



Kinship care in Ghana: Exploring the scope, benefits and challenges

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Family
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Challenging Heights

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1. Introduction and background

1.1 Background

The family provides the best environment to nurture children, with birth parents or kin. State intervention is regarded as the last resort when kin fails (Esposito, Trocmé, Chabot, Collin-Vézina, Shlonsky and Sinha 2014), yet numerous families are failing, necessitating the need for state interference through legal frameworks, organisations, and guidelines (Manful and Cudjoe 2018). Generally, state interventions in child care and well-being have gained wide acceptance with the promulgation of international frameworks such as the Convention on the Rights of the Child, the European Convention on the Exercise of Children's Rights, and the African Charter on the Rights of the Child. Arguably, while the state acts with the good intentions of providing a better life for children, it is nonetheless limited in respect of the number of children it can reach and support (Manful and Cudjoe 2018). This is much more profoundly the case in developing countries where state resources are scarce; thus fostering – especially kinship fostering – still represents a significant aspect of social support for better outcomes for children who cannot receive parental care from their biological parent.

The literature on fostering reveals two forms, namely kinship and non-kinship foster care. Kinship foster care entails the placement of a child or children with a blood relative, while non-kinship foster care involves the placement of a child or children with a non-blood relative (Kuyini, Alhassan, Tollerud, Weld and Haruna 2009). This may or may not involve the participation of welfare workers, especially in developing countries where it is common for kinship care arrangements to be established without formal support or intervention from the state. As Scannapieco, Hegar and McAlpine (1997, p.480) note, kinship foster care represents the “out-of-home placement with relatives of children who are in the custody of the state and local child welfare agencies”. This definition highlights the role of the state and child welfare agencies in the issues of fostering in industrialised countries (Kuyini et al. 2009) and does not entirely reflect kinship care arrangements in Ghana.

Largely, most industrialised societies have instituted laws that underpin state and welfare service involvement in the practice of fostering. These laws distinctively outline practice standards and specify

protocols and criteria underpinning the selection of foster carers, as well as clarifying the roles and responsibilities of carers and welfare workers. This is however not the case in Ghana where universal child rights and protections laws have emerged as recent phenomena amidst the traditional foster care practice of placing children with kin, with little or no welfare worker consultation (Kuyini et al. 2009). This study accordingly delves into the current state of kinship care (traditional foster care) in Ghana, focusing primarily on the Central Region.

1.2 Kinship care in Ghana

Traditional Ghanaian families have largely thrived on informal relationships over the years. Extended family members and other relatives perform duties akin to those performed by voluntary and philanthropic organisations (Nukunya 2016). They offer emotional and moral support to relatives in times of troubles such as accidents, bereavements, court cases, financial crises and sickness (Ansah-Koi 2006). The support provided by relatives in such situations is instrumental to the coping mechanisms of Ghanaians. This kind of support is crucial within the Ghanaian context, regardless of the individual's social status (literate or illiterate, rich or poor). Indeed, the consistency of this support thrives on the principle of reciprocity (Nukunya 2016), which is primarily, but not exclusively, seen within the context of the extended family.

Not surprisingly, the traditional Ghanaian housing unit (from the period of colonialism to the early years of independence) was characterised by the dominance of the extended family system (Addai-Sundiata 1995; Nukunya 2016). Within Anlo or Ewe societies, where virilocal residence was emphasised, men build their houses close to their father's in order to sustain constant interaction with other members within the extended family. Moreover, Nukunya (2016) argues that, even after marriage, couples tend not to move away from their kin. They continue living with members of the extended family. For instance, within the Ashanti matrilineal system, the husband and wife continue to live among their own kin after marriage (Nukunya 2016).

Consequently, caring for children born to a couple becomes the collective responsibility of extended family

members (Twum-Danso Imoh 2012; Nukunya 2016). Fundamentally, the responsibility to train children in accepted modes of behaviour in societies does not exclusively rest with the children's biological parents. The collective responsibility of care among biological parents and household members commences immediately after a child is born (Manful and Cudjoe 2018). Nukunya (2016, p.49) summarises the shared responsibility this way: "When the mother's milk is not sufficient, another woman could breast feed the child. When the mother is not around as the baby cries, another woman cools it down with her breast." This provision guarantees stability and continuity in care for the child right from infancy. Members of the family are always present to perform socialising roles for the biological parents. Even though the child's relationship with members of the extended family is informal, occasionally relatives who have close ties with a child formally assume full responsibility for him or her in the form of fostering (Twum-Danso Imoh 2012). This form of traditional care is accessible to orphaned children as well (Ansah-Koi 2006).

Among the Dagomba ethnic group of northern Ghana, children are given out to their uncles or aunties and even distant cousins to nurture them as part of their own families (Kuyini et al. 2009). The philosophy that informs this practice is ingrained in people's conceptions of family, child rearing and responsibility (Kuyini et al. 2009). Specifically, the concept of the family in northern Ghana is underpinned by the notion that the family includes all close and distant relatives, which plainly differs from the contemporary Western conception of the family (the nuclear family). The Dagomba and other northern ethnic groups hold that a child is a gift from God and it is the responsibility of all members of the family to bring up the child (Kuyini et al. 2009). Accordingly, in order to guarantee the sustenance of the links between the ever-growing branches of the family tree, children are frequently given out to other relations for them not only to care for the children, but to bring them up as part of their immediate family. Significantly, these placements are typically for life, and decisions in respect of such placements are mostly taken after consultations are made between the family-head and other elders/well-placed members of the family.

Nonetheless, kinship ties appear to be waning in the wake of modernisation (Nukunya 2016) with possible consequences for the scope and nature of kinship care in contemporary times. While various studies (Balsells, Pastor, Mateos, Vaquero and Urrea 2015;

Kuyini et al. 2009) have shown that among children the preference for kinship care far outweighs that of residential care, studies have not adequately explored the contemporary scope of kinship care in Ghana. For instance, while placement with kin may represent a viable option for children who cannot live and grow under the care of their biological parent, some children placed with kin experience physical and emotional abuse (Kuyini et al. 2009). Moreover, the significance of informal support in kinship care, generally described as informal networks – family members, neighbours, friends, or religious group members – (Taylor, Chatters, Woodward and Brown 2013) is largely unknown within Ghanaian literature even though Manful and Cudjoe (2018) have noted that these support systems exist in urban areas. This is a critical gap that requires further exploration given the waning of kinship ties, according to Nukunya (2016). Additionally, the reasons for kinship placements and the processes for arriving at specific placement decisions vary from context to context (Kuyini et al. 2009), especially within the local context of urban, peri-urban and rural areas. Accordingly, there is an imminent need to explore the current nature and scope of kinship care within Ghana. Given these gaps, this research was guided by three research questions.

1.3 Research questions

1. How is kinship care used locally?

This question explored the nature of kinship care in Ghana (definition of kinship care, reasons for kinship care, trends within kinship care, decision makers in kinship care and types of kinship care). These specific aspects of kinship care are linked to other questions that the study sought to address, as, for instance, the type of kinship care may determine the nature of and quality of care for children in kinship care.

