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CARE REFORM IN KENYA

A VIRTUAL STUDY TOUR

Changing
THE WAY WE
care

HARAMBEE

HOW TO TAKE PART IN THE VIRTUAL STUDY TOUR

This virtual study tour aims to provide you with a strong understanding of care reform in Kenya from the comfort of your own home. To take part, you will need to:

1.

Read the snapshot and timeline of care reform below and follow the link provided to watch a short presentation which will give you an overview of care reform in Kenya.

2.

Look at the promising practice examples, reading the case studies provided or following the links to watch short videos. You can explore all the examples or just look at those that interest you the most.

3.

Take part in a live webinar to ask a panel of experts from Kenya any questions you still have. The webinar will be held in June 2021. To register your interest and receive further details, complete this short form. A recording will be made available here after this event.

4.

Let us know what you think of this virtual study tour by completing this short form.

HOW TO TAKE PART IN THE VIRTUAL STUDY TOUR

Still want to know more?

Still want to know more? There is a list of resources at the end of this document, including legislation and guidance from the Government of Kenya.

Confused by all the jargon?

There is glossary of key terms at the end of the document.

Too much information?

You will see some colour coding in the document to help you quickly find the information of most interest to you.

Bold black	is for information on the systems and mechanisms needed to support care reform and on cross-cutting issues such as care for children with disabilities.
Orange	is for information on family strengthening.
Purple	is for information on kinship care.
Red	is for information on residential care.
Blue	is for information on foster care.
Green	is for information on adoption and *kafalah*.
Brown	is for information on supervised independent living and supporting care leavers.

SNAPSHOT OF CARE IN KENYA

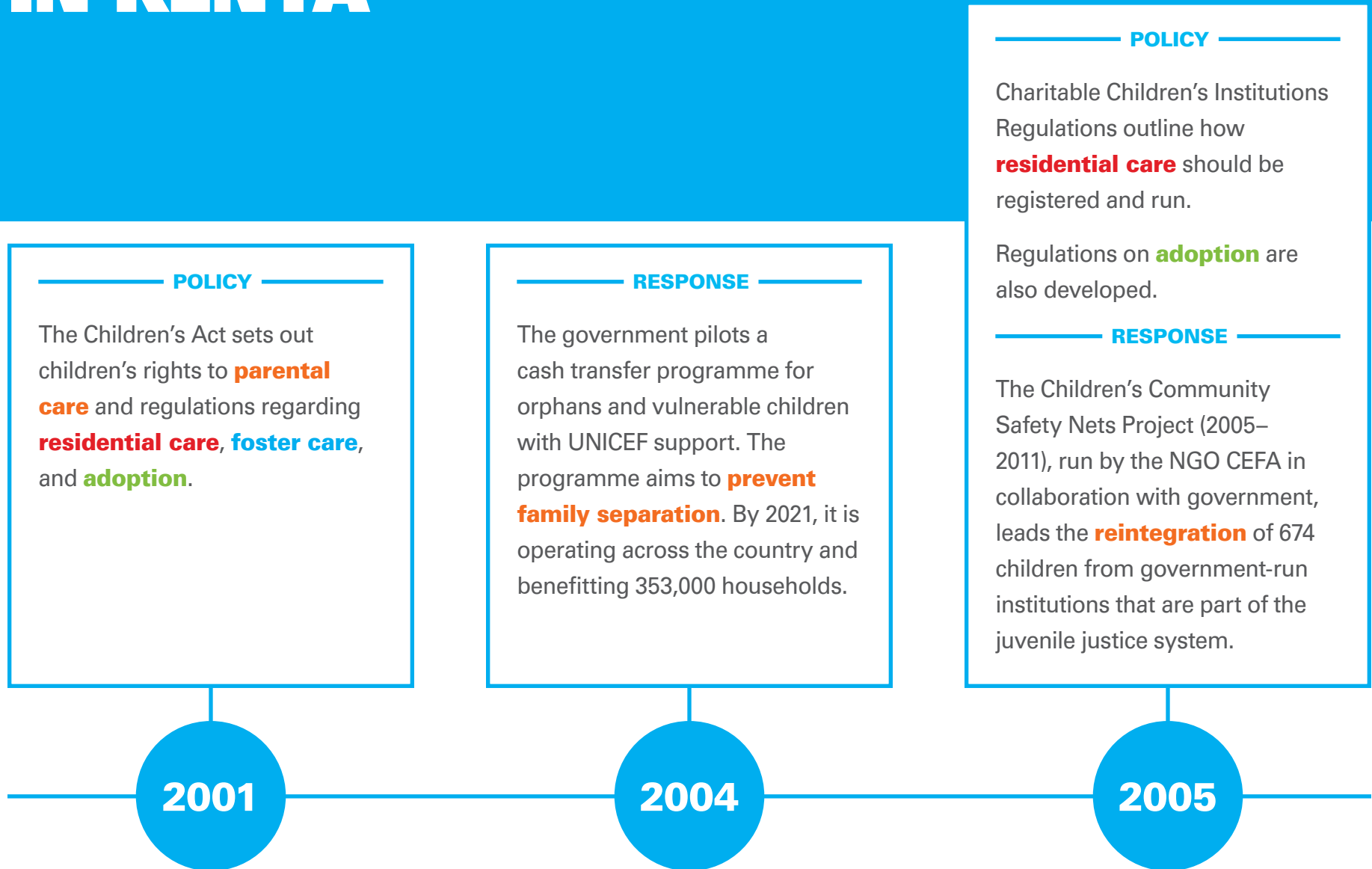|	
Population of country	49.6 million[1]
Child population	49 per cent of the population or 24.3 million.[2]
Kinship care	Around 13 per cent of children or 3.2 million children.[3]
Residential care	Prior to COVID-19, 40–45,000 children were living in registered facilities (up to 200,000 if unregistered facilities are included).[4] Of these, around 1,500 were in statutory government-run facilities and the rest were in facilities run by charities.[5] Reintegration during the COVID-19 crisis has led to a 42 per cent reduction in the numbers of children in registered facilities.[6]
Foster care	Government estimates around 4000 children.[7]
Domestic adoption	Government estimates around 800 per year.[8]
Inter-country adoption	Currently no inter-country or foreign resident adoptions due to a government-imposed suspension.

