Changing THE WAY WE care℠

Child- and Adolescent-Defined Well-Being:

Designing a household survey with children and young people

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List of acronyms

CCI	Charitable Children's Institution
COVID-19	Coronavirus Disease 2019
CRS	Catholic Relief Services
CTWWC	Changing the Way We Care
HIV and AIDS	Human Immunodeficiency Virus and Acquired Immunodeficiency Syndrome
OWT	OVC Wellbeing Tool
OVC	Orphans and Vulnerable Children
PWI-SC	Personal Well-Being Index - School Children
RCI	Residential Care Institution
SAFE Model	Safety/protection, Access to health care and basic physiological needs, Family/connection to others, Education/economic security
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.

Care leaver: A young person, typically over the age of 16 (18 in many countries), who is leaving or has left a formal alternative care placement. This typically refers to children who are leaving orphanages through reintegration, placement in an alternative family environment, or independent living.

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, decrease reliance on residential care and promote reintegration of children, and ensure appropriate family-based alternative care options are available.

Case management: The process of identifying, registering, assessing (in reintegration cases this includes tracing activities) vulnerable children and families, developing and implementing case plans (delivering or referring to services, facilitating and overseeing the placement of the child into the family environment), and ongoing monitoring and documentation.

Family-based care: The short- or long-term placement of a child into a family environment with at least one consistent parental caregiver; a nurturing family environment where children are part of supportive kin and community.

Family strengthening: Programs, strategic approaches, and deliberate processes of empowering families with the necessary capacities, opportunities, networks, relationships, and access to services and resources to promote and build resilience and the active engagement of parents, caregivers, children, youth, and other family members in decisions that affect the family's life.

Reintegration: The process of a separated child making what is anticipated to be a permanent transition back to his or her immediate or extended 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.

Reunification: The physical reuniting of a separated child and his or her family or previous caregiver.

Residential care: Any living arrangement/facility where salaried staff or volunteers ensure care for children living there. This includes large institutions and all other short- and long-term residential institutions including group homes, places of safety, transit centers, and orphanages.

Safeguarding: The responsibility that organizations have to ensure their staff, operations, and programs do no harm to children (i.e., they do not expose children to the risk of harm and abuse), and that any concerns the organization has about children's safety within the communities in which they work are reported to the appropriate authorities.

Well-being: "A state of happiness and contentment with low levels of distress, overall good physical and mental health and outlook, or good quality of life." Subjective well-being, more specifically, refers to "one's appraisal of one's own level of happiness and life satisfaction."[1]

[1] VandenBos, G. R., & American Psychological Association (Eds.). (2015). *APA dictionary of psychology* (Second Edition). American Psychological Association.

Introduction

Changing the Way We Care

Changing The Way We Care[SM] (CTWWC), launched in 2018, is an initiative designed to promote safe, nurturing family care for children. This includes reforming national systems of care for children, including family strengthening, family reintegration, preventing unnecessary child-family separation, and development of alternative family-based care, and influencing and promoting family strengthening and care with others actors around the globe. CTWWC is implemented by Catholic Relief Services (CRS) and Maestral International, joined, through a Global Development Alliance, by three donors (MacArthur Foundation, USAID, and GHR Foundation) and working with key partners such as national governments, Lumos Foundation, Better Care Network, Faith to Action, and many others. CTWWC implements within a context of growing global interest in family care and care reform, and as a result of an increased understanding that residential care of children is a significant problem that will be best addressed through collaboration between national, regional, and global stakeholders to develop care systems that strengthen families, prevent family separation, and promote family-based alternative care options.

In recent years, there has been increased understanding of the harmful impacts of residential care, particularly institutions, such that many countries have adopted laws and policies promoting safe, nurturing family-based care aligned with global standards and best practices.[2] Global and regional momentum, in part driven by investments by larger donors such as the European Union, USAID, and UNICEF, has helped to build energy for change—care reform—at a national level. Civil society and, increasingly, young people with lived experience, have been key partners of care reform at the country, regional, and global levels by piloting and modeling family strengthening interventions; reintegration and family-based alternative care; developing and promoting standards of practice, guidance, and training; and building capacity of governments, communities, and families. It is within this context that CTWWC enters with capacity, resources, and partnerships to demonstrate components of care reform across diverse contexts, building learning, best practices, and innovations for global applicability. Demonstration includes verifying a theory of change; implementing effective family strengthening and care system components; related standards, guidance, and tools; monitoring/feedback and adaptation mechanisms; and documented lessons learned around how change happens and can be sustained and scaled across different contexts**.** Two of those contexts are Guatemala and Kenya. Guatemala was selected for demonstration because of the complexity of the government system, the significant, but relatively low number of children in residential care (compared to other countries), poverty and child protection as a driver for separation of children, the context of migration, and the relationship with American supporters of orphanages in Latin America. Kenya, on the other hand, was selected due to the scale of the issue, the strong political will of the government, poverty and access to education as drivers, and the existing CRS programs that could be leveraged. This diversity allows CTWWC to compare and contrast across contexts.

Guatemala

One of the key factors in determining the need to strengthen the care system in Guatemala comes from past events, including the tragedy of a fire at a government-run residential care institution (RCI) in 2017. Together with other events, the fire was a motivating factor which resulted in efforts, supported by CTWWC, to bring together care actors to establish a common language and vision about what care reform should look like in Guatemala. CTWWC has worked closely with the four government

[2] United Nations. (2009). Guidelines for the Alternative Care of Children. https://bettercarenetwork.org/international-framework/guidelines-on-alternative-care

entities engaged in the care system at the national level: the Secretariat for Social Welfare (SBS), the attorney general, the judicial branch through specialized courts, and the National Adoption Council. Progress has been noticeable in the legal sphere with the enactment of key pieces of legislation, internal policies, and procedures of these entities. CTWWC has been able to support the progress through inter-institutional working groups in strategic areas including preventing separation through family strengthening, promoting family-based alternative care, and transforming reintegration processes.

CTWWC is directly supporting family reintegration and prevention of family separation within Zacapa, a municipality in the eastern region of Guatemala, through orderly case management processes that involve the investigation of family alternatives, assessment of children and adolescents, development of care plans, and follow-up and accompaniment of families through family and community strengthening until the closure of cases. In the follow-up process, families are supported by identifying their needs and strengths. In all cases, guidance is provided on parenting practices and referral to social services. This includes close coordination with a public residential care facility where CTWWC is working with the SBS, the attorney general's office of Guatemala, and the court to reunify children with their families. CTWWC is also working closely with several private residential care facilities in the area and transferring skills and tools to promote reintegration. Through a newly established Municipal Office for Children and Adolescents, CTWWC Guatemala also works to identify families at risk of separation and to refer those at-risk children and families to appropriate support services. With the judicial branch in Zacapa, CTWWC Guatemala has been able to develop and implement a pathway for children and adolescents who have been in residential care for five or more years to be reunified with and reintegrated into families. This process has had a high success rate that is now being replicated by the judicial branch in 10 other departments, starting in Quetzaltenango and the metropolitan area, with the vision of escalating it to a national level.

The COVID-19 pandemic has overwhelmed the health system in Guatemala and there continues to be a lack of access to vaccines, especially for the those impacted by poverty. CTWWC has been able to adapt to support families facing greater risks and has continued working with children in residential care and those reunified with families.

Kenya

In Kenya, the government, with the support of CTWWC, UNICEF, and other actors, has taken bold steps in the last few years to promote and coordinate family-based care for children. The cabinet secretary in charge of children's care led other senior government leaders in endorsing the new National Care Reform Strategy in August 2021 which provides a clear, coordinated framework to guide the implementation of care reform efforts for the next 10 years.

CTWWC works with others to implement care reform demonstration in four counties, chosen in agreement with the government: Kisumu, Nyamira, and Siyaya counties in the west, and Kilifi county on the coast of the Indian Ocean. (Work in Siaya started shortly before the household survey was implemented. As such, no families from that county are included in the exercise.) In order to ensure that demonstration learning reflects the diversity within the country, these counties represent varied sizes, locations, contexts, and previous investment in children's care. CTWWC has worked in partnership with local government and civil society to support children who have returned home from residential care institutions through providing case management capacity building and supporting the monitoring of progress toward sustainable reintegration (most of the children included in this survey who were supported by CTWWC post-reunification returned to family care due to COVID-19 protocols). CTWWC is also investing in family strengthening interventions to address the drivers of family separation. This includes training in and supporting implementation of case management, positive parenting, disability inclusion, and household economic strengthening. This support is based

on needs assessments; the targeted building of resilience; and the active engagement of caregivers, children, and other family members in family decision-making. At the time of the survey, approximately 300 families were being supported by CTWWC in Kenya.

The COVID-19 pandemic disrupted normal operations and led to joint efforts to coordinate care reform activities, especially linked to the abrupt release of children from residential care at the onset of the pandemic in early 2020. In the three demonstration counties where CTWWC was operating at the time, 1,905 children (over 60% of children in residential care) returned home. In response, the government of Kenya and CTWWC held county-level meetings between officials from the Department of Children's Services and managers of residential care facilities (both public and private) to gather data on numbers and locations of children and to plan support for those who left care and those who remained in facilities. A priority list of highly vulnerable children and families was generated through social inquiry, informed tracing, and family assessment. CTWWC followed up with the development of case plans and provision of services. Cash transfers were provided to vulnerable households to help meet the immediate, unanticipated costs of children returning home and needs for COVID-19-related supplies were identified for both families and facilities. Referrals and linkages with other service providers were made to support some of the identified cases. The Department of Children's Services and the National Council for Children's Services convened for virtual monthly meetings of state and non-state actors to share progress, plans, challenges, and opportunities.

Understanding the Well-being of Children in Residential Care

The effects of family reintegration on children in Kenya and Guatemala who have lived in RCIs have not been well studied. While a large body of research suggests institutionalization is harmful to children's development and family reintegration can reverse this harm,[3] it is unclear how much of this evidence relies on children's own perspectives.

