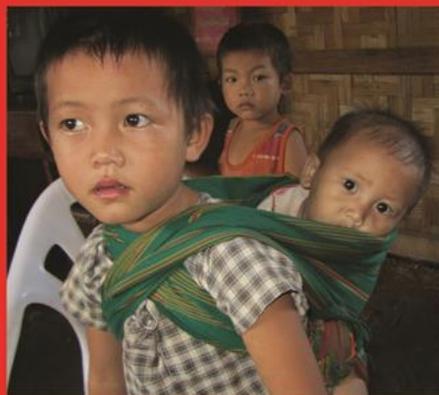




Kinship Care Myanmar



HANDBOOK



KINGDOM OF BELGIUM
Federal Public Service
Foreign Affairs,
Foreign Trade and
Development Cooperation



Save the Children

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Section I: Introduction and background to the drafting of the Guidelines

In Myanmar, communities have historically and traditionally cared for and protected orphaned, abandoned and vulnerable children within the extended family. Many children have been left with grandparents, older siblings, aunts, uncles and others as parents migrate to other areas or neighbouring countries for work. Enormous value is placed on the role and responsibility of the extended family in caring for the children whose biological parents are unable to do so. However, challenges exist for those families and this guidance is intended to assist those who are charged with or able to support kinship care families to care for and protect the children in their care.

The guidance contained within this handbook is based on the outcome of a workshop organized by Save the Children in Yangon, May 2013. It is also based on good practice from elsewhere in providing support to kinship care families and on the International Guidelines for the Alternative Care for Children (2009). Ultimately, the handbook aims to promote good practice leading to the healthy development and wellbeing of children.

Who should use the Handbook?

The handbook should be used by Save the Children staff, by NGO partners, Community Child Protection Groups and community volunteers. We anticipate it will also be used by government bodies such as the Department of Social Welfare who hold the key responsibility for ensuring that the most vulnerable children in Myanmar are cared for and protected.

In developing this handbook, the intention is not to formalize kinship care but to provide guidance to community groups and community members in protecting the welfare of children living with extended family members.



What is kinship care? Kinship care means family-based care within the child's extended family. In Burmese, it is known as "Swe Myo Tha Chin Saunt Shaunt Mu". Kinship care always means family care and excludes care by the child's own parents. In kinship care, children are looked after by relatives/family members such as cousins, aunts, uncles and grandparents. In Myanmar and many other Asian countries children often grow up, together with their parents, within the extended family and it is only when their parents leave those families that we may consider children to be in "kinship care".

International Guidelines for the Alternative Care for Children

In November 2009 the General Assembly of the United Nations welcomed the International Guidelines for Alternative Care for Children as the leading document for all countries on how to develop policies for the alternative care for children whose parents who, for a variety of reasons, can no longer safely care for them. These guidelines are grounded in the UNCRC and state that the family is the best place for children to grow up, in an atmosphere of love, happiness and understanding.

The Guidelines for Alternative Care are based on two key principles: necessity and suitability. The principle of "necessity" implies that the first step in working with a child is to determine whether an alternative care placement is necessary or not. In many cases children are separated from their parents unnecessarily. It is important to assist parents, to care for their own children whenever possible and to minimize any risk to the child that may exist. All efforts should be made to keep children with their parents and prevent the separation. Once the decision that alternative care is "necessary" has been made, then the second key principle of "suitability" is needed. A second question that should be asked is whether the placement is suitable or appropriate, meaning, suiting the needs of the child and addressing the problems that the child has experienced. The placement must be in their best interests. The Guidelines state that the first alternative to consider when parents are absent or not able to provide adequate care, is the extended family. Alternative family based care should be provided that reflects as closely as possible, the culture of the child's own family. Residential care should be the last resort, only after all family based care options are considered.

Child Protection Initiative

Family based care is a key priority of Save the Children's Child Protection global initiative (CPI). The Child Protection breakthrough for Save the Children states that, by 2020, "All children thrive in a safe family environment and no child is placed in a harmful institution." A task-group brings together country programs and interested members to address the situation of children without appropriate care (CWAC). Save the Children, through the CPI, has organized a series of "Children Without Appropriate Care" capacity building events for staff of Save the Children and our partners in Asia over the last three years. The training workshop, held in early May 2013 and from which these kinship care guidelines are drawn, was the second of two trainings funded by the Belgian Government program (2010-2013) in Myanmar and the first in Asia to be focused so specifically on the kinship care model of alternative care. All participants in the training were members of Save the Children's Child Protection team in Myanmar.

Section 2: Situation of kinship care in Myanmar

Why are children in kinship care in Myanmar?

While in most instances the best place for children is with parents and siblings, kinship care in which children move from living with their parents and siblings to living with the extended family may sometimes be necessary. There are a myriad of reasons, for children to be in kinship care in Myanmar, the most common of which are parents migrating for work or parental illness and death. Many of the reasons involve economic or social problems in the family. When parents die as a result of war or conflict, natural disasters, illness or other reasons, children may be taken in by other family members. Other issues leading to children being cared for by relatives include: unwanted pregnancies, the number of children in the family leading to economic pressures, and the discrimination experienced by single parents in Myanmar. Violence and abuse within the family may also lead to: the breakdown of the relationship between parents and children, behavioural problems, and children either leaving the family of their own accord or being forced to leave. In addition, family breakup, divorce and children being unwelcome in the newly constituted family also lead to a child being placed in kinship care. Separation may also arise when parents are in prison, when families are displaced by conflict or when they migrate to urban areas or to neighbouring countries such as Thailand for income generation/labour purposes. Lastly, children are often sent from rural areas to live with relatives in cities and urban areas for education purposes.

