



REPUBLIC OF KENYA

Ministry of Labour and Social Protection
State Department for Social Protection
Department of Children's Services



Toolkit for a Residential Childcare Institution Situational Analysis in Kenya

Pilot in Kisumu, Nyamira, Kiambu, and Kilifi

February 2020

The *Changing the Way We Care*SM consortium of Catholic Relief Services, the Lumos Foundation and Maestral International works in collaboration with donors, including the MacArthur Foundation, USAID, GHR Foundation and individuals.

© 2020 This material may not be modified without the express prior written permission of the copyright holder. For permission, contact the Department of Children's Services: P. O Box 40326-00100 or 16936-00100, Nairobi Phone +254 (0)2729800-4, Fax +254 (0)2726222.

Acknowledgements

This toolkit reflects many years of work, lessons learned, and professional insight provided by numerous individuals, organizations and institutions working in the child protection and care sector. In developing this toolkit, the authors have attempted to leverage the vast experience and existence of tools, standard operating procedures and research related to mapping and analysis of residential care. We greatly appreciate all who shared materials and made suggestions about how best to go about this first stage of data collection and analysis. Thanks goes to: Catholic Relief Services (especially, Catholics Care for Children and Keeping Children in Healthy and Protective Families Studies), Lumos, Better Care Network, Maestral International, Faith to Action Initiative and Child in Family Focus.

The toolkit was developed to be user-friendly. It is hoped that it is easily adaptable and will be readily utilized in other contexts.

Please note that this document is the first step of a multi-step process of data collection, analysis and utilization. It should be used to help inform the design of critical care reform programming activities, approaches and additional tools, including monitoring frameworks. As the toolkit is used, it is expected that adaptations to existing tools or additions of other tools and SOPs will be developed to support this process. Therefore, it is best to consider this toolkit a living document.

Table of Contents

List of Acronyms	1
Glossary of Terms	2
Introduction.....	6
Background.....	6
Child Protection and Care Reform in Kenya	6
Purpose and Audience.....	7
Methodologies.....	9
Principles	10
Safeguarding and Child Protection.....	11
Content Overview.....	13
Tools	13
Rapid Desk Review.....	13
Stakeholder Meeting: Suggested Content for First Meeting of Key Stakeholders.....	15
Consent forms	17
CCI/SCI Questionnaire	19
Casefile Review	34
Key Informant Interview Guides.....	36
Focus Group Discussion Guide	51
Final Report and Action Plan Timeframe.....	69
Annexes	70
Annex 1: Bibliography.....	70
Annex 2: Original Concept Note	73

List of Acronyms

AAC	Area Advisory Council
CCI/SCI	Charitable Children’s Institution/ Statutory Children’s institution
CCC	County Coordinator for Children’s Services
CPIMS	Child Protection Information Management System
CRS	Catholic Relief Services
CSO	civil society organization
CTWWC	Changing the Way We Care
DCS	Department of Children’s Services
DI	deinstitutionalization
FBO	faith-based organization
FGD	focus group discussion
GOK	Government of Kenya
KII	key informant interview
NCCS	National Council for Children’s Services
NGO	non-governmental organization
PEPFAR	Presidents Emergency Program for AIDS Relief
SCCO	Sub-County Children’s Officer
SCI	Statutory Children’s Institution
SW	social work
UN	United Nations
UNICEF	United Nations Children’s Fund
USAID	United States Agency for International Development

Glossary of Terms

Alternative care: A formal or informal arrangement whereby a child is looked after at least overnight outside the parental home, either by decision of a judicial or administrative authority or duly accredited body, or at the initiative of the child, his/her parent(s) or primary caregivers, or spontaneously by a care provider in the absence of parents.¹

Best interests of the child: In relation to children's care specifically, the Guidelines for the Alternative Care of Children articulate several factors that need to be taken into consideration in determining best interests, including: ~ the importance of understanding and meeting universal child rights (as articulated by the UNCRC) and the specific needs of individual children; balancing children's immediate safety and well-being with their medium and longer term care and development needs; recognizing the problems associated with frequent placement changes, and the importance of achieving permanency in care relationships; ~ a consideration of children's attachments to family and communities, including the importance of keeping siblings together; ~ the problems associated with care in large-scale institutions. In assessing best interests, it is important to consider the strengths, as well as the weaknesses, of families, to ensure that maximum efforts are made to build upon strengths. This includes an assessment of relationships and not just a consideration of material needs.²

Care leaver: A young person, typically over 18 years of age, who is leaving or has left a formal alternative care placement. He or she may be entitled to assistance with education, finances, psychosocial support and accommodation in preparation for independent living.³

Care reform: refers to the changes to the systems and mechanisms that promote and strengthen the capacity of families and communities to care for their children, address the care and protection needs of vulnerable or at-risk children to prevent separation from their families, decrease reliance on residential care and promote reintegration of children, and ensure appropriate family-based alternative care options are available.^{4 5}

Case management: Case management is a process practiced by social service workers that supports or guides the delivery of social service support to vulnerable children and families and other populations in need. It begins when a person or family is identified as having a vulnerability or is in a difficult situation requiring support or assistance. Case management involves a social service worker or para professional social service worker who collaboratively assesses the needs of a client (and when appropriate the client unit) and

¹ UN General Assembly (2010). *Guidelines for the Alternative Care of Children: resolution / adopted by the General Assembly*, 24 February 2010, A/RES/64/142, Retrieved from: <http://www.refworld.org/docid/4c3acd162.html> [accessed 1 October 2018]

² *Ibid.*

³ Better Care Network (n.d.). Toolkit; Government of Kenya and UNICEF (2013). National Standards of Best Practice in Children's Charitable Institutions. Retrieved from: <https://bettercarenetwork.org/sites/default/files/National%20Standards%20for%20Best%20Practices%20in%20Charitable%20Children%27s%20Institutions.pdf>

⁴ Better Care Network and Global Social Service Workforce Alliance. (2014). Working paper on the role of social service workforce development in care reform. Washington, DC: Intrahealth. Retrieved from: file:///C:/Users/kelley.bunkers/Dropbox/CTWWC%20Mapping/The%20Role%20of%20Social%20Service%20Workforce%20Development%20in%20Care%20Reform_0.pdf Retrieved from: file:///C:/Users/kelley.bunkers/Dropbox/CTWWC%20Mapping/The%20Role%20of%20Social%20Service%20Workforce%20Development%20in%20Care%20Reform_0.pdf

⁵ UNICEF website

arranges, coordinates, monitors, evaluates and advocates for a package of services to meet a specific client's needs.⁶

Care plan: Document used to outline step-by-step actions that will be taken to meet the goals of the client. The care plan also includes information such as who is responsible for each step and the timeline for when actions will take place.⁷

Child protection system: A comprehensive system of laws, policies, procedures and practices designed to ensure the protection of children and to facilitate an effective response to allegations of child abuse, neglect, exploitation and violence.

Charitable Children's Institution: A home or institution established by a person, corporate or noncorporate, religious organization or NGO, which has been granted approval by the NCCS to manage a program for the care, protection, rehabilitation or control of children.⁸

Deinstitutionalization: The process of closing residential care institutions and providing alternative family-based care within the community.⁹

Department of Children's Services: The Government of Kenya body mandated with overseeing the coordination of key actors, managing data related to and provision of services to vulnerable children in Kenya.

Domestic Adoption: Adoption by adopters who are Kenyan and where the child they are adopting is resident in Kenya. Applications for domestic adoption are initiated through a registered local adoption society.¹⁰

Foster care: Placement of a child with a person who is not the child's parent, relative or guardian and who is willing to undertake the care and maintenance of that child.¹¹

Guardianship: A term used in three different ways: (1) A legal device for conferring parental rights and responsibilities to adults who are not parents (2) An informal relationship whereby one or more adults assume responsibility for the care of a child (3) A temporary arrangement whereby a child who is the subject of judicial proceedings is granted a guardian to look after his/her interests.¹²

Kafala: According to Islamic law, the commitment by a person or family to voluntarily sponsor and care for an orphaned or abandoned child. The individual or family sponsors the child to meet his/her basic needs for health, education, protection and maintenance.¹³

⁶ Global Social Service Workforce Alliance (2018). Concepts and Principles of Effective Case Management: Approaches for the Social Service Workforce. Retrieved from:

<http://www.socialserviceworkforce.org/sites/default/files/uploads/Case-Management-Concepts-and-Principles.pdf>

⁷ Adapted from: <https://www.crs.org/sites/default/files/tools-research/case-management-for-children-orphaned-or-made-vulnerable-byhiv.pdf> and http://ovcsupport.org/wp-content/uploads/2017/09/17OS388-SIMS-case-management_FINAL_ONLINE.pdf and found in Global Social Service Workforce Alliance (2018). *Op cit.*

⁸ Government of Kenya (2001). Children's Act. Retrieved from: <http://www.childrenscouncil.go.ke/images/documents/Acts/Children-Act.pdf>

⁹ Better Care Network (n.d.) *Op cit.*

¹⁰ Government of Kenya and UNICEF (2014). Guidelines for the Alternative Family Care of Children in Kenya. Retrieved from:

<https://bettercarenetwork.org/sites/default/files/Guidelines%20for%20the%20Alternative%20Family%20Care%20of%20Children%20in%20Kenya.pdf>

¹¹ Government of Kenya (2001). *Op cit.*

¹² Better Care Network (n.d.) *Op cit.*

¹³ Government of Kenya and UNICEF (2014) *Op cit.*

Kinship care: There are two definitions of kinship care, informal and formal.¹⁴

- a. Informal kinship care: A private arrangement within an extended family whereby a child is looked after on a temporary or long-term basis by his/her maternal or paternal extended family, without it being ordered by an administrative or judicial authority. Family members include grandparents, aunts, uncles, and older siblings.
- b. Formal kinship care: An arrangement, ordered by an external administrative or judicial authority, whereby a child is looked after on a temporary or long-term basis by his/her maternal or paternal extended family. Family members include grandparents, aunts, uncles and older siblings.

Reintegration: “The process of a separated child making what is anticipated to be a permanent transition back to his or her family and community (usually of origin), in order to receive protection and care and to find a sense of belonging and purpose in all spheres of life.”¹⁵

Residential care: Care provided in any non-family-based group setting, such as places of safety for emergency care, transit centers in emergency situations, and all other short- and long-term residential care facilities, including group homes.¹⁶ In Kenya these are referred to as Charitable Children’s Institutions (see definition above). They can also be called orphanages or children’s homes.

Reunification: The physical reuniting of a child and his or her family or previous guardian with the objective of this placement becoming permanent.¹⁷

Social service workforce: A variety of workers – paid and unpaid, governmental, and non-governmental – who staff the social service system and contribute to the care of vulnerable populations. The social service system is defined as the system of interventions, programs and benefits that are provided by governmental, civil society and community actors to ensure the welfare and protection of socially or economically disadvantaged individuals and families.¹⁸

Social service worker: Paid and unpaid, governmental and nongovernmental professionals and paraprofessionals working to ensure the healthy development and well-being of children and families. The social service worker focuses on preventative, responsive and promotive programs that support families and children in our communities by alleviating poverty, reducing discrimination, facilitating access to needed services, promoting social justice, and preventing and responding to violence, abuse, exploitation, neglect and family separation.¹⁹

Statutory Children’s Institution: In Kenya, these are children institutions established by the Government of Kenya for the purpose of i) rescuing children who are in need of care and protection (rescue homes), ii) for the confinement of children in conflict with the law while their cases are being handled in court (remand homes) and iii) for the rehabilitation of children who have been in conflict with the law (rehabilitation school). The court commits a child into one of these institutions as appropriate.²⁰

¹⁴ Government of Kenya and UNICEF (2014). *Op cit.*

¹⁵ Better Care Network (2013) as referenced in the Interagency Guidelines for Children’s Reintegration. Retrieved from: https://www.familyforeverychild.org/wp-content/uploads/2016/08/RG_Digital_DC-1.pdf

¹⁶ The Guidelines for Alternative Care of Children, Para 29civ. www.bettercarenetwork.org/docs/Guidelines-English.pdf

¹⁷ Interagency Guidelines on Children’s Reintegration (2015). *Op cit.*,

¹⁸ Global Social Service Workforce Alliance (on website). www.socialserviceworkforce.org

¹⁹ Adapted from www.socialserviceworkforce.org/social-service-workforce

²⁰ Government of Kenya and UNICEF (2014). *Op cit.*

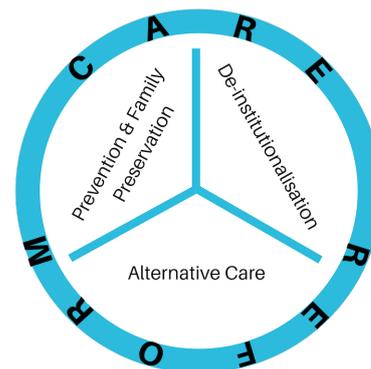
Social services: Services provided by public or private organizations aimed at addressing the needs and problems of the most vulnerable populations, including those stemming from violence, family breakdown, homelessness, substance abuse, immigration, disability and old age.²¹**Supported independent living:** Where a young person is supported in her/his own home, a group home, hostel, or other form of accommodation, to become independent. Support/social workers are available as needed and at planned intervals to assist and support but not to provide supervision. Assistance may include timekeeping, budgeting, cooking, job seeking, counselling, vocational training, and parenting.²²

²¹ Better Care Network (n.d.) *Op cit.*

²² *Ibid.*

Introduction

Together with the Department of Children’s Services (DCS), Changing the Way We Care (CTWWC) has identified three counties in which to pilot care reform efforts. These include **Kisumu, Nyamira and Kiambu**. The targeted counties were selected because of their different profiles, including rural versus urban, the number and types of CCI/SCIs, government buy-in and support, existence of other actors engaged in care reform, and ability to leverage other child protection initiatives, including orphan and vulnerable children (OVC) projects funded by the President’s Emergency Program for AIDS Relief (PEPFAR).