2. What are the benefits and challenges of kinship care?

This question explored the benefits of kinship care and the challenges that confront children in care and their carers. It sought to uncover the general conditions of well-being of children in kinship care (provision of basic needs such as food, clothing and shelter) and the hindrances that make kinship care unpleasant, or indeed highly problematic and dangerous, for carers and children. This is critical in the design of appropriate programmes and services for kinship carers and children in care. Additionally, establishing a general framework of basic needs for children in kinship care is significant for policy intervention.

3. What support is needed for kinship care to thrive?

This question is related to the previous question on the benefits and challenges of kinship care. Scientific data on the benefits and challenges of kinship care is necessary to consolidate best practices on the provision of support for children in kinship care. Additionally, this question sought to explore the necessary support required by kinship carers and children for children to thrive within kinship care.

2. Methodology and methods

2.1 Overall approach

This was an exploratory study that employed a qualitative research design to explore the nature of kinship care in selected communities in the Central Region of Ghana.

2.2 Sampling techniques

The study employed non-probability sampling methods, in particular, purposive and snowball sampling techniques, in recruiting study participants from the population. Given the study's focus on understanding the constructed realities of research participants, the researcher purposively selected study participants who had served as kinship carers for at least three (3) years and children (13–17 years old) under the care of kin. The sample also included social workers (government and non-governmental organisation (NGO) officers and district assembly members. In total, the study sampled 44 participants as presented in Table 2.1 below.

Participant group	Key characteristics to capture for analysis	Sample size
Key informants	Government officials, NGO officials; urban, rural	6
Kinship carers	Male, female; urban, rural; informal; long term	18
Children in kinship care	Male, female; urban, rural; informal; long term	20
Total		44

Two research sites were selected for the study, namely Senya Breku and Winneba. These sites were selected because of the specific cases of survivors of trafficking being placed in kinship care after their rescue. Accordingly, both communities were appropriate for this study.

2.3 Data collection methods

This study used four main methods of data collection: focus group discussions (FGDs), individual interviews (IIs), key informant interviews (KIIs) and a review of the national literature on kinship care.

Interviews and FGDs were conducted with the aid of semi-structured question guides. Questions were designed to explore the scope, benefits and challenges of kinship care, and recommendations for making it a positive experience for children and families in the sample communities. Face-to-face interview sessions were conducted at the homes of study participants, while FGDs were held at selected community centres. The process of data collection for FGDs was principally participatory and involved three separate but linked activities: a care journey exercise, body mapping and a support flower exercise. The interviews and FGDs were audio-taped, while notes were also taken by the research assistants.

2.4 Data analysis

Data was analysed by identifying recurring patterns (Merriam and Tisdell 2016) and identifying themes that derived from them. Interviews were conducted in Fante, which is the predominant local language of the study area. Audio-recorded discussions were transcribed verbatim by the researchers. Codes were double-checked and similar codes were allocated to familiar ideas and responses.

2.5 Ethical considerations

The research team was bound by the child protection policies of the Challenging Heights Hovde Shelter (CHHS) and Family for Every Child ethical protocol guiding this research. The research team was taken through the ethical protocol of the research, during the training and orientation preceding the data collection. During the training and orientation, data collection tools were assessed by each member of the research team for their appropriateness, while sensitive questions were recommended for review before the tools were actually used.

The research process was explained to the kinship carers and children who participated in the qualitative interviews and FGDs, with consent given by participants before the data collection process began. Participants were allowed to ask questions in order to clear any doubts and they were given the opportunity to opt out or request a rephrase of the questions if they felt uncomfortable.

2.6 Limitations

The main limitation of this study (as with all qualitative research) was that data was collected from a small sample of kinship carers, children and child welfare workers. Given the small sample size, the researchers do not in any way intend to generalise the findings of this study. Nonetheless, this does not affect the quality of data or the corresponding conclusions made in this study. This study aimed to provide a deeper understanding of the scope and nature of kinship care among coastal communities in the Central Region and did not represent an attempt to generally provide a broader picture of kinship care in Ghana.

3. Kinship care – what is it?

3.1 Kinship care in context: exploring the definition of kinship care in Ghana

Kinship care is primarily defined in Ghana to imply care of children by family members other than biological parents. For instance, Kuyini et al. (2009) employ the term ‘kinship foster care’ to denote the placement of children with blood relatives, and indicate that this practice is mostly referred to as ‘traditional kinship care’. Similarly, Frimpong-Manso (2014) utilises the term ‘kinship foster care’ to denote the customary practice of placing children with extended family members and other community networks, to provide care and protection for children whose parents are unable to provide this. Cultural practices such as Zuguliem (the practice among the Dagombas which required drummers to take their sisters’ and daughters’ children to rear and train them in their profession) made it possible for children from dysfunctional or poor families to receive parental care from kin for proper upbringing, for the purposes of schooling or learning a trade (Frimpong-Manso 2014).

Additionally, community members are also committed to the upbringing of children who are orphans through a clan system (Frimpong-Manso 2014). This form of kinship care is evident in rural areas or among communities whose members descended from the same clan. Thus, orphans receive parental care from childless members of their own clan. This typology of kinship care is rooted in communal beliefs since community members believe it “takes a village to raise a child” (Frimpong-Manso 2014). Consequently, in the event that a child cannot receive parental care from their biological parent, the community feel obliged to provide guardianship (Ansah-Koi 2006). Thus, this form

of kinship care is based on the values of reciprocity, altruism and the fear of reprisal from dead kin (Ansah-Koi 2006). Frimpong-Manso (2014) argues that this form of kinship care is relatively beneficial as it provides children with more than two adults who are concerned with their welfare.

Moreover, Nukunya (2016) discusses kinship care in relation to the significance of the extended family system in traditional Ghanaian societies. He indicates that children born to a couple become a shared responsibility of the extended family unit. Thus, it is very common to see children living with other family members who consider it their responsibility to provide care of this kind. This kinship care rooted in extended family relations is arranged informally by members of the extended family without the input of welfare workers (Frimpong-Manso 2014). This consequently means that such children are not regularly monitored by social welfare officers in Ghana. For the most part, the key objective of extended family kinship care is to ensure that the ever-growing branches of the extended family are kept intact (Kuyini et al. 2009).

Finally, kinship care is defined in Ghana as denoting ‘informality’ in respect of alternative modes of child rearing. Unlike formal foster care, which thrives on legal arrangements and is mainly prevalent in industrial countries (Kuyini et al. 2009), kinship care is not clearly addressed through a legal and policy framework in Ghana. Hickmann and Adams (2018) have observed that a system of notification of informal kinship care arrangements that come in contact with the formal system does not exist, making it impracticable to formally monitor children who are placed with relatives or clan members. This has been partly ascribed to the later development of universal child rights and protections laws in Ghana (Manful and Kujoe 2018), which are a recent phenomenon. Thus, kinship care is primarily informal and moderated by traditional and customary precepts.