Legal position re kinship care in Myanmar

The Child Law in Myanmar affirms the State's recognition that "every child has the right to survival, development, protection and care and to achieve active participation within the community". The current law is in the process of being reviewed and the legal framework for child protection needs to be strengthened and enforcement promoted (UNICEF, Myanmar, Situation Analysis). There are some areas in which the law diverges from the CRC (such as defining a child as up to 16 years rather than 18 years). The law also doesn't mention kinship care and the rights and responsibilities of children and carers in such circumstances.

Implementation of the CRC and Child Law is overseen by a series of Committees on the Rights of the Child at national, state/region, district and township levels. However, the UN Committee on the Rights of the Child has noted concern that these committees are not fully operational.¹

Informal versus formal kinship care in Myanmar

The majority of kinship care situations in Myanmar are informal, having been arranged by parents themselves or within the family. In most cases, it does not mean that children are actually moving from one household to another as households in Myanmar usually consist of the large extended family. When parents leave, the children will often remain where they are and it is simply the household dynamics and care arrangement that change. The care arrangement is traditionally discussed and determined by family members or community elders, and there is no involvement of the government or external agencies. In most cases, the family

¹ Concluding Observations and Recommendations, 2004.

(typically the father's relatives) discusses which family member will take in the child(ren) and the wider family network tries to support the family during the initial placement period by collecting funds and material goods.



Where a child requires permanent alternative care, an assessment should be undertaken by the Department of Social Welfare or the Child Protection Group at community level, on behalf of the Department of Social Welfare. This assessment should determine whether placement with members of the extended family who wish to take permanent, legal responsibility for the child is in the child's best interests. Currently, few kinship care arrangements are taken through the local court system and lead to legal and formal arrangements. Under the new Child Act, in cases where parents are no longer alive or are incapacitated, Save the Children will advocate for the recognition of kinship caregivers as the legal guardians of the child and the formal registration of these placements in order to better protect the rights of the child. The formal registration should, however, avoid a legal position and process that is cumbersome and difficult to implement.

A continuum of care

Kinship care can be placed on the continuum of care within Myanmar (that continuum being made up of a series of different care settings from the original birth family to institutional care). Kinship care however, frequently acts in a positive way to provide care where parents are unable to do so and to gate-keep in preventing the need for children to be admitted to institutional care. Where children are without parental and extended family care, many are taken into residential care. Children are also taken into institutional care for educational study however, of 25 institutions in Myanmar (A study of Children Deprived of Parental Care, Yinthway Foundation, Unicef 2005) found that out of a total of 2,865 children in those institutions, 2,007 still had one or both parents living, suggesting that if supported, children might have been able to remain in their own families and communities. It is most important, therefore, that where families face difficulties in caring for their children the first aim should be to strengthen those families. Where this is not possible, kinship or

extended family care can be a positive alternative and can play a crucial role in preventing children from having to be admitted to institutional care.

Who are the kinship carers in Myanmar?

Those that take care of children in kinship care situations are often: older brothers or sisters (over 18 years), cousins, aunts, uncles, grandparents and community members known to the family and the child. Grandparents seem to be the most common carers, along with aunts and uncles.

Who make good kinship carers?

- Close relatives, with knowledge of the family, the parents' wishes and those who share a sense of the family's future.
- Kindly, empathetic family members who have a commitment to the care and protection of children and to fulfilling the parental role, preferably doing so according to the parents' wishes where those are known and where they are in the best interests of the child.
- Members of the community who share the same cultural, religious and ethnic background as the child and are able to promote the child's identity, even when they are not part of the biological family of the child. In other cultures, this type of care is also called *fostering*.
- Others who can provide a permanent family for the child and even adopt the child, welcoming him or her in the family as if they are their own child, while acknowledging the child's origins and respecting the parents and other family members.
- Good kinship carers, through providing a safe, nurturing and dependable environment, are able to help the child overcome trauma and, as carers, are open to support and supervision from professionals and others when necessary in order to help the child grow into a happy and healthy adult.

Kinship care has a range of benefits including :

- It is the most culturally appropriate and common form of alternative care, and is understood within Myanmar communities.
- In some cases, it may be the better option for children whose biological parents are less capable of providing adequate care and protection for their children.
- It can allow them to remain in contact with their parents who may have gone elsewhere for work.
- The child remains within a family setting and with persons known to him or her or to his or her family and with whom they share cultural, religious and linguistic links.
- The child in kinship care is likely to experience less distress after parental death or separation and the fact that their caregivers share their grief can be a protective factor to better overcome adversities.
- It can ensure continuity, stability and a sense of identity and self-esteem for the child.
- The child is more likely to have individual attention than in a residential setting, resulting in stronger child development and well-being outcomes. Children typically prefer this arrangement.
- The child is integrated within the community, using community based services such as schools and health clinics that may already be known to him/her, and is at lesser risk of being targeted for discrimination and stigma.

- Being best for the development of children, it continues family traditions and knowledge.
- Kinship carers will benefit from the support of the rest of the family.
- Parents who leave their children with extended family members do so as they feel children will be taken care of.
- At times of separation or severe stress, kinship care can be an important temporary arrangement until the family is reunited or is again stable.

Why do we need to support kinship care families?

While we must be vigilant in not singling out children in kinship care as being more vulnerable or more at risk in kinship care rather than in their own families, we also need to recognize there are particular issues and increased vulnerability for children in kinship care. At worst, families who take in additional children can experience disruption in family relationship dynamics, rendering the family less stable, tipping it over into stress and disorder and making all family members more vulnerable in the process. Research also tells us that children may experience discrimination, stigma (related often to being orphaned or without parental care) and, at times, abuse and exploitation in kinship care situations where biological children may be given preferential treatment. The new child in the family may be the one who is not allowed to attend school, only allowed to eat last, forced to work for the family, given the most difficult jobs in the household, or given harsher discipline than the other children in the family.

What do children coming into a kinship care situation need?

