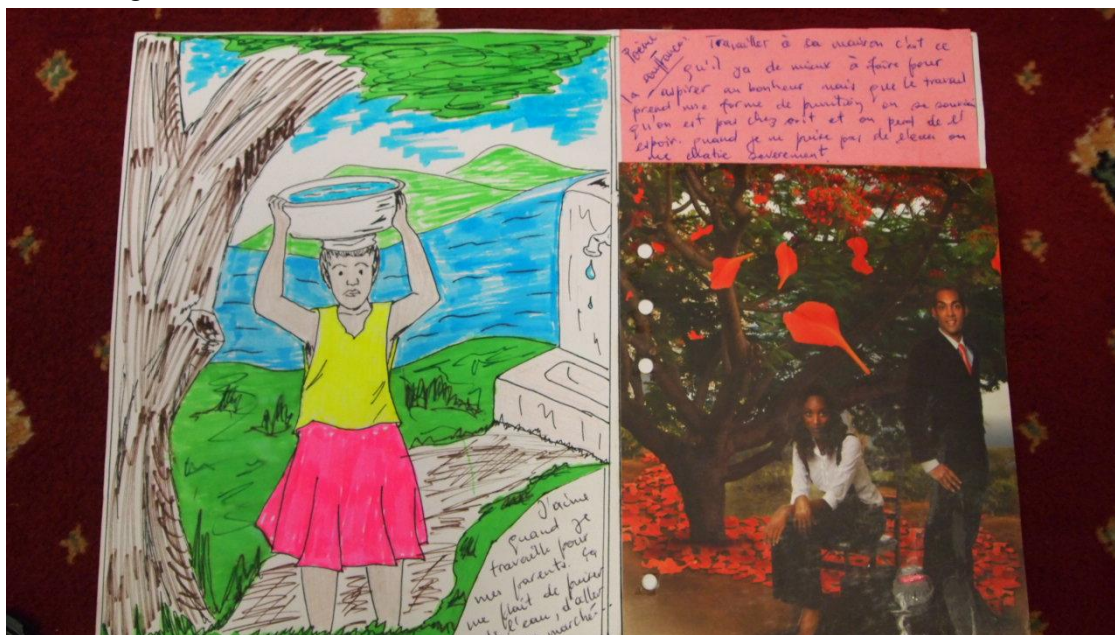
[63] Madhavan, S. (2004) Fosterage patterns in the age of AIDS: continuity and change. Social Science and Medicine 58 (2004) 1443-1454

3.4 Theme 4: Children and caregivers' support needs and the availability of support:

This chapter describes the specific needs of children living in kinship care, as well as recognising the needs of caregivers and parents. It explores the extent to which support is available to meet these needs and provides an overview of existing strengths of different stakeholders and agencies that can be built upon to increase support to families, both to prevent family separation and to better support children living in kinship care and caregivers, especially elderly caregivers.

Support needs of children, caregivers and parents:

Children	Caregiver(s)	Parent(s)
Opportunities to express views and to participate in decision making about care.	Caregiver voice in decision making about care	Family support
Access to free basic services (education, health, social services) with no hidden fees/ costs. Children need learning materials, school uniform. The poorest families need scholarship for education.		
Access to information (on relevant services, laws and policies)		
Love and sense of belonging within the family	Guidance and community support to encourage non-discrimination	Day care support
Increased recognition of their agency and contributions to the household	Appreciation and gratitude	Livelihood/ economic strengthening for parents (including single parents)
Non-discrimination and non stigmatisation from family members, peers, members of community	Parenting education (positive discipline and non-discrimination) – good skills to take care of children and young people (including dealing with difficult behaviours)	
Livelihood and vocational skill training	Education scholarship, especially for the most vulnerable families, including children living with elderly grandparents.	
Clothes and shoes	Access to social protection schemes, to cash transfers (especially for elderly caregivers), micro credit, saving schemes, remittances, or income generation (including support for farmers in rural areas).	
Nutritious food		
Shelter with access to water and sanitation		
Awareness raising on child rights and risks facing children		
Community based child protection/ welfare committees support families and prevent family separation		
Access to family support services, social services and legal services		
Visits and increased involvement of parents and other relatives		
Religious education and guidance		
Life skills		
Protection of inheritance, land		
Protection from all forms of violence including scolding, emotional abuse, beating and other forms of physical abuse, labour exploitation, sexual abuse, and sexual exploitation		
Opportunities to play		

The extent to which support is available to support kinship care families:

Government policies and programmes have increased access to primary education and health care in countries where the research has been undertaken. However, in general there are insufficient efforts within communities, by community based organization, NGOs, UN or government agencies to meet the needs of children, parents, and kinship caregivers. While some faith based organizations provide support to some vulnerable families, such support is often limited.