4. Research findings

This section presents and discusses the research findings. It captures the local usage of kinship care among research participants, particularly focusing on the scope and characteristics of kinship carers and children. It also undertakes a significant exploration of the benefits and challenges of kinship carers from a multilevel perspective (carers, children and key informants). Additionally, this section entails an analysis and discussion of what is required to address the challenges identified by research participants. Analysis and discussion in this section is informed by the primary data as well as by secondary information gathered from previous research.

4.1 How kinship care is used locally

Understanding the nature and scope of kinship care in contemporary times is crucial to the design of interventions and the provision of services for kinship carers and children under kinship care. This study accordingly sought to understand how kinship care is utilised within the study setting. Themes arising out of the data are presented and discussed below.

4.1.1 Care by grandparents

More than half of the study participants agreed that grandparents make up the majority of kinship carers. Most of the participants indicated that parents occasionally send money to grandparents for the upkeep of their children. While study participants indicated that other forms of kinship care exist, such as care by family friends and other relatives, grandparent care dominated. The interview data revealed that this kinship care arrangement is mostly informal and does not include the inputs of social welfare workers. Research participants commented on the nature and scope of kinship care in their communities:

“The most prevalent type here is the grandparent carers. The children live with them for a long time, also depending on the health of the grandparent. Nonetheless, kinship care by family friends is also not rare but may occur if the relative is struggling to take care of the child.”

(District assembly member, KII)

“My father occasionally sends money for my upkeep, but my grandmother takes care of me mostly.”

(Elizabeth, FGD)

The above quotations were also corroborated by a social worker who focused mostly on the nature of a placement:

“It ranges from care by grandparents, uncles/aunties and family friends; however, the most common is care by grandparents and relatives. Kinship care is mostly informal and the Department of Social Welfare may intervene when family members approach us to do so. The number of years spent with the kinship carer may differ depending on the circumstances but it is mostly long term.”

(Social worker, KII)

The study probed further to ascertain the reason why grandparent care was preferred to other forms of kinship care. Research participants (child participants) mostly identified grandparents as caring and supportive:

“I was staying with my father and his wife, but my father’s wife maltreated me, so my maternal grandmother came for me.”

(Kwame, FGD)

“My grandmother wakes me up early for me to prepare for school, and she always give me money.”

(Elizabeth, FGD)

A child participant expressed optimism about the nature of care provided by his grandmother:

“My grandmother takes care of me and I am very happy staying with her because I was not happy with my father’s wife when I stayed with them.”

(Kwame, FGD)

This statement indicates the potential of grandparents in caring for children who may lack parental care. Thus, while the elderly may sometimes be viewed as weak and vulnerable, they nonetheless provide essential care for children whose biological parents may not be available to provide care. In fact, kinship care is predominantly long-term, with children living with their carers until they grow up (mostly after they complete school or graduate from apprenticeship).

4.1.2 Care by extended family members

Many of the research participants shared the view that there are a significant number of extended family members who provide care for children of their relatives. Kinship care by other extended family members was provided by children's uncles, aunts and siblings. Research participants indicated that care by other extended family members is most common among those caring for orphans. Research participants had this to say when they were asked to comment on care by extended family members:

"As I have said earlier, the aunts and uncles dominate as kinship carers. This is mostly the case when either or all the biological parents are deceased. Mostly the family will place the children with their aunts until children become adults."

(Kinship carer, KII)

"I see more aunts or uncles taking care of the children as kinship carers. Others may also include grandparents' care but the uncles and auntie model dominates. This has been the case for the past twenty years I have stayed here."

(Kinship carer, KII)

While this typology of kinship care is primarily dominated by orphans, some of the children whose parents are still alive lived with other extended family members. The following quotes capture the opinion of the research participants:

"My mother sends money for my upkeep, and my auntie will use it for my upkeep."

(Moses, FGD)

"My sister is responsible for taking care of me after my father asked me to leave my uncle's house to stay with my elder sister."

(Doris, FGD)

Thus, although the study discovered that grandparent care was typically the norm, care by other extended family members was also prevalent. Particularly, care by uncles and aunts was identified as persisting. This observation is corroborated by Kuyini et al. (2009) in their study of foster kinship care in northern Ghana.

4.2 Current trends in kinship care

This section of the study sought to ascertain whether the scope of kinship care has changed over the years. Utilising a timeline, study participants were asked to assess changes that have taken place within kinship care. Furthermore, research participants were required to indicate whether kinship care predominantly lasted on a long-term basis or a short-term basis. The following themes emerged from the data.

4.2.1 Significant changes to kinship care

A majority of the research participants reported during the FGDs that kinship care has experienced significant changes in the past twenty years. Research participants cited several reasons to support their assertion, including: an increase in the phenomenon of kinship caring, the emergence of family friends as carers and the intervention of NGOs. FGD participants had this to say in respect of the changes:

"I don't believe it has reduced over the last fifty years or twenty years, I rather believe it is increasing because there are diverse reasons why children may be given to friends or relatives. Some include schooling, apprenticeship and domestic support."

(Awo, FGD)

"I will say it is increasing the more as compared to the past twenty years because there are no jobs here and most of the parents are travelling outside to other places in search of work and this has led to most children living with their grandparents."

(Emmanuel, FGD)

Other research participants identified the changes in kinship carers, as they reported that children are now living with carers who are not their relatives. Some of the research participants indicated that:

"Well, in the past fifty years I will say that family members or relatives were solely responsible for taking care of children in care but this has changed a bit. Now children are given to friends to stay with."

(Isaac, FGD)

“I also believe what has changed in the past twenty years is that more and more children are moving to stay with persons who are not their relatives so as to help them with their domestic chores and sometime in their businesses.”

(Kofi, FGD)

Another research participant was particularly interested in the intervention of NGOs in the past twenty years, as this was not the case previously. He indicated that:

“The change we are experiencing currently as compared to twenty years ago is the work of NGOs working in this community. Since Challenging started working here, we have seen many children coming back from Yeji after living and working with fishermen to stay with their relatives or family friends who accept to take care of them.”

(Rashad, FGD)

While study participants reported significant changes to the scope of kinship care in the last twenty years, there are multiple different types of change. For instance, kinship care is increasing because of the need for schooling and apprenticeship which are not readily available in most rural areas because of the lack of facilities. Consequently, children may be placed with kin or non-relatives in the cities or towns primarily because of apprenticeship and schooling, while biological parent/s’ decision to travel to other towns and cities for work may lead to the placement of children with kin. Another interesting trend is the activities of NGOs which has led to the placement of formerly trafficked children with relatives or family friends. This implies that the scope of kinship care is currently broad and may not (in this present time) represent the traditional understanding of placing a child with a relative. In fact, the study found that economic factors were the most profound explanation accounting for these changes.

4.2.2 No significant changes

While the majority of the study participants identified changes in the scope of kinship care in the last twenty years, a few indicated that there have been ‘no significant changes’. One of the participants in this category indicated that kinship care is still dominated by relative carers. This view is exemplified in the quotation below:

“I cannot give the numbers but I know children are still entrusted into the care of relatives as was the case fifty years ago.”