CTWWC, with the active engagement of and coordination with DCS and UNICEF will be implementing care reform in Kisumu, building upon the initial efforts of UNICEF and the Government of Kenya (DCS) through the Alternative Family Care Project. The targeted counties are also part of United States Agency for International Development (USAID)/PEPFAR OVC programming. These OVC programs, implemented by Catholic Relief Services (CRS) and partners (MWENDO) in Kisumu and Nyamira and Christian Aid (CASE OVC) in Kiambu aim to provide holistic care and support to children affected by or living with HIV and AIDS and their families. A significant part of this is the strengthening of social service systems, including the workforce, case management approaches and referral mechanisms. As such, there is an invaluable opportunity for care reform efforts to link with and leverage this important work. An important part of the OVC project roll-out is support in piloting the child protection information management system (CPIMS), including within select children’s care institutions/statutory care institutions (CCI/SCIs) (this is what residential care facilities are referred to in Kenya).

Current data on Charitable Children’s Institutions in demonstration counties:

Kiambu: There are 132 CCI/SCIs.

Kisumu: There are a total of 39 CCI/SCIs; 23 registered, 16 unregistered. Two of the registered are Government of Kenya facilities. Recent data illustrates that the 39 CCI/SCIs have 2,039 children in care (information provided by DCS)

Nyamira: There are nine CCI/SCIs; two registered and seven unregistered (information provided by DCS).

This toolkit was developed to serve as a first step within the care reform process within the Changing the Way We Care initiative. However, the DCS views this toolkit as a resource that should be utilized by other county DCS offices and civil society partners working in the sector. Ideally, the same tools will be used so that eventually the information will be collated from each of the different counties to provide a national overview of CCI/SCI and children in their care.

Background

Child Protection and Care Reform in Kenya

The DCS reports that an estimated 854 registered CCIs and 29 SCIs, care for more than 45,000 children.²³ This information has been collected and collated by the DCS in two ways. The first is the Sub-County Children’s Officers (SCCO) collect relevant information in the Monthly Population Return Forms which are compiled and shared with DCS headquarters on a quarterly basis. Second, a select number of CCI/SCIs in a select number of counties submit information to the CPIMS. This is done as part of the pilot roll-out of the CPIMS. This does not include an unknown number of unregistered residential care centers operating under the radar of government regulations. The Republic of Kenya has a very strong legal and policy framework supporting both

²³ Data received from the Department of Children’s Services (DCS).

the prevention of separation, and family strengthening, including the Guidelines for the Alternative Family Care of Children in the Republic of Kenya²⁴ and the recently drafted Children Bill,²⁵ which includes specific content related to improving systems that care for children.

The DCS recently included care reform within its annual workplan,²⁶ specifically focusing on decreasing reliance on residential care, promoting family-based alternatives and increasing prevention services for children at risk of family separation. The Republic of Kenya also has moratoriums on registering new CCI/SCIs and on international adoptions.²⁷ In various counties, DCS Children's Officers are leading advocates in promoting care reform at the county level, including calling for more resources to support vulnerable families

- Nearly **three out of five children** in Kenya live with both biological parents (58%). One in four children live with their biological mother only (26%), and another 3% live with their biological father. A significant percentage of children (11%) do not live with either biological parent (Better Care Network).
- Significant regional variation is found in children's living arrangements in Kenya. **The Western and Nyanza provinces maintain the highest proportion of children living with neither biological parent at over 15%**, while the Central province and region around Nairobi boast the lowest percentage of children 0-14 living without either their mother or father at around 7%.
- There are an estimated **2.4 million orphans (single or double orphan)**, of which **47% are due to parental deaths because of AIDS**.
- There are an estimated **349,086 children living with disabilities**.

and preventing unnecessary separation. In addition, many local partners e.g., faith-based organizations (FBOs), residential care center directors/staff, the Republic of Kenya Society of Careleavers,²⁸ alternative family care service providers and networks are engaged in care reform.

Civil society organizations (CSOs) have been supportive of care reform; however efforts have not always been implemented in a coordinated manner or within a guiding framework or strategic plan. Despite strong alternative family care guidelines²⁹ to support family care, there remains a notable gap in applying those guidelines. A team of key national and county-level DCS officers conducted a learning visit in Rwanda in mid-2018, which galvanized the DCS and partners to act on and call for care reform in the new workplan.

Developing a National Strategic Plan for Children (2018-2022) sensitive to care reform is a top priority in the FY 2018-19 DCS workplan. There are numerous governments, bilateral and multi-lateral initiatives underway to support this work, including strengthening care reform-focused activities at the national level and supporting demonstration sites at the county level.

Purpose and Audience

This toolkit is developed for use by DCS and its partners engaged in care reform in Kenya. The tools herein are designed for a rapid situational analysis of CCI/SCI and the children living in them, and as a complement to any information already existing in the CPIMS or other government endorsed data. The information should be used by government, non-governmental organizations, community groups and advocates working to bring change within the care sector. The tools have been intentionally designed to be user-friendly and facilitate

²⁴ Government of Kenya and UNICEF (2014). Guidelines for the Alternative Family Care of Children in Kenya.

²⁵ Government of Kenya (2018). Draft Children Bill.

²⁶ Department of Children's Services Annual Workplan; Institutional Care and Alternative Family-Based Care Sections.

²⁷ Ministry of East African Community, Labour and Social Protection, Office of the Cabinet Secretary. (November 01, 2017). Reference: MEACL&SP/7/13(S)SP/Vol.1/(8). Suspension of Registration of New Charitable Children's Institutions (CCI/SCIs).

²⁸ Individuals, usually adults, who have spent some or all their childhood years in residential care.

²⁹ Government of Kenya and UNICEF (2014). *Op cit*.

an assessment of the situation of CCI/SCIs in the country, as well as a conversation with all those involved, including CCI/SCIs.

This toolkit is **not** envisaged to provide an assessment of the operations of the CCI/SCIs, their care environments based on the Best Practice Standards for Charitable Children’s Institutions,³⁰ or individual child and family cases. It is envisaged that the rapid situational analysis is a first step of many to collect and use information for care reform strategies, nationally, by county/sub-county and even at the individual organization (or CCI/SCI) levels. They are designed to be the first step in collecting and analyzing information that can be used to inform further assessments, development of monitoring and evaluation frameworks, program interventions, action planning, transition strategies and policy. The tools within this toolkit should be used for other tools designed for collection of more in-depth and topic specific information such as individual child cases, children in other forms of alternative care and community attitudes and practice related to the care of children.³¹ This later data will include child and family data for family-based care, assessment of CCI/SCIs against the national standards for CCI/SCIs, service mapping, etc.

The tools presented herein aim to answer the following questions:

1. How many CCI/SCIs are there in county X?
 - a. What is the size of each CCI/SCI (i.e., how many children are in care)?
 - b. Where do the resources to fund the CCI/SCI come from?
 - c. What are the staffing structures (i.e., how many people work in the CCI/SCI, which positions, training or education background and child/staff ratio)?
 - d. What services are provided within each CCI/SCI?
 - e. What case management processes and procedures does the CCI/SCI use?
2. What are the general characteristics or profiles of children in care?
 - a. What are the main reasons that children enter care?
 - b. What is the age, gender, and disability breakdown of the children in the CCI/SCI?
 - c. How did children come into care (i.e., how were they referred)?
 - d. Where did they come from? (i.e. what is the geographical provenance of the children in each CCI/SCI?)
 - e. How long have the children been in care?
 - f. What were the documented reasons for entering into care?
 - g. How many children have permanently left the CCI/SCI in the past year and since inception of the CCI and where did they leave to (by reintegration, foster care, adoption, aged out or other reason)?
3. What services does the CCI/SCI access for children outside of the CCI/SCI (e.g. community school, health clinic, etc.)?

Key informant interviews (KII) and focus group discussions (FGD) will also aim to gather information about attitudes towards the CCI/SCI, practices within the CCI/SCIs, and feelings of staff and others about perceived reasons why children are in care and whether or not reintegration is feasible. The KIIs and FGDs will aim to answer at a minimum, the following questions:

³⁰ Government of Kenya and UNICEF (2013). *Op cit.*

³¹ These additional tools are yet to be drafted but will be completed by Changing the Way We Care and DCS. When they are finished, they will be made available as complementary tools to this toolkit.

1. What do key actors within the community feel are the main reasons that children are being separated from their families and placed into residential care (i.e., what are perceptions of the key drivers of children into care)?
2. Are there gender or age differences that influence girls and boys being placed into CCI/SCIs?
3. How do key actors within the community feel about CCI/SCIs?
4. What do key actors within the community feel about children being reintegrated into the families within the community?
5. What do key actors within the community feel about care reform? What do they understand it to be and what do they think will be some of the challenges?
6. What do CCI/SCI staff feel are the main reasons that children are placed in CCI/SCIs?
7. What do CCI/SCI staff feel about care provided for the children in their care (e.g., what do they think is helping the children and what do they feel is causing harm or is not good for the children)?
8. What do community members feel about the provision of residential care and the positive and negative things it provides to children?
9. What knowledge do staff and key community members have about alternative family care?
10. What kind of preparation is given to care leavers?
 - a. Is this sufficient?
 - b. What challenges do careleavers confront after exiting?

Suggested make up of data collection teams:

- Overall supervision and management of the process will be co-led by DCS and CTWWC (or another partner). DCS as the mandated government body should always have representation in such an activity.
- Data collection should be divided by sub-county. Each sub-county should have a team lead made up of one representative of DCS (i.e., Sub-County Children’s Officer and a CTWWC or other partner staff).
- Each of the two team leaders will have one team member to work with. This person can be from DCS, UNICEF, member of the AAC or another trained data collector. This is to be decided in the planning stage.
- Teams work in groups of two to facilitate notetaking and data collection.
- Ideally, issues of language will be addressed and at least one of the team members should be fluent in the local language, if deemed necessary.
- All team members must complete a training prior to conducting the data collection.

What is the general understanding about vulnerable families and what kinds of services or support are needed to prevent placement of children into CCI/SCIs?

Methodologies

The methodology includes a desk review, guidance on engaging with CCI/SCIs and other local actors, checklists, questionnaires, case file reviews, key informant interviews and focus group discussions. The tools provided within this toolkit are both quantitative and qualitative. They are designed to be user-friendly and collect relevant data needed to identify the scope of the issue within a given county and to help identify CCI/SCIs that might be willing and ready to engage in care reform. Further, the information could help to identify which CCI/SCIs should be prioritized by care reform initiatives. For example, if there are child protection concerns within the CCI/SCI, this information would be utilized by the DCS to determine whether or not that CCI/SCI should be prioritized for transition or closure. They are designed to collect information to provide an overall view of the child protection and care legal and policy frameworks and their implementation at county level, practices, number and types of CCI/SCI existence and use of alternative family-based care and the number of children in alternative care in a specific county.

The tools are designed to be used by teams made up of the DCS, CTWWC (or other partners), UNICEF and other relevant actors. It is envisaged that all team members will complete a training of the materials co-

facilitated by DCS and CTWWC prior to using the tools.³² The companion training manual and materials should be familiar prior to any subsequent use of the toolkit by DCS and/or other partners.

Principles

The following principles guide the situational analysis and are reflected within the Kenyan national legal and policy framework and the Guidelines for the Alternative Family Care of Children.³³ They are based on the Convention on the Rights of the Child, the United Nations Guidelines for Alternative Care for Children³⁴, the Interagency Guiding Principles on Unaccompanied and Separated Children, and international social work best practice. When engaging in care reform, including the initial steps of information and data collecting, it is critical that all approaches, tools and engagement with relevant stakeholders, including children, reflect the following principles.³⁵

- **Rights-based:** All efforts are based on a consideration of the full range of rights included in the UNCRC, The African Charter on the Rights and Welfare of the Child, and Kenyan legal and policy frameworks, including the Guidelines for the Alternative Family Care of Children in Kenya. All children, regardless of age, gender, ability or any other status, have a right to safety and protection as well as the preservation of family unity. They have a right to participate in all decisions that affect them, and decisions regarding their reintegration should be made with their best interests as a primary consideration.³⁶
- **Do no harm.** Consider how your actions will affect the children and households that you serve. **Prioritize the best interests of the child.** It is good practice and reflects international and national rights-based legal and policy frameworks³⁷ to have all decisions and related actions involving the child's welfare be guided by the individual best interests of the child.
- **Importance and prioritization of family-based care:** Families are of critical importance to children's healthy growth and development.³⁸ Research shows that children cared for in families fare better than those in residential care across all areas of development.³⁹ The UNCRC highlights the importance of family stating, *"The child, for the full and harmonious development of his or her personality, should grow up in a family environment, in an atmosphere of happiness, love and understanding; the family being the fundamental group of society and the natural environment for the growth and well-being of all its members."*⁴⁰ The Guidelines for the Alternative Care of Children provide further support for family-based care by prioritizing preservation or reestablishment of the

³² Training manual to be developed by CTWWC and will be added to the toolkit.

³³ Government of Kenya and UNICEF (2014). *Op cit*.

³⁴ United Nations General Assembly (2010). Guidelines for the Alternative Care of Children. Retrieved from https://www.unicef.org/protection/alternative_care_Guidelines-English.pdf

³⁵ Informed by the following: International Federation of Social Workers. Statement of Ethical Principles; United Nations General Assembly. (2010). Guidelines for the Alternative Care of Children Resolution 64/142. New York: United Nations. 4Children (2017). Case Management within Orphan and Vulnerable Children Programming; 4Children (2017). Keeping Children in Healthy and Protective Families Reintegration Package; and the Interagency Group on Children's Reintegration (2016).