Despite government policies supporting free education and health care, other costs associated with education including school books, uniform, school lunch and unofficial fees mean that some caregivers struggle to cover education costs. In addition, despite policies concerning accessible health care and constraints in implementing government policies means that health care is not always accessible to families, especially in rural areas. Furthermore, across the region child sensitive social protection schemes, family strengthening and social services are extremely limited. While there are increasing efforts to establish community based child protection mechanisms (such

> *Findings from the research in all three districts in Sierra Leone reveal that kinship families do not receive any support from the government, NGO or CBOs to sustain children.*

as child welfare or protection committees), often through collaborative efforts by the government and civil society organizations, the referral mechanisms to ensure access to relevant psychosocial, legal, educational or health support remain limited. Qualified social workers with the skills to support families, to prevent family separation, and to respond to child protection concerns, remain extremely limited in number. Thus, one or two social workers within a district are expected to undertake social work across the district which places significant constraints on the quality of their work, and contributes to a lack of support to community based child protection committees.

As described in the previous chapter, in situations where parents decide to send their children to live with relative caregivers increasing efforts are need to encourage fathers and mothers to maintain regular

> *Despite DRC being a community-based society, respondents claimed that there are no structures in place at the community level to aid kinship caregivers or families in general….. No support is given to informal kinship caregivers in the form of monetary allowances or non-food items. Caregivers expressed the need for subsidies to support the cost of school fees, as well as school supplies and uniforms. Elderly caregivers said they required more financial resources in order to be able to provide for the children's most basic needs in regards to opportunities for education as well as food and clothing.*
> *(DRC research)*

communication and involvement in their children's lives and to demonstrate their on-going responsibilities for their children's well-being. In particular, caregivers would like parents to support financial contributions for children's education and other basic needs.

Strengths that we can build upon to increase family based care and protection:

Stakeholder	Strengths/ existing efforts that can be built upon
Children	Hard working, obedient respectful and trusting children; resilient; existence of child led associations and advocacy groups; some children have opportunities to actively participate in their communities – raising awareness on child rights and protection, taking action; some have access to media communication; children develop stronger life skills.
Parents	Love for child (child's interests at heart); some parents have decent work; some parents monitor the situation of children living in kinship care; some parents have support and solidarity from the community.
Caregivers	Willingness to support kinship care; taking responsibility as a caregiver; some have good communication skills and are supportive to children in their care; ability to provide for children's needs (including access to education, health, nutritious food; shelter); god fearing and patient; ready to protect children.
Local communities	Respect for local culture; community members monitor and influencing behaviour in their communities; Social capital – social support and community relations; community assets; existence of community infrastructure (school, play areas, health centres); local knowledge and resources; Active role of religious and traditional elders, church groups/ faith based organisations and community members (men, women, girls, boys) – who can raise awareness and "preach" to promote care and protection of children; Existing positive discipline training in some communities; Existence of community based child protection (or welfare) committees/ networks and regulations on child protection in some communities; Power of traditional elders/ religious elders to intervene if a child is being badly treated.
NGOs including Save the Children	Access to resources (money and staff) to facilitate change; existing child protection programmes; Capacity building on child rights, child protection and positive parenting skills (with mothers, fathers and different caregivers); Build children's capacity to assert and protect their rights; Can support community based protection mechanisms to monitor and better support kinship care; Ability to use this research to inform design of proposals to improve care and protection of children; Advocacy with government and local authorities to influence strengthening of policies on kinship care and application of the International Guidelines on Alternative Care.
Local and national authorities	Formulate and implement laws and policies; have constitutional power; Government efforts to strengthen child protection systems; Government has resources and manpower and can provide legal support; Government has mandate to identify and support vulnerable children, including abandoned and orphaned children and children with disabilities.
UN agencies	Ability to gather data and statistics that shed lights on kinship care; Advocacy and voice to put pressure on government and donors; Advocacy for budget allocations; Supporting the government to strengthen alternative care; Awareness raising on child rights; Capacity building for social workers and other front line staff.