The 2020 Lancet Commission on the Institutionalization and Deinstitutionalization of Children conducted a systematic review to answer the question of whether growing up in RCIs negatively affects development or mental health, and whether joining a family leads to recovery from these adverse trajectories.[4] They found that the most rigorous evidence largely centers on infants and very young children who are unable to report their own subjective experiences. The article's search strategy was designed to include a wide range of child outcomes and within the 308 studies they included, 55 studies measured child physical growth, 46 measured physical health, 20 measured head circumference, 116 measured cognition, 146 measured socioemotional development, and 28 measured the ability to pay attention. Of these, only "socioemotional development" could potentially include children's subjective experiences, and it is unclear what measures were included within this category.

Although quantitative studies tend to measure physical and cognitive health, according to emerging qualitative work, other domains of well-being may be affected by living in and leaving RCIs. A scoping review of qualitative literature on the lived experiences of children in RCIs found that children's salient experiences, generally, were that they (1) enjoyed access to education and material things that their biological families could not provide; (2) enjoyed strong peer networks within their RCI, though some struggled with fighting; (3) were generally positive towards RCI staff, and may have seen them as family, but sometimes struggled with favoritism; (4) sought greater autonomy and decision-making authority in their lives; (5) may have participated in their wider communities, or may have wished for

[3] van IJzendoorn, M. H., Bakermans-Kranenburg, M. J., Duschinsky, R., Fox, N. A., Goldman, P. S., Gunnar, M. R., Johnson, D. E., Nelson, C. A., Reijman, S., Skinner, G. C. M., Zeanah, C. H., & Sonuga-Barke, E. J. S. (2020). Institutionalisation and deinstitutionalisation of children 1: A systematic and integrative review of evidence regarding effects on development. *The Lancet Psychiatry*, S2215036619303992. https://doi.org/10.1016/S2215-0366(19)30399-2

[4] Ibid.

more connection to them; (6) struggled to maintain relationships with biological family; and (7) struggled with identity, sense of belonging, and being stigmatized as an orphan.[5]

Alienation and stigma may be common experiences among these children. In Ghana, former residents of a Western-funded "children's village" (whereby children live in family-like groupings in a designated area) reported that they felt alienated from their biological families and lacked the cultural skills to live in Ghanaian society.[6,7] Similarly, in Nigeria, young people leaving RCIs struggled to integrate into communities and faced stigma from having lived in an RCI.[8] Former residents of RCIs in South Africa spoke of "a yearning for the human experience of connectedness."[9] In Zambia, many individuals who had lived in RCIs expressed fear, doubt, and worry about living independently and felt stigmatized in the community, but those with previous experiences interacting with their communities had more positive adulthood experiences.[10] In Western Kenya, similar themes have been found, and children also reported ways in which their peers and caregivers in the RCI served as family to them.[11]

Generally speaking, these phenomena have not been explored deeply, if at all, by quantitative studies.

The Concept and Measurement of Well-Being

Governments and development organizations have shifted away from making policy solely by relying on unidimensional indicators like household income, recognizing that individuals hold diverse perspectives regarding which facets of life are important to their overall well-being.[12] The field of well-being research has seen two important developments in thinking:(1) that human well-being is multifaceted, made up of various aspects and domains, and (2) that the salient domains of well-being may differ by context and life circumstances.

Well-being can be objective or subjective. Objective well-being refers to observable indicators of life quality (e.g., yearly income, illness diagnosis), while subjective well-being (sometimes referred to as happiness or life satisfaction) is based on an individual's own perspective on their life.[13] One individual's objective and subjective well-being may not be the same. For example, a person may be "objectively" assessed as having low well-being if they have health problems or live in poverty, but subjectively, they may state that they are satisfied with their life. Similarly, an "objective" metric might determine a child is enjoying well-being if their nutritional and educational needs are being met, even if, when asked, the child reports being unhappy with their living situation.

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[5] Roche, S. (2019). A scoping review of children's experiences of residential care settings in the global South. *Children and Youth Services Review*, *105*, 104448. https://doi.org/10.1016/j.childyouth.2019.104448

[6] Frimpong Manso, K. A. (2012). Preparation for young people leaving care: The case of SOS Children's Village, Ghana. *Child Care in Practice*, *18*(4), 341–356. https://doi.org/10.1080/13575279.2012.713850

[7] Frimpong-Manso, K. (2017). The social support networks of care leavers from a children's village in Ghana: Formal and informal supports. *Child & Family Social Work*, *22*(1), 195–202. https://doi.org/10.1111/cfs.12218

[8] Sekibo, B. (2020). Experiences of young people early in the transition from residential care in Lagos State, Nigeria. *Emerging Adulthood*, *8*(1), 92–100. https://doi.org/10.1177/2167696818822232

[9] Moodley, R., Raniga, T., & Sewpaul, V. (2020). Youth Transitioning Out of Residential Care in South Africa: Toward Ubuntu and Interdependent Living. *Emerging Adulthood*, *8*(1), 45–53. https://doi.org/10.1177/2167696818812603

[10] Januario, K., Hembling, J., Kline, A. R., & Roby, J. (2016). *Factors related to the placement into and reintegration of children from Catholic-affiliated residential care facilities in Zambia*. https://www.crs.org/our-work-overseas/research-publications/factors-related-placement-and-reintegration-children

[11] Gayapersad, A., Ombok, C., Kamanda, A., Tarus, C., Ayuku, D., & Braitstein, P. (2019). The production and reproduction of kinship in charitable children's institutions in Uasin Gishu County, Kenya. *Child & Youth Care Forum*, *48*(6), 797–828. https://doi.org/10.1007/s10566-019-09506-8

[12] McGregor, A., Coulthard, S., & Camfield, L. (2015). *The role of well-being methods in development policy and practice* (No. 4; Development Progress Project Note). ODI. https://www.odi.org/publications/9657-measuring-what-matters-role-well-being-methods-development-policy-and-practice

[13] Diener, E., Oishi, S., & Tay, L. (2018). Advances in subjective well-being research. *Nature Human Behaviour*, *2*(4), 253–260. https://doi.org/10.1038/s41562-018-0307-6

Conceptualizations of subjective well-being can differ by cultural context. These nuances have led some researchers to use qualitative methods, including focus groups and ranking exercises, to determine what matters to well-being according to different populations. For example, Oxfam Great Britain used participatory, qualitative methods in Scotland to create an index of well-being that could inform policymaking for the country.[14] For children, the Personal Well-Being Index–School Children was developed to measure subjective well-being in seven domains using items like, "How happy are you about the things you have? Like the money you have and the things you own?" and "How happy are you about how safe you feel?"[15]

Vulnerable sub-populations, including children who live in or previously lived in RCIs, have unique priorities and needs. Their marginalization makes it even more important to elevate their perspectives and voices via participatory methods. In Europe, child welfare researchers have used participatory methods to ascertain what dimensions of well-being matter to children and young people separated from their parents due to child protection concerns, using the results to recommend improvements in national and local child protection policies.[16,17] In England, researchers used qualitative and participatory methods to create a quantitative survey of well-being for children involved in the child protection system.[18,19,20]

Unfortunately, the research team could not find any documentation of such a process being conducted with children in RCIs in the Global South. One systematic review of positive adjustment in children in RCIs found some studies used subjective well-being as outcome measures, including one developed with adults (the World Health Organization's Quality of Life Brief Version), one developed with children in the UK (the Generic Children's Quality of Life Scale), and one developed for children involved in the child protective system in the UK (the Children's Happiness Scale).[21] No measures of subjective well-being were tailored for children with experience in RCIs in the Global South. In fact, only seven of the 38 studies were done in Africa and four in Latin America. The current study is designed to fill this gap in the literature.

[14] Walker, P., Michaelson, J., & Trebeck, K. (2012). *Oxfam Humankind Index for Scotland—Background* (Oxfam Research Report). Oxfam.
[15] Cummins, R. A., & Lau, A. L. D. (2005). *Personal Wellbeing Index – School Children (PWI-SC)*. http://www.acqol.com.au/uploads/pwi-sc/pwi-sc-english.pdf
[16] Bakketeig, E., Boddy, J., Gundersen, T., Østergaard, J., & Hanrahan, F. (2020). Deconstructing doing well; what can we learn from care experienced young people in England, Denmark and Norway? *Children and Youth Services Review*, *118*, 105333. https://doi.org/10.1016/j.childyouth.2020.105333
[17] Wood, M., & Selwyn, J. (2017). Looked after children and young people's views on what matters to their subjective well-being. *Adoption & Fostering*, *41*(1), 20–34. https://doi.org/10.1177/0308575916686034
[18] Ibid.
[19] Selwyn, J., Wood, M., & Newman, T. (2017). Looked after children and young people in England: Developing measures of subjective well-being. *Child Indicators Research*, *10*(2), 363–380. https://doi.org/10.1007/s12187-016-9375-1
[20] Zhang, M. F., & Selwyn, J. (2020). The subjective well-being of children and young people in out of home care: Psychometric analyses of the "Your Life, Your Care" survey. *Child Indicators Research*, *13*(5), 1549–1572. https://doi.org/10.1007/s12187-019-09658-y
[21] Wright, A. W., Richard, S., Sosnowski, D. W., & Kliewer, W. (2019). Predictors of better functioning among institutionalized youth: A systematic review. *Journal of Child and Family Studies*. https://doi.org/10.1007/s10826-019-01527-0

Study purpose and methodology

Purpose

Recognizing that children who have been in RCIs have unique priorities, this study used qualitative methods with young people who have lived in RCIs in Kenya and Guatemala to elucidate their perspectives on what domains of well-being are impacted by living in and leaving RCIs. In focus groups, we asked participants to imagine a child living in residential care or reunified with family who is happy (see focus group protocol in the appendix). Participants listed indicators or signs of "doing well" verbally and on paper. The findings from these focus groups formed the basis of a quantitative measure of well-being to be used with young people who have lived in RCIs in Guatemala and Kenya.