³⁶ *Ibid*. Interagency Group on Children's Reintegration (2016).

³⁷ United Nations (1989). Convention on the Rights of the Child; African Union (1990). African Charter on the Rights and Welfare of the Child

³⁸ Williamson, J. & Greenberg, A. (2010). Families not orphanages. New York: Better Care Network and USAID (2011) *Early Childhood Development for Orphans and Vulnerable Children: Key Considerations*.

³⁹ Berens, A.E. & Nelson, C.A. (2015). The science of early adversity: is there a role for large institutions in the care of vulnerable children? *The Lancet*, 386, 388-398; Nelson, C., Fox, N., Zeanah, C. & Johnson, D. (2007). Caring for orphaned, abandoned and maltreated children: Bucharest Early Intervention Project. Power Point Presentation. Washington, DC: Better Care Network; and Browne, K. (2009). The risk of harm to young children in institutional care.

⁴⁰ United Nations (1989) United Nations Convention on the Rights of the Child, Resolution 44/25

family unit through family support and reintegration as the first choice options for separated children.⁴¹ The importance of family and prioritization of strengthening the family to provide care over residential care is an underpinning principle of this project. It requires assessing and addressing the root causes for the separation of children from their families and committing to implement approaches that support the family, strengthen and promote positive parenting, and address needs within the family, taking into consideration their strengths and protective factors.

- **Non-discrimination and respect for diversity:** No distinctions will be made between children, adults or communities on any grounds of status, including age, wealth, gender, race, colour, ethnicity, national or social origin, sexual orientation, HIV status, language, religion, disability, health status, political or other opinion.⁴² Those using the toolkit will work to challenge discrimination on the basis of any of these characteristics, and recognize and respect the ethnic and cultural diversity of the families and communities, taking account of individual, family, group and community differences.⁴³
- **Use a strengths-based perspective.** Instead of focusing on needs and deficits, to gain involvement in and ownership of the process by those involved in care for children, the process for conducting the situational analysis focuses on strengths and abilities. This is not a process to assess or critique CCI/SCIs but rather to raise awareness, learn from and listen to, share experiences and ideas, and work in a collaborative and open manner with all individuals, organizations and institutions engaged in children's care, including CCI/SCIs with the aim of strengthening families and serving the best interests of children. Ideally, all attempts will be made to conduct this assessment with the CCI/SCIs.
- **Confidentiality of information:** Information collected during the process is sensitive in nature, especially information related to the children in care. As such, information will be protected and stored in a safe manner. Consent and/or assent will be solicited from relevant participants and no identifying information about individuals, adults or children, will be utilized in the report without first asking specific permission to do.
- **Collaborate with others.** Child protection and care not work in isolation. All members engaged in the situational analysis process should seek proactive collaboration with other service providers, to ensure a holistic understanding of the care sector by a wide range of stakeholders.⁴⁴
- **Participation.** It is important that the process and the tools are designed in a manner that facilitates the active and meaningful participation of a wide range of stakeholders to ensure that varied perspectives are captured.

Safeguarding and Child Protection

For all participants, there are risks when engaging in these types of exercises. Whilst there is no direct engagement between the data collection team and children in CCI/SCIs during this activity, there are still safeguarding and reporting concerns we should be aware of, especially as the study will be engaging a wide range of people including vulnerable adults. Some personal questions about experiences will be discussed in the individual and focus group discussions with staff and careleavers. There is a risk that discussing these issues will make people uncomfortable or sensitive about personal information being shared. Furthermore, discussing their experience has the potential to trigger past trauma. Finally, there is also the risk that information will not remain confidential; this is particularly sensitive for staff of CCI/SCIs as well as careleavers.

⁴¹ United Nations General Assembly. (2010). Guidelines for the Alternative Care of Children Resolution 64/142. New York: United Nations.

⁴² *Ibid.* Ministry of Gender, Labour and Social Development. (2015).

⁴³ *Ibid.* International Federation of Social Workers.

⁴⁴ National Association of Social Workers. (2013). Op cit.

To address these risks, there are several safeguarding practices that need to be in place prior to starting the exercise. A clear safeguarding policy should be reviewed, understood, and agreed to by all members of the team who engage in this activity. All members of the team must sign the policy prior to engaging in the activity. This will be included in the training and therefore it is required that anyone engaging in data collection, must complete the training and sign the policy. Furthermore, reporting procedures for any identified or suspected case of violence, abuse, neglect, or exploitation will follow Kenyan law and the procedures will be included in the training materials and the safeguarding policy.

All participants will be made aware prior to any interview or focus group discussion that they do not have to respond, and they are able to leave at any time. This will be clearly articulated when participants are asked whether they give verbal consent or not. The ability to not answer a question or to recuse yourself will be reiterated through the discussion or on an as-needed basis, especially if a participant is looking uncomfortable.

To ensure confidentiality of information being provided, the team must adhere to confidential record keeping. That is to say that all documents must be stored in a locked file or if electronic, in a password protected computer. Team members must reiterate that all identifying information will not be included in any document. For example, information will say “a careleaver in Kisumu county” or “a Social Worker at a CCI/SCI in Nyamira.” No names, ages or other identifying information will be shared.⁴⁵

As data collectors, remember that you are not there to assess the CCI/SCIs quality of care or the well-being of the children. Team members must be aware of and sensitive to issues that might arise therefore it is helpful to remember the following when you are visiting a CCI/SCIs and conducting data collection:

- **Sensitive subjects:** CCI/SCIs are being asked to share financial information. Many people working in or running CCI/SCIs are committed and have cared for many children. Be careful not to imply criticism or disagreement with the model, this is not the purpose. Be aware that there may be sensitivities around where money comes from and how it is used.
- **Subjectivity/opinion:** the tools are getting at people’s opinions and perceptions – people may be concerned that they are stating their opinion and need to be reassured that the analysis is seeking these individual perceptions.
- **Voluntary:** the key stakeholder should know that they do not need to answer any question they are not comfortable with and that they can stop the interview/visit at any time.
- **Confidentiality:** the key stakeholder needs to be told that their answers are confidential and will not be shared beyond the analysis team.
- **Dissemination:** when at all possible, key stakeholders will want and should see the reports or other outputs of the analysis process.
- **Time constraints:** the key stakeholder may have limited time and questions should be prioritized if they do not have the full time needed to complete.

⁴⁵ Information on safeguarding procedures informed by content from the Keeping Children in Healthy and Protective Families project of Catholic Relief Services.

Content Overview

The toolkit includes the following:

1. **Suggested content to cover within a rapid desk review.** To ensure that all relevant information currently available is captured prior to the initiation of the activity, a rapid literature review of national and county-level documentation should be conducted. This rapid desk review should also include all relevant data (CPIMS or other) on the number of CCI/SCIs and children in care at national and county level.
2. **Suggested meeting agenda for initial meeting with key stakeholders** to present an overview and suggested workplan for the situational analysis. Key stakeholders include at a minimum, the following: Representatives from DCS national office, County Children's Officer (CCO) and Sub-County Children's Officers (SCCO) from the county and sub-counties where data collection will occur, members of the CTWWC team, representatives of UNICEF, Managers and Social Workers from CCI/SCIs from the counties, and other relevant actors engaged in the provision or oversight of CCI/SCIs in the county.
3. **Questionnaire for CCI/SCI** including information on the structure, staffing, services provided, funding and profiles of children in care.
4. **Key informant interview guide** for CCI/SC Manager, CCI/SCI Social Worker (SW) or other person responsible for children's cases, County Coordinator for Children's Services (CCC) and the Sub-County Children's Officer (SCCO).
5. **Focus group discussion guide** for CCI/SCI staff providing direct care to children, care leavers, parents or guardians of children currently in care (where feasible) and key community members such as members of the Sub-County or Locational Area Advisory Council (AAC), religious leaders, village elders or members of Child Protection Committees.

This toolkit will not involve speaking directly with children. It is envisaged that the experience of children living in a CCI/SCI will be provided by careleavers who are no longer in care and are above the age of 18 years.

Each tool gives a quick summary of whom should use it, whom it should be used with, how it should be used and suggested wording for how to introduce yourself, the tool and how and why the information is being collected.

Tools

The following section includes the tools that will be used for the rapid situational analysis. Each tool includes a summary about who should use the tools, how to use them, and who the target audience is. It is imperative that everyone who will be conducting the situational analysis complete a training that will provide critical information in how to use the tools, safe and ethical data collection procedures and a review of the foundational principles guiding this work.

Rapid Desk Review

Before conducting the situational analysis, it is suggested that a desk review be completed. This is a means of collecting, reviewing, and utilizing existing information and data on child protection in general and children's care, specifically. It is envisaged that this desk review will include both national documents as well

as information specific to the counties that are part of the situational assessment. It is recommended that the following be included in the rapid desk review.⁴⁶

Who uses this tool: The rapid desk review should be used by the DCS and other partners engaged in this activity. It should act as a starting point to help determine what information is known and documented related to children’s care in the country as well as in the specific counties where the situational analysis will be conducted.

How to use it: It should be used as a means of providing information as to what is known and documented about children’s care and protection and what the gaps are. It can help to inform the process as well as identify potential partners or other key actors engaged in care. Finally, the literature review can provide information as to the particular vulnerabilities and risks factors facing families in the area and thus, provide helpful insight into whom should be engaged in the process and what potential interventions might be designed to address the issues.

When to use it: The rapid desk review should happen prior to any data collection. It should be done before the stakeholders meeting to help ensure that all relevant background information has been collected and has helped to inform the process (and potentially the tools). Going into the stakeholders meeting with a clear understanding of what information is known as well as the gaps is important in terms of providing a clear picture of the context. The desk review can also be utilized after the rapid situational analysis is conducted and together, they should both form a comprehensive picture of the care environment and help to inform the design of policy and programming.

1. **National legal and policy framework related to child protection broadly and children’s care specifically.** This should include national laws, policies, standards, and guidelines. It may also include relevant international child rights instruments that Kenya has ratified and any related reports (e.g., Concluding Observations of the Committee on the Rights of the Child, etc.).
2. **National legal and policy framework related to disability, including inclusive education.** This includes any relevant law or policies, standards or guidelines related to disability and/or inclusive education.
3. **Family and Community Services.** This covers the organization and delivery of social work; cash benefits; community-based services for vulnerable children; community-based services for children with disabilities; programs and services for children on the streets; and national and/or county service mappings and directories.
4. **Residential care analysis.** This includes existing numbers of CCI/SCIs at the national level as well as county specific; the number of children in CCI/SCIs, and any additional information regarding residential care that might provide relevant background information (newspaper articles, individual assessments, funding streams, etc.). It is also advised to include information on juvenile justice issues, including facilities such as remand homes.
5. **Alternative Family-based Care.** This includes information about alternative-based family care including kinship care, kafala, foster care, guardianship, and adoption. This can include but is not limited to national and legal policy frameworks (also addressed in point 1), standards and guidelines, data on number of children in each type of care or number of families providing this type of care, gaps in data, case studies, media coverage, etc.

Data Collection and Evidence-Based Planning for Children at Risk – covers national data collection on children at risk/requiring additional services; child protection mappings, costing exercises or investment cases, national and County Integrated Development Plans 2018-2023.

⁴⁶ This list is informed by Lumos (2018). Strategic Review Overview. Received from Lumos September 13, 2018.

6. **Anti-child trafficking precautions and practices** – covers the existence and extent of legislation and practices concerning the prevention, protection, and prosecution in relation to child trafficking.

See Annex 1: Bibliography for suggested documents to include in the review. This is not to be considered exhaustive and additional searches, using online search engines, requests for hardcopies and a search of gray literature is recommended.⁴⁷

Stakeholder Meeting: Suggested Content for First Meeting of Key Stakeholders

Who uses this tool: The tool is to be used by whomever is hosting the first stakeholders meeting.

Who do they use it with: The suggested meeting agenda should be sent together with a cover letter explaining the purpose of the meeting and a summary of the care reform.

How to use it: The meeting agenda only a suggestion as to what to include in a first-time meeting with stakeholders to introduce the activity. It is aimed to help promote transparency, build trust amongst key stakeholders, especially CCI/SCI Directors/Managers and staff and familiarize them with the process and tools.

Who will attend: The meeting should be co-hosted by the DCS and any other partners directly involved in the data collection process. Invited participants should, at a minimum, include: National Government Administration Officers, Sub-County Children's Officers, representatives of County Government, representatives of Ministry of Health and Ministry of Education, Directors/Managers and Social Workers of all CCI/SCIs operating in the country, providers of alternative family-based care in the county, religious leaders engaged in care and representatives of careleavers.

What are the objectives of the meeting?

- To define the objectives of the situational analysis and how it fits into DCS' commitment to care reform. This should include how the information will help to inform next steps and what those next steps will be.
- To articulate the roles and responsibilities of DCS and other partners, including CCI/SCIs.
- To share the core principles of good practice and how those will be reflected in each step of the process.
- To present the methodology, including the tools.
- To hear thoughts, issues and concerns from various stakeholders.
- To gain buy-in of the process by all participants, especially CCI/SCIs.
- To develop a clear timeline and next action steps for rollout of the rapid situational analysis.

How much time is required: The meeting should be one full day.

Expected outcomes of the meeting: A clear and shared understanding of the process including what data will be collected, how it will be collected, who will collect it, key principles of the process including confidentiality, and an agreed upon timeline for the process. This process is expected to cultivate relationships and understanding between and amongst the key stakeholders.

⁴⁷ Gray literature refers to materials and research that are not published in academic journals. Common grey literature publication types include reports, working papers, government documents, white papers and evaluations.