A TIMELINE OF CARE REFORM IN KENYA[9]

POLICY

The Children's Act sets out children's rights to **parental care** and regulations regarding **residential care**, **foster care**, and **adoption**.

2001

RESPONSE

The government pilots a cash transfer programme for orphans and vulnerable children with UNICEF support. The programme aims to **prevent family separation**. By 2021, it is operating across the country and benefitting 353,000 households.

2004

POLICY

Charitable Children's Institutions Regulations outline how **residential care** should be registered and run.

Regulations on **adoption** are also developed.

RESPONSE

The Children's Community Safety Nets Project (2005–2011), run by the NGO CEFA in collaboration with government, leads the **reintegration** of 674 children from government-run institutions that are part of the juvenile justice system.

2005

A TIMELINE OF CARE REFORM IN KENYA

2008

SITUATION

A technical assessment is carried out of **foster care**, **adoption**, and guardianship.

RESPONSE

In response to research findings, the government's Department of Children Services establishes a section to work on **family strengthening** and alternative care.

2010

POLICY

The Constitution of Kenya outlines the right of every child to parental care and protection. It also includes provision for **social security for vulnerable families** and around the oversight of **residential care**.

The National Child Policy acknowledges the importance of family-based care.

2013

SITUATION

The Kenya Society of Care Leavers documents experiences in **residential care** and finds high levels of violence and abuse.

POLICY

The National Standards for Best Practices in Charitable Children's Institutions are developed, which describe **institutional care** as a last resort, promote **reintegration** and improvements to **gatekeeping**, and provide guidance on **residential care**.

RESPONSE

Training of staff in **residential care** facilities to ensure the implementation of the new national standards.

A TIMELINE OF CARE REFORM IN KENYA

POLICY

The Guidelines for the Alternative Family Care of Children call for a reduction in **institutional care**, outline strategies for **preventing family separation**, and highlight the need to support **kinship** and **foster care**. The guidelines introduce the concepts of **supervised independent living** and *kafalah* as care options.

A **moratorium on Inter-country adoption (ICA)** is issued following evidence that children were being stolen or sold for adoption.

2014

POLICY

The National Plan of Action for Children in Kenya (2015–2022) commits to **deinstitutionalisation**, reductions in the use of **ICA**, improvements in **parenting supports** and an aftercare policy for **care leavers**.

2015

A TIMELINE OF CARE REFORM IN KENYA

POLICY

The government issues a suspension on the registration of new **residential care** facilities, stating that many children are unnecessarily separated from families and are exposed to unscrupulous practices such as trafficking.

RESPONSE

The government holds a forum to discuss a roadmap for **deinstitutionalisation** and wider **care reforms**, signalling a stronger determination to ensure that children can grow up in families.

All 47 county children's coordinators are **trained** on the content of the Guidelines for the Alternative Family Care of Children.

The government initiates the **piloting of care reform** in Kisumu County, demonstrating the implementation of the alternative care guidelines. It is supported by UNICEF and later by Changing the Way We Care (CTWWC).[10]

The Association for Alternative Family Care is formed to **coordinate** over 25 organisations working on care reform.

2017

A TIMELINE OF CARE REFORM IN KENYA

SITUATION

Research shows **children with disabilities** poorly cared for in overcrowded and dirty **residential care**, with some evidence of sexual abuse and torture. Parents receive little support to care for children at home.

RESPONSE

Further **piloting of care reform** at the county level begins. CTWWC supports the government in Nyamira and Kilifi counties and the Stahili Foundation in Murang'a county. This work is still ongoing.

Government officials visit Rwanda and the UK on study tours and start to receive **training on care reform** with support from CTWWC.

SITUATION

A situation analysis of children's institutions in five counties is carried out by government.

RESPONSE

The National Council for Children Services establishes the multi-agency Care Reform Core Team to help with the **coordination** of the care reform agenda in Kenya.

The Governor of Murang'a County signs a declaration promoting family-based care and **social workforce strengthening**. Devolution means that governors hold substantial power in child care reform and it is hoped that other governors will soon do the same.

2018

2019

A TIMELINE OF CARE REFORM IN KENYA

SITUATION

Government directive aimed at protecting children from COVID-19 leads to a 42% reduction in the number of children in registered **residential care** facilities. 21% of these children went back to their biological families and the rest were placed in alternative family-based care, mostly **kinship care**.

COVID-19 impacts many of the factors that lead to family separation including school closures, loss of household livelihoods, and domestic violence.