Methodology

Several sources informed the methodology for this study. The focus group activities were informed by previous studies that identified domains of well-being in diverse contexts, such as with Native American college students,[22] and other studies previously mentioned.

The SAFE Model (Safety/protection, Access to health care and basic physiological needs, Family/connection to others, Education/economic security) served as a theoretical foundation.[23] The SAFE model frames child well-being, especially for children facing threats to their protection, as falling into four broad, interrelated domains. These are as follows: (1) safety and protection; (2) access to health care and physiological needs, (3) family and connection to others, and (4) education, livelihoods, and a sense of future. The SAFE model served as the basis for probing questions in the focus groups, although facilitators aimed to allow participants to come up with their own ideas before using these questions.

Focus Group Procedure

The focus groups were facilitated by pairs of social work staff who had worked with CTWWC either as contractors, as local implementing partners, or in an RCI with whom CTWWC worked. They underwent two-day trainings provided by the lead researchers and the CTWWC country safeguarding leads over Zoom (separately for the Kenya and Guatemala teams). Training included in-depth discussions of ethics, safeguarding, and facilitation techniques. The training was delivered in English for Kenyan facilitators, and for Guatemalan facilitators, licensed interpreters provided simultaneous English-Spanish interpretation.

The focus group protocol had the following five parts:

1. **Introduction.** First, facilitators explained the purpose of the focus groups to participants, held an ice breaker, set group norms, and asked participants to choose pseudonyms. Having the young people choose their own pseudonym helped keep their identity confidential on the audio recordings and other data, while adding a sense of fun and personal agency in a small way to the focus group.

[22] Sharma, D. K. B., Lopez, E. D. S., Mekiana, D., Ctibor, A., & Church, C. (2013). "What makes life good?" Developing a culturally grounded quality of life measure for Alaska Native college students. *International Journal of Circumpolar Health*, *72*(1), 21180. https://doi.org/10.3402/ijch.v72i0.21180

[23] Betancourt, T. S., Fawzi, M. K. S., Bruderlein, C., Desmond, C., & Kim, J. Y. (2010). Children affected by HIV/AIDS: SAFE, a model for promoting their security, health, and development. *Psychology, Health & Medicine*, *15*(3), 243–265. https://doi.org/10.1080/13548501003623997

2. **Drawing life experiences.** Participants were given paper and drawing tools and asked to draw a picture, or if they preferred, write a list or story, of their life in residential care on one side and their life after leaving residential care on the other side. This allowed participants to silently and independently reflect on their experiences without being put "on the spot" to immediately share out loud.

3. **Sharing life experiences.** Participants were asked to share their work with the rest of the focus group if they were willing. This allowed participants to move beyond reflecting on just their own lives to considering the experiences of other children who had lived in RCIs as well.

4. **Discussion: What does well-being look like?** Facilitators then said to the group, "Use your imagination to make up a child who lives in a residential care institution and is really, really happy—as happy as they could possibly be. What is their life like?" When necessary, they probed participants according to the domains of the SAFE Model (e.g., "What about in terms of safety? Health? Food?" etc.), and probed about different types of children (e.g., boys and girls, children with disabilities).

   Then they asked, "Now use your imagination to make up a child who left a residential care institution and joined a family, who is really, really happy—as happy as they could possibly be. What is their life like?" Probing questions were the same, except they could also ask about children who joined different types of families (e.g., grandparents, foster families).

5. **Free-Listing: Domains of well-being**. Finally, facilitators labeled two flip charts with the following headings: "What is important for 'doing well' for children in residential care institutions" and "What is important for 'doing well' for young people in the first five years after leaving residential care."

Participants were asked to write what was important for "doing well" on sticky notes or cards which they then pasted onto each flip chart. This process allowed participants to distill the information from their previous discussion into a list, potentially incorporating not just their own ideas but also the ideas raised by fellow participants that resonated with them. This script is included in the appendix.

Kenya Focus Group Participants

In Kenya, focus group participants were recruited according to three strata (see Table 1). The first stratum was the county in which the participants live (Kisumu, Nyamira, and Kilifi).

The second stratum was whether the participant was (a) a child who had been reunified with family after living an RCI and is receiving post-placement support services from CTWWC, or (b) an adult who lived in an RCI during childhood (who was not receiving formal CTWWC post-placement services). Reunified children were eligible to participate if they had been receiving post-placement services for more than one month, and young adults were eligible if they had exited the RCI more than two years prior. To sample reunified children in Kenya, eligible children were randomly selected from CTWWC's beneficiary lists using a random number generator. For young adults, participants were chosen via convenience sampling among the young adults with whom CTWWC had existing connections.

For the third stratum, the reunified children were further divided by age range, so that focus groups were held with younger adolescents aged about 11–13 years, and with older adolescents about 14–17 years. The young adults were divided by gender so that groups were all female or all male. This approach aimed to avoid group dynamics that could potentially discourage younger children's and women's contributions.

Groups were meant to have four to eight participants per group. For a few groups, only three participants could be recruited.

Twelve focus groups were ultimately held (four per county, with six groups of reunified children and six groups of young adults). The 12 groups had a total of 70 participants.

Of the 70 participants, 32 (46%) were female and 38 (54%) were male. Further breakdown of the focus group participants' demographic data is in the following table.

Table 1. Characteristics of Kenya focus groups

County	Focus group type	Focus group type	Number of participants in group
Kisumu	Reunified children receiving services from CTWWC	Younger adolescents	8
		Older adolescents	8
	Young adults who exited RCIs 2+ years ago without CTWWC services	Men	8
		Women	6
Nyamira	Reunified children receiving services from CTWWC	Younger adolescents	3
		Older adolescents	5
	Young adults who exited RCIs 2+ years ago without CTWWC services	Men	3
		Women	3
Kilifi	Reunified children receiving services from CTWWC	Younger adolescents	6
		Older adolescents	6
	Young adults who exited RCIs 2+ years ago without CTWWC services	Men	7
		Women	7
TOTAL			70

Table 2. Characteristics of Kenya focus group participants

	Children reunified under CTWWC	Young adults who lived in RCIs
Number of participants	41	29
Sex	19 female (46%), 22 male (54%)	13 female (45%), 16 male (55%)
Average age	12.8 years old (younger group), 15.0 years old (older group)	23.4 years old
Average age of entering RCI	8.9 years old	9.5 years old
Average age of leaving RCI	11.5 years old (younger group), 14.1 years old (older group)	18.6 years old
Average number of years in the RCI (approximate)	4.0 years (younger group), 4.1 (older group)	9.1 years

Guatemala Focus Group Participants

Two focus groups were held in Guatemala, both with reunified children who were receiving post-placement support services from CTWWC. Participants were selected via convenience sampling. One group was held in Guatemala City with older adolescents (three participants) and one in Zacapa with

younger adolescents (five participants). Children were eligible to participate if they had been receiving post-placement services for more than one month.

Because there were only a small number of children receiving CTWWC services in this age range, and they were spread across various geographic regions, random selection of participants was not possible, and more than two groups could not be held.

Table 3. Characteristics of Guatemala focus group participants

Pseudonym	Group	Sex	Age	Age of entering RCI	Age of leaving RCI
Ahylyn	Guatemala City	F	16	16	16
Ester	Guatemala City	F	16	15	16
Azul	Guatemala City	M	17	16	16
Capitán America	Zacapa	M	14	12	13
Superman	Zacapa	M	11	11	11
Florecita Morada	Zacapa	F	13	11	11
Elefante	Zacapa	M	11	9	11
Batman	Zacapa	M	11	10	11

Data Management and Language

Facilitators audio recorded the discussions and then transcribed the recordings. They also scanned or photographed all written work, i.e., lists and drawings.

In Kenya, during the facilitator training, facilitators discussed amongst themselves how they would deliver the focus group protocol using languages and terms that participants would understand. The written focus group protocol was not formally translated into any other languages as it was suitable to mix languages as situations called for it. Facilitators translated the discussion to English as they transcribed the focus group audio.

In Guatemala, facilitators transcribed word-for-word in Spanish. The lead researcher analyzed the focus group transcriptions in their original Spanish, consulting with Guatemala country team members if terms were unclear or could present a challenge for participants to respond. Language was also reviewed to confirm that the tone was respectful and approachable.

Data Analysis

This analysis was one part of a multi-step, iterative process in which the focus groups informed the development of a measure of child well-being, which will be used in a household survey, the results of which are to provide evidence of outcomes for children and families and inform the CTWWC's future planning. Thus, the lead researcher conducted a rapid analysis of the focus group data to have results ready to use in a timely manner.

After reading the transcripts, the lead researcher highlighted everything a participant mentioned as a sign of a good life or important to doing well. She typed every excerpt, whether it came from the discussion or from the participants' written lists, individually into a spreadsheet that also noted the context of the excerpt.

After finalizing the spreadsheet, the researcher considered the excerpts in their entirety and began to code, or categorize, them, according to common categories and themes. In some cases, once the researcher established a code, it stayed the same throughout the entire analysis (for example, the code "food"). In other cases, as it became clear that some categories were too narrow, or were

connected to other categories, she changed, renamed, or split them throughout the analysis process. For example, "community acceptance" was eventually merged with "sense of belonging" to become "acceptance/belonging"; while "hygiene" originally encompassed many aspects of sanitation, it became clear that "having sanitary towels" necessitated its own category.

The researcher then compared the codes and ideas from the focus groups with a pre-identified well-being tool (see section below: *Proposed Tool*). She modified existing questions and added questions to the tool until she had a final list of survey questions that encompassed the key themes from the children and young adults, while also being general enough to use as survey questions for all children who have lived in RCIs.

Member Checking

Member checking is the process of verifying results and interpretation of research with research participants or members of the population being studied.[24] It is considered a best practice in qualitative and participatory research in particular, and has been utilized in similar studies that used focus groups with marginalized groups to create contextually-relevant measures.[25,26]

In Kenya, one additional focus group was held in each county in order to conduct member checking. The focus groups consisted of a subset of the members of the original focus groups, excluding the youngest children (as they may not have been able to understand the abstract nature of the discussion). In each county they were facilitated by one of the pairs of facilitators who conducted the original focus groups.

