Understanding Catalysts for Transition:

Dynamics Leading to the Uptake of Transition Amongst Charitable Children's Institutions in Kenya

LEARNING AND REFLECTION

Better Care Network (BCN) and
Changing the Way We Care (CTWWC)

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Contents

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Abbreviations

BCN	Better Care Network
CCI	Charitable Children's Institution
CSO	Civil Society Organization
CTWWC	Changing the Way We Care
DCS	Directorate of Children's Services
ICS	Investing in Children and their Societies
KCPE	Kenya Certificate of Primary Education
KCSE	Kenya Certificate of Secondary Education
KII	Key Informant Interview
NCCS	National Council for Children's Services
NGO	Nongovernmental Organization
SCI	Statutory Children's Institution
SOP	Standard Operating Procedure
UNICEF	United Nations Children's Fund

Glossary[1]

Alternative care: Alternative care is 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 carers, or spontaneously by a care provider in the absence of parents. It includes kinship care, Kafaalah, foster care, guardianship, adoption, traditional approaches to care and places of safety and temporary shelter. Alternative care is the second pillar of care reform in the Kenyan context.

Care leavers: A care leaver is anyone who spent time in alternative care as a child. Such care could be in foster care, institutional care (mainly children's homes), or other arrangements outside the immediate or extended family

Care reform: Care reform is a change process within the systems and mechanisms that provide care for children separated from their families or at risk of separation. It consists of three pillars, all of which need to function and fulfil their purpose for care reform to be holistic and sustainable:

1. Prevention of separation and family strengthening: This involves support measures and services which strengthen families and prevent children being separated from their families. It includes education, health care, social protection, food security, livelihood support, positive parenting, psychosocial support, day-care facilities, community-based rehabilitation services for children with disabilities, employment support, support for child-headed households, and so on.
2. Alternative care: This involves strengthening and expanding family and community-based alternative care options for children who are unable to live in parental care. Alternative care includes kinship care, Kafaalah, foster care, guardianship, adoption, traditional approaches to care, places of safety and temporary shelter and institutional care, as well as strong gatekeeping mechanisms.
3. Tracing, reintegration and transitioning to family and community-based care: This relates to the safe and sustainable transition of institutionalized children and unaccompanied and separated children to family and community-based care.

1 All of the terms are taken from Government of Kenya, *National Care Reform Strategy*, 2022-2032

Care Reform Core Team: an intersectoral and multidisciplinary team of professionals working in areas related to care reform. It is made up of both Kenyan State and non-state actors and has a remit to provide technical advice and support for the care reform process in Kenya.

Charitable Children's Institution: A Charitable Children's Institution (CCI) is an institution established by a person, corporate or non-corporate, religious organization, NGO or PBO. Registered CCIs have been granted approval by National Council for Children's Services (NCCS) to manage a programme for the care, protection, rehabilitation or control of children. Non-registered CCIs offer similar services but have not been granted approval by NCCS.

Community-based care: A range of approaches designed to enable children to remain with their own (or extended) family and prevent the need for separation, or to be placed with an alternative family within their community. It includes supported child-headed households and supported independent living and is supported by broader prevention of separation and family strengthening services.

Family-based care: Short-term or long-term placement of a child in a family environment with one consistent carer and a nurturing environment where the child is part of a supportive family and the community. It includes parental care, kinship care, Kafaalah, foster care, guardianship, adoption, and traditional community approaches to care.

Non-state actor: Non-state organizations, groups and informal structures with a role to play in care reform. These include civil society organizations, nongovernmental organizations, public benefit organization, faith-based organizations, traditional community structures and networks, community-based organizations and informal structures and safety nets, as well as businesses.

Redirection of resources: The principle that existing financial and non-financial resources within the institutional system of care can be effectively redirected to support a reformed system of family and community-based care, thus ensuring that this reformed system has the resources it needs to support children to live in family and community-based care.

Reintegration: Reintegration is 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 the 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 process of bringing together the child and family or previous care-provider for the purpose of establishing or re- establishing long-term care. The first point in the reintegration process.

Transition: The process of changing the model of care or service provided by an organization from a residential care service to a non-residential service or model of care. Transition involves change at all levels of the organization and includes, but is not limited to, the safe reintegration of children.