Introducing the Situational Analysis of Charitable Children’s Institutions / Statutory Children’s Institutions - Stakeholders Meeting

Time	Activity	Facilitator	Methodology
8:30-9:00	Arrival of participants		
9:00-10:00	<ul style="list-style-type: none"> ▪ Welcome ▪ Introductions ▪ Getting to know each other ▪ Review objectives and expected outputs of the workshop 		Plenary Small group activities (icebreaker)
10.00 -10:30	TEA BREAK		
10:30 – 11:30	<ul style="list-style-type: none"> ▪ Overview of care reform efforts in Kenya and specific objectives and activities of the Situational Analysis ▪ Present roles and responsibilities of the situational assessment 	DCS UNICEF CTWWC Others to be determined	Plenary PPTs
11:30-12:00	Checking in. How do we feel about this process?		Break into small groups and discuss the following question: <ul style="list-style-type: none"> ▪ What is your first reaction to hearing about care reform? ▪ What is your role in the care sector? ▪ What do you get excited about in terms of this process? ▪ What scares you about this process? ▪ What additional information would you like to hear?
12:00-1:00	Report back from small group sessions Discuss outstanding questions in plenary		
1:00-2:00	Lunch		
2:00-3:30	Overview of different tools, information collected and what will be done with information	DCS, UNICEF, CTWWC and others	World Café: There will be four stations to present the tools: 1) CCI/SCI review; 2) review of children in care; 3) key informant interviews and focus group discussions; 4) case file review and desk review. Each small group is 20 minutes. Thirty minutes to report back to plenary and then Q and A.
3:30-4:40	Presentation of timeline, including how the data will be used and follow on activities.		Plenary
4:30-5:00	Commitment statements by hosts and participants Official closure		

Consent forms

It is important to both provide accurate and up to date information about the rapid situational analysis as well as gain informed consent from people who will be directly involved in the process. This should include, as a first step, a meeting to introduce the process to all relevant stakeholders also allowing time for questions (see suggested agenda for meeting, above). After this first step, then all members of CCI/SCIs, DCS and other relevant actors who will be providing information, either through key informant interviews, focus group discussions, case file review, or physical visits to the CCI/SCIs should understand what is happening, what the information will be used for and provide consent to participate. Consent forms must be provided to anyone that participates in the study. The consent form, below, can be contextualized to fit the context and/or the individual.

Who uses this tool? The Consent Form, below, is to be provided to all CCI/SCI Managers prior to engaging in the assessment. It must be provided by the data collection team, ideally in advance of the data collection, to ensure that the CCI/SCI Managers are aware of the process, their role in the process and that they provide written consent to allow the data collection teams into the CCI/SCI and are able to engage with the CCI/SCI Manager and his/her staff.

Who do they use it with? The Consent Form should be provided to every CCI/SCI Manager that the team engages with. Verbal consent should be solicited from every participant prior to engaging in a key informant interview or focus group discussion.

How to use it? The Consent Form should be provided to and reviewed by the CCI/SCI Managers at the stakeholder meeting. They should have reviewed it prior to the data collectors coming to the CCI/SCI. Verbal consent will also be reviewed as it is part of the introduction to each of the key informant interviews and focus group discussions.

Although this is not formal research and children are not involved at any step of the process, it is still recognized good practice to request written or verbal consent from participants.

Consent Form for Manager of Charitable Children’s Institution

Situational Analysis of Charitable and Statutory Children Institutions conducted by the Department of Children’s Services and Changing the Way We Care in _____ county.

Introduction

The Department of Children’s Services recently prioritized care reform within its annual workplan with a specific focus on promoting family-based alternatives, increasing reintegration of children from CCI/SCIs back into family-based care, preventing children from entering Charitable Children’s Institutions and Statutory Children’s Institutions (CCI/SCIs) and using data to inform policy and programming decisions. The first step in this process is to collect information on CCI/SCIs in this county as well as better understand the numbers, profiles of children in CCI/SCIs as well as the reasons that they are in CCI/SCIs. Given your role in children’s care and protection, I would like to ask you some questions about your experience and opinion on CCI/SCIs, family-based care, and the factors that promote family separation. All the information you will give me is completely confidential and will not be used for any other purpose other than what I have just presented. Your participation is completely voluntary, and you are free to withdraw at any time.

If you agree to be a participant in this activity, we will ask you some questions about your experience working within the CCI/SCIs, including questions about the CCI/SCI and the children in care e.g., the profile, reasons for placement, length of placement, age and gender. We expect this to last from one to two hours. Again, all information will be treated with confidentiality. We do not expect you to tell us any identifying information about the children.

Some questions may make you feel uncomfortable and you may choose not to answer. You may ask to stop the interview at any time. There are no direct benefits to you for participating in this situational analysis exercise. However, the information you provide will help to develop policies, programs and services that may help children and at-risk families in the future.

You will receive no payment or compensation for your participation.

The records of this research will be kept private. In any report or publication, we will not include any information that will make it possible to identify you as a participant. Research records will be kept in a locked file.

By signing below, you acknowledge that I have explained everything on this form to you, answered any questions you had, you are at least 18 years of age, and you wish to proceed with the interview.

Print Name of manager/respondent: _____

Print Name of institution: _____ Subcounty _____

Signature or thumb print of manager/respondent: _____

Date: _____

Name and title of person obtaining consent: _____

Signature of person obtaining consent: _____

CCI/SCI Questionnaire

The CCI/SCI Questionnaire is used to collect information on the CCI/SCI as well as the children living within the CCI/SCI. It is designed to collect general information about the CCI/SCI as well as provide a profile of children in care.

Who uses this tool: The data collection team uses the tool.

Who do they use it with: It is to be used with the CCI/SCI Manager (i.e., the person responsible for day to day management of the CCI/SCI) as well as with the CCI/SCI Social Worker or other staff responsible for children's case files.

How to use it? The CCI/SCI Questionnaire is to be used in a face to face meeting with the CCI/SCI Manager. It will most likely require reviewing data as well as verbal questions. Ideally, information, especially about children's profiles should be asked of both the CCI/SCI Manager and the Social Worker.

Nr.	Question	Response	Additional information
	General Information about the CCI/SCI		
1	What is the name of the CCI/SCI?		
2	Is this a private or statutory (government) institution?	<ul style="list-style-type: none"> • Private (CCI) • Statutory (government) 	
3	What is the physical address of the CCI/SCI?	County: _____ Sub-county: _____ Location: _____ Nearest Landmark e.g. name of school, church, health facility etc. _____	
4	Has it always been located here?	<ul style="list-style-type: none"> • Yes • No If not, where was it located previously (location, sub-county, county)? _____ What was the reason for the relocation? _____	
5	What is the contact information of the CCI/SCI?	Phone number: _____ Email: _____ Website: _____	
6	Name of the CCI/SCI Manager		
7	How long have you been in this position?		
8	How long has this CCI/SCI been in existence? (in years)		
9	Is the property rented or owned?	<ul style="list-style-type: none"> • Rented • Leased • Owned If owned, by whom? _____	
10	Is the CCI registered with the Government of Kenya? (Note: This only applies to CCIs since SCIs are established through Act of Parliament)	<ul style="list-style-type: none"> • Yes • No If yes, when was it registered? _____ If registered, by which body/department? _____	*check registration

Nr.	Question	Response	Additional information
		<ul style="list-style-type: none"> • NCCS/DCS • Social Services • NGOs Coordination Board • Ministry of Education • Other, specify <p>If registered, what is the status of the registration?</p> <ul style="list-style-type: none"> • Valid (active or renewed) • Registration expired and applied for renewal • Registration expired, and Renewal not applied 	
11	What was the original objective or mission of the CCI/SCI? (E.g., to provide shelter for children orphaned by HIV and AIDS). Please explain.		
12	Is the current objective the same or different than it was previously?	<ul style="list-style-type: none"> • Same • Different <p>If different, what was the previous objective/mission?</p>	
13	Who founded/started the CCI/SCI (name individual or organization)? Has the ownership changed over time?	<p>Name of founder (individual or organization): _____</p> <ul style="list-style-type: none"> • Yes • No <p>If yes, please explain _____</p>	
Staffing structures			
14	How many staff work here?	Total [____] Male [____] Female [____]	
15	What is the employment status (terms of service) of the staff working here? <i>[record numbers against each category]</i>	Permanent [____] Contract [____] Casual [____]	

Nr.	Question	Response	Additional information
16	How many people are employed as Social Workers? ⁴⁸	Total [____] Male [____] Female [____]	
17	How many of the Social Workers have formal qualifications? <i>*note: qualified means having a certificate, diploma or degree in the social sciences</i>	certificate [____] diploma [____] degree [____]	
18	How many people are employed as houseparents (working directly with children, i.e., house mother or house father)?	Total [____] Male [____] Female [____]	
19	How many houseparents have received pre or in-service training in childcare issues? Which topics?	Total [____] Male [____] Female [____]	Please note the topics here
20	How many people are employed as kitchen staff and/or cleaners?	Total [____] Male [____] Female [____]	
21	How many people are employed as groundskeepers or security personnel?	Total [____] Male [____] Female [____]	
22	How many people are employed as teachers? How many are in the different categories from ECD to Secondary?	Total [____] Male [____] Female [____] ; ECD [____] Primary [____] Secondary [____]	
23	How many people are working here as healthcare or medical staff?	Total [____] Male [____] Female [____]	
24	How many of your workers are non-Kenyan?	Total [____] Male [____] Female [____]	Please note from which country(ies)
25	Are there categories of workers that we have left out? Please specify	Total [____] Male [____] Female [____]	
Service provision			
26	What services do you provide within this CCI/SCI ? Tick all that apply.	<ul style="list-style-type: none"> • ECD • Primary education • Secondary education 	

⁴⁸ A social worker typically has responsibility for case management processes (assessment, development of case plan, implementation of case plan, monitoring, etc.) within the CCI. It can be a formally trained and officially recognized social worker or someone who does not have a degree in social work but is responsible for social worker activities.

Nr.	Question	Response	Additional information
		<ul style="list-style-type: none"> • Vocational training • Health care • Specialized services for children with disabilities (e.g., physical therapy, etc.) • Counseling / psychosocial support • Legal support • Support to the biological family • Life skills • Religious services (church, mosque, Bible studies) • Exit planning • Foster care • Adoption • Other, please describe 	
27	<p>What services do children access from outside of the CCI/SCI? (e.g. health clinic, rehabilitation, etc.). Tick all that apply</p>	<ul style="list-style-type: none"> • ECD center • Public primary education • Private primary education • Public secondary education • Private secondary education • Health services • Counseling services / psychosocial support • Rehabilitation services or other specialized service for children with disabilities • Legal services • Vocational training • Internships or employment opportunities • Life skills training • Bursaries • Support to biological family 	

Nr.	Question	Response	Additional information
		<ul style="list-style-type: none"> • Foster care • Other, please explain _____ 	
28	How many children living in the CCI/SCI receive their education from outside the CCI/SCI?	<input type="checkbox"/> ECD center <input type="checkbox"/> public primary <input type="checkbox"/> private primary <input type="checkbox"/> public secondary <input type="checkbox"/> private secondary <input type="checkbox"/> university <input type="checkbox"/> Vocational training <input type="checkbox"/> other, specify _____	
29a	How many children living in the CCI/SCI receive their education within the CCI/SCI?	<input type="checkbox"/> ECD center <input type="checkbox"/> primary <input type="checkbox"/> Secondary <input type="checkbox"/> Vocational training	
29b	How many children living in this institution are currently NOT enrolled at school?	Too young <input type="checkbox"/> Newly admitted <input type="checkbox"/> Too sick to go to school <input type="checkbox"/> Other, specify <input type="checkbox"/>	
30	How many children and/or families benefit from services provided from outside of the CCI/SCI but which you have referred them to?	Total children <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Total families <input type="checkbox"/>	
31	Does your CCI/SCI have forums or activities for child participation? Please explain	<ul style="list-style-type: none"> • Yes • No If yes, what are some of these forums? TICK all that apply. <ul style="list-style-type: none"> • Children assembly • Sports • Children clubs e.g. debates • Talent shows • Field trips • National days activities e.g. Day of the African Child • Other, specify: _____ 	

Nr.	Question	Response	Additional information
32	What services do you provide for children who are preparing to exit care for reintegration or placement into an alternative family-care situation ?	<ul style="list-style-type: none"> • Educational support (uniforms, bursary, school supplies) • Counseling/psychosocial support • Supervised visitation by family members • Vocational training • Linkages to internships or employment • Financial support • Other. Please explain_____ 	
33	What services do you provide for children who are preparing to exit care to live independently ?	<ul style="list-style-type: none"> • Life skills training • Sex education • Post-secondary education • Counseling /psychosocial support • Supervised visitation by family members • Vocational training • Linkages to internships or employment • Financial support • Other. Please explain_____ 	
34	What services (if any) do you provide for children who have left the facility the facility to live independently?	<ul style="list-style-type: none"> • Life skills training • Sex education • Post-secondary education • Counseling/psychosocial support • Vocational training • Linkages to internships or employment • Financial support • Other. Please explain_____ 	

Nr.	Question	Response	Additional information
Funding			
35a	How is your CCI/SCI funded? Please tick all that apply.	<ul style="list-style-type: none"> • Government funding • Partnership with an external supporting organization, please list country _____ • Foreign churches or other faith-based organizations • Grants and foundations • Individual donors/sponsors • Our own income generation • Other, please list _____ 	
35b	From the funding sources you have indicated above, what is the approximate percentage (%) from each?	<ul style="list-style-type: none"> • Government funding [_____%] • Partnership with an external organization [_____%] • Foreign churches or other FBOs [_____%] • Grants and foundations [_____%] • Individual donors/sponsors [_____%] • Our own income generation [_____%] • Other [_____%] 	
36	Do you have any income generating programs that support the CCI/SCI?	<ul style="list-style-type: none"> • No • Yes If yes, please explain _____	
37	Do you receive any support (in kind or financial) from the local community? Please describe.	<ul style="list-style-type: none"> • No • Yes If yes, please explain _____	
38	Do you have people come to your CCI/SCI as volunteers?	<ul style="list-style-type: none"> • No. If no, skip to Q43 • Yes 	