(Abena, FGD)

Another participant corroborated this view by indicating that the scope of kinship care looks exactly the same as it did twenty years ago. This was what he had to say during the FGD:

“Well, I don’t see significant changes now as it was some fifty or twenty years back. Personally, I had to live with three different families while I was growing up. Children are given out to both kin and family friends but I will say care by kin is very likely than by family friends.”

(Joe, FGD)

This presents a stark contrast because although most people agreed that kinship care has changed (at least) in the past twenty years, the statements from these participants disagreed ultimately. Nonetheless, it should be noted that study participants who could not identify any significant changes in the scope of kinship care may have lived in households where kinship caring is a norm. For instance, among the Dagombas of northern Ghana, kinship care represents one of the major forms of child rearing (Frimpong-Manso 2014).

4.3 Decisions on the placement of children

The decision-making procedure in kinship care is crucial to the type of experience children could have under the care of their respective carers. While evidence (Scannapieco et al. 1997; Kuyini et al. 2009) exists to suggest that the state and the welfare services are significantly involved in foster kinship care in industrialised societies, the same cannot be said of developing countries, as clearly indicated by Hickmann and Adams (2018). Needless to say, the ensuing contrast in respect of placement decisions presents different outcomes for kinship carers and children. Accordingly, this study sought to ascertain the decision-making procedure for placement of children with kin.

4.3.1 Decision made by biological parents

More than half of study participants identified biological parents as the major decision makers in the placement of children with other relatives or family friends. The decision by a child's biological parent is mostly taken in consultation with other key members of the extended family such as the grandparents. Child participants indicated how their parents arrived at a decision to place them with a relative:

"My mother decided that I should stay with my grandmother since she is not in Winneba. She asked me never to go to my father because they are divorced. I am happy with [my] grandmother because she takes care of me."

(Kojo, FGD)

"My father made the decision to bring me to Winneba. I am staying with my grandmother, and I am very happy because I am going to school."

(Elizabeth, FGD)

Another child recounted how his father decided in consultation with his aunt to transport him from Yeji to Winneba:

"The decision was made by my father and his sister. I am staying with my father's sister now and it is very helpful. My father's sister asked Challenging Heights to bring me from Yeji."

(Emmanuel, FGD)

It is quite evident from the above statements that at least two individuals are responsible for deciding where a child can be placed. This is indicative of the consultative nature of decision making in respect of child placement. Largely, the biological parents of the children were responsible for the placement of the children in consultation with other family members.

4.3.2 Decision made by children and non-governmental organisations

A significant number of the study participants identified children and NGOs as key decision makers in the placement of children with kin. This is mostly the case when children are abused or trafficked. In this case, the NGOs mostly work in collaboration with the children to identify a carer or a home that will serve the best possible interest of the child. Research participants provided further explanations:

"When I was rescued from the lake by Challenging Heights, I was asked where I would like to stay and I said I would prefer my grandmother."

(Kofi, FGD)

"When we came back from Yeji, I opted to stay with my grandmother. She takes care of me very well because when we were in Yeji we were not eating well. But my grandmother gives me food to eat."

(Solomon, FGD)

It appears from the responses given that a decision that seeks the best interest of the child normally provides the child with the best possible care experience. Additionally, this study discovered that NGO intervention mostly leads to the introduction of a formal system of monitoring. Children under care arrangements that involve the services of NGOs consequently receive periodic monitoring visits from community engagement officers in school and at home. This helps to minimise the risks that may be associated with kinship care.

4.3.3 Decision made by extended family members

While a majority of the study participants (children, kinship carers and officials) ascribed child placement decisions to biological parents, NGOs and children, external family members were equally identified as significant decision makers in the placement of children with relatives or family friends. Mostly, when children are not given proper care, other extended family members may feel duty-bound to salvage the situation. This is a very common practice, as revealed by adult research participants:

"As I have said earlier, the nature of the extended family system itself makes room for other relatives to express their interest in taking children who may not be under proper care. So uncles or aunts may ask to take care of a relative's child and there is generally no hesitation to that."

(Social worker, KII)

"The decisions are made within families: my sister asked me to take care of her children because of her travels as a trader so I have been taking care of them. No specific challenges have risen, and I take care of them like my biological children and they are all doing well."

(Kinship carer, KII)

Although this view received the least affirmation among study participants (children, kinship carers and officials) during the study, it nonetheless represents a fundamental traditional route by which kinship care is practiced. This finding corroborates previous observations made by other studies (Twum-Danso Imoh 2012; Nukunya 2016; Manful and Cudjoe 2018). Within Ghanaian societies, the primary responsibility to socialise a child does not remain the exclusive duty of the child's biological parent. Kinship carers are glad to provide parental care for children whose biological parents may not be in a position to do so.

4.4 Rationale for kinship care

Knowledge of the factors that influence the placement of children with relatives and family friends is crucial to the design of appropriate interventions and the formulation of policies to address child vulnerability. Accordingly, this study among other things sought to ascertain the reasons that motivated biological parents and other family members to place their children with other relatives and family friends for parental care. Five major themes (poverty, responsible parental care, migration of biological parent/s, schooling and training, and parental separation) emerged out of the data.

4.4.1 Schooling and training

The majority of the study participants indicated that schooling and the proper training of children are the main reasons that necessitate kinship care. Some study participants indicated that they feel that some parents possess what these participants perceive to be good parenting skills and are better able to nurture and care for children. Additionally, others said that kinship care can provide improved access to and quality of schooling and apprenticeship programmes as good schools and apprenticeship opportunities are not available in poor and isolated rural areas. These kinship care arrangements can vary greatly in their longevity, depending on the circumstance and purpose of the placement. The views of some study participants are captured in the following quotes:

“Children may also be entrusted into the hands of a relative or family for proper training. There are some parents who are very good at training their children so a relative or family friend may settle a child with the said parent for a while. This is mostly not permanent, and the child may return after completing Junior High School (JHS) or Senior High School (SHS).”

(Joe, FGD)

“In Yeji, there were no good schools in the village where I lived with my father so I was not going to school. So my father's sister asked Challenging Heights to bring me back to Winneba so that I can stay with her and attend school.”

(Emmanuel, FGD)

In the case of schooling and training, the lack of requisite facilities (for example, schools) that can help in the socialisation of the child into a well-educated individual with strong future opportunities was paramount. In such circumstances, kinship care remains the most viable option. A carer explained that:

“The other reason is that most children live in communities which are deprived and lack basic amenities such as good schools. So relatives may take these children to towns and cities where they can have access to better education.”

(Awo, FGD)

Moreover, extended family members usually accept responsibility for the care of children when conditions within the child's home are not safe. In some instances, children living with their biological parent/s may be subjected to abuse and deprivation of some of the basic necessities of life (food, clothing and shelter). Accordingly, extended family members may intervene to salvage the situation. This was revealed by study participants:

“Well, sometimes a family member could walk to the house of a relative and when he/she realises that a child is not well catered for, the family member may take responsibility for that vulnerable child.”

(Mary, FGD)

“When a child is in distress: for instance I was very sad when I was in Yeji because I could not go to school and I was working always so my mother's senior sister requested to stay with me.”