3.5 Theme 5: *Policy and practice recommendations to better support the care and protection of children in families and family based care:*

At the outset of this chapter some key elements of a vision described by children, caregivers and Save the Children staff and partners are presented. This vision has informed the development of policy and practice recommendations to prevent family separation and to better support the care and protection of children in families, including in kinship care families. Areas of necessary action and advocacy fall under twelve key areas, and require mobilisation and efforts by multiple stakeholders including: Governments; UN and international agencies including Save the Children; civil society and faith based organisations; traditional and religious elders; teachers; and community members including caregivers, parents, children, youth, neighbours, and members of community based child protection or welfare committees.

Elements of our vision:

- ✓ Children are living in families – especially with their biological parents (mothers, fathers) who are caring for them and providing love. Children feel safe and happy.
- ✓ Some children are also living with relatives. The extended family provide support to the family, including some school sponsorship support. There is laughter and happiness in families. Children are able to express their individuality. Children help in the household as part of the family.
- ✓ Children feel a sense of belonging in their families. Children thrive. They feel cared for and protected in their families and they feel safe in their communities. There is unity and peace. Families eat their meals together, and talk and listen to one another. There is no discrimination.
- ✓ Children in families and communities are protected from beating, scolding and different forms of exploitation.
- ✓ Children are going to school – there is quality education, teachers are supportive, families give time to study, education is taken seriously – where possible children attend private school. They have a good future.
- ✓ Children have good health and wellbeing. Children are able to access health services.
- ✓ Government provide support for developing a welfare system, providing children's services, micro finance and livelihood programmes and improved infrastructure for education, health and social services.
- ✓ Children are organised in groups and associations. They know about their rights and are involved in decisions affecting them.
- ✓ Children are treated with more equality and fairness within families. There is no discrimination among kin and biological children. There is also inclusion and active participation of children with disabilities.
- ✓ Children are able to play and have leisure time. They are happy among their friends.
- ✓ The community is safe. Adults in the community know and protect all the children and help raise them. You don't have worries about children's safety.
- ✓ There is no polygamy.

> *In my vision I saw that children are living with the biological parents and going to school. There is peace and unity. There is quality education, health services, and better care. Children are taking part in decision making and the child's voice is respected. (17 year old male researcher, Sierra Leone)*
>
> *In my vision some children are living in kinship care. They are playing with their friends. The children feel safe at all times. They have access to psychosocial support and protection services. They can access good health care in the community. They have a good education and each child will become a great person in their community. (21 year old male researcher, Nigeria)*

12 key areas of programming and advocacy to prevent family separation and to increase the care and protection of children in families, including kinship families:

1) Improve data collection on kinship care
2) Apply the Guidelines for the Alternative Care of Children[64] to improve legislation policy and guidance on all forms of alternative care, recognising the significant importance of informal kinship care
3) Increase child sensitive social protection, especially for vulnerable single parents and elderly caregivers
4) Increase access to free primary and secondary education, especially in rural areas
5) Increase budget for social services and social workers, and build the capacity of social workers
6) Ensure better understanding of cultural practices to inform decision making in the best interests of the child
7) Strengthen child protection systems, including informal mechanisms to increase oversight of informal kinship care
8) Increase active participation of female and male caregivers, mothers, fathers and children in care decision making
9) Increase opportunities for children's participation in families, communities, practice and policy developments affecting them
10) Address stigma and discrimination of children living in kinship care
11) Increase positive parenting for fathers, mothers and diverse caregivers
12) Increase fathers and mothers ongoing communication and responsibilities for child rearing

Improve data collection on kinship care: Improved data collection mechanisms are required at national, local and community levels to increase understanding of the different types of kinship care practices and the prevalence of such practices. Data collection concerning children in each

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[64] A/HRC/11/L.13 15 June 2009

household, the parental status, and the relationship between the child and the head of the household should be integrated into national census, surveys and DHS/ MICS surveys. In countries where DHS/ MICS surveys have been undertaken the data should be extracted and disaggregated data analysis should be undertaken to inform understanding about kinship care practices in different regions of the country, in rural and urban areas, and to see whether such factors influence school attendance or other outcomes. Advocacy is also required with the local or traditional authorities to develop and implement simple registration systems at the local level regarding informal kinship care practices. Community based child protection committees can also play a role in identifying and maintaining a register of children living in informal care, such practices would contribute to better monitoring and support.