Nr.	Question	Response	Additional information
39	If yes in Q38, where do volunteers come from? TICK ALL THAT APPLY	<ul style="list-style-type: none"> • Local • International. If yes, from where? <ul style="list-style-type: none"> • Europe • Australia • United States • Canada • Other African country; specify _____ • Other country; specify _____ 	
40	If yes in Q38, how do they find out about your CCI/SCI? Please tick all that apply.	<ul style="list-style-type: none"> • Volunteer program • School • Church • Social media • Website • Other, please explain _____ 	
41	If yes in Q38, what do you do to prepare them to work here? Please tick all that apply.	<ul style="list-style-type: none"> • Training • Talk to them/orientation • Email • Provide written documents • Background check • Other, specify _____ • Nothing 	

Nr.	Question	Response	Additional information
42	If yes in Q38, what kinds of activities are they involved in? Please tick all that apply	<ul style="list-style-type: none"> • Playing with children • Education • Cleaning • Religious instruction • Health care/medical treatment • Community work • Case management • Fundraising • Other, please explain _____ 	
Children in care			
43	How many children are currently in care in this CCI/SCI?	Total _____	
44	What is the capacity (maximum) that this CCI/SCI can hold?		
45	Is this number (maximum capacity) more, less, or the same as when you first opened?	<ul style="list-style-type: none"> • More number • Less number • Same number 	
46	Could you please tell me how many girls and how many boys are currently living here?	Male [____] Female [____]	
47	Could you please tell me how many are in each age group?	Less than one year [____] Male [____] Female [____] 1-3 [____] Male [____] Female [____] 4-6 [____] Male [____] Female [____] 7-10 [____] Male [____] Female [____] 11-14 [____] Male [____] Female [____] 15-17 [____] Male [____] Female [____] 18 and above [____] Male [____] Female [____]	

Nr.	Question	Response	Additional information
48	How many children in care have a physical, intellectual or developmental disability?	Total [____] Male [____] Female [____] Types of disability: Physical [____] Intellectual [____] Age ranges Less than one year [____] 1-3 [____] 4-6 [____] 7-10 [____] 11-14 [____] 15-17 [____] 18 and above [____]	
49	How many children in care have a chronic illness? Please explain. <i>[Note: Chronic illness includes TB, HIV/AIDs, diabetes, cancer, asthma and epilepsy]</i>	Total [____] Male [____] Female [____] Age ranges Less than one year [____] 1-3 [____] 4-6 [____] 7-10 [____] 11-14 [____] 15-17 [____] 18 and above [____] Types of illness _____	Chronic illness includes TB, HIV/AIDs, diabetes, cancer, asthma and epilepsy
50	What are the main reasons that children enter into this CCI/SCI? Please tick all that apply.	<ul style="list-style-type: none"> • Access to education • Access to health • Illness • Disability • Violence, abuse or neglect in the home • On the streets • Abandoned • Orphaned • Poverty • Truancy • Children in conflict with the law • Other, specify _____ 	

Nr.	Question	Response	Additional information
51	How many children in the CCI/SCI come from:	This sub-county [____] Other sub-counties within this county [____] other county [____] other countries [____]	
52	How many children have been in the CCI/SCI for:	0-6 months [____] 7 months to 1 year [____] 1-2 years [____] 3-5 years [____] 6-10 years [____] More than 10 years [____]	
53	How many children have exited the CCI/SCI in the LAST TWELVE MONTHS?	_____	
54	Why do children exit this CCI/SCI?	<ul style="list-style-type: none"> • Return home (reintegration) • Return to another placement • Transfer to another CCI/SCI • Expiry of committal order • Age out • Run away • Revocation or expiry of court order • Other, specify _____ • Don't know 	<i>Note to data collector:</i> please note if children leave periodically but return e.g., home for the holidays)

Nr.	Question	Response	Additional information
55	When children leave the CCI/SCI where do they go? Tick all that apply.	<ul style="list-style-type: none"> • Return home (reintegration) • Transfer to another CCI/SCI • Transfer to rehabilitation school • Independent living • Foster care • Kinship care • Domestic adoption • Borstal/Youth Correction and Training Centre institution (YCTC) • Other, specify _____ • Don't know 	<i>Note to data collector:</i> please note if children leave periodically but return e.g., home for the holidays)
56	Over the LAST 3 YEARS, how many children have left the CCI and are currently in the following placements	Return home (reintegration) _____ Transfer to another CCI/SCI _____ Transfer to rehabilitation school _____ Independent living _____ Foster care _____ Kinship care _____ Domestic adoption _____ Other, specify _____ Don't know	
Case management practices			
57	Please explain the process that occurs when a child is admitted to the CCI/SCI until is exited.	<ul style="list-style-type: none"> • Registration • Assessment • Develop care plan • Refer • Update care plan • Supervised visits • Exit planning • Case closure • Other, please explain 	<i>Note to data collector:</i> please tick all that are mentioned by the CCI/SCI Manager or Social Worker

Nr.	Question	Response	Additional information
58	Do children in this CCI/SCI have care plans or Individual treatment plans (ITPs)? How many children have care plans?	<ul style="list-style-type: none"> • Yes • No • I don't know Total number of children with care plans/total number of children in CCI _____	<i>Note to data collector:</i> Please review case files to confirm number being shared.
59	If Yes in Q58, how often is a child's care plan updated?	<ul style="list-style-type: none"> • Monthly • Every 1-3 months • Every 6 months • Every year • It is not updated • I don't know 	
60	Do you have a transition plan developed for this CCI? (<i>Note: a transition plan is a plan to move from providing 24-hour care to children within the institution to more of a family-based service provider.</i>)	<ul style="list-style-type: none"> • No • Yes • If yes, please explain _____ 	Prompt: a transition plan is a plan to move from providing 24-hour care to children to more of a family-based service provider).
61	Is there anything else that you would like to tell me about this CCI/SCI?	<ul style="list-style-type: none"> • No • Yes • If yes, please explain 	
62	Please capture the GPS coordinates of the institution (<i>do this in an open space not inside a building or under trees</i>)	Latitude _____ <ul style="list-style-type: none"> • Longitude _____ 	

General observations of the data collector regarding the CCI/SCI (please note any concerns about safety, hygiene, treatment of children and/or status of the facility.)
(ANY CHILD PROTECTION CONCERNS MUST BE ESCALATED TO SUPERVISORS)

Name and title of person interviewed: _____

Name of data collector: _____

Date: _____

Casefile Review

Who uses this tool: The data collection team should use this tool to do a random review of 25% of case files at each CCI/SCI.

Who do they use it with: The tool should be used by the data collectors and shared with the CCI/SCI Manager and/or Social Worker or other person involved in dealing with children’s case files.

How to use it: The Case File Checklist should be used to review a minimum of 25% of random case files (that is, selected either by the data reviewer or the CCI/SCI administrator at random from all of the files). The Checklist should help to determine the status of case management utilized within the CCI/SCI as well as whether information on the child is up to date and readily accessed for care planning. Remind the CCI/SCI that this is not an assessment or evaluation or critique of their processes, but to give a better idea of what information they collect. However, it is also important to note that the content that the casefiles are being checked against are informed by the Government of Kenya Best Practices in Charitable Children’s Institutions document.⁴⁹ Also remind them that this information is confidential, and you will not be noting any identifying information. A consent form should be reviewed and signed by the Manager of the CCI/SCI prior to reviewing casefiles.

Please tick (✓) if the document is included in hard copy in the case file or soft copy on the computer. If not present, then put X.

Name of County	Subcounty:	Name of SCI/CCI:
Child Admission/ Unique number:		Date child admitted to SCI/CCI:
Name of Reviewer:		Date of casefile review:

Casefile Checklist	Hard copy in case file (✓ or X)	Document Date (where applicable)	Notes
Child Bio Data / Admission Form			
Copy of birth certificate			
Copy of parental death certificate/Burial permit			
<u>Official placement notice</u> <ul style="list-style-type: none"> • Referral letter from chief • OB number from police • Court committal order • Other 			

⁴⁹ Government of Kenya and UNICEF (2013). National Standards for Best Practice in Children’s Charitable Institutions. Retrieved from:

<https://bettercarenetwork.org/sites/default/files/National%20Standards%20for%20Best%20Practices%20in%20Charitable%20Children%27s%20Institutions.pdf>

Casefile Checklist	Hard copy in case file (✓ or X)	Document Date (where applicable)	Notes
Parental consent form for placement (if parents are living)			
Photos of the child, including one at the time of placement			
Completed Child Assessment			
Completed Family Assessment			
Care plan + updates Please note how often the care plan has been updated with specific dates for original and subsequent updates.		Date of original care plan _____	Dates of updates: 1. 2. 3. 4. 5.
Visitation records			
Case notes + monitoring forms			
School records			
Medical Assessment form on admission			
Health and medical records, including vaccination/immunization cards, NHIF			
Referral forms to services outside the institution			
Any other relevant court forms			
Aftercare follow-up forms			
Any other relevant document e.g. map to child home 1. _____ 2. _____ 3. _____ 4. _____			

Key Informant Interview Guides

Who uses this tool: The data collectors should use this tool.

Who do they use it with: The data collectors should use this tool with the identified key informants (see below).

How to use it: The key informant interview (KII) guides are designed for use with key people within the CCI/SCI or those with decision-making responsibility within the care sector. It should include:

1. CCI/SCI Manager
2. CCI/SCI Social Worker
3. County Children's Officer
4. Sub-County Children's Officer

The interview should take approximately 60 minutes.

If possible, the interview should be recorded so that it can be transcribed later. If this is not possible, then it is advised that two people attend the interview. One can do the speaking/interviewing and the other can be responsible for taking notes.

The key informants should be notified prior to the visit to the CCI/SCI that there is interest in conducting a meeting with them. As part of the introduction, the activity should be explained, and the participant should be asked to give verbal consent if they agree to participate (see introduction in the key informant interview guide).

Key Informant Interview with CCI/SCI Manager

Introduction: The Department of Children’s Services recently included care reform within its annual workplan with a specific focus on preventing children from entering Charitable Children’s Institutions (CCI/SCIs), promoting family-based alternatives, increasing reintegration of children from CCI/SCIs back into family-based care and using data to inform policy and programming decisions. The first step in this process is to collect information on CCI/SCIs in this county as well as better understand the numbers, profiles of children in CCI/SCIs as well as the reasons that they are in CCI/SCIs. Given your role in children’s care and protection, I would like to ask you some questions about your experience and opinion on CCI/SCIs, family-based care, and the factors that promote family separation. All the information you will give me is completely confidential and will not be used for any other purpose other than what I have just presented. Your participation is completely voluntary, and you are free to withdraw at any time.

If you agree to be a participant in this interview, we will ask you some questions about your experience working within the CCI/SCIs, including questions about the CCI/SCI and the children in care e.g., the profile, reasons for placement, length of placement, age and gender. We expect this to last about one hour. Some questions may make you feel uncomfortable and you may choose not to answer. You may ask to stop the interview at any time. There are no direct benefits to you for participating in this study. However, the information you provide will help to develop policies, programs and services that may help children and at-risk families in the future.

You will receive no payment or compensation for your participation.

The records of this research will be kept private. In any report or publication, we will not include any information that will make it possible to identify you as a participant. Research records will be kept in a locked file. By verbally agreeing to participate you acknowledge that I have explained everything on this form to you, answered any questions you had, you are at least 18 years of age, and you wish to proceed with the interview. Now we are ready to begin.

Name of CCI/SCI:	
Name of interviewee:	Title:
Name of County:	Name of Sub County:
Duration worked here:	
Educational background:	Age bracket: [20-29], [30-39], [40-49], [50-59], 60 and above
Name of interviewer:	Date of interview
Time interview started:	Time interview ended:

Question guide	Capture what the respondents say in full. DO NOT Paraphrase or summarize.
<p>1. What do you think are some of the most common factors that influence a family's decision to place a child within this CCI/SCI?</p>	
<p>2. Imagine that there are two families that face similar challenges like the ones that you mentioned. What are some reasons why one family may decide to have their child or children placed into a CCI/SCI while another family in similar circumstances would not?</p>	
<p>3. What role do you think gender play in determining if children are placed into care? Are there factors that contribute to placement into care that are different for boys and girls?</p>	
<p>4. What is the process this CCI/SCI follows in reintegrating children into their families? (PROBE: are there standard operating procedures or tools that you and your staff use to support this process? What services do you provide to children and families during this process?)</p>	

<p>5. What process does this CCI/SCI follow in placing children with extended family (kinship), foster care or adoption? (PROBE: are there standard operating procedures or tools that you and your staff use to support this process? What services do you provide to children and families during this process?)</p>	
<p>6. What services (if any) do you refer children and families to during the process of reintegration, foster care or adoption? Can you always find a suitable referral point? What kind of referral services would you like more access to?</p>	
<p>7. Please tell me about how children who reach the age of 18 in your CCI/SCI transition or leave care? (PROBE: are there standard operating procedures or tools that you and your staff use to support this process?) What do you think are the biggest challenges that young people face as they transition from living at this facility to living independently?</p>	
<p>8. What do you think about the possibility of this CCI/SCI transitioning from providing residential care for children to providing community support and family support services for children and families? (PROBE: What would your biggest concerns be about this kind of process? What kind of support would you and your staff need to transition to a new kind of model of care?)</p>	

Thank you so much for your time today. We have completed the interview. Are there any questions that you have for me before we end our time here today?