(Moses, FGD)

While extended family beliefs require other relatives to assume responsibility for the children of their kin (Nukunya 2016), this study has shown that there are important triggers that may well influence an extended family member to accept responsibility for a child who may not be receiving proper care; these are explored below.

4.4.2 Migration of biological parent/s

Migration of biological parents into the cities and towns in search of better work opportunities featured prominently among the reasons influencing extended family members and other relatives to take up the parental responsibilities of their relatives who had migrated. A significant number of the study participants said that the reason for kinship care was the migration of biological parents. Mostly, prevailing conditions within the cities and towns do not permit migrant parents to travel with their children. Consequently, children are placed with extended family relatives for care.

“Most of the children don’t have their parents living in this community. Their parents have gone to the cities to work so they normally leave the children in the care of their grandparents. So predominantly, grandparents normally assume the responsibility of taking care of their grandchildren because the biological parents of the children have travelled.”

(District assembly member, KII)

“The issue of children staying with relatives or family friends has to do with migration of the parents to seek greener pastures. In this community, the economy is very weak, so parents often travel to Yeji and other places in Ghana for work and they have to leave their children with relatives and sometimes friends who opt to take care of them. However, most of these children are not well catered for.”

(Emmanuel, FGD)

A study participant emphasised the dangers of the city life and how it is not a viable option for migrant parents to take their children along. She noted categorically that:

“Yes, I have my sister’s children living with me and some of my nephews and nieces live with their aunties as well, because their parents live and work in the cities and towns, and they cannot take them along because of the dangers of the city life.”

(Kinship carer, KII)

The above statement was reinforced by a carer who has taken responsibility for the care of her grandchild since her daughter left for the city:

“I live with my grandchild; my daughter had to entrust the child into my care because she lives and works in Makola Market and the place is not safe to keep the child, so I decided to take responsibility of the child.”

(Afua, FGD)

As evident from the ensuing discussions, migration had triggered several incidences of kinship care. While some of the migrant parents occasionally sent remittances home for the upkeep of their children, others were not consistently doing so. While growing up under the supervision of one’s biological parent/s remains the ideal situation (Manful and Cudjoe 2018), the difficulty of securing a safer place for accommodation remains a challenge for migrant parents. This study discovered that most of the migrant parents sleep on the streets or in temporary structures or dormitories that may not support the safe upbringing of their children.

4.4.3 Poor parental care

A significant number of the study participants identified poor parental care as a major driver of kinship care. Study participants summarised poor parental care as: child abuse, lack of basic needs and poor home environment. These are paramount and influence the decision of other extended family relatives to take responsibility for caring for the children of their relatives. Adult participants indicated that:

“Children may be given to others to cater for them because of poverty. Children are mostly given to other relatives who may be in a good position to cater for them because their biological parents are financially handicapped.”

(Queen mother, KII)

“I was staying with my father and his wife, but my father’s wife maltreated me, so my maternal grandmother came for me.”

(Kwame, FGD)

During the FGDs, a child participant cited the conditions of the home as an indicator for poor parental care:

“I was staying with my uncle initially but the conditions at my uncle’s house [were] not good, so my father asked me to come to Winneba and stay with my sister.”

(Doris, FGD)

Even though traditional practices of reciprocity remain instrumental to the thriving of kinship care, the statements above are indicative of how the empathetic feelings of other extended family members trigger their decision to assume responsibility for a child who lacks responsible parental care. In particular, poor conditions at home, such as the space for children to comfortably

grow, may trigger extended family members to offer to provide care.

4.4.4 Child trafficking and survivor reintegration

Additionally, the reintegration of child survivors by NGOs registered as one of the reasons for the provision of kinship care. As has been revealed earlier in this study, NGOs (such as Challenging Heights) play important roles in the decision to place children with extended family relatives or other family friends. This is usually the case when a trafficked child is rescued from a destination community and reintegrated into a source community; they are mostly placed under the care of an extended family member or a family friend where adequate evidence exists to suggest that the child survivor will be safe. A number of these incidences were reported by study participants:

“When Challenging Heights brought me back from Yeji, I was sent to my sister to stay with her. I was told I will be taken to my sister and I agreed because my parents are on the lake (Yeji).”

(Blessing, FGD)

“Children who are rescued from Yeji, for instance, prefer to live with their grandparents or other relatives when they return because they don’t want to be taken back to the lake.”

(Mary, FGD)

In some cases, some of the children have both parents residing in communities along the bank of the Volta Lake. Accordingly, social workers with Challenging Heights would help to facilitate the process of securing a suitable home for the child. This was described by Kwesi:

“When I was brought from Yeji, where I lived with my father, my mother decided that I move to stay with my grandmother.”

(Kwesi, FGD)

The reintegration of child survivors represents a primary route through which kinship care relationships are built. While this may not necessarily be the case everywhere, the study found this to be prevalent within the research site where these children were living. This is because of the endemic nature of child trafficking within the study areas (PDA 2016). Thus, while kinship care is generally informally provided in Ghana, the prevalence of child trafficking and its attendant interventions by NGOs have brought some degree of formality to bear on

kinship care decisions and the monitoring of children placed under the care of kin.

4.4.5 Parental separation

Study participants also indicated that separation between couples and divorce was also responsible for the placement of children with kin. In particular, most fathers fail to assume responsibility for their children after divorce because the matrilineal system of inheritance renders children born to couples in a union to be the ‘traditional properties’ of the woman. Most men therefore shirk their child care responsibilities once they separate or divorce. Accordingly, children may be forced to live with maternal relatives and family friends since their biological mother may not possess the capacity to provide proper parental care because of the lack of financial support from the father. Study participants noted during the FGDs that:

“What I see mostly in this community is the issue of separation between the father and mother of the child. When both biological parents of the child separate, mostly the fathers neglect their responsibilities so the women have no other option than to give some of the children out to other relatives to relieve them of the financial burden as a single parent.”

(Nenyi, FGD)

“My mother and father have divorced: that is why I am staying with my grandmother even though my father lives in Winneba.”

(Kojo, FGD)

Evidently, the consequences of divorce or parental separation had led to placement of children with kin as fathers reneged on their responsibility to provide for their children. Thus, once the biological mothers of the children are overwhelmed with the burden of caring for their children alone, they place their children with a relative or a family friend.

4.4.6 Demise of biological parents

A few of the study participants identified the death of either or both biological parents as another reason why relatives accept parental responsibility for the care of some children. Once the parents of a child are deceased, some of the well-placed extended family members are tasked to assume responsibility for the care of the orphan. The process of child placement with kin is usually led by the family head. Study participants summarised their observations:

“The nature of our extended family system here in Ghana makes it easy for other family members to take care of children who are orphans or those whose biological parents cannot adequately take care of them. So some family members may request such children and take responsibility.”

(Social worker, KII)

“When the mother of a child is deceased, normally, a family member is nominated to take care of the child. So the child’s auntie or grandmother will take responsibility for that.”

(Abena, FGD)

Basically, most of these children in this category remain with their new parents until they grow up and leave to live elsewhere. This represents a kinship care arrangement that lasts for a significant number of years.