- To feel welcome,
- To feel loved,
- To be understood, particularly regarding any loss they may have experienced in coming into kinship care,
- To be treated in an equitable fashion with other children in the family,
- The minimum of disruption – continuity as far as possible with regards to, for example, remaining in their own community and attending the same school,
- To be able to remain in touch with their parents if they are still alive and their whereabouts known,
- To be able to bring possessions that are important to them into the kinship care arrangement.

In order to mitigate against unfair treatment of children in their care, what might kinship carers need?

- Kinship carers need to feel that they have been involved in family discussions around who should care for children who are left with inappropriate care,
- They need to feel that their concerns have been listened to and that support may be available,
- Knowledge and information on child rights,
- Knowledge and understanding of child development,
- Sufficient income,
- Positive parenting/positive discipline skills,
- To understand how to create an environment that is equitable and conducive to the growth and well-being of all the children in the family,
- A safe and secure environment themselves,
- Emotional and practical support,

- The ability to promote a sense of belonging.

In what ways can we support kinship carers?

- Through making regular home visits,
- Referral to income generation schemes,
- Through provision of practical support,
- Through the establishment of support groups (peer support for both children and caregivers),
- Through training in positive discipline and child rights.

A word of caution:

Kinship carers may require additional material support to be able to continue to care for children. However, great care has to be taken in doing so as the provision of such support could encourage birth families to abandon their own children in the hope that they will receive more help. Similarly, rather than acting in the best interests of children, families may take in additional children for material gain.

Children's experience of kinship care in Myanmar

A Child-Led Participatory Action Research carried out by Save the Children in 2011 identified that children were also aware of the neglect and inadequate care experienced by many children who were left behind by migrating parents. Despite their good intentions, many grandparents and other relatives did not have the financial means nor the knowledge and/or other support to provide care for these children. Through this research children made recommendations for communities and civil society to be more engaged in assisting families with kinship care and other support. Other recommendations made by children for adults were:

- Discipline children nicely so that they become good children but without beating or the use of abusive language.
- We want to be able to report and take action against stepfathers, stepmothers and adults who mistreat and abuse children.
- There should be no separation of parents and separation from brothers and sisters. We, as children, want a happy family life.



Risks to children in kinship care in comparison to those in biological families:

Risks to children in their own biological families	Children in kinship care
<ul style="list-style-type: none"> • Poverty • Physical, psychological and even sexual abuse • Exploitation within the home and outside • Not being able to go to school • Lack of love and insufficient kindness • Being neglected 	<ul style="list-style-type: none"> • Poverty • Physical, psychological and even sexual abuse • Exploitation within the home and outside, particularly with regards to housework and external labour • Not being allowed to go to school or being allowed to go only to a minimal number of classes • Lack of love and in sufficient kindness and a sense of inequality • Being neglected
	<p style="text-align: center;">Increased risks for children in kinship care</p> <ul style="list-style-type: none"> • Discrimination within the family, unfair and inequitable treatment • Discrimination within the community • Grief and the impact of loss and separation • Behavioural problems related to loss and separation • Behavioural problems related to their past, like child abuse and neglect, being on the streets etc. • Attachment problems when the relationship with the kinship caregivers is not based on love and affection.

Support at the community level

Currently, Save the Children works together with community level child protection groups, volunteers, local NGOs and CBOs as well as community members themselves providing support for vulnerable children in the community. These Guidelines also aim to increase the level of support provided to kinship carers and to promote an increase in the number of people able to provide such support.

Of those groups, the **Child Protection Groups (CPGs)** are perhaps the most significant. The CPGs are expected to:

- Identify children who may need or are currently in kinship care.
- Take referrals related to children who are experiencing issues related to their care and protection.
- Respond to the situation by:
 - Holding an emergency meeting where the situation requires immediate attention; or
 - Ensuring the child's case is on the agenda of the next meeting;

- Allocating a volunteer or a case manager to visit the family;
- Determining whether, based on the severity of the abuse or neglect, an immediate response is needed;
- Making a referral to health care, to legal support/to the police.
- Determine whether alternative / kinship care would be appropriate.

Support and supervision

What is the difference between support and supervision of children who are at risk?

Providing *support* to kinship carers is important for the benefit of the children in their care. Providing support in a way that the family feels is non-judgmental, understanding of their situation, helpful, and offers them practical solutions as well as guidance in areas such as positive parenting, is the optimal approach. CPGs and volunteers should, wherever possible, seek to establish a relationship of trust and confidence with the family and such an approach is more likely to enable support to be offered.

Supervision on the other hand may be needed in situations where support is resisted and where a CPG member or a volunteer may need to use the authority endowed on him or her by the rest of the CPG or by local leaders to gain access to the family and supervise the care of a child who is particularly at risk. However, where resistance continues to be a problem and the child remains to be at risk of abuse, violence or exploitation, then consideration should be given to finding alternative, safe care for the child, preferably in another family setting.

Establishing a relationship based on trust and *support* is preferable (wherever possible) to having to use authority to *supervise* the care of a child.

Support may involve:	Supervision may involve:
<ul style="list-style-type: none"> ● Financial assistance, ● Facilitating access to health services, ● Access to education, ● Legal assistance, ● Enabling the family to access to livelihood support, ● Helping parents provide even better care, ● Space for the carer to talk about any difficulties they may be facing in helping the child in their care overcome trauma and helping the carer deal with behavioural problems rooted in their past (living on the street, being abandoned, left behind, in the army etc.), ● Checking if parents are able to cope with the additional burden on their family (family dynamics, aging grandparents etc.) and, where needed, provide additional support and assistance through organizing community support. 	<ul style="list-style-type: none"> ● Checking on the care and protection of children, ● Helping parents and carers provide better care through positive discipline and supporting them. This may also involve linking them to parental courses or support groups with the clear purpose of improving their knowledge and parental skills, ● Acting with some degree of authority bestowed on you by the CPG (normally from village leader).