Table 4. Kenya member checking focus group participants

Participants	Kisumu group	Nyamira group	Kilifi group	Overall
Total number of participants	7	7	8	22
Participants' gender	4 female 3 male	3 female 4 male	5 female 3 male	12 female 10 male
Number of young adults who lived in RCIs	3	3	4	10
Number of reunified children	4	4	4	12
Average age of young adults who have lived in RCIs	24	19	22	22
Average age of reunified children	15	14	16	15

In the member checking focus groups, the facilitators provided the participants with the list of survey questions, formatted as follows:

[24] Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry & research design: Choosing among five approaches* (Fourth edition). SAGE.

[25] Selwyn, J., Wood, M., & Newman, T. (2017). Looked after children and young people in England: Developing measures of subjective well-being. *Child Indicators Research*, *10*(2), 363–380. https://doi.org/10.1007/s12187-016-9375-1

[26] Sharma, D. K. B., Lopez, E. D. S., Mekiana, D., Ctibor, A., & Church, C. (2013). "What makes life good?" Developing a culturally grounded quality of life measure for Alaska Native college students. *International Journal of Circumpolar Health*, *72*(1), 21180. https://doi.org/10.3402/ijch.v72i0.21180

"These are the most important things to look at in order to determine if a child who currently lives in a residential care institution, or who used to live in a residential care institution, is doing well and having a good life..."

Items were presented as questions in categories, such as:

"Food:

- *Does the child eat at least two meals a day?*
- *Does the child like the food that they eat?*
- *Does the child go to bed hungry?"*

Participants were asked to consider the lists of items and suggest revisions, additions, or deletions.

Facilitators took brief notes on the discussions. The lead researcher analyzed these notes and incorporated the respondents' suggestions where appropriate.

In Guatemala, as previously described, it was only possible to hold two in-person focus groups due to the low number of adolescents receiving post-placement services from CTWWC and because these adolescents were spread across various geographic regions. To supplement the focus groups, the facilitators conducted phone calls with additional adolescents reunified with family and receiving post-placement services from CTWWC. They only spoke with older adolescents, those aged 18, as the team decided that the abstract nature of the discussion, and the phone call format, would be challenging for younger children.

The phone calls in Guatemala served as both a way to expand the participant pool and collect new data, as well as to conduct member checking. Facilitators did not ask about participants' personal experiences to avoid bringing up distressing topics when their well-being could not be assured in person.

Phone calls were held with five participants (see Table 5).

Table 5. Guatemala member checking phone call participants

Initials	Region	Sex	Age
AM	Guatemala City	M	18
AF	Guatemala City	M	18
PJ	Mazatenango	M	18
RE	Escuintla	F	18
DM	Guatemala City	F	18

Similar to the focus groups, facilitators first asked participants, "If you imagine a child living in a residential care institution who is having a good life and is really happy, what does their life look like?" Then they asked the same question regarding reunified children.

Next, participants listened to the list of themes (important areas of well-being) from the Guatemalan focus groups. Facilitators asked participants what they thought about the list and if they had any changes or additions.

Finally, facilitators asked the participants clarifying questions about themes in the focus groups that required more information for the study.

The facilitators audio recorded and transcribed these phone calls. Because the phone calls were an extension of the focus groups, asking some of the same questions with new participants, the lead researcher analyzed the phone call data alongside the Guatemala focus group data rather than afterwards.

Ethics and Safeguarding

The research protocols were approved by the Boston College Institutional Review Board and the Maseno University Ethical Review Committee. Before the focus groups took place, facilitators obtained informed consent verbally from adult participants. For child participants, facilitators first obtained the informed consent of the child's caregiver and then the assent of the child participant (both verbally).

CTWWC safeguarding leads directed the development of detailed safeguarding protocols and decision-making flow charts. The protocols specified what actions facilitators were to take in cases of risk of harm, disclosures of maltreatment, observed child injuries, or participants becoming distressed. Facilitators were directed to report safeguarding concerns, depending on severity, to CTWWC supervisors, case managers, and/or local authorities.

Due to the COVID-19 pandemic, the core research team did not travel internationally to supervise the study. All planning and development occurred via teleconference, with extensive reliance on the expertise and firsthand knowledge of the CTWWC country teams in order to contextualize the study protocols and handle logistics. The Boston College Institutional Review Board and CTWWC security personnel approved the in-person focus groups activities, and all facilitators and participants wore masks and remained two meters apart when together and the activities were held in open air or well-ventilated rooms.

Results

Kenya Focus Group Results

Across the 12 focus groups, there were 909 excerpts of areas of well-being mentioned by participants. Of these, 417 came from the discussion, and 497 were written on the note cards. The categorization of the excerpts is illustrated in the following table which shows those codes with 10 or more instances.

Many participants mentioned that love and care, in particular the type of love that one usually receives from a parent, is key to well-being. When asked to imagine a child enjoying well-being, one participant said, "He or she will be happy when surrounded by people who show them love," while another explained, "There is that love of a family." Several participants talked about food, often in the context of having one's "basic needs" met. They explained that children need not just food, but a balanced and nutritious diet that varies from day to day. In addition, "guidance and counseling" came up as important to well-being; participants noted that children need caring adults to provide them with direction in life, comfort when upset, moral guidance, and cultural know-how. (Further illustrative quotes and descriptions of codes are included in the appendix.)

Table 6. Rapid coding scheme from Kenya focus groups

Code	Number of mentions
Love/care	86
Food	63
Guidance and counseling	58
Security	52
Clothes	47
Education	44
Health	41
Being with/having family	39
Play	34
Hygiene	30
Acceptance/belonging/inclusion	27
Independence/life skills/responsibilities	27
Peers	27
Basic needs	26
Freedom	23
Shelter	20
School fees	19
Respect	18
School materials	18
Help	15
Morals	15
Sanitary towels	14
Job	13
Sleeping place	12
Equality	10

Codes with less than 10 instances were as follows: environment, time to study, interaction, school performance, agency, language, pocket money, religion, variety of food, assistive devices, freedom of expression, friendly teachers, resilience, rest, transportation to school, trips, visitors, comfort, not too

much work, supervision and guidance, talent development, good behavior, pets, and staff relationships.

One excerpt could be coded up to two times. However, when the concepts were nested (e.g., "variety of food" and "food"), the excerpt was only coded using the narrower code. The vast majority of excerpts were short and assigned only one code.

The member checking data from Kenya indicated that the tentative survey items resonated strongly overall with participants. Though the participants often had lively discussions and debates about items, overall, they usually concluded that the items were suitable. A few modifications using member checking suggestions were made during the survey design phase described in the section below: *Design of the Survey Tool*.

Guatemala Focus Group and Phone Call Results

The Guatemala data yielded 217 excerpts of domains of well-being. Of these, 170 were from the focus groups, and 47 were from the phone calls. The focus group excerpts contained 81 items written on notecards and 89 areas of well-being mentioned in the discussion.

When asked to imagine a child who is happy, many children stated that the child was well-behaved, listened to their parents, and helped with chores. For instance, one child said: *"Ayudar a barrer si mama esta cansada" or "*helping my mom sweep if she is tired.*"* Focus group facilitators, who were deeply experienced as practitioners working with this population, explained that children likely replied this way because a non-obedient child would likely be yelled at or punished. Participants also listed many different games and play things that they said were important for happiness, such as "*jugar pelota*" (playing ball), "*columpios*" (swings)*,* "*jugar shuco*" (playing freeze tag)*, and* "*ayudándole a papa a pescar*" (helping dad to fish). Several mentions were also made of the importance of positive relationships: "*Que su familia lo apoyen*" (their family supports them), "*tiene mucho amor, cariño, comprensión"* (they have a lot of love, care, and understanding), and "*amor, ayuda, paciencia, cariño, sabiduria*" (love, help, patience, care, wisdom). Illustrative quotes and descriptions of codes are included in the appendix.

The categorization of the excerpts is illustrated in the following table.

Table 7. Rapid coding scheme from Guatemala focus groups

Code	Mentions in focus groups	Mentions in phone calls	Total mentions
Good behavior	35	1	36
Play	35	0	35
Harmony and relationships (vague)	18	2	20
Freedom	16	4	20
Positive family relationships	13	4	17
Being with family	11	5	16
Food and nutrition	7	6	13
Education	8	2	10
Shelter	8	2	10
Clothing	8	0	8
Mental health	5	3	8

Codes with less than five instances were as follows: other material resources, RCI staff relationships, health, being treated well, work/job, peer relationships/interpersonal relationships (not specified), personal growth, spirituality, "a normal life," opportunities.

Design of the survey tool

To develop a tool of subjective well-being for young people who have lived in RCIs, the researchers began with the CRS Orphans and Vulnerable Children (OVC) Wellbeing Tool (OWT) as a foundation.[27]

The OWT is a self-report measure of well-being for children ages 13–18 who may be associated with OVC programs. OVC programs are targeted at children, adolescents, and young people living with or affected by HIV and AIDS. Children captured within the OVC category may or may not have involvement in RCIs, and children in RCIs may or may not be OVC, but the populations overlap and have some sociologically similar characteristics (e.g., with regards to stigma, poverty) and are sometimes conflated.[28] Thus, the research team found the OWT to be a relevant measure from which to build.

The OWT, which was developed based on existing research literature and consultations with experts in OVC programming, contains 10 domains of well-being: (1) food and nutrition, (2) shelter, (3) protection, (4) family, (5) health, (6) spirituality, (7) mental health, (8) education, (9) economic opportunities, and (10) community cohesion. Its 36 survey items are simple statements such as *"I eat at least two meals a day,"* and response options are "none of the time," "some of the time," and "all of the time."