Key Informant Interview with CCI/SCI Social Worker

Introduction: The Department of Children’s Services recently included care reform within its annual workplan with a specific focus on preventing children from entering Charitable Children’s Institutions (CCI/SCIs), promoting family-based alternatives, increasing reintegration of children from CCI/SCIs back into family-based care and using data to inform policy and programming decisions. The first step in this process is to collect information on CCI/SCIs in this county as well as better understand the numbers, profiles of children in CCI/SCIs as well as the reasons that they are in CCI/SCIs. Given your role in children’s care and protection, I would like to ask you some questions about your experience and opinion on CCI/SCIs, family-based care, and the factors that promote family separation. All the information you will give me is completely confidential and will not be used for any other purpose other than what I have just presented. Your participation is completely voluntary, and you are free to withdraw at any time.

If you agree to be a participant in this interview, we will ask you some questions about your experience working within the CCI/SCIs, including questions about the CCI/SCI and the children in care e.g., the profile, reasons for placement, length of placement, age and gender. We expect this to last about one hour. Some questions may make you feel uncomfortable and you may choose not to answer. You may ask to stop the interview at any time. There are no direct benefits to you for participating in this study. However, the information you provide will help to develop policies, programs and services that may help children and at-risk families in the future. You will receive no payment or compensation for your participation. The records of this research will be kept private. In any report or publication, we will not include any information that will make it possible to identify you as a participant. Research records will be kept in a locked file. By verbally agreeing to participate you acknowledge that I have explained everything on this form to you, answered any questions you had, you are at least 18 years of age, and you wish to proceed with the interview. Now we are ready to begin.

Name of CCI/SCI:	
Name of interviewee:	Title:
Name of County:	Name of Sub County:
Duration worked here:	
Educational background:	Age bracket: [20-29], [30-39], [40-49], [50-59], 60 and above
Name of interviewer:	Date of interview:
Time interview started:	Time interview ended:

Question guide	Capture what the respondents say in full. DO NOT Paraphrase or summarize.
<p>1. What do you think are some of the most common factors that influence a family's decision to place a child within this CCI/SCI?</p>	
<p>2. Imagine that there are two families that face similar challenges like the ones that you mentioned. What are some reasons why one family may decide to have their child or children placed into a CCI/SCI while another family in similar circumstances would not?</p>	
<p>3. What role do you think gender play in determining if children are placed into care? Are there factors that contribute to placement into care that are different for boys and girls? Please explain.</p>	
<p>4. What is the process this CCI/SCI follows in reintegrating children into their families? (PROBE: What services do you provide to children and families during this process?)</p>	

<p>5. Do you have experience in reintegrating children from this CCI/SCI?</p> <p>a) If yes, could you please share with me some things that went well? What things did not go well that you would suggest we learn from? Do you think these children or families face any stigma or negative feelings from family members, neighbors or teachers, for example?</p> <p>b) If no, when children are reintegrating do you think these children or families would face any stigma or negative feelings from family members, neighbors or teachers, for example?</p>	
<p>6. What process does this CCI/SCI follow in placing children with extended family (kinship), foster care or adoption? (PROBE: What services do you provide to children and families during this process?)</p>	
<p>7. What services (if any) do you refer children and families to who are in the process of reintegration, foster care or adoption? Can you always find a suitable referral point? What kind of referral services would you like more access to?</p>	

Thank you so much for your time today. We have completed the interview. Are there any questions that you have for me before we end our time here today?

Key Informant Interview DCS County Coordinator for Children's Services

Introduction: The Department of Children’s Services recently included care reform within its annual workplan with a specific focus on preventing children from entering Charitable Children’s Institutions (CCI/SCIs), promoting family-based alternatives, increasing reintegration of children from CCI/SCIs back into family-based care and using data to inform policy and programming decisions. The first step in this process is to collect information on CCI/SCIs in this county as well as better understand the numbers, profiles of children in CCI/SCIs as well as the reasons that they are in CCI/SCIs. Given your role in children’s care and protection, I would like to ask you some questions about your experience and opinion on CCI/SCIs, family-based care, and the factors that promote family separation. All the information you will give me is completely confidential and will not be used for any other purpose other than what I have just presented. Your participation is completely voluntary, and you are free to withdraw at any time.

If you agree to be a participant in this interview, we will ask you some questions about your experience working within the CCI/SCIs, including questions about the CCI/SCI and the children in care e.g., the profile, reasons for placement, length of placement, age and gender. We expect this to last about one hour. Some questions may make you feel uncomfortable and you may choose not to answer. You may ask to stop the interview at any time. There are no direct benefits to you for participating in this study. However, the information you provide will help to develop policies, programs and services that may help children and at-risk families in the future. You will receive no payment or compensation for your participation. The records of this research will be kept private. In any report or publication, we will not include any information that will make it possible to identify you as a participant. Research records will be kept in a locked file. By verbally agreeing to participate you acknowledge that I have explained everything on this form to you, answered any questions you had, you are at least 18 years of age, and you wish to proceed with the interview. Now we are ready to begin.

Name of interviewee:	
Title of interviewee:	Name of County:
Name of Sub County:	Duration worked here:
Educational background:	Age bracket: [20-29], [30-39], [40-49], [50-59], 60+
Name of interviewer:	Date of interview
Time interview started:	Time interview ended:

Question guide	Capture what the respondents say in full. DO NOT Paraphrase or summarize.
<p>1. What do you think are some of the most common factors that influence a family's decision to place a child in a CCI/SCI?</p>	
<p>2. What are the main factors that contribute to your decision to recommend placement of a child into a CCI/SCI? Could you please provide some real examples?</p>	
<p>3. Imagine that there are two families that face similar challenges like the ones that you mentioned. What are some reasons why one family may decide to have their child or children placed into a CCI/SCI while another family in similar circumstances would not?</p>	
<p>4. What role do you think gender play in determining if children are placed into care? Are there factors that contribute to placement into care that are different for boys and girls? Please explain.</p>	

<p>5. How do you or your department engage in or support reintegration or placement within kinship, foster care, or adoption? Do you have standard operating procedures or tools? What is your specific role in the process?</p>	
<p>6. What services (if any) are available at the county or subcounty for families where reintegration, foster care or adoption has happened? What about service for vulnerable families that are at high risk of placing their child in a CCI/SCI?</p>	
<p>7. What do you think are the biggest challenges that young people face, when they reach the age of 18, as they transition from living at a facility to living independently? Are there any services that support this group of young people?</p>	
<p>8. Do you feel that the communities you work within would accept children who have been in a CCI/SCI back into their communities, schools, and churches? Are there negative attitudes towards these children and their families? Please explain.</p>	

<p>9. What do you think about the possibility of CCIs/SCIs transitioning from providing residential care to children to providing community support and family support services for children and families? (PROBE: What might this look like? What would have to exist in the community for it to be possible? What kind of support would you or the CCI/SCI staff need to transition to a new kind of model of care?)</p>	
--	--

Thank you so much for your time today. We have completed the interview. Are there any questions that you have for me before we end our time here today?

Key Informant Interview DCS Sub-County Children’s Officer

Introduction: The Department of Children’s Services recently included care reform within its annual workplan with a specific focus on preventing children from entering Charitable Children’s Institutions (CCI/SCIs), promoting family-based alternatives, increasing reintegration of children from CCI/SCIs back into family-based care and using data to inform policy and programming decisions. The first step in this process is to collect information on CCI/SCIs in this county as well as better understand the numbers, profiles of children in CCI/SCIs as well as the reasons that they are in CCI/SCIs. Given your role in children’s care and protection, I would like to ask you some questions about your experience and opinion on CCI/SCIs, family-based care, and the factors that promote family separation. All the information you will give me is completely confidential and will not be used for any other purpose other than what I have just presented. Your participation is completely voluntary, and you are free to withdraw at any time.

If you agree to be a participant in this interview, we will ask you some questions about your experience working within the CCI/SCIs, including questions about the CCI/SCI and the children in care e.g., the profile, reasons for placement, length of placement, age and gender. We expect this to last about one hour. Some questions may make you feel uncomfortable and you may choose not to answer. You may ask to stop the interview at any time. There are no direct benefits to you for participating in this study. However, the information you provide will help to develop policies, programs and services that may help children and at-risk families in the future. You will receive no payment or compensation for your participation. The records of this research will be kept private. In any report or publication, we will not include any information that will make it possible to identify you as a participant. Research records will be kept in a locked file. By verbally agreeing to participate you acknowledge that I have explained everything on this form to you, answered any questions you had, you are at least 18 years of age, and you wish to proceed with the interview. Now we are ready to begin.

Now we are ready to begin.

Name of interviewee:	Title:
Name of County:	Duration worked here:
Educational background:	Age bracket: [20-29], [30-39], [40-49], [50-59], 60+
Name of interviewer:	Date of interview
Time interview started:	Time interview ended:

Question guide	Capture what the respondents say in full. DO NOT Paraphrase or summarize.
<p>1. What do you think are some of the most common factors that influence a family's decision to place a child in a CCI/SCI?</p>	
<p>2. What are the main factors that contribute to your decision to recommend placement of a child into a CCI/SCI? Could you please provide some real examples?</p>	
<p>3. Imagine that there are two families that face similar challenges like the ones that you mentioned. What are some reasons why one family may decide to have their child or children placed into a CCI/SCI while another family in similar circumstances would not?</p>	
<p>4. What role do you think gender play in determining if children are placed into care? Are there factors that contribute to placement into care that are different for boys and girls? Please explain.</p>	

<p>5. How do you or your department engage in or support reintegration or placement within kinship, foster care or adoption? Do you have standard operating procedures or tools? What is your specific role in the process?</p>	
<p>6. What services (if any) are available at the county or subcounty for families where reintegration, foster care or adoption has happened? What about service for vulnerable families that are at high risk of placing their child in a CCI/SCI?</p>	
<p>7. What do you think are the biggest challenges that young people face, when they reach the age of 18, as they transition from living at a facility to living independently? Are there any services that support this group of young people?</p>	
<p>8. Do you feel that the communities you work within would accept children who have been in a CCI/SCI back into their communities, schools and churches? Are there negative attitudes towards these children and their families? Please explain.</p>	

<p>9. What do you think about the possibility of CCIs/SCIs transitioning from providing residential care to children to providing community support and family support services for children and families? (PROBE: What might this look like? What would have to exist in the community for it to be possible? What kind of support would you or the CCI/SCI staff need to transition to a new kind of model of care?)</p>	
--	--

Thank you so much for your time today. We have completed the interview. Are there any questions that you have for me before we end our time here today?

Focus Group Discussion Guide

Who uses this tool: The data collectors should use this tool.

Who do they use it with: The data collectors should use this tool with the identified focus group participants. This will include:

1. Care leavers
2. Other Key Stakeholder (Police, NGAO [*e.g. County commissioner, Chiefs, village elder*], Health Personnel, NGO Service Provider, leader of women's group or member of Area Advisory Council etc.)
3. Staff directly working with the children living in the CCI/SCI (also referred to as caregivers or houseparent).
4. Community Members engaged in decision making about children's care (AAC members, religious leaders, village elders, members of the Child Protection Committee)
5. Parents/Guardians of children placed in CCI/SCIs (if possible)

How to use it: The focus group discussion guides are designed to be conducted with key people within the CCI/SCI those with decision making responsibility within the care sector and community members.

The discussion should take approximately 60 minutes. If possible, it would be nice to offer refreshments at the meeting.

If possible, the discussion should be recorded so that it can be transcribed later. If this is not possible, then it is advised that two people attend the focus group discussion. One can do the speaking/interviewing and the other can be responsible for taking notes.

The participants should be notified prior to the focus group discussion that there is interest in conducting a meeting with them. As part of the introduction, the activity should be explained, and the participant should be asked to give verbal consent if they agree to participate. All participants should verbally consent to participating (see introduction, below).

Focus Group Discussion with Careleaver

Introduction: The Department of Children’s Services recently included care reform within its annual workplan with a specific focus on preventing children from entering Charitable Children’s Institutions (CCI/SCIs), promoting family-based alternatives, increasing reintegration of children from CCI/SCIs back into family-based care and using data to inform policy and programming decisions. The first step in this process is to collect information on CCI/SCIs in this county as well as better understand the numbers, profiles of children in CCI/SCIs as well as the reasons that they are in CCI/SCIs. Given your role in children’s care and protection, I would like to ask you some questions about your experience and opinion on CCI/SCIs, family-based care, and the factors that promote family separation. All the information you will give me is completely confidential and will not be used for any other purpose other than what I have just presented. Your participation is completely voluntary, and you are free to withdraw at any time.

If you agree to be a participant in this interview, we will ask you some questions about your experience living within a CCI/SCI, including questions about the CCI/SCI and the children in care e.g., the profile, reasons for placement, length of placement, age and gender. We expect this to last about one hour. Some questions may make you feel uncomfortable and you may choose not to answer. You may ask to stop the interview at any time. There are no direct benefits to you for participating in this study. However, the information you provide will help to develop policies, programs and services that may help children and at-risk families in the future. You will receive no payment or compensation for your participation. The records of this research will be kept private. In any report or publication, we will not include any information that will make it possible to identify you as a participant. Research records will be kept in a locked file. By verbally agreeing to participate you acknowledge that I have explained everything on this form to you, answered any questions you had, you are at least 18 years of age, and you wish to proceed with the interview. Now we are ready to begin.