Apply the Guidelines for the Alternative Care of Children[65] to improve legislation policy and guidance on all forms of alternative care, recognising the significant importance of informal kinship care: It has been identified that existing laws, policies and guidelines do not have sufficient focus on informal kinship care practices which contributes to the lack of support provided to kinship care families. Thus, the Guidelines for the Alternative Care of Children should be used as a tool to improve existing legislation, policies, guidelines and mechanisms and their implementation to increase family support services which are accessible to all alternative caregivers, while also ensuring a strong focus on prevention of parental separation. Policies and guidelines concerning the alternative care of children should be aligned with the Guidelines for the Alternative Care of Children, ensuring attention and support to informal family and community based care options, as well as formal care options. Given the widespread nature of kinship care, informal family and community based options will need to be nurtured and supported. Laws, policies and legal services should also be in place to assist children and families facing problems accessing inheritance, divorce or maltreatment. As will be further described below, existing efforts to build child protection systems from the community to the national level can be strengthened to increase care and support to kinship care families, especially through strengthening traditional and informal mechanisms. It is important to increase attention and support to kinship care families, without necessarily formalizing kinship care. Kinship care should only be formalized in individual cases where it has been carefully assessed to be in the child's best interests.

Increase child sensitive social protection: Poverty is clearly a factor contributing to family separation, and challenges in caring for children in families facing economic difficulties, including elderly headed households. Social protection is generally understood as a set of public actions that address poverty, vulnerability and exclusion as well as provide means to cope with life's major risks throughout the life cycle.[66] There is a growing body of evidence that social protection programmes can effectively increase the nutritional, health and educational status of children and reduce their risk of abuse and exploitation, with long-term developmental benefits.[67] As we have found in this research intra-household discrimination can also result in child poverty, hunger, lack of access to services, abuse and exploitation. Child sensitive social protection strategies can address the chronic poverty, social exclusion and external shocks that can irreversibly affect children's lifetime capacities and opportunities.[68] Advocacy with governments is needed to increase child sensitive social protection schemes, with special efforts to ensure that they reach the most vulnerable households,

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[65] Ibid
[66] DFID et al (June 2009) Advancing Child Sensitive Social Protection
[67] Ibid
[68] Ibid

including elderly grandparents caring for young children. Social protection mechanisms may include: cash transfers, social insurance and pensions, access to social services and social welfare to support families; and policies, legislation and guidance that protect families access to resources, promote employment and support them in their child care role (including access to basic social services, maternity and paternity leave, inheritance rights and anti-discrimination legislation).[69] Advocacy with the private and NGO sector (including with Save the Children) is also needed to ensure that social and health insurance cover kin children, as well as biological children within a household.

Government strategies and policies to support the rural economy and to ensure children and families access to free basic services (including health care, education, and social services) are also required. Investment in rural livelihoods including support for income generation activities, provision of farming equipment, and rural infrastructure are required to prevent on-going patterns of rural to urban migration which is contributing to family separation and family challenges.

Increase access to free primary and secondary education especially in rural areas: One of the main reasons that children are sent by their parents to live with relative caregivers is to enable children to access secondary schools. Thus, increased government efforts are needed to ensure that secondary school education, as well as primary school education is accessible to children living in rural and remote locations. More secondary schools need to be built in rural areas, and increased incentives may be required to ensure that qualified teachers are employed in rural secondary schools. On-going efforts are needed to monitor and strengthen quality, accessible education services for all girls and boys, including for children with disabilities.