After analyzing the focus group and member checking data, the lead researcher examined each question in the OWT. Some domains of well-being arose from the data that the OWT did not contain, particularly around play and leisure as well as freedom to go out and personal agency. Survey items for these domains were added, drawing as much as possible from the participants' own words and phrases.

In many cases, there were overlaps between OWT domains and domains that arose in the data, such as food and nutrition and education. Items from the OWT were retained where they seemed relevant, for example, the OWT's *"I eat at least two meals a day"* was directly comparable to participants in Guatemala and Kenya mentioning that a happy child would eat three meals a day.

In some cases, the lead researcher modified items; one OWT item was *"My school attendance is affected by my need to work,"* but because some participants in Kenya noted that it was important for children to have adequate time to study at home (not just to attend class), the statement was broadened to, *"My work or chores impact my ability to do well in school."* In some cases, items from the OWT were dropped which did not emerge from the data (e.g., *"I feel welcome to take part in religious services")*.

The lead researcher refined the survey questions according to the Kenya member checking data. For example, participants suggested combining *"I have a house where I can sleep at night"* and *"Where I sleep at night is comfortable"* into *"I have a comfortable place to sleep at night."* They also felt it was important not just that children ate two or more meals, but that they ate a "balanced" diet and could eat a sufficient amount—that children were "satisfied."

Ultimately, the researchers arrived at the survey tool presented in Table 8 below. The tool contains 44 items, organized tentatively into 14 domains.

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[27] Senefeld, S., Strasser, S., & Campbell, J. (2009). *Orphans and Vulnerable Children Wellbeing Tool Users Guide*. Catholic Relief Services. https://www.crs.org/our-work-overseas/research-publications/orphans-and-vulnerable-children-wellbeing-tool

[28] Cheney, K. E., & Rotabi, K. S. (2014). Addicted to orphans: How the global orphan industrial complex jeopardizes local child protection systems. In C. Harker, K. Hörschelmann, & T. Skelton (Eds.), *Conflict, Violence and Peace* (pp. 1–19). Springer Singapore. https://doi.org/10.1007/978-981-4585-98-9_3-1

Table 8. New subjective well-being tool for children who live in or previously lived in RCIs

Tentative domain	#	Survey item	Origin, justification, and other notes
Hygiene/ clothing	1	**At home, I have everything I need to keep myself clean.**	Hygiene is very important in Kenya, especially sanitary towels, and bath/sinks/etc. were mentioned in Guatemala.
	2	**I am happy with my clothing and shoes.**	Clothing was mentioned several times in both countries' focus groups.
Education	3	**I have the materials I need for school.**	In Kenya, books, pens, uniforms, were often mentioned.
	4	**I like my teachers at school.**	Combines CRS OWT items, "My teachers treat me fairly" and "I like school" with Kenya focus group discussion (FGD) mentions of "friendly teachers."
	5	**My teachers treat me with respect.**	
	6	**My work or chores impact my ability to do well in school.**	Similar to OWT, and confirmed by Kenya FGDs. Changed from school attendance to "do well" to capture homework/studying in addition to attendance.
	7	**I worry about having enough money for my education.**	School fees were very important in Kenya.
Food	8	**I eat at least two meals a day.**	OWT item; Kenya and Guatemala participants often mentioned "three meals a day."
	9	**I like the food I eat.**	To capture quality of food and nutrition.
	10	**I can eat until I am satisfied.**	Phrase suggested in member checking Kenya to replace "I go to bed hungry" (which came from OWT).
	11	**My diet is well-balanced and nutritious.**	Wording was suggested in Kenya member-checking.
Health	12	**My health is good.**	Concept comes from OWT.
	13	**I get medicine if I need it.**	Emerged from focus groups in both countries.
	14	**Someone takes me to the hospital/clinic/doctor if I need it.**	Emerged from focus groups in both countries, especially Kenya.
Support/ help	15	**If I need something that my parents/caregivers can't provide, there are others who can help.**	Help/support was often mentioned in Kenya focus groups—item meant to capture concrete support from various sources.
Spending time	16	**I get to play and have fun.**	Very important in both countries' focus groups.
	17	**I have enough time to study.**	Issue of needing to work/chores—especially in Kenya.
	18	**I have enough time to rest and sleep.**	Issue of needing to work/chores—explicitly in Kenya, implicitly in Guatemala.
	19	**I get to pursue my hobbies and interests.**	Suggested in Kenya member checking.
	20	**I have freedom to go out.**	Very important in both countries' focus groups.

Freedom/ agency	21	**I have fun with my friends.**	Added to capture additional nuances in play/freedom, as these themes were so prominent in both countries.
	22	**If I want something, my parents/caregivers will listen and consider it.**	Personal agency, being listened to, opinions being heard (e.g., a favorite meal, where to go—not such a rigid schedule/rules).
	23	**I can choose what to eat and when.**	Mentioned as a particular issue in Kenyan RCIs.
Friends	24	**I am happy with how many friends I have.**	To capture peer relationships.
	25	**I get along well with my friends.**	To capture peer relationships.
Guidance/ counseling	26	**I have someone to turn to for advice and guidance.**	"Guidance and counseling" (verbatim) very important in Kenya; having a trusted adult important in both countries.
	27	**I have people I can talk to when I have a problem.**	From OWT, confirmed by focus groups.
	28	**I have adults in my life who understand me.**	"Understanding" is very important in Guatemala.
	29	**The adults in my life teach me how to be successful in the future.**	Jobs/responsibilities/independence are particularly important in Kenya focus groups.
Family	30	**I feel I am supported by my relatives.**	From OWT—help/support were mentioned in both countries.
	31	**I'm happy with how much time I get to spend with my family.**	Seeing family and simply being with family is extremely important in both countries.
	32	**I feel like I'm part of my family.**	To capture the idea of being with family, knowing your relatives, non-discrimination.
Love/ care	33	**I get love and care from my parents/caregivers.**	Love and care were very important in both countries.
	34	**I'm treated differently from the other children in my household.**	From OWT, brought up in Kenya with regard to living foster families, kinship care.
	35	**I'm treated differently from other children in my village/neighborhood/compound/community.**	From OWT.
Mental health	36	**I am as happy as other kids my age.**	From OWT.
Shelter/ environment	37	**I have a comfortable place to sleep at night.**	Adapted from OWT, confirmed by focus groups; "comfortable" is to get at the idea of a leaky roof or poor infrastructure; this wording was suggested by Kenya member checking.
	38	**My home has a good environment for studying.**	In Kenya, "conducive environment" was often mentioned. Question meant to be broad enough to capture both having a quiet environment and having light to work by.

	39	**I feel safe where I live.**	Close to OWT; safety/security was seen as having a watchman or locked gate in Kenya.
Safety/ respect	40	**My home is peaceful.**	Important in both countries, especially Guatemala, i.e., a home environment of harmony and peace versus fighting.
	41	**I have someone to ask for help if I feel unsafe.**	Having a trusted adult was important in both countries.
	42	**When I make a mistake, my parents/caregivers help me improve.**	In Kenya, it came up as “make a mistake,” and “receiving guidance.” In Guatemala, participants talked about being beaten or scolded if you “don’t listen.”
	43	**I am afraid of what will happen if I don't listen to my parents/caregivers.**	Guatemala had constant mention of "good behavior"/"listening" being important for happiness, member checking and interviewers confirmed it is because children are treated well if they behave well.
	44	**My parents/caregivers treat me with respect.**	In both countries, caregivers were mentioned as screaming and demeaning children.

Note: The prompt for these survey questions is, “I am now going to read you some statements. I would like you to please tell me how often each statement is true for you: (0) None of the time, (1) Some of the time, or (2) All of the time.”

Conclusion

Well-being can be multidimensional and context-specific, which means its definition and conceptualizations can differ across diverse populations. Thus, it is important to ensure that measures of well-being are contextualized for the population in question. This research team could not identify existing measures of well-being tailored for children who had lived in residential care in the Global South. To aid in filling this gap, focus groups with children and young adults who have lived in RCIs were conducted in Guatemala and Kenya (two in Guatemala and 12 in Kenya) in order to inform a new measure of well-being relevant for children with lived experience of alternative care and for initial use in a household survey within the CTWWC initiative.

Some domains of well-being were important for both the Guatemalan young people and the Kenyan young people; for example, receiving love and care from one's parents, spending time with family, and having one's basic needs met. Others were more important in one country than in the other, such as the emphasis in Kenya on having school fees paid for. Ultimately, the objective of this process was to create a tool general and flexible enough for use across countries, while being specific to the experiences of children who have lived in residential care.

Integrating participatory methods into the development of the survey allowed the researchers to identify areas of well-being important to young people that otherwise would have gone unmeasured. For example, though the previously validated CRS OVS Wellbeing Tool includes many areas of well-being that the researchers found resonated with participants in this study, such as food and shelter, participants also identified play as important to children's well-being, a domain that the CRS OVS Wellbeing Tool does not measure.

A critical aspect of this process was involving not just any young people, but children and young adults with lived experience of being in residential care. These focus groups identified many areas of well-being uniquely salient for children currently and formerly living in RCIs, such as having the freedom to go out and personal agency over their lives.

These findings formed a 44-item measure of subjective well-being that can be used with children who currently live in or formerly lived in RCIs in the Global South.

Limitations

This study has several important limitations. First, it is important to underscore the rapid nature of the coding process in which quotes and excerpts were categorized into themes. Although counting the number of times each theme was mentioned was a convenient way to obtain a snapshot of the data, sometimes one participant mentioned a theme multiple times, or themes could have been nested but were not counted as "containing" one another. In addition, some themes may have been mentioned only after probing by facilitators. The quantitative count of themes, then, should be used only as an overall guide and not taken as absolute certainty.

Language was also a limitation. The focus groups were conducted in Spanish in Guatemala and a mix of appropriate languages in Kenya. Nuances in language may have been lost when the facilitators translated transcripts from the local language to English, and when the researcher, who is not a native Spanish speaker, analyzed the Spanish transcripts.