Research in **refugee camps** in Kenya shows a heightened risk of separation and violence as a result of the stresses caused by COVID-19.

POLICY

The government, with UNICEF support and the guidance of the Care Reform Core Team, begins a process for developing a ten-year **National Care Reform Strategy**. This is supported by an assessment of the care system.

RESPONSE

UNICEF and CTWWC provide an emergency cash transfer for some of the families of children **reintegrated** from residential care following the government directive linked to COVID-19.

The Government issues key messages to support those working with vulnerable children during COVID-19, including **residential care** providers. This includes guidance on safe **reintegration**.

A **case management** package for reintegration is published.

2020

A TIMELINE OF CARE REFORM IN KENYA

POLICY

The draft Children's Bill is endorsed by the cabinet. The bill limits the use of **residential care** for children under three, and includes regulations on **foster care**, **adoption**, and **gatekeeping**.

Numerous other policies and guidance are being developed to support the implementation of the new bill, including standard operating procedures on alternative family and community-based care and other guidance around **aftercare supports**, **family strengthening**, and **gatekeeping**.

2021

AN INTRODUCTION TO CARE REFORM IN KENYA

A short presentation providing an overview of care reform in Kenya can be found here.

PROMISING PRACTICE EXAMPLES AND LESSONS LEARNT

POLICIES AND COORDINATION MECHANISMS TO SUPPORT CARE REFORM

Several policies have been developed to support the care reform process as listed in detail in the timeline for care reform above. The 2014 *Guidelines for the Alternative Family Care of Children* were amongst the first crucial policies on care reform in Kenya. These outline a continuum of care options for children in Kenya, calling for maximum efforts to allow children to remain in families, and for family-based alternative care to be prioritised. The guidelines provide extensive recommendations on family strengthening, kinship care, foster care, *kafalah*, adoption, guardianship, and supervised independent living.

Care reform priorities will be further articulated in the National Care Reform Strategy, which is currently being drafted and will be accompanied by a monitoring framework, action plan and costing exercise. The strategy is based on the care system assessment (see Example 1) and extensive consultations with stakeholders (see Example 2). The development of the strategy is being coordinated by the National Council for Children's Services (NCCS) and the Department of Children's Services (DCS), with inputs from civil society organisations (CSOs) and UNICEF (see Example 3).

PROMISING PRACTICE EXAMPLES AND LESSONS LEARNT

EXAMPLE 1

Assessing the care system in Kenya

The Care System Assessment was designed to assess all aspects of the care system in Kenya, including policies and guidelines, the social service workforce, services, social norms and financing. The framework builds on global standards and was developed by Changing the Way We Care. The assessment process was led by the Care Reform Core Team and was published in 2020 (see Example 3). Stakeholders came together to discuss care reform processes, reach consensus on necessary responses, and prioritise next steps. A report of the assessment and further details of the process can be found here.

In addition, the government regularly captured details of children in need of care and protection through the child protection information management systems, developed with support from UNICEF and USAID. Staff from residential care facilities have been trained to input data into this system.

PROMISING PRACTICE EXAMPLES AND LESSONS LEARNT

EXAMPLE 2

Developing the National Care Reform Strategy[11]

The development of the National Care Reform Strategy was managed by a sub-committee of the Care Reform Core Team (see Example 3). It began in March 2020 with a review of the literature. This was followed by extensive consultations with 120 stakeholder groups, including a range of government agencies, UN agencies, CSOs, donors, traditional and religious leaders, care leavers, and children and families. Due to COVID-19 restrictions, consultations took place through 64 online events. Although switching online was originally viewed as a constraint, it ultimately provided an opportunity to reach a wider range of individuals from across the country. The consultations took around three months and had three key benefits for the strategy. First, they provided new insights on care and meant that the strategy is more relevant to the local context. For example, the consultations revealed traditional community approaches to care that were not widely recognised by the formal care system, such as the Gusii and Kikuyu community adoption practices.

Second, the consultations enabled a clearer common understanding of care and care reform. For example, it was found that Muslim communities use the term 'kafalah' to refer to support for any form of non-parental care, including providing financial support to residential care or temporary kinship care. In much legislation in Kenya and globally, kafalah is referred to as a form of family-based care like adoption.

PROMISING PRACTICE EXAMPLES AND LESSONS LEARNT

Third, the consultations enabled greater buy-in to the care reform process. Community and religious leaders were widely consulted and many expressed strong buy-in to the concept of family-based care, which they argue adheres to both traditional and religious values. Since being consulted, these leaders have expressed a strong desire to become more involved in promoting family-based care.

Following consultations with stakeholders, five drafts of the strategy were developed, and stakeholders were given opportunities to comment either in writing or during virtual and physical workshops.

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EXAMPLE 3

Coordination and oversight of care reform

The NCCS provides care-related standards and guidance and oversight of the reform process. It also approves the registration of new children's homes. The DCS implements reform, including oversight and delivery of services. The NCCS is also responsible for coordinating activities related to children's care. It has established a multi-sectoral Care Reform Core Team which meets regularly for information sharing, coordination, monitoring and adaptation of care reform plans. The Care Reform Core Team has led the development of the National Care Reform strategy. Coordination is seen to be crucial to the care reform process in Kenya as so many government agencies and CSOs play a role. This team includes representatives from relevant government agencies, including those working on child protection and care, social protection, street connected children, children with disabilities, education and health. UNICEF, CSOs and the Kenya Association of Care Leavers are also included in the Core Team.