4.5 Benefits and challenges of kinship care

4.5.1 Benefits of kinship care

Study participants enumerated a number of benefits associated with kinship care within their communities. Four themes emerged out of the data analysis and are discussed below.

4.5.1.1 Alternative parental care

The majority of the study participants indicated that kinship care offers an alternative option for children to experience parental care when their biological parents are not in the position to provide this. Children in such circumstances either have their biological parents deceased or incapacitated and unable to adequately cater for them. In such a circumstance, kinship care represents the best possible solution, as indicated by the study participants:

“Kinship care provides an alternative care for children whose parents may not be readily available to care for them, so it provides children with alternative parental care which is very critical to their growth.”

(Kinship carer, KII)

“Children may receive better care under kinship carers than their own biological families in most cases, especially the children who are from deprived homes.”

(Awo, FGD)

“I would say kinship care makes it possible for children to experience different parenting styles and training which they would not have otherwise experienced under their own parents.”

(Queen mother, KII)

Most of the study’s child participants in kinship care identified the caring relationship that exists between carers (usually grandparents) and children. These quotations summarise the relationship:

“My grandmother treats me better than my biological mother. She is caring so I like her and would prefer to live with my grandmother till I grow up. She does not beat me; she normally advises me.”

(Kwesi, FGD)

“When you live with your grandmother, she will share whatever she has with you, so I love my grandmother very well.”

(Kofi, FGD)

Kinship care does not only provide an alternative means of providing parental care to a child; it also provides parental love. This is very critical for some children (especially for survivors of child trafficking) who require a loving environment to grow and recover from years of physical and psychosocial abuse. Consequently, it is not surprising to see that some of the children who participated in this research compare their past, negative experiences with the love and care they are currently receiving under their grandparents’ care.

4.5.1.2 Child protection and safety

A significant number of child participants felt safer with kinship carers than with their previous carers (including their biological parents). They described how they are protected from hazardous labour and other potentially harmful child rearing practices under the supervision of kinship carers.

“Since I moved from Yeji to this place (Winneba), I have been free from fishing and diving deep to remove stuck nets. The only work I undertake is to sell boiled eggs during Saturdays.”

(Emmanuel, FGD)

“When children live with their grandparents, they are safe because they don’t have to work on the lake.”

(Solomon, FGD)

Living within communities along the Volta Lake exposed child survivors to the hardships of the fishing life. Following their placement with kinship carers in Winneba and Senya Breku, study participants reported feeling safe. One noted that:

“Children are protected from harm and they are able to go to school when they return from Yeji, because at Yeji we don’t go to school but we work on the lake.”

(Mary, FGD)

Clearly, kinship care had provided a safe social environment for child survivors to grow and develop within communities where trafficking is endemic. Accordingly, kinship care may represent a viable strategy for the provision of good and safe parental care for the survivors of child trafficking.

4.5.1.3 Schooling and training

Schooling and apprenticeship training featured prominently among the benefits of kinship care. Child participants recounted how leaving their biological parents to live with relatives has enhanced their education. Some of them were not previously enrolled in school until they had moved to stay with a relative.

“My father brought me to Winneba to stay with my grandmother so I can go to school. So it is very good to stay with your grandmother, so you can go to school.”

(Elizabeth, FGD)

“Kinship care presents a good opportunity for children to be enrolled in apprenticeship programmes which may not be available in their areas of residence.”

(Isaac, FGD)

Others were quite appreciative of their kinship guardians, as they had demonstrated a keen interest in their progress in school:

“My uncle is keen on my progress in school. He normally asks me to read and he makes sure I do so.”

(Nana, FGD)

“My grandmother wakes me up early for me to prepare for school, and she always gives me money.”

(Elizabeth, FGD)

Many child participants suggested that they felt more supported by their kinship carers in their academic progress than they did by their parents. This is not surprising, given the lack of educational facilities that exist in the rural areas where most of the children in kinship care migrate from. The same can be said of the few options that exist in rural areas for adolescents to enrol in apprenticeship training.

4.5.1.4 Capacity building and support

Kinship carers also reported some benefits they have received as guardians to the children of their kin. The benefits were mostly tied to their engagement with NGOs and other organisations specialising in child welfare and protection. Participants identified capacity building and micro-grant support as the main source of benefits they have received as kinship carers.

“I have received several training sessions from Challenging Heights because I am a carer for one of the children they support. The knowledge and skills gained in these trainings have been transferred to the training of my own children.”

(Awo, FGD)

“I received training and capacity building from Challenging Heights when my grandchild was brought from Yeji to stay with me. This has built my capacity and made me a better mother.”

(Afua, FGD)

Another participant mentioned financial support, and how it has contributed to the success of her micro-business:

“I also received support from Challenging Heights in micro-grant to start a business when the child was first brought to me.”

(Akosua, FGD)

Support to kinship carers in capacity building (business and entrepreneurship training) and small micro-grants has been instrumental to the economic fortunes of some of the carers as most of them were not economically active prior to the receipt of the micro-grants from Challenging Heights. This has not only improved their capacity to earn a living, but has also equipped them to become better parents – evident in the provision of basic needs such as food and stationery, and the payment of school bills generally.

4.5.2 Challenges of kinship care

Study participants (kinship carers, community members, children and officials) identified a number of challenges relating to kinship care. Five major themes were revealed and these are discussed below.

4.5.2.1 Financial challenges

An overwhelming majority of adult participants cited financial challenges when asked to identify the challenges faced by kinship carers. Financial challenges were mostly associated with the provision of basic needs such as food and clothing and the payment of educational bills. This challenge registered as the most critical impediment to the success of kinship care as lamented by carers and children in the course of the study. Study participants reported that:

“The financial burden associated with caring for the children (especially the orphans) is very daunting; consequently, most of the children are confronted with the lack of basic needs such as food, clothing and school materials.”

(Community member, KII)

“Kinship carers themselves may face several challenges (mostly financial) which may negatively affect the quality of care provided for the children. Others may also discriminate between the children of their kin and those of their blood in the provision of basic needs because of financial constraint.”

(Kinship carer, KII)

When further probes were made to identify the source of the financial challenges, adults identified the expiration of support from NGOs such as Challenging Heights and inconsistencies in remittances from the biological parents of the children in care.

“The only challenge I face is the support has expired and things are difficult, especially the child’s school bills.”

(Akosua, FGD)

“The children who live under the care of their grandparents go through several difficulties because of the lack of remittances from the biological parents.”

(District assembly member, KII)

Financially, most of the carers were challenged because of the lack of support from potential financial sources. While extended family members were required to provide support financially in support of children in kinship care, the expected support (generally financial) was non-existent, making it difficult for them to adequately provide for the children under their care. This is indicative of how genealogical ties within the extended family have been compressed in modern times, leading to the centralisation of the family with little support emanating from other extended family members (Nukunya 2016). This provides important clues for policy interventions since the extended family is not fully equipped in modern times to provide support to kinship carers.

4.5.2.2 Excessive domestic chores

Participants indicated that children under kinship care are subjected to excessive domestic chores and duties. In most cases, this affects their playing time and

rarely permits them to adopt a studious lifestyle, which compromises their academic progress. The execution of such duties mostly lasts for long hours with little or no food at times. This was clearly reported by both boys and girls:

“Children who stay with relatives or friends are subjected to many more household chores than the biological children of the carers.”