In addition, safeguarding concerns precluded us from holding focus groups with children currently living in RCIs. It is possible that their perspectives could have differed from those of reunified children and young adults who previously lived in RCIs.

It is also important to note that although CTWWC works with a wide range of reunified children, the participants in this study cannot be representative of all children who have lived in RCIs in Kenya, in Guatemala, or in the Global South. Reunified children who do not receive post-placement support from CTWWC may have different perspectives than the children in this study. In addition, the Kenyan young adults were recruited because they were previously voluntarily involved in CTWWC activities, so they may have different experiences and perspectives than young adults who do not spend time on CTWWC activities.

Future Directions

CTWWC Household Survey

This study will directly inform CTWWC about which areas of children's lives are important to consider when evaluating the impacts of care reform in Guatemala and Kenya. Specifically, this will occur over the course of several phases. First, the newly revised well-being tool will undergo cognitive testing in both Guatemala and Kenya. In cognitive testing, an interviewer administers draft questions "while collecting additional verbal information about the survey responses, which is used to evaluate the quality of the response or to help determine whether the question is generating the information that its author intends."[29] This process will refine the wording of the questions and their translations into local languages.

Next, the measure will be deployed as part of the CTWWC Household Survey, which is a key part of an evaluation of the initiative. All children ages 11 and up who are receiving post-placement support from the initiative will be recruited to participate in this survey. Several hundred survey responses are anticipated from children in Kenya and between 50 and 100 responses in Guatemala. The results from the survey measure will be presented in aggregate as well as disaggregated by various characteristics (e.g., gender).

Finally, we will explore the psychometric properties of the scale with more advanced statistical analyses (e.g., exploratory factor analysis, item-rest correlations) and by examining item and subscale correlations with other survey questions about well-being. These analyses will indicate the performance of the measure, to what extent it performs similarly in Guatemala and Kenya, and which items fit best together as subscales.

Implications for wider care reform work

This study has the potential to be used beyond CTWWC by other actors working in care reform. The methodology can be adapted for use beyond Guatemala and Kenya. It is important that all research with children and families is contextualized and that participation of children is sought in these endeavors.

The qualitative analysis described in this report was done rapidly for the sake of developing survey questions in a timely fashion. In parallel to the activities mentioned above, the researchers also hope to conduct a deeper, more nuanced analysis of the focus group and interview data using qualitative analysis software to explore children's experiences and perspectives on residential care in a more rigorous way.

[29] Willis, G. B. (2015). *Analysis of the cognitive interview in questionnaire design*. Oxford Univ. Press.

Appendices

1. Rapid codes and example excerpts: Kenya
2. Rapid codes and example excerpts: Guatemala
3. Focus Group Protocol

1. Rapid codes and example excerpts: Kenya

Code	Excerpts	Notes
Love/care	"He or she will be happy when surrounded by people who show them love." "There is that love of a family."	Related to love, care, affection, and "parental love."
Food	"Balanced food, good food, changing menus." "Chakula chenya anukuta (sweet food finds me)." "Balanced diet."	
Guidance and counseling	"Having mentors for guidance and counseling." "There are people who can render us pieces of advice…when you are emotionally troubled." "Boy has good relations with father and is guided on the roles of a man."	Participants often mentioned "guidance and counseling" verbatim; this referred to advice from adults.
Security	"Feel safe because they live in a secured compound." "Protection from people who might not have good intentions with them." "There should be having good security in the area."	Safety was often introduced by facilitators with probing questions. Participants often understood it as having a watchman or a gate.
Clothes	"Has care and basic needs, not going to school with hand-stitched cloth and bare foot." "Inner pants and bikers." "Shoes."	
Education	"Being taken to school, being taught some skills." "Provision of all educational requirement for each and every child."	
Health	"Is taken to hospital for medication." "Are taken to the hospital when they fall sick."	
Being with/having family	"Girl gets to always go places together with her mother." "Meeting the family after a long time." "Emotional bond with family."	Participants sometimes equated happiness as simply being with or having family.
Play	"The child should get enough playing time." "Don't overwork, they have leisure time." "Can climb fruit trees and play with fellow children."	
Hygiene	"Proper hygiene." "Proper sanitation."	Excluding sanitary towels.

	"Has washing soap."	
Acceptance/belonging/inclusion	"Do not talk to children in terms of their past mistakes or circumstances that led them to go to the orphanage." "Do not feel despised." "Treated like their own son, so that he cannot have thoughts of having lost his parents." "Showing [children with disabilities] affection so they will fit in and feel the same as the others."	
Independence/life skills/responsibilities	"Teach the child about responsibilities, e.g. rearing chicken, and in turn they cook eggs from that chicken for the child." "Trains one on how to start hustling." "Parents teach them ways of living at home."	
Peers	"Has friends who do not bully him." "Children take care of each other like brothers and sisters." "Goes with friends to bathe together at the streams."	
Basic needs	"The child should be provided with food, shelter and clothing (adequate basic needs)." "A child in a Charitable Children's Institution (CCI) will be happy when provided with basic needs."	"Basic needs" was often mentioned verbatim.
Freedom	"Can move and visit places without always having to ask for permission." "Allowed to move outside the gate."	
Shelter	"The shelter should be good."	
School fees	"Education is full[y] sponsored."	
Respect	"Is not degraded on whatever he says." "When a child makes a mistake, they should not make the child feel different from others." "They should not be mocked."	
School materials	"Books and other reading materials are provided."	
Help	"Support from the community." "People to always support them." "Help from parents that could reflect a bright future to them."	This code was used mostly for unspecified types of support and help.
Morals	"Learns what to say in midst of elders."	

	"He is humble, he knows what he is supposed to do at a particular time or place."	
Sanitary towels	"Have sanitary towels."	
Job	"Job opportunities." "Taking them to vocational trainings for future sustainability."	
Sleeping place	"Where the children sleep, it's not like it's crowded." "Good sleeping place and has a toilet."	
Equality	"When something is brought, you have to share equally, not this one getting and the other is not." "The child will be happy if he/she is not discriminated."	
Environment	"Peaceful environment." "Silent environment, which will lead him/her to do more studies." "Good environment that is conducive."	
Time to study	"Maybe she was expected to do all the work at the guardian's homestead, but…in the orphanage…that child's work was to go to school." "Given ample time by the parents to read."	
Interaction	"If we want to see the child is happy, you just see how the child is interacting."	
School performance	"If we want to see the child is happy, you just see ... the performance in class."	
Agency	"In the orphanage, this child could not make a request of [what] she wanted…but now at home…she might get it." "You can eat as much as you want."	
Language	"Mother language (getting to learn/use it)."	Language was mostly mentioned when facilitators probed participants on what was important for children of various ethnic groups.
Pocket money	"Should be given treats and some money."	
Religion	"God fearing." "Religion."	

Variety of food	"He eats from a variety of meals, and he can eat a variety of fruits from the farm." "Eating of food that wasn't provided at the CCI."	Many participants disliked having a set menu in RCIs and not being able to choose the food they ate.
Assistive devices	"Getting a wheelchair or hearing aid." (When probed about children with disabilities.)	
Freedom of expression	"A child should be given freedom of expression."	
Friendly teachers	"Teachers at the orphanage maybe are very nice." "Friendly teachers."	
Resilience	"Can control and get rid of bad emotion and control the good emotions."	
Rest	"Time to rest." "Not being waked (sic) up early in the morning."	
Transportation to school	"Parents take him to school and after school."	
Trips	"Money for trips so the child doesn't feel left out at school." "Taken for outing, recreational activities, e.g. beach."	
Visitors	"Visitors show us love and care by bringing items."	
Comfort	"Is comfortable." "As a child in CCI, life is somehow better which makes him or her comfortable."	
Not too much work	"Parents should not give their child a lot of work so they are overburdened with work."	
Supervision and guidance	"If he was left alone, he might have gone to the streets and maybe he gets hit by a vehicle and he dies."	
Talent development	"Ensuring talent development to the child."	
Good behavior	"Children should not be tough-headed."	
Pets	"Have pets."	
Staff relationships	"Relates well with staff."	

2. Rapid codes and example excerpts: Guatemala

Code	Excerpts	Notes
Good behavior	"Ser obediente." *(Being obedient.)* *"*Hacerles caso a los abuelitos." *(Obey your grandparents.)* *"*No estar mucho tiempo en la calle." *(Not spending much time on the street.)* *"*Ayudar a barrer si mama está cansada." *(Helping your mom sweep if she is tired.)*	Focus group facilitators believed that children mentioned this because if they do not listen, they are punished.
Play	"Jugar pelota." *(Playing ball.*) "Columpios." *(Swings.)* "Jugar shuco." *(Playing freeze tag.)* "Ayudándole a papa a pescar." *(Helping dad to fish.)*	
Harmony and relationships (vague)	"Amor, ayuda, paciencia, cariño, Sabiduria." *(Love, help, patience, care, wisdom.)*	This code was used for abstract items that related to positive relationships.
Freedom	"No estar encerrados." *(Not being locked in.)* "Puede salir." *(Can go out.)*	
Positive family relationships	"Que su familia lo apoyen." *(Their family supports them.)* "Tiene mucho amor, cariño, comprensión." *(They have a lot of love, care, and understanding.)*	
Being with family	"Siempre tiene a su familia con ella." *(Always has her family with her.)* "Acompañar a la mamá a comprar." *(Going shopping with your mom.)*	
Food and nutrition	"Tiene comida." *(Has food.)* "Sus tres tiempos de comida." *(Their three meals a day.)*	
Education	"Graduarse." *(Graduating from high school.)*	
Shelter	"Tendrá su cuarto aparte." *(Has her own room.)* "Pila para bañarse." *(Outdoor sink to bathe/wash in.)*	
Clothing	"Zapatos." *(Shoes.)*	
Mental health	"No enojado" *(Not angry.)* "No llora" *(Not crying.)*	
Other material resources	"Vasos." *(Drinking glasses.)*	