PROMISING PRACTICE EXAMPLES AND LESSONS LEARNT

THE USE OF DEMONSTRATION COUNTIES IN CARE REFORM

Demonstration counties are being used in Kenya to generate learning on care reform and provide examples of promising practice that can be used to promote wider reforms. Four counties have been selected to illustrate reform across a range of contexts. Reform in each county is led by local government with the support of CSOs (see Example 4 on Kisumu County). Learning from demonstration counties has already fed into national level programmes and policies, for example into case management guidance for reintegration and in the new care reform strategy.

PROMISING PRACTICE EXAMPLES AND LESSONS LEARNT

EXAMPLE 4

Care reform in Kisumu County[12]

Kisumu County was selected as a demonstration county in 2017 due to high levels of poverty, the prevalence of HIV, and strong commitment from local government and CSOs. Activities have been carried out by government with the support of UNICEF, CTWWC, the media and community members. So far, interventions have included the drafting of guidance for caseworkers, standard operating procedures and gatekeeping guidelines, and the training of social workers, residential care home managers, religious leaders and children and young people. In 2020, a data collection exercise was conducted to understand the effect of reintegration from residential care as a result of COVID-19. One thousand and seven children and young people who had transitioned to family and community-based care were supported with monthly cash transfers and monitored by 41 newly recruited Child Protection Volunteers. In 2021, children still in residential care will be assessed to determine their suitability for reintegration. Plans are also underway to identify and train foster carers and to strengthen families caring for reintegrated children.

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FAMILY STRENGTHENING

There are multiple initiatives in Kenya designed to strengthen family capacity to care for children well. A key part of government support to families has been the national orphans and vulnerable children (OVC) cash transfer programme which aims to reduce family separation, support reintegration and improve the quality of care for children in families (see Example 5). This currently reaches 353,000 households. Cash assistance is often insufficient to enable families to care for children well and other approaches for family strengthening are also being deployed. These include parenting programmes, savings and loans groups for mothers, and care leaver networks.

The government is working hard to promote the reintegration of children back into families and communities and has recently developed a case management package to support this process (see Example 6). There are also several successful CSO initiatives aimed at preventing separation or supporting reintegration (see examples 7 to 9).

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EXAMPLE 5

A cash transfer for preventing family separation and improving care[13]

The OVC cash transfer was launched by the government in 2004 with UNICEF support and has since expanded to cover over 350,000 households across all 47 counties of Kenya. The programme provides regular cash to households caring for OVCs – defined as children who have lost one or both parents, who are chronically ill or who are looked after by a caregiver who is chronically ill. The programme aims to: "encourage fostering and retention of such children [OVCs] within their families and communities and promote their human capital development."[14]

Evaluations of the programme found that most children both in households receiving the cash transfer and in similar households not covered by the programme remained within their families. This reflects strong cultural norms in Kenya which encourage families and communities to care for OVCs. The cash transfer has improved the quality of care that children receive as households have the resources that they need to care for children well. The transfer reduces household poverty and increases expenditure on food. The programme also has other benefits, including leading to reductions in child labour, and reducing the likelihood of early sexual debut, pregnancy, and multiple sexual partners amongst adolescents.

The programme has generated some interesting lessons learnt. Findings show that attaching conditions, such as compulsory school attendance, to the cash transfer is hard to enforce and does not improve outcomes. In some cases, the penalties associated with these conditions can actually make households more rather than less vulnerable. Instead, a system of 'labelling' is being used which involves encouraging households to spend funds in areas that improve child wellbeing.

PROMISING PRACTICE EXAMPLES AND LESSONS LEARNT

EXAMPLE 6

Case management to support reintegration

The DCS have worked with CSOs (led by CTWWC) to develop and launch a case management package for children's reintegration. The guidance, tools and training can be used for children reintegrating from residential care or the streets. They include an overview of the principles and practice of case management to support reintegration, a case management toolkit, case worker training and a facilitators' guide. This guidance can be found here.

PROMISING PRACTICE EXAMPLES AND LESSONS LEARNT

EXAMPLE 7

Preventing child abandonment through work in a maternity hospital[15]

The Family Strengthening and Support model was initiated by the NGO Give a Child a Family in the Pumwani Maternity Hospital in Nairobi. From 2013 to 2018 the programme reached 2,000 mothers from low-income backgrounds annually. It contributed to a reduction in child abandonment, which almost halved in the target area over the five-year period of the programme. Mothers received parenting skills training and mutual support through parenting groups. Support groups meant that older and more experienced mothers could help teenaged mothers. Some mothers were also provided with home visits when necessary. As well as help with parenting, many mothers needed livelihoods assistance. The support groups allowed those with skills to pass on their expertise to other mothers, and some emergency one-off financial support was also provided.

Some new mothers were found to be particularly vulnerable. This video focuses on work to prevent child abandonment amongst mothers who had given birth to pre-term and low birthweight babies and babies with a congenital condition.[16]

PROMISING PRACTICE EXAMPLES AND LESSONS LEARNT

EXAMPLE 8

Working with families to prevent separation[17]

In this video, Grace Mwangi, a social worker, describes her work with families at high risk of separation. She highlights the importance of: developing relationships; identifying the specific challenges that each family faces; taking a holistic and long-term approach, and building on strengths to prevent placement in residential care.