(Elizabeth, FGD)

“I eat late in the morning. I would have to finish all house chores before I am given food in the house.”

(Kofi, FGD)

One child participant indicated how children’s leisure and study times are affected.

“Kinship care may expose some children to excessive domestic chores and may affect their playing time and studies as well.”

(Mary, FGD)

In some cases, domestic duties may extend to economic duties as children are required to contribute economically through hawking.

“My brother stays with my auntie and he has to sell for long hours before he gets his basic needs.”

(Moses, FGD)

Children in kinship care reported that kinship carers discriminated between them and their biological children with regards to the performance of house chores. As a result, some of the children under the care of their relatives had been reduced to domestic service workers with little respect for their leisure and studies. In cases where children have been enrolled in an apprenticeship, there is always the dilemma of pleasing their master as well as their carer at home. Thus, whereas kinship care may represent a viable care option for children in need of care, it is sometimes characterised by child rights abuses.

4.5.2.3 Child delinquency and physical abuse

A significant number of study participants reported that children are normally abused physically by carers when they do wrong. In response, carers indicated that some of the children were “undisciplined and delinquent” and that therefore they were often beaten. Adult carers noted variously that:

“I would say the challenges do not differ from the challenges faced by parents who live with their biological children. They entail challenges that characterise the children, and challenges that confront kinship carers. Challenges associated with children include truancy in school, delinquency, children with special needs and children being maltreated.”

(Social worker, KII)

“Most of the children under kinship care have disciplinary issues when they enter into their teens and this affects the relationship between the children and the kinship carer.”

(Afua, FGD)

On the other hand, child participants provided details of how children were usually abused physically:

“Some of those children I know are beaten with the cane mostly, so they complain about their carers.”

(Mary, FGD)

“Some of the children are beaten with canes, and this is not good. When children go wrong, they should be cautioned and advised.”

(Solomon, FGD)

This finding is indicative of the daily struggles that occur between kinship carers and children under their care. While carers mostly said that they behaved this way because the children under their care were so badly behaved, children argued instead that it was carers’ impatience and not their misbehaviour that exposed them to physical discipline and abuse. Thus, while studies may report the abusive nature of some kinship carers, it is imperative for such studies to identify specific attitudes amongst children that may trigger such abuses, for policy intervention. Specifically, policy intervention could focus on introducing parents to positive disciplinary techniques in place of corporal punishment. This may help to lessen the incidents of abuses for children in kinship care.

4.5.2.4 Poor parental care

Research participants identified poor parental care among some kinship carers as a challenge that many children have to live with. Poor parental care manifested, for example, in the lack of provision of stationery for school children, their lack of protection and the inadequate provision of basic needs. Child participants lamented both the lack of basic necessities

and of support that made their lives difficult while living with kinship carers.

“Some children complain that they are not well fed and that schooling is difficult because they don’t have books and other stationeries.”

(Isaac, FGD)

“Where I stay now (grandmother’s house), I am not told to read my books at home. If I were to be living with my parents, I would have been told to read my books and study.”

(Blessing, FGD)

Others reported that they are hardly given money to purchase the basic things they require in school, making schooling an unpleasant experience:

“I don’t get money for school. When I ask my uncle for money for school, he mostly says he has not got money.”

(Nana, FGD)

In the case of children whose biological parents are alive, the study found that their parents hardly visited them to see how they were faring in the care of their kinship carers. Accordingly, some of the carers are not diligent in the performance of their duties as parents/guardians. Thus, some of the children in kinship care had to undertake menial jobs to support themselves, putting them at risk of trafficking and other forms of abuse.

4.6 Support for kinship care

This study has revealed the enormous potential of kinship care in providing parental care for children who lack such provision. As a viable alternative to parental care, it represents a cheap and less complex option. It is therefore imperative to identify areas where kinship care can be strengthened and supported. Consequently, this section discusses the support required for kinship care to thrive. Four major themes (financial support; dual support; sustainable jobs; training and capacity building) emerged from the data analysis and are discussed below.

4.6.1 Financial support

An overwhelming majority of adult research participants noted financial support as the most critical need of kinship carers. Study participants linked the provision of basic

needs for children to the availability of funds. Specifically, they noted that the absence of financial support negatively affected the daily provision of food and the payment of school bills, making life difficult for children under kinship care.

“I will mostly say that kinship carers who are grandparents should be supported financially through government schemes. Because most of them depend on remittances from the cities to survive.”

(District assembly member, KII)

“Kinship carers, especially those who care for orphans, require monetary support. This is because the children are mostly placed with grandparents who are not economically active. This makes it difficult for them to adequately cater for the children.”

(Community member, KII)

Others indicated how the availability of finance effectively determines the provision of basic needs for children in kinship care:

“Carers need to be supported so that they can provide for children under them because some of the children under the care of their relatives lack basic needs such as food and clothing.”

(Emmanuel, FGD)

“They need help to assist us with our school bills. Mostly, when we are sacked for extra classes fees and my grandmother is not able to pay, I stay at home. My grandmother is not economically active.”

(Kofi, FGD)

Alternatively, some of the adults involved in this research indicated that it is necessary to direct financial support and interventions into viable economic enterprises for carers so that they can be self-reliant.

“There is the need to support carers and biological mothers with affordable credits to work, especially the mothers who are mostly responsible for taking care of the children and the children of their relatives. This is especially the case for single mothers who are at risk of giving their children out.”

(Abena, FGD)

“My sister has been providing for me but it is sometimes difficult to get new school uniforms and shoes so I want Challenging Heights and the government to help my sister financially.”

(Doris, FGD)

The critical need for financial assistance cannot be overemphasised in the light of the evidence provided above. Carers are vulnerable, particularly grandparents, who are mostly unemployed and depend on remittances and support from family members. While this study has shown that some carers do receive financial support from organisations (for example Challenging Heights) and other extended family members, the support is inconsistent and unreliable. This may have accounted for the overwhelming support for financial intervention by study participants.

4.6.2 Dual support

A significant number of the adult study participants (kinship carers and key informants) mentioned both material and non-material support in their suggestions for making kinship care a better experience. Specifically, adult study participants indicated that the periodic provision of material support (such as books, pens and uniforms) should be complemented by non-material support such as the linkage of kinship carers to important services (health, economic opportunities) and even periodic monitoring and supervision by government.

“Kinship carers need both financial and material support (books, pens and uniform) to be able to adequately support children under their care.”

(Moses, FGD)

“Parents may also need to be educated on sexual and reproductive health in order to control birth rate since having more children puts them at risk of giving some out. When children are with their parents, and all conditions are good they will take care of them well.”

(Kwabena, FGD)

Some of the adult participants (key informants) were quite particular about the intervention of government and NGOs in providing social services and linking kinship carers to appropriate resources:

“Some parents require periodic monitoring and the supervision from government officials to be able [to] receive and care for their children. This is because some are just irresponsible but would live up to their responsibility if an external body with vested authority is engaged.”