Increase budget for social services and social workers and build the capacity of social workers: Governments need to allocate sufficient budget to ensure necessary human and financial resources to ensure optimal and progressive implementation of the Guidelines for the Alternative Care of Children in a timely manner. Such implementation requires increased investments in social services and social workers. The Ministry of Social Welfare (or its equivalent in each country) is often one of the most poorly resourced and therefore understaffed sections in Governments. Access to social services for children and families remains limited in urban poor, rural and remote communities in the West Central Africa region. Each country has insufficient number of qualified social workers and thus existing social workers are unable to effectively support family and

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[69] Ibid

community based care initiatives and child protection case management in the best interests of the child. Advocacy is needed to ensure sufficient budgets to recruit, train and allocate increased numbers of social workers at the district and local level. The social work profession promotes social change, problem solving in human relationships and the empowerment of people to enhance well-being and protection[70]. Social workers focusing on children and families have skills, knowledge and values to undertake individual case management and community mobilisation to support family based care and protection, to reduce vulnerability and build upon strengths to prevent and respond to different forms of neglect, abuse, violence and exploitation.

The Guidelines for the Alternative Care of Children encourage governments to develop and implement family strengthening services[71], and supportive social services, such as day care, mediation and conciliation services, substance abuse treatment, financial assistance, and services for parents and children with disabilities.[72] Such services should be accessible at the community level and should actively involve the participation of families as partners, combining their resources with those of the community and the carer.

More systematic efforts are needed by governments, universities, UN and civil society agencies to develop accredited courses for training government social workers and para-professional social workers. Social workers require a specific set of competencies (skills, knowledge and values) to prevent family separation, to support families - including kinship care families, and to undertake child protection case management. Capacity building of government social workers, and para-social workers, including members of child protection committees or staff from local child focused NGOs, is needed both at the national and at sub-national levels. Para social workers can be particularly effective in supporting community awareness, sensitization and prevention work at the community level. However, referral mechanisms to ensure necessary psychosocial, legal, health or education support need to be in place. Furthermore, qualified professional social workers are needed to undertake child protection case management, particularly for sensitive and complex cases including child sexual abuse.

Ensure better understanding of cultural practices to inform decision making in the best interests of the child: In each socio-cultural and religious context there are existing traditions and cultural beliefs which influence care decision making and care outcomes. For example, beliefs and traditions may influence the closeness of relationship and kin ties with either the maternal or paternal side of the family. It is crucial that social workers and other stakeholders who are involved in developing or implementing child care and protection programmes or services understand the specific cultural practices which may inform decision making in the best interests of the child.

Strengthen child protection systems, including informal mechanisms to increase oversight of informal kinship care: In countries in the West Central Africa region significant efforts are underway by government, UN and civil society organisations to strengthen child protection systems. As integral to such efforts, increased efforts are needed to ensure identification, monitoring and support to kinship care families, particularly to children who are identified as at risk of neglect,

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[70] See EveryChild (2012) Making Social Work: Improving social work for vulnerable children without parental care around the world.
[71] such as parenting courses and sessions, the promotion of positive parent-child relationships, conflict resolution skills, opportunities for employment and income generation and, where required, social assistance
[72] Para 34, A/HRC/11/L.13 15 June 2009

abuse, exploitation or violence, and to families identified as vulnerable. The Guidelines for the Alternative Care of Children[73] encourage caregivers to notify the authorities regarding their care arrangement in order to ensure access to appropriate services. Considering the scale of informal kinship care arrangements it may be more practical and strategic to strengthen local mechanisms to register key details concerning kinship care arrangements to increase oversight. For example bye-laws could be enacted which request traditional elders or community based child protection committees to keep a local register of children living in kinship care (for example which child is being sent to which caregiver for which reason). Other informal mechanisms including use of "social contracts" could also be used to encourage dialogue and active agency in decisions by concerned caregivers, parents and children to ensure care and protection in a child's best interests.

Existing community based child protection or welfare committees can be strengthened to better identify, monitor and support children living in kinship care and caregivers and to prevent family separation. Such committees should seek active involvement of local officials, traditional elders, head teachers/ teachers, and community health workers. The committees can support response, mobilization of local resources, and referrals to address the concerns of children at risk and the most vulnerable families.

An earlier Save the Children (2007) publication on *Kinship Care: Providing positive and safe care for children living away from home* includes a useful table identifying a range of risk and protective factors that can be considered when monitoring and assessing children's well-being, care and protection in kinship care families. The factors include: children's views about living with relative caregivers; family composition and the nature of relationships within the household; family network and contact arrangements; family history and current functioning; belief system and ability to consider the child's development needs; health status of caregivers; ability to provide for the child; carer's motivation; ensuring safety and the capacity to protect.