EXAMPLE 9

The perspectives of care leavers on reintegration[18]

This film explores the experiences of care leavers in residential care in Kenya and reintegration from the perspective of young people. The film also touches on the use of cash transfers to support vulnerable families and prevent separation.

PROMISING PRACTICE EXAMPLES AND LESSONS LEARNT

TRANSFORMATION OF RESIDENTIAL CARE

The care reform process in Kenya has involved the reintegration of many children from residential care, and changes in the services and support provided by children's homes (see examples 10 to 12).

PROMISING PRACTICE EXAMPLES AND LESSONS LEARNT

EXAMPLE 10

Working with residential care providers to support care reform[19]

In this video the director of the NGO Child in Family Focus discusses how to engage children's homes in care reform.

EXAMPLE 11

An example of the transformation of a children's home[20]

Kickstart Kids International's Olturoto Children's Village provided care for abused, abandoned and neglected children. In 2017, following government care reform, Kickstart realised that it needed to shift its approach. Social workers enhanced reintegration efforts, ensuring that each child had a tailored care plan to prepare and support them through the process. Those children who could not be reintegrated back to parents were placed with relatives, or in a few cases where this was not possible, into another residential care facility. This enabled Kickstart to cease to provide residential care in 2019 and focus on follow-up support to reintegrated children and on working with communities to prevent separation. Many were resistant to this change, including community members and international donors who could not initially understand why change was needed. Tough decisions also had to be made about staff; many were redeployed, but some lost their jobs.

PROMISING PRACTICE EXAMPLES AND LESSONS LEARNT

EXAMPLE 12

From residential care home to centre supporting family reintegration

Ten years ago, Agape Children's Ministry ran a residential care home for 100 street-connected children. This facility was transformed to a rehabilitation centre focusing on temporary shelter and family reintegration which has reunited over 2,000 children with their families. This short video tells the story of this transformation.

PROMISING PRACTICE EXAMPLES AND LESSONS LEARNT

KINSHIP CARE

The importance of kinship care is acknowledged in Kenya's *Guidelines for the Alternative Family Care of Children* which outline the benefits and risks of kinship care and provide recommendations to strengthen kinship care. There are over three million children living in kinship care in Kenya[21] with research suggesting that this is an area where more support is needed (see Example 13).

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EXAMPLE 13

Research on kinship care in Kenya[22]

Save the Children research on kinship care in Kenya found that:

➡ Historically, kinship care has been used to strengthen ties between families. Although in more recent years urbanisation and modernisation have challenged family bonds, kinship care is still widely practised and culturally acceptable.

➡ Children are pushed into kinship care by poverty and lack of access to schooling close to home.

➡ Some children are loved and well cared for in kinship care; others are discriminated against, neglected, and abused.

➡ Children generally prefer to live with grandparents despite the vulnerability of their caregivers as they see grandparents as most likely to love and protect them.

➡ Grandparent caregivers need support, particularly in relation to poverty and parenting across an intergenerational divide.

➡ Parents are often unaware that children can be poorly treated by relatives.

➡ Some family strengthening initiatives include kinship carers, but this is an area where much more investment is needed.

PROMISING PRACTICE EXAMPLES AND LESSONS LEARNT

ADOPTION

The government estimates that there are around 800 domestic adoptions each year in Kenya. Discussions with an adoption agency suggest that there is huge unmet need for adoptions (see Example 14).

PROMISING PRACTICE EXAMPLES AND LESSONS LEARNT

EXAMPLE 14

The experiences of the Change Trust, a Kenyan adoption society

The Change Trust is one of only six adoption agencies in Kenya. It facilitates 90-120 adoptions each year. An interview with Muteru Njama, the director of the Change Trust, suggests that some progress has been made in recent years with adoption regulations and guidance. However, numerous problems with the system remain. There are too few adoption agencies and those that do exist are all located in Nairobi. There is a great need for information about adoption across the country; from general knowledge that adoption is a universally available service, to technical knowledge for social workers and other officials to use to support adoption processes. Only a small proportion of residential care facilities are willing to support adoption as it uses up a lot of staff time. Staff from adoption agencies spend many hours searching for children who are eligible for adoption.

Family is important in Kenya and there is huge social pressure to have children, with many childless couples desperate for a child. There are also thousands of children in residential care who have been abandoned by their parents and are eligible for adoption. The barriers to adoption mean that rates remain low despite the demand and need for adoption. The situation is even worse for older children, those with disabilities or those with HIV as virtually all adoptive parents want a baby with no special needs.

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Although the situation has improved in recent years, the Change Trust suggests that adoption could be further enhanced by extensive training of government child protection officers, a code of conduct for adoption practitioners and availability of adoption services across the country. Quicker assessment and identification of children who are eligible for adoption, and a central registry for children in need of adoption and prospective adoptive parents would also help.

PROMISING PRACTICE EXAMPLES AND LESSONS LEARNT

SUPPORTING CARE LEAVERS AND ENGAGING THEM IN CARE REFORM

The Kenya Society of Care Leavers (KESCA) has highlighted the harm caused by institutional care and advocated for reform and greater supports for young people transitioning to live independently.[23] Care leavers also participated in the development of several key policies and guidance, including the National Care Reform Strategy, and in government run COVID-19 working group. With support from CTWWC, KESCA has also developed guidance on supporting care leavers and engaging them in the reform process (see examples 15 and 16). Kenyan care leavers have been involved in regional and global advocacy calling for an end to institutionalisation of children – including addressing the United Nations. They regularly participate in global networking with other care leaver associations.