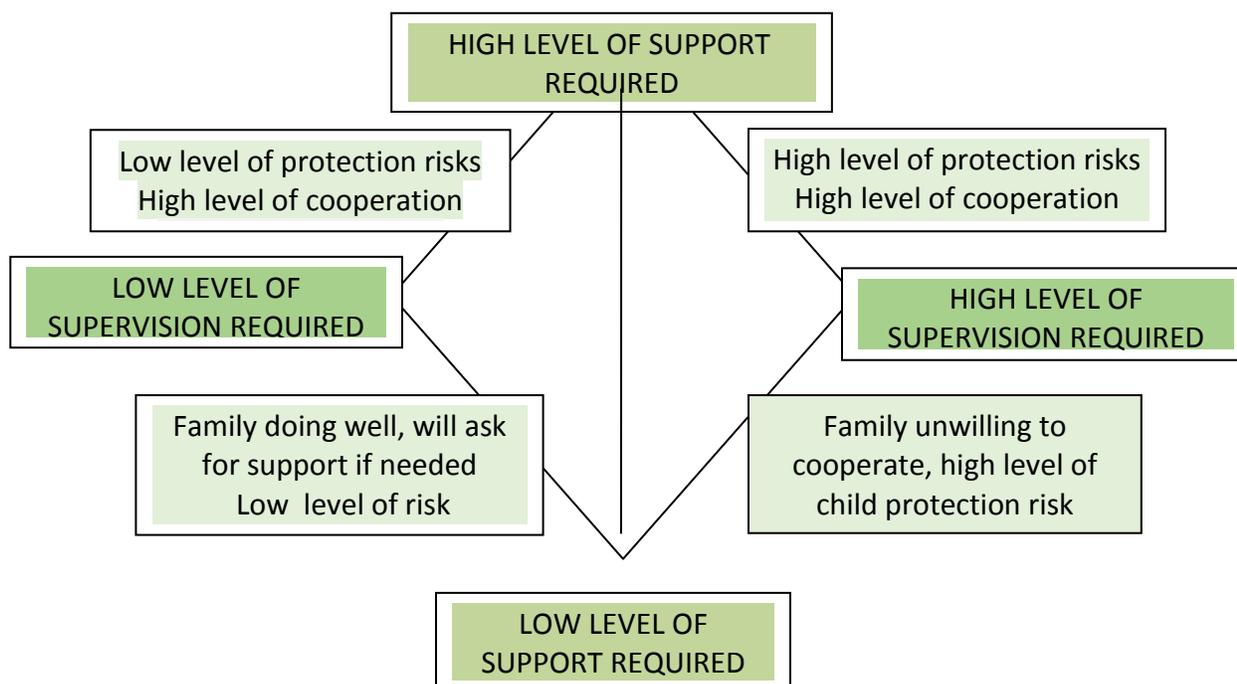
Support and Supervision Framework

This framework helps to identify how much effort to put into providing support and supervision to families providing kinship care.² Based on the assessment of the family the framework can help indicate where the family stands with regards to the need for support (all types) and the risks there are for the child within a particular kinship care family. To mitigate against risk to the child(ren), the family may benefit from support and, at times, supervision, in which you not only check on the well-being of the child but you build on the existing coping capacity of the caregivers and children and the match between the two.

- **Low level of protection risks - High level of cooperation:** It may be easiest to provide support for those who need it most, but from whom the children are not at high risk. In such circumstances, you will have easy access to the family, they will be cooperative and you need not be overanxious about the children as they are likely to be safe and doing well.
- **Family doing well, will ask for support if needed – Low level of risk:** Families who are generally self-sufficient, do not require your support, and are providing a safe and caring environment may not need regular visiting support. They will ask for support when they face problems. It is important, however, that you are able to provide support when difficulties are expressed.

² O'Brien (1999, 2009)

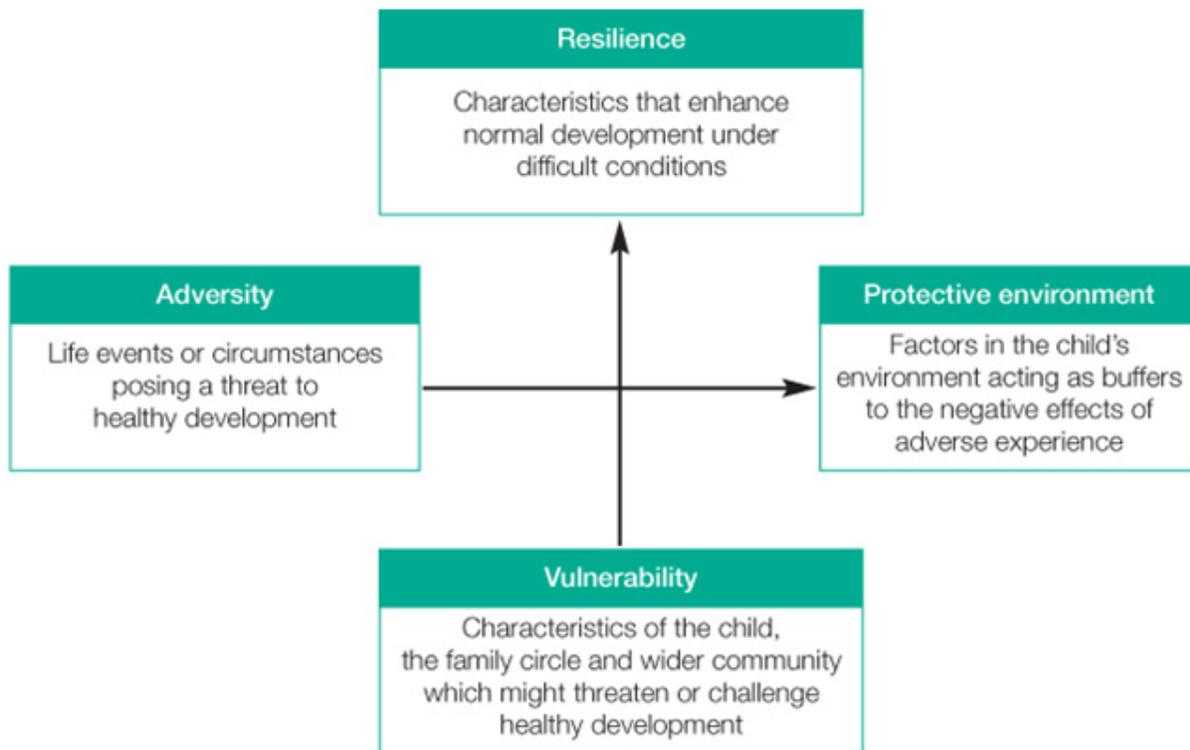
- **High level of protection risks - High level of cooperation:** There may be factors in the family that require a considerable degree of support. The children may be former street children or child soldiers. The child may exhibit challenging behaviour, have a disability, or else there is a problem such as mental illness in the family that makes the child vulnerable. The family needs your attention and supervision. They have been assessed as cooperative and you will have access to this family.
- **Family unwilling to cooperate - High level of child protection risk:** Your priority should be those families where the children are at greatest risk and where the families are less willing to cooperate and do not ask for support. Here you may need the authority of the CPC and/or the Department of Social Welfare social workers to gain access to the children and to be able to provide a degree of supervision for their care.