Increase active participation of female and male caregivers, mothers, fathers and children in care decision making: This research has revealed that decisions regarding a child's kinship care arrangement often exclude significant stakeholders, including the female caregiver and the child. Such exclusion increases the likelihood that the caregiver feels "forced" to take in a child, which in turn increases the risk of the child being treated with discrimination and a general lack of care. Thus, it is crucial to advocate for and to support informal "dialogue and decision making" mechanisms at the local level which enable the active involvement of female and male caregivers, mothers, fathers, and children. Children have a right to be involved in all decisions affecting them, while taking into consideration their evolving capacity. Traditional mechanisms may be in place that could be built upon by traditional elders and community protection committees to engage all concerned stakeholders in decision making processes determining the care arrangements of the child. Use of social contracts involving each of the key stakeholders may also be used to increase transparency regarding shared responsibilities concerning the child's care and well-being.

Increase fathers and mothers' on-going communication and responsibilities for child rearing: On-going efforts are required to readjust the balance to increase parental involvement in their children's lives, even if children are living with relative caregivers. We need to work within each country context to understand and support culturally appropriate ways for biological fathers and

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[73] A/HRC/11/L.13 15 June 2009

mothers to be in contact with the child and the kinship family, and to find ways to contribute to the child's well-being. Recent developments in mobile phone technology may support increased communication between parents, children and their caregivers.

Increase opportunities for children's participation in families, communities, practice and policy developments affecting them: This research has revealed that girls and boys are often excluded from decision making processes at each level, within their biological families, in their kinship care families, in their communities, and in wider policy and practice developments affecting them. Thus, on-going advocacy and support is required to sensitise adults (fathers, mothers, relative caregivers, traditional elders, community members, local and national officials) about the value of listening to girls and boys and taking their views seriously. In addition to establishing local decision making mechanisms to involve children, caregivers and parents in decisions about a child's care, wider efforts are also needed to support children's participation and association so that girls and boys may be informed about their rights and empowered to assert and defend their rights in respectful and effective ways. Supporting girls and boys to form their own groups or associations is proving to be an effective vehicle for children's empowerment.[74]   Children's groups can be encouraged to reflect on and to support inclusive participation of children living in kinship care. Children's group members can also play an important role in awareness raising, monitoring, prevention, reporting and response to discrimination, care and protection, education and other concerns affecting children. Increased opportunities for children's participation and representation in community based child protection committees and local governance mechanisms should also be encouraged. Furthermore, advocacy and support for children's participation and representation in wider practice and policy developments concerning their care and protection is required.

Address stigma and discrimination of children living in kinship care: Significant concerns regarding the discrimination that many kin children face while living with relatives necessitates sensitization campaigns and initiatives to address stigma and discrimination. UN and international agencies can work in collaboration with the government, state and private media agencies to undertake national level campaigns to increase love, care, protection, and non-discrimination of children living with relatives, through radio programmes, soap operas, and through social media. Civil society organisations, faith based organisations, traditional and religious elders, social workers, child protection committees and child groups can support community based awareness raising initiatives. Sensitisation may be undertaken through a variety of tradition and creative methods including: traditional tea debates and coffee ceremonies; religious speeches; door to door home visits; group dialogue ("cadre de partage, groupe de parole"); community radio; and parenting education.

Caregivers suggestions to make life easier for them and their children under Kinship care, Nigeria:
✓ Children should be shown love
✓ Care givers should be more patient with children
✓ Children should always be encouraged
✓ Caregivers should always talk to them and listen to them
✓ Caregivers should be good to them
✓ Caregivers should pray for them

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[74] Save the Children (2009) Playing and Protecting: Learning from Children's Clubs in Sierra Leone.

Inter-generational dialogue among old and young should also be encouraged to continue positive traditions and to find ways to reduce harmful traditions concerning children including polygamy, early marriage, corporal punishment, female genital mutilation, and accusations of witchcraft.