PROMISING PRACTICE EXAMPLES AND LESSONS LEARNT

EXAMPLE 15

How to support young people and children to leave care[24]

KESCA suggests the following steps in supporting children and young people to leave care.

Preparing to leave care

➡ Commit time and resources to exit planning. Never allow young people to leave care spontaneously with no preparation.

➡ Ensure exit planning is done in a participatory manner that puts children and young people first. For example, care leavers should be allowed to choose where they live and work.

➡ Recognise that leaving care happens at a time of other transitions (such as from college or school to work). Support young people through these varied changes in their lives.

➡ Use a strength-based approach which builds on young people's skills, talents and other strengths and does not just focus on challenges.

➡ If children are reintegrating back to families, take time to properly assess families and support contact prior to return.

PROMISING PRACTICE EXAMPLES AND LESSONS LEARNT

➡️ Link children and families and young people to services and support. This may include, for example, livelihoods support, vocational training and mental health services.

➡️ Ensure care leavers are well prepared to live independently. Give them the basic skills to protect and care for themselves, earn a living and access services. This can include access to key documentation such as birth certificates.

➡️ Ensure each care leaver has a supportive mentor.

➡️ Give care leavers the right to their personal belongings, including mementoes from their time in care, personal items such as toys and clothes, and access to case files.

Support after leaving care

➡️ Provide regular monitoring and ongoing supports for as long as the care leaver needs this.

➡️ Facilitate contact with other care leavers, including through organisations like KESCA.

➡️ Support contact with a faith-based community if desired.

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EXAMPLE 16

How to engage care leavers in reform[25]

Care leavers can be involved in the design and delivery of care reform programmes and strategies in a variety of ways including the following.

➡ Use care leavers' perspectives to inform proposal development or as part of proposal review committees.

➡ Ask care leavers to contribute to monitoring and evaluation frameworks by helping to identify what success looks like.

➡ Engage care leavers in data collection, such as facilitating focus groups with children and young people for research or evaluations.

➡ Develop teams of care leavers to monitor service provision.

➡ Ask care leavers to describe the skills and attributes needed to be an effective social worker, and review job descriptions. Care leavers can also take part in interview panels.

➡ Involve care leavers in training, presenting experiences from their time in care.

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➡ Ensure care leavers have access to government policy makers, for example by being co-opted to working groups.

➡ Support interested care leavers to gain employment in care reform processes (such as providing internships or sharing information about job vacancies).

➡ Include care leavers in gatekeeping panels.

In this video, Ruth Wacuka and Samora Korea of KESCA describe the importance of care leavers' networks and explore how to effectively engage these organisations in care reform processes. They challenge the idea that care leavers should just be brought in to tell their stories and argue that they must be involved in setting the agenda for care reform.

PROMISING PRACTICE EXAMPLES AND LESSONS LEARNT

CHALLENGING ORPHANAGE VOLUNTOURISM AND TRAFFICKING

'Orphanage voluntourism' involves foreigners volunteering in residential care facilities. Evidence has shown that vulnerable children in Kenya have been lured into institutions to attract these volunteers and the donations they bring. In some cases, families are tricked into placing their children in care with promises of schooling or other forms of support. In 2018, this exploitation of children was included in the US State Department's definition of trafficking.[26] This practice is now being challenged in Kenya (see Example 17).

PROMISING PRACTICE EXAMPLES AND LESSONS LEARNT

EXAMPLE 17

Efforts to end 'orphanage' voluntourism

This newspaper article describes the growing outcry over voluntourism and associated child trafficking in Kenya and the work being doing by campaigners to stop this practice. In this podcast, two care leavers explain the negative impact of growing up in a care home partially staffed by regularly changing volunteers.

THE VOICES OF CARE LEAVERS[27]

"My aunt had four children and she felt I added to the number of children she was taking care of when I joined them. To them, I was a burden. Most of the time I would hear my uncle say, 'Now this one has come to add more problems to the family'."

"Institutions can be closed but a family can never be closed."

"The social workers wanted to get rid of me and saw me as a burden to the institution."

"I left the institution because of physical abuse; I used to get beaten often."

"I did not know how to make friends with people outside of the institution. I was only used to friends inside the institution."

RESOURCES

Overviews of care reform

Republic of Kenya (2020) Kenya national care system assessment

Transform Alliance Africa (2017) Kenya country profile

Mutinda, F. (2021) Orphanages not the best refuge for children

Government of Kenya and Association for Alternative Family Care of Children (2021) Institutionalisation and the alternative family-based care options for children in Kenya – Frequently asked questions

Better Care Network (in collaboration with the Republic of Kenya) (2021) March 2021 Newsletter – Spotlight on care reform in Kenya

Policies, strategies and guidance

Republic of Kenya (2014) Guidelines for the alternative family care of children in Kenya

Republic of Kenya and UNICEF (2013) National standards for best practices in charitable children's institutions

The Kenyan Association of Care Leavers and Changing the Way We Care (2018) How to engage care leavers in care reform

Republic of Kenya, Ministry of Labour and Social Protection, Department of Children's Services (2019) Caseworker's toolkit: Case management for reintegration of children into family or community based care

Republic of Kenya, Ministry of Labour and Social Protection and Changing the Way We Care (2020) Preventing and responding to COVID-19. Key messages to support those working with vulnerable families in Kenya