(Nenyi, FGD)

“NGOs can also link single mothers to important resources and social support services that may be available to single mothers and vulnerable children. This will mitigate the challenges they encounter in caring for the children.”

(Kofi, FGD)

These participants who were quite emphatic about the inadequacy of material support or non-material support thought that both are needed to complement each other. It is probable that previous support (material or non-material support alone) had done little to address their challenges. This position is in stark contrast to the one held by the majority who believe financial assistance remains the key resource support. This is not surprising as most of the carers in this study had benefited from financial assistance from an NGO or government. Thus, while financial assistance may register as an important resource, its efficacy in kinship care is complemented by non-material support.

4.6.3 Sustainable jobs

Additionally, there was significant support for the provision of viable and sustainable jobs for kinship carers, which were felt to be essential for kinship care to thrive. Kinship carers believed that the provision of such opportunities across the country could reduce the rate of migration by parents who mostly leave their children behind.

“Parents need stable and viable jobs back home to be able to care for their children. Most of the parents live and work in the big towns and cities, and the prevailing conditions that they live and work in are inappropriate to support child rearing. Parents may need to have reliable jobs since financial challenges seem to be an important factor in the giving of children away to kin or friends.”

(Akosua, FGD)

These participants stressed the need to address one of the root causes of kinship care (migration) as they believed that the provision of sustainable jobs in smaller towns and rural areas would address migration into the towns and cities for better opportunities. This study has shown that a significant number of children are under the care of kin because their biological parents have migrated to the cities in search of greener pastures. It may be that this intervention would keep parents from placing their children with relatives or friends because of financial difficulties.

4.6.4 Training and capacity building

A few adult research participants (kinship carers and key informants) identified the training of kinship carers as an important intervention in making kinship care thrive. Particularly, they stressed the need for the organisation of periodic training in ‘parenting skills’ to help address all forms of abuses and human rights infringements as reported by some of the child participants.

“Parents need training on parenting and how they can access social services that are reserved for the vulnerable. Much emphasis can also be placed on family planning/birth control to reduce the risk of giving their children away to friends because they cannot take care of them.”

(Rashad and Nii, FGD)

“It is also important to train parents on parenting and how they can give the best to their children even though they may not possess all material resources. Sometimes just relating to the child cordially will solve most problems they have with their children.”

(Awo, FGD)

Some of the child participants were particularly interested in the training of carers to identify the needs of children under their care. One indicated that:

“Carers need to be trained to be able to identify the needs of children so they can help children.”

(Kofi, FGD)

Clearly, adult research participants (kinship carers and key informants) identified abusive and irresponsible carers as incapacitated to deal with the modern trends of child rearing. It is possible that child participants and carers had identified parents who were providing responsible care and consequently believed that the requisite training would improve the parenting styles of carers who employ corporal punishment techniques.

4.7 Implications and recommendations for policy/practice

This study has enumerated a number of benefits and challenges associated with kinship care within the communities where this study was undertaken. This section of the report entails a discussion of the implications of the research findings and recommendations for policy and practice.

4.7.1 The nature and scope of kinship care

This study has demonstrated to a significant extent the importance of grandparents as kinship carers. While other types of kinship care were reported, grandparent care was the most prevalent. This has significant implications for social support given the vulnerability of the elderly (physiological and economical capacity). With kinship care on the rise, fuelled mostly by the migration of parents to cities and towns, it is safe to assume that grandparent care will likewise increase. This assumption is further affirmed by the preference for grandparent care by most children in need of parental care, making grandparents the most desirable option for alternative parenting.

Accordingly, this study calls for the prioritisation of grandparent carers in social policy programmes in the short to medium term. For instance, a significant percentage of the Livelihood Empowerment against Poverty (LEAP) interventions could be allocated to grandparent carers in every district. This initiative could be led by NGOs and other civil society organisations (CSOs) who can link kinship carers (mostly grandparent carers) with community development officers in the district.

While social floor programmes such as the LEAP may help to bridge the gap and address the immediate needs of carers, it is important to stem the flow of biological parents from the rural areas to the urban areas where conditions for migrant workers are deplorable. This will entail the implementation of viable agricultural programmes and the establishment of cottage industries that can revitalise rural economies to create jobs. NGOs and other CSOs could partner with the state to create such opportunities. It is also imperative for government to improve educational infrastructure and personnel in rural areas to help

reduce the inflow of children from rural areas who come to urban areas in search of quality education.

4.7.2 Addressing the challenges of kinship care

While this study has indicated the benefits of kinship care (provision of alternative care, child protection, and schooling/apprenticeship training), it has also shown the challenges that confront kinship carers and, importantly, children themselves (financial challenges, child delinquency, physical abuse, excessive house chores and poor parental care). These challenges have the potential to disrupt the ability of kinship carers to provide alternative care for children without parental care and to expose already vulnerable children to even greater risks to health and well-being.

This study therefore recommends the need for capacity building on parenting for kinship carers before their care experience begins. This is crucial to address issues of physical abuse and poor parental care. The content of such training could focus on living with children with challenging behaviour and the delegation of appropriate house chores or workload for children. Additionally, children (particularly survivors of child trafficking) could be engaged on their rights and responsibilities and provided with support through child rights clubs.

Primarily, most of the challenges discussed in this study can be at least partly attributed to the lack of knowledge on the part of kinship carers about how to cope with the modern trends of parenting. NGOs (such as Challenging Heights) can lead the way with specific programme design and execution in collaboration with other partners. For instance, such trainings can be held with basic and secondary schools during Parent and Teacher Association (PTA) meetings.

4.7.3 Making kinship care thrive

Study participants (adults and KIs) offered suggestions that could help sustain kinship care and improve the care experience for both carers and children. These included financial support, dual support, the provision of sustainable jobs, and training/capacity building. It is important to engage social service workers in the placement of children with kin and friends. Challenging Heights calls for the formal inclusion of grassroots NGOs (child rights and child-centred organisations) in the placement of children with kin, given the presence of grassroots organisations in communities.

Given the objective of Ghana's care reform initiative (which seeks to replace residential care with kinship care for children), it is important to formalise all care arrangements for the placement of children. Challenging Heights believes that while social service workers may not necessarily take over the process of child placement, they could assist with the monitoring of children under kinship care and offer professional counselling services (including training) to carers and children when the need arises.

This could pave the way to address any form of abuse, while linking kinship carers and children to important social services that would be valuable to the sustenance of the kinship care relationship. Social support programmes (such as LEAP) could be tied to the intervention of social service workers in the arrangement and monitoring of kinship care. In so doing, this would compel kinship carers and their families to engage formal assistance which would go a long way to make kinship care safe.

5. Conclusion

The findings of this study suggest that extended family members and friends play a vital role in caring for children whose parents may not be in a position to do so. Kinship care remains the most viable option for children whose parents are either deceased or living apart from their children. While kinship care is bedevilled with several challenges, it still represents the most safe and economical option for alternative care. It is therefore vital that stakeholders (government, NGOs and families) should rally around the strengths of kinship care and work together to address its challenges.

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