Increase positive parenting for fathers, mothers and diverse caregivers: Children need the structure and warmth of their main caregivers to develop and enjoy safe and healthy lives. Supportive families, in different shapes and forms are core to every child's ability to grow and learn, both physically and emotionally. However, not all parents and caregivers have the skills and knowledge to support children throughout their different stages of development. Positive parenting interventions can build upon fathers, mothers, grandparents and other caregivers' strengths and resilience and equip them to develop supportive, non-violent relationships and effective communication with their children. Existing parenting education and positive parenting initiatives need to be scaled up by the government and civil society organizations. Furthermore, increased efforts are need to reach and actively engage fathers, mothers, grandmothers, grandfathers, aunts, uncles, cousins, sibling or other caregivers. Positive parenting should encompass a focus on child rights, non-discrimination, best interests, children's survival, development, protection and participation. Information should be shared on the negative effects of physical and humiliating punishment, harmful child work, early marriage and discrimination and positive discipline skills should be developed. Use of technologies, such as the radio and mobile phones should also be used to disseminate positive parenting practices in isolated and hard to reach communities.

4. Conclusions and Moving Forwards

Informal kinship care practices are widespread in the West Central Africa region, and such practices are identified as a traditional coping mechanism to maintain social stability, creating and helping to sustain bonds of mutual cooperation and interdependence[75]. If effectively supported kinship care practices can contribute to resilient communities who are more able to care for and protect children in the face of adversity. However the way in which kinship care is practiced is changing with increased urbanization, rising costs in education, families struggling to make ends meet, and the HIV/AIDS pandemic. These changes are contributing to more families feeling like it is a burden to raise a relatives' child rather than a blessing.

Despite its prevalence, informal kinship care remains neglected in terms of specific policies and programming to better support the care, protection and well-being of children. The informality and normality of kinship care contribute to its key strengths ensuring on-going kin ties and child rearing in family and community based settings for significant numbers of children, some of whom would otherwise require formal care. Some children living in kinship care benefit from increased access to basic services, including education, nutrition and health care. In contrast the lives of many children living in kinship care are characterized by discrimination and inequality in terms of access to education, nutrition, health care, and love. The informality of kinship care contributes to a lack of regulation concerning the care, protection and other rights of girls and boys living with kin caregivers. The privacy of families makes it harder to monitor and intervene to ensure practice in a

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[75] Ankrah, Maxine E. (1993). The Impact of HI V/AI DS on the Family and Other Significant Relationships: The African Clan Revisited. *AIDS Care* 5:5–22.

child's best interests, and cultural beliefs have contributed to a situation where many living parents relinquish their responsibilities once they have handed over their children to a relative.

Recognising both the strengths and constraints of informal kinship care, it is acknowledged that there are significant risks in formalizing kinship care. Formalization may prevent some caregivers from taking responsibility for their relative's children, as they may not want to engage in a bureaucratic process associated with formal care arrangements which they may perceive as invasive, time consuming and potentially expensive. In many countries, given the overwhelming prevalence of kinship care, the Government child welfare system would also not be equipped to provide the support and follow up needed. In addition, while some kinship families may need a lot of support, others are highly functioning without any external support. Furthermore, formalization and increased targeted support for kinship caregivers may contribute to increased parental separation and stigma. However, it is clear that strategies and mechanisms, including informal mechanisms, need to be built upon and developed to ensure improved identification, monitoring, prevention and response to the concerns of children living in kinship care.

The research findings clearly indicate that there are: different reasons for sending children to live in kinship care; diverse positive and negative outcomes for children; and a number of factors influencing such outcomes. Thus, it is essential that a holistic approach is adopted to mitigate the root causes contributing to parental separation including: poverty; lack of access to primary and secondary schools in rural areas; urbanization and migration; discrimination and violence within families and family breakdown; conflict and insecurity; illness and diseases including HIV; and traditional practices and beliefs including polygamy and accusations of witchcraft.

Key factors influencing positive or negative experiences of children living with relative caregivers have been identified including: *socio-cultural traditions concerning closer ties with maternal or paternal relatives* which influence the likelihood of a child being welcomed into the family; f*emale and male caregiver active participation in decision making to car*e for a child, and in particular whether the primary caregiver chooses to care for or feels "forced" to care for a child; and the lack of or existence of s*hared responsibilities by parents and caregivers for children's well-being and needs.* While better off relatives may feel obliged to take care of their relatives children, on-going efforts are required to readjust the balance to ensure children are seen as a benefit to the family rather than a burden and to increase parental involvement in their children's lives. Informal mechanisms need to be built upon and strengthened to increase the agency and on-going participation of father, mothers, female and male caregivers, boys and girls in decisions regarding a child's placement and care and on-going monitoring of their circumstances.