RESOURCES

Changing the Way We Care (2020) Package of COVID-19 Case Management and Virtual Monitoring Guidance and Tools

Republic of Kenya, Ministry of Labour and Social Protection, Department of Children's Services (2020) Toolkit for a residential childcare institution situational analysis in Kenya

Research

Republic of Kenya (2019) Situational analysis report for children's institutions in five counties

Chege, N. and Ucembe, S. (2020) Kenya's over-reliance on institutionalization as a child care and child protection model: A root cause approach

Save the Children (2015) Tulinde Watoto Wetu. Understanding informal/alternative care mechanisms for protecting children: Study of kinship care practices in Busia County, Kenya

Stuckenbruk, D. and Roby, J. (2017) Navigating unchartered terrain: Domestic adoptions in Kenya

Rodriguez, P. et al. (2018) Infanticide and abuse: Killing and confinement of children with disabilities in Kenya. For a short summary of this report see here and here.

News reports

Ajiambo et al. (2021) In Africa, sisters lead the way to replace orphanages with family care

QUESTIONS?

A webinar will be held in June 2021. This is your chance to ask any questions you have on care reform in Kenya to a panel of experts. To register your interest and receive further details, complete this short form. A recording will be made available here after this event.

FEEDBACK

Please tell us what you think about this virtual study tour and how it could be improved by completing this short form.

GLOSSARY OF KEY TERMS

Care reform	"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, and ensure appropriate family-based alternative care options are available."[28]
Alternative care	The formal and informal care of children outside of parental care. Children outside of parental care are children not in the overnight care of at least one of their parents, as parents are unwilling or unable to care for children.[29] The Guidelines for the Alternative Care of Children outline several different forms of formal and informal alternative care including kinship care, residential care and foster care.[30] This adheres to the definition of alternative care included in Kenya's Guidelines for the Alternative Family Care of Children.[31]
Gatekeeping	"A recognised and systematic procedure to ensure that alternative care for children is used only when necessary and that the child receives the most suitable support to meet their individual needs."[32]
	In Kenya's Guidelines for the Alternative Family Care of Children, this is defined further as:
	"The prevention of inappropriate placement of a child in formal care. Placement should be preceded by some form of assessment of the child's physical, emotional, intellectual and social needs, matched to whether the placement can meet these needs based on its functions and objectives."[33]

GLOSSARY OF KEY TERMS

Residential care	Care provided in any non-family-based group setting.[34] A distinction is often made between different forms of residential care. For example: • Institutional care. Large-scale facilities where children are cared for in large groups, usually involving shift-systems, a common set of rules, children sleeping in dormitories, and isolation from wider communities. • Small group homes. Children cared for in small groups, usually with one or two carers, in specially designed and designated facilities.[35] In Kenya, residential care facilities are referred to as Charitable Children's Institutions or CCIs – these are defined in the Guidelines for the Alternative Family Care of Children as: "A home or institution established by a person, corporate or noncorporate, religious organisation or NGO, which has been granted approval by the NCCS to manage a programme for the care, protection, rehabilitation or control of children."[36]
Family-based care	"Short-term or long-term placement of a child in a family environment with one consistent caregiver and a nurturing environment where the child is part of a supportive family and the community."[37] This definition is taken from Kenya's Guidelines for the Alternative Family Care of Children.

GLOSSARY OF KEY TERMS

Kinship care	Family-based care within the child's own extended family or with close friends of the family known to the child.[38] In Kenya's Guidelines for the Alternative Family Care of Children, a distinction is made between formal and informal kinship care arrangements in line with the global Guidelines for the Alternative Care of Children.[39]
Foster care	Foster care is a formal arrangement whereby a competent authority places a child in the domestic environment of a family other than the child's own that has been selected, qualified and approved for providing such care.[40] Although global guidance only acknowledges formal foster care, in many countries the term 'informal' or 'spontaneous' foster care is used to describe families taking in unrelated children that are previously unknown to them. In Kenya, the Children Act of 2001 and the Guidelines for the Alternative Family Care of Children define foster care as: "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."[41]

GLOSSARY OF KEY TERMS

Supervised supported/ independent living

Children and young people living alone or in groups in the community but supervised by social workers, caregivers and/or community volunteers.

In Kenya's Guidelines for the Alternative Family Care of Children the term 'supported independent living' is used and this is further outlined as:

"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 offer assistance and support but not to provide supervision. Assistance may include timekeeping, budgeting, cooking, job seeking, counselling, vocational training and parenting."[42]

Case management

Case management is a key means of ensuring that vulnerable children and families get the services they need. Case management uses standardised guidance to support social workers in identifying needs, making referrals to appropriate services, monitoring children and families, and keeping effective records.[43]

In Kenya's Guidelines for the Alternative Family Care of Children, this is defined further as:

"The process of ensuring that an identified child has his or her needs for care, protection and support met. This is usually the responsibility of an allocated social worker who meets with the child, the family, any other caregivers and professionals involved with the child in order to assess, plan, deliver or refer the child and/or family for services, and monitor and review progress."[44]

ENDNOTES

1. UNICEF (2017) Situation Analysis of Women and Children in Kenya, 2017. Kenya: UNICEF, p.4.

2. Ibid., p.4.

3. DHS survey data from 2014 shows that 13 per cent of children live in a household with neither biological parent. The vast majority of these children are likely to be in kinship care. Better Care Network (2017) Kenya DHS 2014: Children's care and living arrangements. USA: Better Care Network.