Name of participant	Name of institution they lived in	Duration lived there
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
Name of group:		
Name of County:	Subcounty:	
Name of interviewer:	Date of interview:	
Time interview started:	Time interview ended:	

Question guide	Capture what the respondents say in full. DO NOT Paraphrase or summarize.
<p>1. There are a lot of different reasons why children and young people come to live in a CCI/SCI. What are some of the reasons that you think some children and young people come to live here and <u>not</u> live with their families? (PROBE: Can you think of any other reasons besides the ones you have already mentioned?)</p>	
<p>2. What did you like about living in a CCI/SCI?</p>	
<p>3. What do you wish the CCI/SCI would have done more of?</p>	
<p>4. What did you dislike about living in a CCI/SCI?</p>	

<p>5. In what ways might children that live in a CCI/SCI be treated differently by other children or adults who do not live in a facility? For what reasons do you think they might act that way (or in those ways)?</p>	
<p>6. Sometimes girls and boys are treated differently. How were girls and boys treated in the CCI/SCI you lived in?</p>	
<p>7. If you had a question or a topic that you were afraid or embarrassed to discuss, was there someone in the CCI/SCI that you could talk to?</p>	
<p>8. What do you think are the main differences between living in a CCI/SCI and living with your own family?</p>	

<p>9. Imagine that a child from this CCI had a chance to live with their grandparents, an aunt or uncle, an older sibling, or another relative but not with his or her mother or father; What would be good about that? What would be not so good about that?</p>	
<p>10. In what ways did the CCI/SCI help you prepare to return to your family or to live on your own?</p>	
<p>11. Are there things that you wish the CCI/SCI would have helped you with to prepare to live on your own?</p>	
<p>12. If you could say one thing to a family who was considering placing their child in a CCI/SCI what would it be?</p>	

13. Any comments to add?	
--------------------------	--

Thank you so much for your time today. We have completed the interview. Are there any questions that you have for me before we end our time here today?

Key Informant Interviews with Other Key Stakeholder (Police, NGAO [e.g. County commissioner, Chiefs, village elder], Health Personnel, NGO Service Provider, leader of women’s group or member of Area Advisory Council etc.)

Introduction: The Department of Children’s Services recently included care reform within its annual workplan with a specific focus on preventing children from entering Charitable Children’s Institutions (CCI/SCIs), promoting family-based alternatives, increasing reintegration of children from CCI/SCIs back into family-based care and using data to inform policy and programming decisions. The first step in this process is to collect information on CCI/SCIs in this county as well as better understand the numbers, profiles of children in CCI/SCIs as well as the reasons that they are in CCI/SCIs. Given your role in children’s care and protection, I would like to ask you some questions about your experience and opinion on CCI/SCIs, family-based care, and the factors that promote family separation. All the information you will give me is completely confidential and will not be used for any other purpose other than what I have just presented. Your participation is completely voluntary, and you are free to withdraw at any time.

If you agree to be a participant in this interview, we will ask you some questions about your experience working within the CCI/SCIs, including questions about the CCI/SCI and the children in care e.g., the profile, reasons for placement, length of placement, age and gender. We expect this to last about one hour. Some questions may make you feel uncomfortable and you may choose not to answer. You may ask to stop the interview at any time. There are no direct benefits to you for participating in this study. However, the information you provide will help to develop policies, programs and services that may help children and at-risk families in the future. You will receive no payment or compensation for your participation. The records of this research will be kept private. In any report or publication, we will not include any information that will make it possible to identify you as a participant. Research records will be kept in a locked file. By verbally agreeing to participate you acknowledge that I have explained everything on this form to you, answered any questions you had, you are at least 18 years of age, and you wish to proceed with the interview. Now we are ready to begin.

Name of interviewee:	Title:
Name of County:	Name of Sub County:
Duration worked here:	
Educational background:	Age bracket: [20-29], [30-39], [40-49], [50-59], 60+
Name of interviewer:	Date of interview
Time interview started:	Time interview ended:

Question guide	Capture what the respondents say in full. DO NOT Paraphrase or summarize.
<p>1. Do you know of any families from this community that placed their child in a CCI/SCI? What do you think influenced this decision? Did they have other options? If you do not know any families what you think might have been the situation resulting in them placing their child?</p>	
<p>2. What role do you think gender plays in determining if children are placed into care? Are there factors that contribute to placement into care that are different for boys and girls?</p>	
<p>3. Do you know of any services that exist within this community that could support families where reintegration, foster care and adoption has occurred? What about for vulnerable families at risk of placing their children, what services or support would you recommend preventing separation?</p>	
<p>4. Do you feel that the communities you work within would accept children who have been in a CCI/SCI back into their communities, schools, and churches? Are there negative attitudes towards these children and their families?</p>	

<p>5. What do you think are the biggest challenges that young people, who reach the age of 18, face as they transition from living at the facility to living independently? Are there any services that support this group of young people?</p>	
<p>6. What do you think about the possibility of CCIs/SCIs transitioning from providing residential care to children to providing community support and family support services for children and families? (PROBE: Do you think this community could exist without a CCI/SCI? What would have to happen before a transition could occur?)</p>	

Thank you so much for your time today. We have completed the interview. Are there any questions that you have for me before we end our time here today?

Focus Group Discussion Guide for Staff of CCI/SCI (Caregivers or House parents)

Introduction: The Department of Children’s Services recently included care reform within its annual workplan with a specific focus on preventing children from entering Charitable Children’s Institutions (CCI/SCIs), promoting family-based alternatives, increasing reintegration of children from CCI/SCIs back into family-based care and using data to inform policy and programming decisions. The first step in this process is to collect information on CCI/SCIs in this county as well as better understand the numbers, profiles of children in CCI/SCIs as well as the reasons that they are in CCI/SCIs. Given your role in children’s care and protection, I would like to ask you some questions about your experience and opinion on CCI/SCIs, family-based care, and the factors that promote family separation. All the information you will give me is completely confidential and will not be used for any other purpose other than what I have just presented. Your participation is completely voluntary, and you are free to withdraw at any time.

If you agree to be a participant in this activity, we will ask you some questions about your experience working within the CCI/SCIs, including questions about the CCI/SCI and the children in care e.g., the profile, reasons for placement, length of placement, age and gender. We expect this to last about one hour. Some questions may make you feel uncomfortable and you may choose not to answer. You may ask to stop the interview at any time. There are no direct benefits to you for participating in this study. However, the information you provide will help to develop policies, programs and services that may help children and at-risk families in the future. You will receive no payment or compensation for your participation. The records of this research will be kept private. In any report or publication, we will not include any information that will make it possible to identify you as a participant. Research records will be kept in a locked file. By verbally agreeing to participate you acknowledge that I have explained everything on this form to you, answered any questions you had, you are at least 18 years of age, and you wish to proceed with the interview. Now we are ready to begin.

Please say your name, what you do at the CCI/SCI and how long you have worked at this CCI/SCI

Name of participant		Title	Duration worked here
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
Name of County:		Name of Sub County:	Name of CCI/SCI:
Name of interviewer:		Date of interview:	
Time interview started:		Time interview ended:	

Question guide	Capture what the respondents say in full. DO NOT Paraphrase or summarize.
<p>1. First, could I ask each of you to introduce yourself. Please say your name, what you do at the CCI/SCI and how long you have worked at this CCI/SCI.</p>	
<p>2. What is your favorite part about your job? Why?</p>	
<p>3. What is your least favorite part of your job? Why?</p>	
<p>4. Why do you think that parents or guardians place their child or children into CCI/SCIs? (prompt: what are issues that families face that would lead them to make the decision to have their child placed in a CCI/SCI)?</p>	

5. What do you think are the advantages of children living in a CCI/SCI?	
6. What are the disadvantages of children being living in a CCI/SCI?	
7. Do you have any comments or questions to add?	

Thank you so much for your time today. We have completed the discussion. Are there any questions that you have for me before we end our time here today?

Focus Group Discussion Guide for Community Members engaged in decision making about children’s care (AAC members, religious leaders, village elders, members of the Child Protection Committee)

Introduction: The Department of Children’s Services recently included care reform within its annual workplan with a specific focus on preventing children from entering Charitable Children’s Institutions (CCI/SCIs), promoting family-based alternatives, increasing reintegration of children from CCI/SCIs back into family-based care and using data to inform policy and programming decisions. The first step in this process is to collect information on CCI/SCIs in this county as well as better understand the numbers, profiles of children in CCI/SCIs as well as the reasons that they are in CCI/SCIs. Given your role in children’s care and protection, I would like to ask you some questions about your experience and opinion on CCI/SCIs, family-based care, and the factors that promote family separation. All the information you will give me is completely confidential and will not be used for any other purpose other than what I have just presented. Your participation is completely voluntary, and you are free to withdraw at any time.

If you agree to be a participant in this activity, we will ask you some questions about your experience working within the CCI/SCIs, including questions about the CCI/SCI and the children in care e.g., the profile, reasons for placement, length of placement, age and gender. We expect this to last about one hour. Some questions may make you feel uncomfortable and you may choose not to answer. You may ask to stop the interview at any time. There are no direct benefits to you for participating in this study. However, the information you provide will help to develop policies, programs and services that may help children and at-risk families in the future. You will receive no payment or compensation for your participation. The records of this research will be kept private. In any report or publication, we will not include any information that will make it possible to identify you as a participant. Research records will be kept in a locked file. By verbally agreeing to participate you acknowledge that I have explained everything on this form to you, answered any questions you had, you are at least 18 years of age, and you wish to proceed with the interview. Now we are ready to begin.

First, could I ask each of you to introduce yourself. Please say your name, what you do for work and how long you have worked there.

Name of participant	Employment with	Years worked there
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
Name of group:		
Name of County:	Subcounty:	
Name of interviewer:	Date of interview:	
Time interview started:	Time interview ended:	

Question guide	Capture what the respondents say in full. DO NOT Paraphrase or summarize.
<p>1. Why do you think that parents or guardians place their child or children into CCI/SCIs?</p>	
<p>2. What do you think are the advantages of children living in a CCI/SCI? Please explain the role CCIs play in your community.</p>	
<p>3. What are the disadvantages of children being living in a CCI/SCI?</p>	
<p>4. Would you have your children live in the CCI/SCI? Why or why not?</p>	

<p>5. What kinds of services or support do you think would be helpful to retain children in their families or communities? How do you or others in the CCI/SCI prepare older children to exit and live independently?</p>	
<p>6. What kind of services or support do you think would be helpful to children and families that are at risk of being placed in a CCI/SCI? What about for those that are being reintegrated? What about those that are exiting or transitioning to independent living?</p>	
<p>7. Do you have any comments or questions to add?</p>	

Thank you so much for your time today. We have completed the discussion.

Focus Group Discussion Guide for Parents/Guardians of Children in CCI/SCIs

Introduction: The Department of Children’s Services recently included care reform within its annual workplan with a specific focus on preventing children from entering Charitable Children’s Institutions (CCI/SCIs), promoting family-based alternatives, increasing reintegration of children from CCI/SCIs back into family-based care and using data to inform policy and programming decisions. The first step in this process is to collect information on CCI/SCIs in this county as well as better understand the numbers, profiles of children in CCI/SCIs as well as the reasons that they are in CCI/SCIs. Given your role in children’s care and protection, I would like to ask you some questions about your experience and opinion on CCI/SCIs, family-based care, and the factors that promote family separation. All the information you will give me is completely confidential and will not be used for any other purpose other than what I have just presented. Your participation is completely voluntary, and you are free to withdraw at any time.

If you agree to be a participant in this activity, we will ask you some questions about your experience working within the CCI/SCIs, including questions about the CCI/SCI and the children in care e.g., the profile, reasons for placement, length of placement, age and gender. We expect this to last about one hour. Some questions may make you feel uncomfortable and you may choose not to answer. You may ask to stop the interview at any time. There are no direct benefits to you for participating in this study. However, the information you provide will help to develop policies, programs and services that may help children and at-risk families in the future. You will receive no payment or compensation for your participation. The records of this research will be kept private. In any report or publication, we will not include any information that will make it possible to identify you as a participant. Research records will be kept in a locked file. By verbally agreeing to participate you acknowledge that I have explained everything on this form to you, answered any questions you had, you are at least 18 years of age, and you wish to proceed with the interview. Now we are ready to begin.

Could we please start by each of you stating your name, where you live, and how many children you have in total and how many are living in the CCI.

Name of participant	Number of my children	Number of children in CCI
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
Name of County:	Name of Sub County:	
Duration worked here:		
Name of interviewer:	Date of interview	
Time interview started:	Time interview ended:	

Question guide	Capture what the respondents say in full. DO NOT Paraphrase or summarize.
<p>1. What is the one thing that makes you happy about being a mother or father or guardian?</p>	
<p>2. What are some of the main contributing factors that cause children to be placed in a CCI? Do you have any personal experiences that you would like to share?</p>	
<p>3. What could help families to keep their children at home and not place them into CCI? (Prompt: are there things that would have made you decide not to separate from your child?).</p>	
<p>4. What kinds of services do you think would be helpful to families that are considering offering their children for placement in CCIs?</p>	

<p>5. Has your child been returned to you? Could you talk about that process? What went well? What are the challenges? Do you have advice for how to improve this situation for other families?</p>	
<p>6. Do you have any additional questions or comments you would like to share?</p>	

Thank you so much for your time today. We have completed the discussion. Are there any questions that you have for me before we end our time here today?

Final Report and Action Plan Timeframe

All of the information collected by the different tools will be cleaned, electronically stored, collated and analyzed by identified members of the team. This is a very important part of the process and will require time and clear procedures for inputting, storing, and analyzing the data. The Monitoring and Evaluation (M&E) Experts from DCS and CTWWC (or other partners) should take the lead in this process. Analyzing the findings and drafting them into key findings and recommendations should be a team effort led by M&E and technical experts from the team.