	"Juguetes." *(Toys.)*
RCI staff relationships	"Ayuda de educadoras." *(Help from the house mothers.*) "El personal del hogar es muy cariñoso y muy amable." *(The personnel of the RCI are very kind and caring.)*
Health	"Ir al doctor." *(Going to the doctor.)*
Being treated well	"Lo tratan bien." *(They treat him well.)*
Work/job	"Buscar un buen empleo." *(Looking for a good job.)*
Peer relationships	"Se necesita comprensión, para comprendernos entre todas de todo lo que nos está pasando que no es fácil." *(Understanding, because understanding all that has happened among us is not easy.)*
Interpersonal relationships (not specified)	"Tengo con quién platicar." *(I have someone to chat with.)*
Personal growth	"Aspirar hacer major." *(Aspiring to be better.)*
Spirituality	"Poner todo en las manos de Dios." (Putting everything in the hands of God.)
"A normal life"	"Sería feliz vivir una vida normal ya." *(Would be happy to live a normal life now.)*
Opportunities	"Son oportunidades que uno tal vez como no ha tenido en el hogar, uno ya lo tiene afuera." *(Opportunities that perhaps one has not had in the RCI, but one has them outside.)*

3. Focus Group Protocol

Materials to bring:

- Audio recorder
- Extra batteries
- Phone, tablet, or other device with camera
- Consent forms
- Drawing paper for participants (printed templates)
- Large flip chart paper and tape
- Sticky notes or cards and tape
- Writing and drawing materials (markers, pencils, crayons)
- Clipboards or notebooks for facilitators
- Name tags
- Masks
- Hand sanitizer
- Materials for providing transportation stipend

- Ensure that the audio recorder is functioning and has sufficient battery.
- Arrange the chairs so everyone is two meters apart (following COVID-19 safety guidelines).
- Please do not allow anyone to eat indoors, for the sake of COVID-19 safety. Participants may take their refreshments home as take-away.
- Fill out the FGD Cover Sheet with information about the date, time, location, etc.
- Ensure consent forms have been pre-filled with participants' real names.
- If any participants are late, in order to respect others' time, do not wait longer than 15 minutes after the designated start time to begin the FGD.

Setting up:

FGD script

***[Facilitator 2** takes note of where everyone is sitting on the FGD cover sheet.]*

Facilitator 1: Welcome everyone! We are so happy that you are able to come here today. We're going to start by making sure you understand the risks and benefits of participating in this study. I'm going to read this consent form to you now.

[Please read the consent or assent form appropriate for this participants' age group.]

Do you have any questions? *[answer any questions they may have]*

Do you agree to participate? *[if they say yes, **Facilitator 2** will check the box on their consent form.]*

*[**Facilitator 2** starts the recorder.]*

Facilitator 1: For this talk, we are asking each of you to come up with a special name. It can be any name that you want. Like [insert cultural names or known celebrities]. Take a minute to come up with your name and write it on your name card.

[Move on once everyone has written a name on their nametag.]

Facilitator 1: To start off, we are all going to go around and introduce our new names.

[Do an ice breaker activity that you believe is suitable for the group. For example, each participant can do a dance while they say their pseudonym, then the next person copies the dance and adds a new

part to the dance while saying their own name, and it goes on and the dance gets longer until it reaches the last participant.]

Facilitator 1: Great job everyone! Let's get started. So today we would like your assistance with a research project about the well-being of people who have lived in or currently live in CCIs. As someone who has lived in a CCI, your perspective is very important to us.

In this research project, we want to understand *how well children do* when they leave a CCI and start living with a family. We want to understand how happy or unhappy they are with all the different areas of their lives. We need your help in identifying what, specifically, are the important areas of their lives to ask about, because we're going to use the information from this discussion to help us make a survey for young people who have reunified with their families. The survey will measure what parts of children's lives are going well, and what parts are not, which will help us decide what sort of help and support we should provide to these children.

A lot of research in the past has failed to measure the things in life that are really important to young people who have lived in CCIs. Research sometimes focuses on measuring one or two aspects of these young persons' lives, but not others. For example, sometimes research looks at young people's physical health and nutrition but not any other areas of their life. We don't want to make the same mistakes in this study. It's important that we ask about *every area of life that matters to people leaving care.*

Do you have any questions?

Facilitator 1: Today, we will be asking you to share your thoughts and experiences about your life and childhood. Our talk will have four parts: First, we will start with a drawing activity, second, we will share our drawings with each other, third, we will imagine a situation together, and fourth, we will make a list together.

First let's set some rules we will follow during our time together.

1. Keep the information and stories that we share private. What is said this this room stays in this room.
2. We should all respect each other. Don't laugh at or mock what other people say. Don't doubt other people's experiences or question their actions. We are here to listen to each other.
3. Speak loud enough for everyone to hear you and for the voice recorder to capture your voice. Please say your chosen name each time you speak, so we know whose voice belongs to who when we listen to the recording.
4. Please keep your mask on and remain two meters apart.

[Add other rules that are appropriate for the group. For example, what participants should do if they would like to speak, or if they would like to take a break, or use the restroom. If you'd like, you can involve participants in setting the rules.]

1. DRAWING LIFE EXPERIENCES

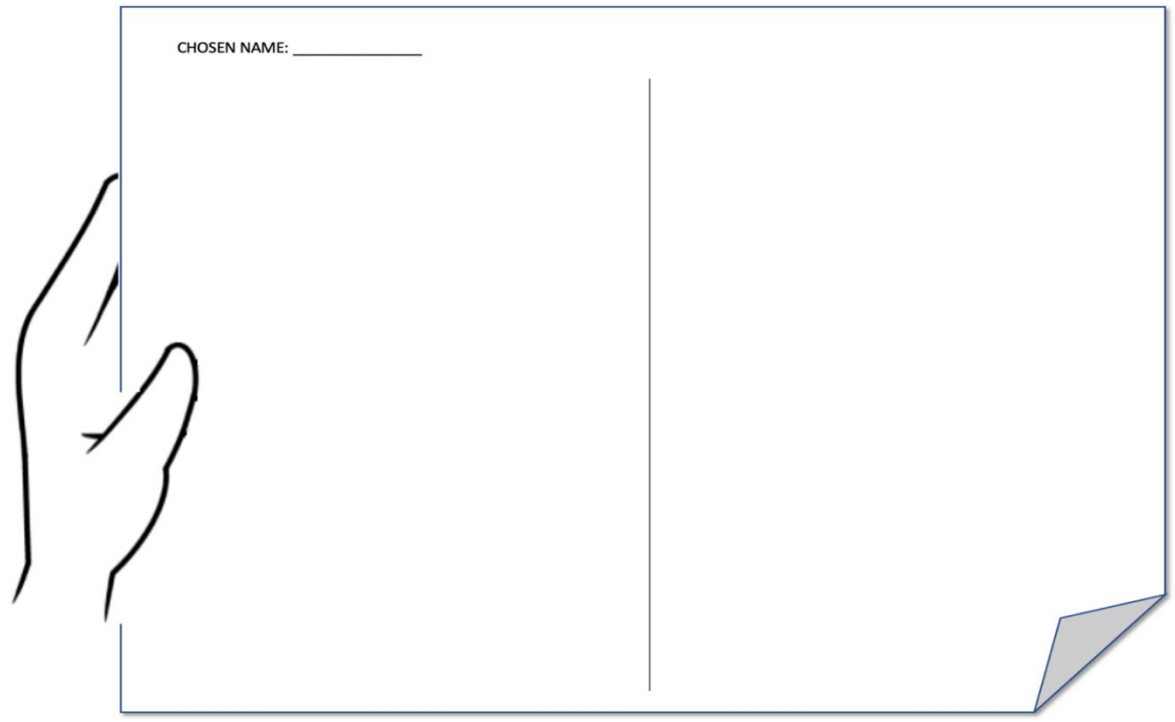
(10 minutes)

Facilitator 1: I'd like to start by having a discussion about life in the CCI and life after leaving the CCI.

If you'd like, you can make a drawing to help you tell your story. If you'd prefer not to draw, you can write a story or create a list.

*[**Facilitator 2** hands out papers, pencils, and crayons to each participant.]*

Facilitator 1: Please write the name you chose here *[point to space for chosen name]* on your paper so we know it belongs to you.



On the left side, draw a picture of what life was like in the CCI, or write about life in the CCI. On the right side, draw a picture or write about what life was like after leaving the CCI.

The drawing does not need to be a beautiful picture—this is not an art class—it just needs to help you tell your story.

[Allow participants to draw for 10 minutes.]

*[Please also use this time to fill out the **FGD Cover Sheet** by quietly asking each participant the information for this sheet.]*

SUGGESTED PROBES	*[If participants get "stuck," and can't think of what to draw/write, you can encourage them with phrases like:]* ● What are some of the similarities between life before and after leaving the CCI? ● What are some of the differences between life before and after leaving the CCI? ● What has been good about your life? ● What has not been so good about your life? ● Who was important to your story?

[If everyone is finished, you can move on, even if 10 minutes have not yet passed.]

[When there are two minutes left, **Facilitator 1** *should say:]* Please begin to finish up your work. We will just take two more minutes.

Reminders about Safeguarding

We will insert region-specific SOPs for reporting safeguarding issues here.

2. SHARING LIFE EXPERIENCES

(2-3 minutes per participant)

Facilitator 1: Now let's present our drawings or lists to each other. If you do not want to share, though, that's fine too. Hold up your drawing like this *[hold it up]* so we can all see it, and tell us about your work. You'll have three minutes to tell your story, and we'll give you a warning when you have one minute left.

*[**Facilitator 2** will keep time.]*

SUGGESTED PROBES	*[If participants do not give lots of details, please encourage them by asking questions like:]* ● Can you tell me more about this *[point to part of a drawing]*? ● Could you explain this further? ● What is it about…that makes you say that? ● Could you share an example of what you mean? ● Could you tell me a little bit more about…? ● Please describe what you mean.