4. UNICEF 2017; Ministry of Labour and Social Protection (2020) Summary of Data Analysis from Charitable Children's Institutions. State Department for Social Protection.

5. Aben, C. (2020) Preliminary Report on the Status of Child Protection in Charitable Children's Institutions in Kenya. Kenya: National Crime Research Centre.

6. Ministry of Labour and Social Protection 2020.

7. Estimates provided by government.

8. Estimate provided by government.

9. From discussions with government and UNICEF country office staff and:

- Aben 2020;
- CRIN (2020) Children in out-of-home care: Lessons from the pandemic. UK: Child Rights Information Network;
- https://africa.cgtn.com/2019/04/08/kenyan-adoption-agencies-fight-ban-on-inter-country-adoptions/
- https://mtotonewsblog.wordpress.com/2017/10/15/kenyas-first-step-towards-deinstitutionalization-of-children/
- https://theconversation.com/kenya-takes-next-steps-to-replace-childrens-homes-with-family-care-123876?utm_source=twitter&utm_medium=twitterbutton
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ENDNOTES

10. Changing the Way We Care (CTWWC) is an initiative designed to promote safe, nurturing family care for children: those reunifying from institutions or those risk of child-family separation. This includes strengthening families and reforming national systems of care for children, including family reunification and reintegration, and the development of alternative family-based care. CTWWC is a consortium of Catholic Relief Services and Maestral International, and key partners like Better Care Network and others, joined, through a Global Development Alliance (GDA), by three donors (MacArthur Foundation, USAID and GHR Foundation). CTWWC is operating in the context of growing interest in care reform, and as a result of a growing global understanding that institutional care of children is a significant problem that will be best addressed through collaboration between national, regional and global stakeholders to develop alternative care and family strengthening systems supportive of family care.

11. From an interview with Martin Punaks, consultant involved in the development of the National Care Reform Strategy.

12. From key informant interviews and a draft of the National Care Reform Strategy.

13. From:

- https://www.socialprotection.or.ke/social-protection-components/social-assistance/national-safety-net-program/cash-transfer-for-orphans-and-vulnerable-children-ct-ovc
- https://projects.worldbank.org/en/projects-operations/project-detail/P111545
- Ward, P. et al. (2010) Cash transfer programme for orphans and vulnerable children (CT-OVC), Kenya. Operational and impact evaluation, 2007–2009. Final report. UK: Oxford Policy Management.
- http://millionssaved.cgdev.org/case-studies/kenyas-social-cash-transfer-program
- https://globaldev.blog/blog/%E2%80%98labeling%E2%80%99-can-improve-cash-transfer-program-outcomes-evidence-kenya

14. Ward, P. et al. (2010) Cash transfer programme for orphans and vulnerable children (CT-OVC), Kenya. Operational and impact evaluation, 2007–2009. Final report. UK: Oxford Policy Management

15. Mwangi, G. (2018) The family strengthening and support model. Kenya: Give a Child a Family.

16. This film was made with the support of the Better Care Network.

17. This film was made with the support of the Better Care Network.

18. This film was made with the support of the Better Care Network and UNICEF.

19. This film was made with the support of the Better Care Network.

20. This case study was developed with the kind permission of Kickstart Kids International.

21. DHS survey data from 2014 shows that 13 per cent of children live in a household with neither biological parent. The vast majority of these children are likely to be in kinship care. Better Care Network 2017

22. Save the Children (2015) Tulinde Watoto Wetu. Understanding informal/alternative care mechanisms for protecting children: Study of kinship care practices in Busia County, Kenya. Kenya: Save the Children.

ENDNOTES

23. The Kenyan Association of Care Leavers and CTWWC (2018) How to engage care leavers in care reform. Kenya: KESCA and Changing the Way We Care.

24. Ibid.

25. Ibid.

26. https://www.theguardian.com/global-development/2018/nov/19/outcry-over-saviour-complex-fuelling-exploitation-kenya-orphanages

27. From: KESCA and Koinonia Old Beneficiaries Welfare Association 2013.

28. Better Care Network and Global Social Service Workforce Alliance (2014) The role of social service workforce development in care reform. Working paper. New York: BCN

29. United Nations General Assembly (2010) Guidelines for the alternative care of children, GA Res 142, UNGAOR, 64th session, supplement number 49, Vol.1 (A/64/49 2010). New York: United Nations.

30. Ibid.

31. Government of Kenya (2014) Guidelines for the Alternative Family Care of Children. Kenya: Government of Kenya.

32. Better Care Network (2015) Making decisions for the better care of children. The role of gatekeeping in strengthening family-based care and reforming alternative care systems, New York: UNICEF and the Better Care Network

33. Government of Kenya 2014, p.145.

34. United Nations General Assembly 2010.

35. Family for Every Child (2012) Towards a family for every child. Conceptual Framework. London: Family for Every Child.

36. Government of Kenya 2014, p.142.

37. Government of Kenya 2014, p.143.

38. United Nations General Assembly 2010.

39. Government of Kenya 2014.

40. United Nations General Assembly 2010.

41. Government of Kenya 2014, p.144.

42. Government of Kenya 2014, p.148.

43. UNICEF and the Global Social Service Workforce Alliance (2019) Guidelines to strengthen the social service workforce for child protection. New York: UNICEF.

44. Government of Kenya 2014, p.142.

ACKNOWLEDGMENTS

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