Acknowledging the prevalence of informal kinship care and the increased risks that children may face, increased data collection, monitoring and support to children living in kinship care need to be integral to efforts to strengthen the child protection system from community to national levels. Ensuring better understanding across the region of changes in family composition and living arrangements, and how this affects children's care is critical to ensure social policies and programmes to support families and better outcomes for children in terms of their care and well-being. The importance of rural to urban migration and cross border migration in the region in the search for livelihood, or as a result of displacement through conflict or natural disasters, also indicate the importance of regional level analysis and approaches.

Increased programming and advocacy is required in the identified 12 areas:

- Improve data collection on kinship care
- Apply the Guidelines for the Alternative Care of Children to improve legislation policy and guidance on all forms of alternative care, recognising the significant importance of informal kinship care.
- Increase child sensitive social protection, especially for vulnerable single parents and elderly caregivers
- Increase access to free primary and secondary education especially in rural areas
- Increase budget for social services and social workers and the capacity of social workers
- Ensure better understanding of cultural practices to inform decision making in the best interests of the child
- Strengthen child protection systems, including informal mechanisms to increase oversight of informal kinship care
- Increase active participation of female and male caregivers, mothers, fathers and children in care decision making
- Increase opportunities for children's participation in families, communities, practice and policy developments affecting them
- Address stigma and discrimination of children living in kinship care
- Increase positive parenting for fathers, mothers and diverse caregivers
- Increase fathers and mothers ongoing communication and responsibilities for child rearing

Save the Children is committed to taking forward these recommendations, informing its own child protection and care programming, as well as more integrated programming; and through its external influencing and advocacy work. At the regional and country levels, findings from the research will be used to inform strategic programming and advocacy work by Save the Children International on resilience building, urbanisation and migration. As integral to efforts to build resilient families and communities it is crucial to ensure access to basic services, child sensitive social protection schemes, and family support services especially for the most vulnerable families, including elderly caregivers, single parents, or other kin caregivers affected by poverty or poor health. Efforts to improve rural economies and access to quality basic services (including secondary schools, health and social services) in remote and rural areas are needed to prevent rural-urban migration which is contributing to family separation and increased risks to children.

In particular, Save the Children will be moving forwards to prevent family separation and to support family based care and protection to achieve its breakthrough 2020 that **"All children thrive in a safe family environment and no child is placed in harmful institutions."**

Three strands of Save the Children's child protection work will be particularly relevant towards the achievement of this global Breakthrough: *keeping children safe*, related to protecting children within the family environment; *strengthening families and preventing unnecessary separation*, related to providing support to families and promoting family-based care; and *securing family reunification in humanitarian crises,* which involves ensuring that separated and unaccompanied children are provided with family tracing and reunification services. Our learning from this participatory research on kinship care will significantly inform each of these three strands.
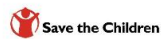
Keeping children safe has an important focus on preventing and responding to all forms of violence that children face within families. Save the Children will strengthen existing community based child

protection mechanisms to ensure that there is an integral focus on monitoring and preventing discrimination, abuse and exploitation faced by children living in kinship care, including sensitive efforts to sensitise caregivers to prevent and address intra-household disparity in the roles and responsibilities of children living in kinship care. Save the Children's efforts to scale up positive parenting to prevent physical and humiliating punishment and other harmful traditional practices will also be improved by increased targeting of fathers, aunts, uncles, grandparents, and other kin caregivers.

Strengthening families and preventing unnecessary separation is crucial. All the 12 areas of programming and advocacy emphasised in this research report can be used to increase family strengthening, prevent family separation, and better support kinship care as a family based care option where children's rights and well-being are protected, respected and fulfilled. Furthermore, lessons learned from the research will also support efforts to *secure family reunification in humanitarian crises.* Sensitisation regarding the risks associated with family separation, and increased family support, including support to kinship care families needs to be integral to emergency preparedness and humanitarian response programming. Family Tracing and Reunification can support children's reunification and care of children with their parents, or with other living relatives, especially close kin caregivers. Clear mechanisms to ensure female and male caregivers and children's participation in the care decision making process, and efforts to ensure ongoing community based monitoring, prevention and support to all children will increase the likelihood of positive outcomes for children.

Appendices

Save the Children (September 2012) 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 West Central Africa.*

The protocol annexes include:

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