Resilience

Each child is different and we need to see each child, and also each family, as an individual case with a distinct life history and a unique set of current circumstances. Each child also responds differently to what happens in life and it is not uncommon to discover that children who faced the same or similar experiences react in entirely different ways. Some totally break down and others seem to cope well and move on. To understand the individual needs of the child the resilience matrix can be useful and helps us work out which type and what amount of support will help different children and their families.

A child is placed on the matrix according to how challenging his/her environment is and how resilient he or she is when faced with challenging circumstances or events. You can see the matrix as a SWOT analysis of the child and it is important to identify all aspects to see how we can help the child best, and identify who are the people who are best placed to support and protect the child. It also identifies the supportive circumstances that we can build on when assisting the child. (Fonagy et al. 1994).



Some examples of positive and negative factors affecting the child:

Protective environment: good school experience, supportive and consistent adult, community supports, access to activities.

Adversity: abuse, neglect, separation, socioeconomic deprivation, stigmatization.

Resilience: secure attachment figure, outgoing temperament, sociability, problem-solving skills.

Vulnerability: unusual temperament, additional needs, experiences of loss, HIV/AIDS.

A child may experience the death of a parent in a way that can be described as resilient if there is, for example, a secure attachment with a grandmother. Similarly, a child that has a chaotic life due to alcoholism of parents and a lot of violence at home may have a good teacher who creates safety at school. This, coupled with an extended family member who offers refuge for the child, can be a buffer to help the child to move on in life. Similarly, an adverse factor such as living in poverty can be dealt with when the family is supported by a protective community.

It is important to remember that children can be active contributors and thus we need to seek their active involvement in decision-making processes and decisions about their lives. This builds on their innate resilience and helps in addressing their vulnerability.

When working with resilience there are some issues to be taken in consideration:

- It is the impact of the event or set of life circumstances which dictates the way in which a particular child is likely to be affected.
- While the chronology of events is of importance, of even greater importance is the age and stage of development at which these events occurs, as the child's responses will be influenced by their cognitive capacity to make sense of these events.
- It is the particular coincidence of individual personality factors, the nature of supportive relationships available to the child or young person, and his vulnerability or resilience at the time which is most likely to inform the child's need for support.
- We should not only be providing what each child needs at the time but anticipating what they might need in developing for themselves a coherent story of life events and circumstances at later stages of development.

“The life stories of resilient individuals have taught us that competence, confidence and caring can flourish, even under adverse circumstances, if young children encounter persons who provide them with a secure basis for the development of trust, autonomy and initiative.” This is why kinship carers, significant community members and community volunteers who provide support that pays attention to what is happening for children all play important roles in building on the resilience of children, helping them “bounce back” or recover from traumatic or difficult life events. Werner (1990)



Section 3. 9 Step Process of Supporting Kinship Care

A. IDENTIFICATION

1. Identifying a child or kinship care family that may need support

The outcome – What are we looking for?

- Children in the community who are most at risk are identified and they and their families provided with support.
- Children are well cared for and protected in kinship care families and within the community.

Key messages

- Reports of protection concerns in families or with children received by CPGs or volunteers must be followed up.
- Reports can come from: relatives of the child, neighbours, teachers, social worker, NGOs, CBOs, CPGs, health workers, volunteers and other community members.

If you are unsure as to what to do and how to assess, discuss with your supervisor.

Best practice in identifying which families require support

- Raise awareness in the community (with CPG and community leaders) about the potential additional needs of children in kinship care.
- Keep an open mind – and consider the vulnerability of children in kinship care families in relation to the situation of their own biological families. Are those in kinship care families necessarily more vulnerable?
- Keep eyes and ears open and listen for situations in which children and families may be experiencing problems that either require or could benefit from support, or from supervision.
- Carry out the assessment with the family as a whole.
- Separate discussions with children older than 10 to 12 years of age should be considered.
- The volunteer or CPG member should ensure that he or she sees all of the younger children in the family. Whilst younger children may have some difficulties in articulating what is happening for them, a trusted adult can help them articulate their feelings and views.