Facilitator 1: Thank you all for sharing your stories. Let's have a round of applause!

[Take a short break, or ask participants if they'd like to take a break, depending on what you believe is appropriate.]

3. DISCUSSION: WHAT DOES WELL-BEING LOOK LIKE

Facilitator 1: Now that we've heard about each other's experiences, let's use them to imagine a situation. Use your imagination to make up a child who lives in a CCI and is really, really happy—as happy as they could possibly be. What is their life like?

SUGGESTED PROBES	*[If participants are confused about the question, you can say:]* ● What might you see if a child lives in a CCI who is having the best possible experience? The best life you can imagine? Who is doing extremely well? ● What makes them happy? What do they need to be happier? ● Try to be as specific as you can. ● It's okay if you say something that only applies to one type of child and not others. (E.g., only relevant for girls but not boys.) ● We want to think about children around ages 11–17. *[If participants aren't saying much—or are stuck on just a few topics—you can say:]* ● What about in terms of… ○ Safety? ○ Health? ○ Food? ○ Housing? ○ Relationships (family, friends, community)? ○ Emotions and feelings (mental health)? ○ Education? ○ Livelihoods (money, jobs)? ● Are there important things in particular to know about for… ○ Girls? Boys? ○ Children with disabilities? ○ Children in different ethnic groups or tribes? ● Could you explain this further? ● What is it about…that makes you say that? ● Could you share an example of what you mean? ● Could you tell me a little bit more about…?

Facilitator 1: Now use your imagination to make up a child who left a CCI and joined a family, who is really, really happy—as happy as they could possibly be. What is their life like?

SUGGESTED PROBES	*[If participants are confused about the question, you can say:]* ● What might you see in a child who left a CCI and joined a family, who is having the best possible experience? The best life you can imagine? Who is doing extremely well? ● What makes them happy? What do they need to be happier? ● Just think about the first five years after this child left the CCI. (Not when they are elderly!) ● Try to be as specific as you can. ● It's okay if you say something that only applies to one type of child and not others. (E.g., only relevant for girls but not boys.) ● We want to think about children around ages 11–17. *[If participants aren't saying much—or are stuck on just a few topics—you can say:]* ● What about in terms of… ○ Safety? ○ Health? ○ Food? ○ Housing? ○ Relationships (family, friends, community)? ○ Emotions and feelings (mental health)? ○ Education? ○ Livelihoods (money, jobs)? ● Are there important things in particular to know about for… ○ Girls? Boys? ○ Children with disabilities? ○ Children in different ethnic groups or tribes? ● What about when a child leaves a CCI to live with… ○ Their biological parents? ○ Grandparents or other elder relatives? ○ Aunts, uncles, siblings, or other kin? ○ A foster family? (A foster family is a family they aren't related to, who maybe they are meeting for the first time.) ● Could you explain this further? ● What is it about…that makes you say that? ● Could you share an example of what you mean? ● Could you tell me a little bit more about…?

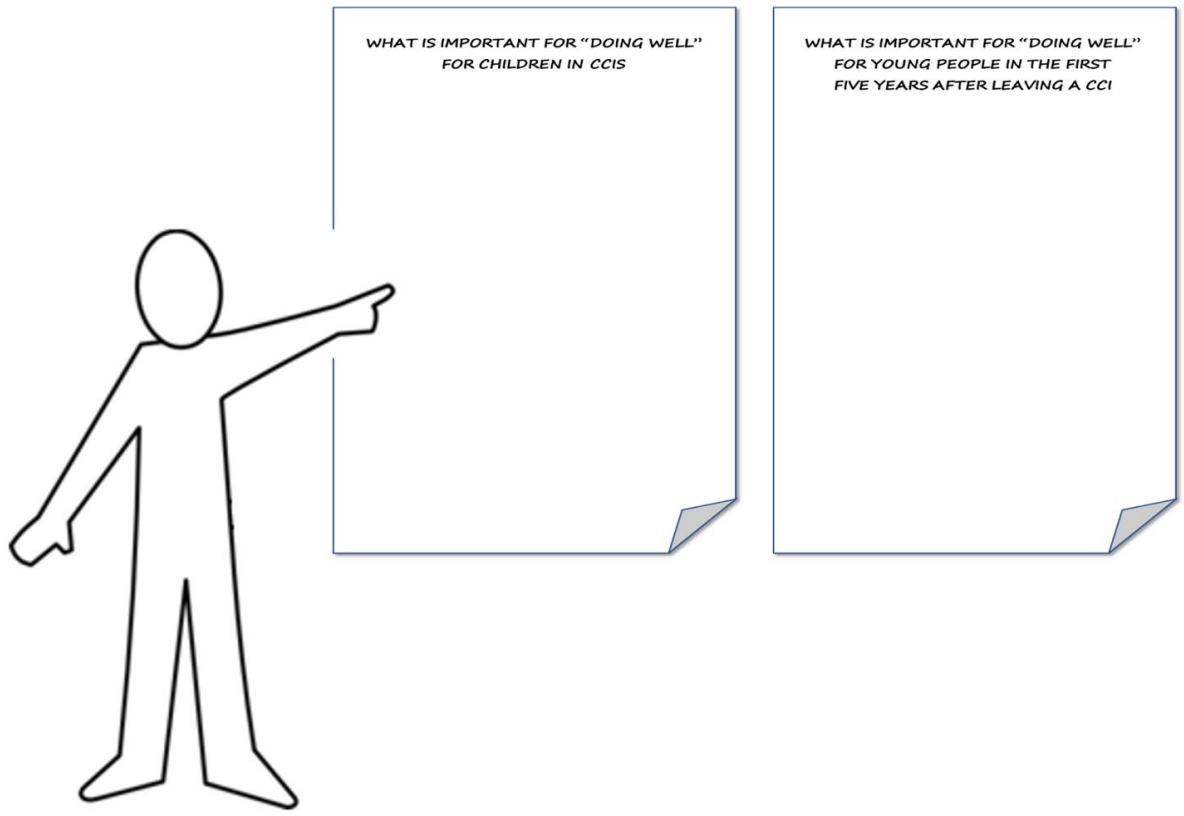
[Take a short break, or ask participants if they'd like to take a break, depending on what you believe is appropriate.]

4. VERBAL FREE-LISTING: DOMAINS OF WELL-BEING

*[**Facilitator 2** passes out note cards or sticky notes]*

Facilitator 1: Now, remember that the purpose of today's group is to decide what parts of care-experienced children's lives are important to ask about and measure in a survey.

On these two large papers on the wall, I've written, "What is important for 'doing well' for children in CCIs," and here I've written "What is important for 'doing well' for young people in the first five years after leaving CCIs.



I would like us to make a complete list of all of the things that are important to look at in order to determine if a child is "doing well." In order to be able to say, "This child is doing well," what are all the different things that the child should have or be?

Please write one thing per card and stick it on the paper here. You can use as many cards and write as many things as you want.

SUGGESTED PROBES	*[If participants are <u>confused about the activity</u>, you can say:]* ● What is a sign of "doing well"? ● What are the things that a researcher should be checking, or asking, to determine whether or not a child is "doing well"? ● We want to think about children ages 11–17. ● It's okay if some items only apply to certain groups of children and not others (e.g., girls, children with disabilities, very young children). *[If participants <u>aren't saying much</u>—or are stuck on just a few topics—you can say:]* ● What does a child who is doing well *have?* ● How does a child who is doing well *feel?* ● How does a child who is doing well *act?* ● What does a child who is doing well *do?* ● What does their life look like? What does their family look like? What does their environment look like? ● What about in terms of… ○ Safety? ○ Health? ○ Food? ○ Housing? ○ Relationships (family, friends, community)? ○ Emotions and feelings (mental health)? ○ Education? ○ Livelihoods (money, jobs)?

[Please help any participants who do not have strong literacy skills or feel uncomfortable writing.]

[When everyone is finished, praise participants' work and comment on how the list they created will be very useful.]

5. WRAP-UP WITH PARTICIPANTS

Facilitator 1: Thank you all so much for participating in this activity. This activity was a really important part of our research, and you've made an important contribution to the work. We could not be successful without you.

Please remember what we agreed to at the beginning—that we will not share people's stories with others. We want to keep each other's experiences private.

We're going to use the results from these activities to make a new survey to help us see how well care leavers in Kenya are doing. Do you have any questions about the research?

Is there anything else you want to mention? That you didn't get a chance to talk about but you think we should know?

What did you think about the activity today? *[If they don't say much, you can ask:* Did you enjoy it? Did you learn anything new?]

The next step in our research is to gather the results from all our focus groups in the different counties and analyze them all together. After we do this, would it be okay if we contact you to ask you if our understanding of everyone's experiences sounds correct?

After that, we'll create a survey tool. We will need to test out the survey before we use it. Would it be okay if we contact you later to see if you want to help us test the survey?

[Dismiss the participants, thanking them again for their participation.]

FACILITATOR WRAP-UP INSTRUCTIONS

- *Take clear, readable photos of all drawings and written materials.*
- *Make sure the pseudonyms are readable on the drawings/written lists.*
- *Take photos of each written item (sticky note/card) individually, so it will be readable.*
- *Make sure it is clear whether the sticky notes/cards belong to the "children in CCIs" category or the "five years after leaving a CCI" category.*
- *Write down any important observations, explanations, and take-aways in your notes so that you can remember them later.*
- *Gather all consent forms and store them in the folder for* ***Consent Forms****.*
- *Gather the FGD cover sheet, all drawings, written materials, and written notes and store them in the folder for* ***FGD Data.***
- *Reminder:* ***It is very important that the Consent Form folder and the FGD Data folder are kept separate.*** *In order to preserve anonymity of the data, they should be kept separate while traveling, and also securely stored separately at the office in locked cabinets.*

Need to know more? Contact *Changing the Way We Care* at info@ctwwc.org or visit changingthewaywecare.org.

To provide feedback on this resource, scan the QR code.

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