Once the information is collated and analyzed a final report summarizing the findings will be drafted. The report should be shared with key stakeholders including all participants in the study. It is recommended that a second stakeholder meeting be planned so that the findings can be shared, discussed and validated.

The key findings should then be used to develop an Action Plan. The Action Plan should clearly detail next steps, key activities and roles and responsibilities. Activities should be time bound and have outputs attached to them. The Action Plan should be developed jointly, ideally in a one or two-day workshop involving key actors from the county. To ensure buy-in of the process, including the Action Plan, by all stakeholders, especially CCI/SCI Managers, staff, and community leaders, it is recommended that the Action Plan be shared widely once finalized.

Annexes

Annex 1: Bibliography

Better Care Network and Global Social Service Workforce Alliance. (2014). Working paper on the role of social service workforce development in care reform. Washington, DC: Intrahealth. Retrieved from: file:///C:/Users/kelley.bunkers/Dropbox/CTWWC%20Mapping/The%20Role%20of%20Social%20Service%20Workforce%20Development%20in%20Care%20Reform_0.pdf

Better Care Network (n.d.). Toolkit. Retrieved from: <https://bettercarenetwork.org/toolkit>

Better Care Network. (2017). Violence Against Children and Care in Africa: A Discussion Paper. New York. Retrieved from: https://bettercarenetwork.org/sites/default/files/BCN_VAC_and_Care_Report_single_page_17102017_0.pdf

Braitstein P., Ayaya S., Ayuku D., DeLong A., Atwoli L. (2017) Child Abuse and Neglect in Charitable Children's Institutions in Uasin Gishu County, Kenya: A Challenge of Context. In: Rus A., Parris S., Stativa E. (eds) Child Maltreatment in Residential Care. Springer, Cham https://doi.org/10.1007/978-3-319-57990-0_16

Bunkers, K., Cox, A., Gesiriech, S., & Olson, K. (2014). Children, orphanages, and families: A summary of research to help guide faith-based action. Faith to Action. Retrieved from http://faithtoaction.org/wp-content/uploads/2014/03/Faith2Action_ResearchGuide_V9_WEB.pdf

Bunkers, K., Cox, A., Gesiriech, S., & Olson, K. (2014). *Key Research on Orphanages and Family Care: An Annotated Bibliography*. Faith to Action. Retrieved from <http://faithtoaction.org/wp-content/uploads/2015/08/Key-Research-Annotated-Bibliography.pdf>

Delap, E. (2011). *Scaling down: Reducing, reshaping and improving residential care around the world*. London: EveryChild.

Delap, E. & Saunders, C. (2012). *Enabling reform: why supporting children with disabilities must be at the heart of successful child care reform*. London: EveryChild and New York: Better Care Network. Retrieved from <http://www.bettercarenetwork.org/library/particular-threats-to-childrens-care-and-protection/children-with-disabilities/enabling-reform-why-supporting-children-with-disabilities-must-be-at-the-heart-of-successful-child>

Faith to Action. Family Care Toolkit. Retrieved from: <http://www.faithtoaction.org/family-care-toolkit/>

Ghera, M. M., Marshall, P. J., Fox, N. A., Zeanah, C. H., Nelson, C. A., Smyke, A. T., & Guthrie, D. (2009). The effects of foster care intervention on socially deprived institutionalized children's attention and positive affect: results from the BEIP study. *Journal of Child Psychology and Psychiatry*, 50(3), 246- 253.

Global Communities & Hope and Homes for Children. (2015). *Key learning from the Ishema Mu Murango program*. Retrieved from <http://www.bettercarenetwork.org/library/principles-of-good-care-practices/leaving-alternative-care-and-reintegration/key-learnings-from-the-ishema-mu-muryango-program>

Global Social Service Workforce Alliance (2018). Concepts and Principles of Effective Case Management: Approaches for the Social Service Workforce. Retrieved from: <http://www.socialserviceworkforce.org/sites/default/files/uploads/Case-Management-Concepts-and-Principles.pdf>

Government of Kenya (2001). Children's Act. Retrieved from: <http://www.childrenscouncil.go.ke/images/documents/Acts/Children-Act.pdf>

- Government of Kenya and UNICEF (2013). National Standards for Best Practice in Children's Charitable Institutions. Retrieved from:
<https://bettercarenetwork.org/sites/default/files/National%20Standards%20for%20Best%20Practices%20in%20Charitable%20Children%27s%20Institutions.pdf>
- Government of Kenya (2018). Draft Children Bill. Retrieved from: <http://www.childrenscouncil.go.ke/>
- Government of Kenya and UNICEF (2014). Guidelines for the Alternative Family Care of Children.
<https://www.bettercarenetwork.org/sites/default/files/Guidelines%20for%20the%20Alternative%20Family%20Care%20of%20Children%20in%20Kenya.pdf>
- Interagency Working Group on Children's Reintegration (2015). Guidelines for Children's Reintegration. Retrieved from: https://www.familyforeverychild.org/wp-content/uploads/2016/08/RG_Digital_DC-1.pdf
- Januario, K., Hembling, J., Rytter, A. & Roby, J. (2016). *Factors related to the placement into and reintegration of children from Catholic-affiliated residential care facilities in Zambia*. Baltimore, MD: Catholic Relief Services. Johnson, Ginger A. A Child's Right to Participation: Photovoice as Methodology for Documenting the Experiences of Children Living in Kenyan Orphanages
[http://anthrosource.onlinelibrary.wiley.com.ezproxy.cul.columbia.edu/hub/journal/10.1111/\(ISSN\)1548-7458/](http://anthrosource.onlinelibrary.wiley.com.ezproxy.cul.columbia.edu/hub/journal/10.1111/(ISSN)1548-7458/)
- National Scientific Council on the Developing Child. (2012). *The science of neglect: The persistent absence of responsive care disrupts the developing brain: Working paper 12*. Retrieved from
<http://www.developingchild.harvard.edu>
- Okello Weda, J., Wambui Mwangi, A. (2015). Human Factors and Child's Safety: A Review of Charitable Children's Institutions in Kisumu Municipality, Kenya. *Humanities and Social Sciences*. Vol. 3, No. 1, 2015, pp. 47-56. doi: 10.11648/j.hss.20150301.16
- Organization of African Unity (OAU), African Charter on the Rights and Welfare of the Child, 11 July 1990, CAB/LEG/24.9/49 (1990), available at: <http://www.refworld.org/docid/3ae6b38c18.html>
- Richter, L. M., & Norman, A. (2010). AIDS orphan tourism: A threat to young children in residential care. *Vulnerable Children and Youth Studies*, 5(3), 217-229.
- Roby, J. L., Rotabi, K., & Bunkers, K. M. (2013). Social justice and intercountry adoptions: The role of the US social work community. *Social Work*, 58(4), 295-303.
- Rodriguez, P., et al (2018). *Infanticide and Abuse: Killing and confinement of children with disabilities in Kenya*. Received from author September 2018.
- Save the Children. (2014). *Institutional Care: The last resort: Policy brief*. Retrieved from:
<http://www.savethechildren.org.uk/resources/online-library/policy-brief-institutional-care-last-resort>
- Towell, D. (2012). *Deinstitutionalisation and community living: Lessons from international experience*. The Centre for Welfare Reform. Retrieved from:
<http://www.centreforwelfarereform.org/uploads/attachment/348/deinstitutionalisation-and-community-living.pdf>
- UN General Assembly (2010). Guidelines for the Alternative Care of Children: resolution / adopted by the General Assembly, 24 February 2010, A/RES/64/142, Retrieved from:
<http://www.refworld.org/docid/4c3acd162.html>

UN General Assembly, Convention on the Rights of the Child, 20 November 1989, United Nations, Treaty Series, vol. 1577, p. 3, available at: <http://www.refworld.org/docid/3ae6b38f0.html> [accessed 3 October 2018]

Annex 2: Original Concept Note

Problem Statement: Global child rights instruments, guidelines,⁵⁰ Kenyan national legal and policy frameworks, the Guidelines for the Alternative Family Care of Children in Kenya⁵¹ and scientific evidence show the benefits of family-based care and the detriments of residential care.⁵² Kenya has 2.4 million orphans, of which 47% are due to parental deaths because of AIDS.⁵³ It is estimated that 30-45% of the 2.4 million orphans reside in charitable children's institutions (CCI/SCIs)⁵⁴ at some point in time. Currently, there are 854 registered charitable children institutions (CCI/SCIs) in Kenya caring for an estimated 50,000 children⁵⁵. In addition, it is estimated that there are 450 unregistered CCI/SCIs (though the number might be higher) and an unknown number of children in those facilities therefore making it difficult for the government to ensure that children in residential care are guaranteed their rights and welfare.⁵⁶ Available data show significant regional variation in children's living arrangements in Kenya. The Western and Nyanza regions maintain the highest proportion of children living with neither biological parent at over sixteen percent, while the Central region and Nairobi boast the lowest percentage of children 0-18 living without either their mother or father at seven percent.⁵⁷

As the Government of Kenya and non-state actors move forward in a genuine effort to implement care reform, there is need for a baseline study to inform a national care reform strategy. At a minimum, this mapping will collect information on the following:

- Physical location of CCI/SCIs
- Typology of CCI/SCI (private, public, faith based, small, medium, large), registered or not
- Staffing structures including staff to child ratio within the CCI/SCIs, # of social workers, # of psychologists, etc.
- Existence of volunteers in CCI/SCI
- Existence of child safeguarding policies and structures
- Funding sources of the CCI/SCI Under funding sources - internal, external, public, private
- Profiles of children in care (sex, age, ability, ethnicity, geographic origin, sibling group, engagement with family)
- Reasons for placement of children into CCI/SCIs
- Age at placement
- Length of time in CCI/SCI
- Management structures (board of directors, national, international, facility management)
- Existence of individual case files
- Reasons for exiting the CCI/SCI
- The presence of linkages to or direct provision of alternative care services to children in CCI/SCIs

⁵⁰ UN Guidelines for alternative care for children

⁵¹ Kenya alternative family care guidelines 2014

⁵² The Development and Care of Institutionally Reared Children: The Leiden Conference on the Development and Care of Children

without Permanent Parents', *Child Development Perspectives*, Volume 6, Number 2, 2012, p 174-180. See also Save the Children,

Keeping Children Out of Harmful Institutions: Why we should be investing in family-based care, November 2009.

⁵³ NAAC 2005, cited in National Plan of Action for OVC, Kenya 2007-2010.

⁵⁴ Kenya alternative family care guidelines 2014

⁵⁵ DCS sources and data

⁵⁶ Ibid.,

⁵⁷ Kenya Demographic and Health Survey 2014

- The presence of linkages to or direct provision of other social services (e.g., health care, education, specialized services for children with disabilities)

Kenya has a strong legal and policy framework supportive of child care reform backed by committed stakeholders drawn from both government and civil society organizations. Both are trying to work together to harness efforts in moving the care reform in a more positive direction. Equally, care reform has been or is currently being implemented across African countries including Rwanda, Ghana and Ethiopia. These countries provide lessons learned, promising practices and models to inform efforts in Kenya. The mapping of CCI/SCIs will not only provide needed information for the government, policy makers and stakeholders to inform a care reform strategy, it will also provide an evidence-informed baseline from which to measure the outcomes of these efforts.

General Objectives: The overarching objective of this mapping exercise is to gather comprehensive information on Charitable Children’s Institutions in Kenya and the profile and situation of children living in those facilities. The mapping will enable critical analysis and inform evidence-based recommendations that will be used to influence a national strategy, planning and budgeting on care reform.

Specific Objectives:

1. To document the current information on the number, location and profile of CCI/SCIs operating both registered and unregistered in the country.
2. To assess elements of the CCI/SCIs in relation to GOK set standards, with particular focus on staff/child ration, access to services, safety and child safeguarding, case management processes and exit strategies.
3. To document the current information on the types of services that CCI/SCIs provide and/or link with specifically focusing on prevention, alternative family-based care, reintegration, and exit strategy.
4. To document the number and profile (age, sex, ethnicity, disability, orphan status, reason for placement, age at placement, length of time in care) of children in CCI/SCIs.
5. To document knowledge, attitude and practices related to residential care amongst directors and staff of CCI/SCIs, community members, DCs, members of AACs, parents/guardians who have placed/received children in CCI/SCIs and care leavers.
6. To document the challenges experienced by CCI/SCI Managers/staff and the opportunities that exist in providing care for children.
7. To collect qualitative data from careleavers on their personal experience while living in residential care.

Methodology: Mixed method approach that utilizes qualitative and quantitative data collection methods. Quantitative data collection will include semi structured questionnaires while qualitative data collection will involve observation, checklists, focus group discussions for children and adults, and key informant interviews. Secondary data will be collected using document reviews, case file reviews related to child care reforms.

Who: The study will be jointly led by the Department of Children’s Services (National and county-level) and Changing the Way We Care. The joint approach will build upon and leverage the strengths of each partner. Respondents will also include: representatives of DCS at county and sub-county level, residential care facility Directors/managers, social workers and other staff, AAC members (e.g. police, Judiciary, ministries of health, education among others) community members (faith based, community leaders, child protection committees, volunteer children officers, community health volunteers), parents/guardians who have placed children in residential care, care leavers.

How: Rapid desk review, development of evidence informed tools (informed by tools used in other national mappings), interviews, focus group discussions, questionnaires, checklists, observation, case file review for quantitative, document review.

Timing: It is envisaged that the first steps of study design will begin in October 2018. It is expected that the pilot of the mapping will begin in the Changing the Way We Care target implementation areas of Kisumu, Nyamira and Kiambu counties.

To learn more about care reform in Kenya, contact alternativefcare@labour.go.ke



Changing THE WAY WE careSM



For more information about *Changing the Way We Care*, contact us at info@ctwwc.org