Step by step guide

- Accept the basic information regarding a protection concern and take the referral.
- Discuss the situation with the CPG chairperson.
- Ask the chairperson to call a meeting of the CPG in the event of an emergency.
- Where the situation is not an immediate concern, put it on the agenda of the next CPG meeting.
- Agree on who is going to visit (if possible, this should be the same person who can continue to visit the family).
- Inform the family of the date and time of the visit, when appropriate. See Guidelines for Assessment.
- Assess the whole family, taking the best practice guidance into account, and ensure that particular issues related to individual children are noted.
- It is unlikely that you will be able to assess in one visit and so you may need to carry out a few visits before you are clear as to what problems the family faces and what you can do to support.

What may happen if we don't fairly and equitably identify families and children who require support:

- Children will continue to be at risk, be abused, neglected or exploited and to be isolated. The child(ren) may eventually decide to leave home.
- If children and families are facing discrimination in the community, this will continue.

B. ASSESSMENT

2. Assessment of a child or children potentially in need of kinship care (children on the streets, children left alone or abandoned, children whose care is inappropriate or seriously inadequate).

The outcome – What are we looking for?

- The needs of the child(ren) are clearly identified and his/her/their view(s) taken into account.

Key messages

- Children should participate in the decisions that affect their lives and actively contribute as far as possible to this assessment.
- To assess children we also need to collect information from persons who know the child(ren).
- Assessment is based on the best interests of the child.

If you are unsure as to what to do or face a challenge, discuss with your supervisor.

Best practice in introducing yourself and your offer of support

- Be polite, respectful, considerate and clear with children.
- Explain your authority. Have you been asked to visit on behalf of the CPG or a local NGO partner?
- Explain why you are visiting the child, what you propose to do and what you can offer. Be clear about the limits of what you can offer.
- Be honest; you are meeting with the child(ren) because there are concerns. The child (e.g. a child on the streets or child soldier) may not share your concerns nor your idea that something needs to happen to change the current situation. Bear that in mind and ensure that their views are respected.
- Use the Child Assessment form.
- Have a discussion with the child and avoid the use of the assessment form as a barrier (while notes in a notebook might be appropriate, using the form in front of a child or children is not). Use the assessment form as a guide to your discussion only, but do not stick to it in a way that is inflexible – go with the flow!
- Explain the child(ren) what you will do with the information you are collecting, what information you are documenting and why you are documenting it.
- Reassure children (e.g. siblings) that in considering kinship care, all efforts will be made to keep them together.

Step by step guide

- Arrange to see the child(ren) at a time that is convenient to them, so that they are ready to meet you.
- Explain the process you are following and the issue of confidentiality: share the limits of that confidentiality when the child discloses abuse and exploitation. In such circumstances, you may inform others on a “need to know” basis (if it is in the interests of the child that others are informed and if, as a result of being informed, they are able to stop or reduce the abuse or exploitation. Explain that you want to work in the child’s best interests. Use the Child Assessment form as guidance during the interview but fill it in afterwards.
- Explain to them clearly what you will do following on from the interview and arrange a further meeting with them at a time and place that is convenient.

What may happen if we don’t assess appropriately:

- The child(ren) may receive no or inappropriate support: violation of their rights may continue if abuse, neglect and exploitation are not stopped.
- The child(ren) may resist or reject your support and the proposed plan, and may avoid any future

contact.

3. Assessment of a family who could potentially provide kinship care

The outcome – What are we looking for?

- The family is assessed for readiness and capacity to provide quality care and protection to a child or children from the extended family.

Key messages

- Families need to think carefully and be assessed carefully for their potential to provide quality care for a child(ren) from their extended family.

If you face a challenge or are unsure of your assessment, remember, discuss with your supervisor.

Best practice in assessing potential kinship carers

- Use the Family Assessment form – but as a guide only, not as a questionnaire with the family.
- Try to work with and involve all members of the family.
- Identify protective elements in the family and strengths on which to build (see section on resilience).
- Assure the family that support will be available (without promising what you cannot deliver!) if they are to take on the care of additional children.
- Suggest referring families to community support and social protection schemes where they exist.

Step by step guide

- Prepare for the home visit and, using the rules of confidentiality, collect information during a meeting of the CPG and with authorities (village leader or social worker) with regards to the situation of the prospective family.
- Meet with the potential carers and also with other family members (children, other relatives) sharing the household.
- Consider the relationships within the family and discuss the both the physical and psychological space they can make for the child, what they know about the child and how they would handle problems.
- The assessment may need to be carried out using several home visits to the family and in separate interviews with children when this is age appropriate.
- Identify aspects for concern (is there any sign of abuse, lack of ability to raise children, lack of understanding about the needs of the child, especially when the child to be placed has to overcome previous abuse, loss or trauma?).
- Prepare a report and present this to the CPG or others who are preparing the child for placement.

What may happen if we don't assess appropriately:

- We may place children in situations in which they will be abused or exploited.
- The family will resist support and supervision offered because of a lack of trust in the CPG and/or volunteer, and children will suffer.

C. PREPARATION

4. Preparing the family

The outcome – What are we looking for?

- The family understands how to create space and welcome the child, maximizing the potential for the child being able to settle well and fit in with the culture of the family whilst retaining his or her individuality.

Key message

- Preparing both the child and the kinship care family is critical for the success of a kinship care arrangement.

If you are unsure as to how to best prepare the family, remember to discuss with your supervisor.

Best practice in preparing the family

- The type of preparation required will depend on the family, how it functions and the culture, norms and values that the family holds as well as whether they see the child from their extended family as being their responsibility or an imposition.
- It will be important to involve all members of the family in the preparation, to listen to concerns and to make every effort to address those concerns.
- It will also depend on the relationship that exists between the family and the child(ren).
- Consider the economic and other strengths of the family – what can be built on and in what areas, will the family need support?
- Build on existing strengths within the family, highlighting those and encouraging the family to build on those strengths.
- Note that if a family is reluctant to take in a child(ren) and if there are too many obstacles, it may be better to consider an alternative arrangement for the child(ren).

Step by step guide

- Meet with the family and as many members of the family as possible. It will be important to meet with key members of the family and with all the children, individually if possible, in order to hear any concerns they may have about a new child or children entering the family.
- Explain the proposed plan to the family, and enable the family to meet the child before the placement is made, listen to and address concerns.
- Identify what expectations the new family will have of the child(ren) who are joining the family.
- Identify where the new child will sleep, what he or she can bring with him/her, what arrangements will be made for him or her to go to school, and what expectations there will be of the child in relation to household chores and any other important tasks.
- Take the views of both the adults and the children into account at all stages of the process.
- Allow the family, as far as it is possible, to take their time in making the decision but support them to avoid procrastinating, especially where a child continues to be at risk as a result of inadequate care.
- Try to put the relevant supports (psycho-social, income generation, health and, for example, the arrangement of a place at the local school) in place before the child joins the family.

What may happen if we don't prepare the family adequately:

- Resentments and discriminatory attitudes can build up within the relationship between the child and the family.
- The placement of the child can be put in jeopardy.

D. WORKING WITH EXISTING KINSHIP CARE ARRANGEMENTS

5. Assessment of existing kinship care family

The outcome – What are we looking for?

- The situation and any concerns are identified for the whole family as well as for each and every child in the family.
- As a result of a thorough assessment, the areas in which the family requires support and/or supervision are identified.

Best practice in family assessment

- Carry out the assessment with the whole family as well as assessing the situation for each child.
- Build up a relationship of trust with all members of the family.
- Use the Family Assessment Form but don't try to complete the form WITH the family. Bear in mind that it might take a few visits to be able to understand the whole situation.
- Respond to immediate needs wherever possible.
- Consider behavioural problems arising from separation and loss and how those are responded to by the new family.
- Consider what the child within a kinship care arrangement has lost, when the loss happened and what stage the child may be at in coming to terms with his or her grief and loss.
- Consider the diamond of support (see page 11). Which quarter does a family fit into? Children may be most at risk in the section that resists support. The challenge is how to get access to and cooperation from the family in order to be able to ensure that the child is protected.

Step by step guide

- On receiving a referral, the CPG members should meet and decide on who is best placed to visit the family and carry out an assessment of the situation.
- Prepare for the visit and decide on the venue (home of caregivers, community centre or similar?).
- Carry out an assessment during one or more meetings with the family. One of the meetings should take place at the home of the caregivers in order to understand and assess the environment into which the child will be brought.
- Talk to children older than age 10 or so separately. They should be able to express their views.
- Younger children may have difficulty in articulating their views and needs but you should nevertheless see them, either in the presence of adults the child trusts or in a safe environment such as in a children's club.
- The family should be assessed as a whole, although particular issues with individual children should be noted.
- Identify those in the community who may have a relationship with the family and talk to them while following the rules of confidentiality (explain to the informant your expectations with regards to the information you share; how you will use and keep the information). This is particularly important when there are serious concerns or when you need to triangulate your own assessment.
- Fill in the form.
- Share the findings of the assessment with the CPG (consider who NEEDS to know and therefore which members of the CPG should be part of the discussion).

What may happen if we don't carry out a quality assessment:

- We either provide inappropriate support or fail to provide support at all when it is needed.
- We don't identify protection concerns in the family and the child continues to be at risk.

E. CARE PLANNING

6. Care planning with families

The outcome – What are we looking for?

- Expectations are clear in relation to the three “w’s” i.e. WHO is expected to do WHAT and WHEN to support the children and the family.

Key messages

- Bringing all key persons together for discussion and reflection on the situation, and to make recommendations that are in the best interests of the child, is an important step in the process of addressing the needs of the child and family.

If you face a challenge, involve your supervisor.

Best practice in care planning

- All the significant persons in a child’s life should be involved. Where possible, the biological parents should be in attendance, especially if their intention is to leave the child(ren) with kinship carers. This is an opportunity to a) clarify their expectations and the expectations of the family and b) to determine how the biological parents can stay in touch with both the children and the family.
- Developing a care plan involves reaching agreement and writing down of the goals and next steps for a child and family.
- The care plan should be based on the family assessment and on the discussions held with children, parents, and other relevant stakeholders. Those from the community involved in supporting the family may be invited to the care planning meeting if caregivers and child(ren) approve this.
- The care plan should outline what is needed, who will meet those needs, what the follow up should be and the appropriate time frame for each action.
- Immediate and longer term goals should be identified.
- Care planning meetings should be held regularly (ideally every six months) and reviewed by all those involved in the plan.
- The care planning meeting should be held in a location in which the children and the family feel comfortable or where the level of authority attributed to a particular location is useful for the purposes of making decisions that are in the best interests of the child.
- Siblings should be kept together in the same placement, unless it is clearly not in their best interests.³
- A case manager (usually the volunteer or a member of the CPG in Myanmar) should be appointed during the care planning meeting to coordinate the support available and being offered to the family.
- Clear agreements should be made about the need for supervision (rather than simply support) and how and by whom this is done.

³ United Nations (2009) *Guidelines for the Alternative Care of Children*, United Nations.

Step by step guide

- Discuss with the family as to who should attend the care planning meeting.
- Send out/get invitations and information on the time and venue to all those invited to attend.
- Identify a chairperson or someone to facilitate the discussions.
- Explain the purpose of the meeting and the reason for meeting.
- Explain that, with the family's permission and agreement, you are working with the CPG to strengthen the family and, where possible and appropriate, the network around them. Explain that if goals are set in the meeting, the intention would be to continue to support the family until the goals are reached.
- Take notes of decisions – the WHAT (what is to be done), the WHO (by whom) and WHEN (the timeframe).
- Discuss and decide on who will coordinate the support (i.e. the case manager, volunteer, CPG member).
- Ensure everyone gets a chance to speak and that the views of the children are sought and respected.
- Wrap up the meeting with a review of the decisions taken and decide when to meet again for a follow up review of the care plan.
- Ensure that copies of the record of the meeting go to all participants and the care plan is sent to the family and to the child (depending on his or her maturity), and kept in a safe place with the case manager.

What may happen if we don't carry out quality care planning:

- Expectations of all parties may be unclear and conflict and tension can arise as a result.
- The needs of the child(ren) may not be met.
- Those involved in the care and protection of the child(ren) might provide that care in a way that contradicts what another is offering.

F. FOLLOW-UP SUPPORT

7. Referring families / mobilizing community support

The outcome – What are we looking for?

- Families feel part of the community, are supported by the community and are receiving the support that they require from different services.

Best practice in making referrals and mobilizing community support

- One focus should be on the needs of the carers.
- The other focus should be on the needs of the children.
- Confidentiality should be maintained and the information shared only with people who NEED to KNOW in order to be able to provide a service that is appropriate for the children and their families.

Step by step guide

- Based on what is agreed in the care plan, make referrals to other stakeholders (livelihood support, social protection schemes, health and education and other service providers).
- During ongoing support visits (see Guidance Section G) review whether the level and type of support is appropriate and adequate to meet the needs of the children and the family.
- Create awareness in the community that all families need to share problems, seek and offer mutual support.
- Mobilise the community through meetings in the community centre and discuss the importance of caring for each other's children and the important task carried out by kinship carers when parents are not available.
- Consider the use of posters, educational theatre and appropriate video shows to sensitize everyone and prevent discrimination and stigma.

What may happen when we don't make referrals/mobilise communities:

- The needs of the children and the families are not met, making the family more vulnerable to breakdown.
- Families and children are isolated and at risk of being stigmatized and discriminated against in the community.

G. PROVIDING ONGOING SUPPORT

8. Providing ongoing support
The outcome – What are we looking for?
<ul style="list-style-type: none">• A family that functions well, with all members committed to making the kinship care arrangement work.
Key messages
<ul style="list-style-type: none">• Regular support may need to be offered to families to prevent the breakdown of kinship care and respond to issues that arise.• Your support to the family should be discussed regularly with your supervisor. <i>If you face a challenge, involve your supervisor.</i>
Best practice in supporting kinship care families
<ul style="list-style-type: none">• The frequency of visits should be agreed at the care planning stage.• Consideration should be given to whether it would be best to have a man or a woman visit the family. Visits to female-headed households should be carried out by a female volunteer.• The community volunteer or CPG member should visit regularly and at a time that is convenient for the family.• One volunteer (not multiple) or CPG member should visit and build up a good and trusting relationship with the family.• Offer practical guidance on positive parenting/positive discipline.• The dates of the visits should be recorded (in the Home Visit form) and a brief description of the discussion held with the family, decisions taken and any change in plan recorded.• Take a supportive approach as far as possible, avoid making judgments and having the family feel “monitored and supervised”. There may, however, be times when concerns for the children are such that a degree of supervision is required.
Step by step guide
<ul style="list-style-type: none">• Agree on the frequency of visits at the care planning meeting and who will visit the family.• The volunteer or CPG member should visit regularly and build up a relationship of trust.• The volunteer or CPG member should make a point of talking to all the children and adults in the family.• Dates and the outcomes of visits should be recorded on the home visit form. The information written on the forms should be shared with the family. The form, however, should be kept in a safe and confidential place alongside other forms and information being kept on the family.• In cases of concern the volunteer or CPG member should discuss those concerns with the social worker who is providing technical support to this case, who can help decide what should happen. Making decisions about what should happen may not be taken by the volunteer alone; this should be discussed in the CPG and/or with the social worker providing support to this case.• CPG to organize parents and children’s clubs where they can discuss their experiences with peers; where parenting skills training for parents can happen; and where resilience-building for children can be provided.

What may happen when we don't provide quality, on-going support:

- The children do not have the opportunity to raise concerns and, as a result, problems may arise, continue and eventually lead to placement breakdown.
- The carer does not have the opportunity to raise and discuss issues and problems that he or she has with anyone who particularly has the responsibility to support the family.
- Advice is not available or forthcoming for carers to understand more about child development and positive parenting practices.
- Children could face on-going abuse and exploitation.

H. CASE CLOSURE**9. Ending the support / closure****The outcome – What are we looking for?**

- Children are protected legally, feel cared for, safe and supported in the family and within the community.

Best practice in ending support

- The decision to close a case should ideally be taken at a care planning meeting and in discussion with your supervisor (local social worker), where one exists.
- The case should be officially closed in a meeting of the CPG and with the involved authorities/social workers and relevant service providers.
- Case closure is recorded in the files of the case manager and stored safely.

Step by step guide

- Make an appointment with the child(ren) and the family for a case closure meeting at which the participants in the Care Planning meetings should be present.
- Meet with the family and celebrate successes and achievement of the goals that were set.
- Ensure that children and families know that they can always call on the CPG members if they face any problem in the future.
- Record the case closure during a meeting of the CPG.
- Meet with and inform the relevant service providers of the family to discuss their ongoing support to the family or record the closure of the case when their ongoing support is no longer needed.
- In case of a case closure meeting because the child is turning 18 (or 16 in Myanmar), and thus no longer a child, agree on follow up support of the family and the community.
- Fill in case closure section at the bottom of the Care Planning form and ensure that this is shared with the relevant monitoring bodies and Save the Children.

What may happen when we don't close cases appropriately:

- There is lack of clarity about the support provided to families. Families may expect support where that is no longer needed and volunteers become too busy with families that no longer need support to be able to take on new cases.
- Families become dependent on our support in a way that is not helpful.
- Our monitoring data is inaccurate (records show us as working with more children and families than is actually the case).