Buy-in for transition: The term 'buy-in', as it is used throughout this report, refers to having made a firm decision and commitment to transition. It is generally used to refer to the decision making of key stakeholders such as directors, founders, and donors.

Executive summary

Objectives

This study was designed to be a small insights-based qualitative learning and reflection study to explore catalysts for transition. It was based on interviews conducted with Charitable Children's Institutions' (CCI) directors that sought to identify and explore the range of factors that influenced each director's decision to transition their residential care services, and the interplay between those factors. The specific and overall objectives of the study were to:

1. Identify and explore the range of factors that lead to the decision by CCI directors and boards of directors to undergo transition, and the interplay between these factors.
2. Understand what creates or contributes to an enabling environment for the transition of residential care services, and the implications for local, national, and global care reform and transition strategies.

Methods

The study carried out a total of 27 key informant interviews. One interview was conducted with a Directorate of Children's Services (DCS) officer and 26 were with directors of transitioning CCIs, located across eight counties in Kenya: Kisumu, Kajiado, Kilifi, Kisii, Garissa, Mombasa, Nairobi and Nyamira. Participants were selected from across faith-based and secular CCIs. The CCI's pre-existing decision to transition was a key criterium for being inclusion in the study. To evidence this decision CCIs must have either completed their transition, be in the process of transitioning, or have a transition plan developed to guide their implementation, even if it had yet to commence.

Out of the total of 26 CCIs sampled, four had fully transitioned, twelve were in the late stages of implementing their transition, nine were in the early stages of implementation and one was in the planning and preparation phase of transition.

Key Findings

Distinct aspects of director receptivity

In examining what influences CCI directors' decision to transition, the study found three distinct aspects making up the director's receptivity to transition and catalysing that decision. Each of these aspects can be subject to influences contributing to overall receptivity, and can be influenced by different factors, activities, or processes. They therefore need to be individually examined, yet collectively understood for their cumulative effect on increasing receptivity or buy-in to transition and catalyzing decision making.

Attitude and Openness

The first aspect is the director's attitude and openness towards transition as a concept. This aspect deals with whether or not the director perceives transition to be good on a conceptual level. Positive attitudes towards transition most typically stem from whether directors perceive family care to be in the best interest of children.

Feasibility

The second is the extent to which the director perceives transition to be feasible in terms of implementation. This aspect is concerned with the practicalities of both reunification of children, providing support to children in families towards long-term reintegration, and managing the resource, organizational and staff changes inherent to transition.

Organizational Vision

The third factor is ability to resolve the question of the organization's future. This aspect deals with having a clear vision for what the organization will become, programmatically, when it is no longer providing residential care services. Having clarity around this aspect provides directors with clear goal posts and addresses concerns around loss of organizational and personal identity that can impede buy-in.

The study found that for directors to buy-in to transition, they generally needed to have a positive disposition towards all three of these aspects. This means being convinced that transition is good idea conceptually, practically, and, for their future, programmatically. In other words, they must be convinced of the 'why' of transition and have confidence around the 'how' and clarity around the 'what'. The factors found to have the most significant influence on these three aspects of director receptivity and decision to transition are summarized below.

Factors influencing the decision to transition

1. Factors influencing attitudes towards transition

The study found that the most frequently cited and significant influence on a CCI director's attitude towards transition, at the conceptual level, was previous and positive experiences of reunification and reintegration of children who had been in their care. According to the interviews, CCIs pre-transition experiences offered the director and staff the opportunity to observe that children who reunify back into family and community have better outcomes in terms of academic performance, social development, and had improved overall wellbeing.[2] This predisposed them to the concepts around transition and first-hand experience of the benefits of family care and gave them direct experience with the limitations of residential care.

Another significant influence on directors' attitude toward transition was the involvement of care experienced persons in awareness raising and advocacy efforts. For some directors, learning about the challenges young people experienced after leaving care challenged their strongly held belief that the institution is the best place for the child. Hearing these stories made directors more open to critically reflecting on what the experiences of the children in their own CCIs might have been, and opened them to be more willing to acknowledge and accept the limitations of residential models of care.

These findings highlight the significance of experiential learning in positively influencing directors' attitudes towards transition at the conceptual and practical levels. It suggests that creating opportunities for learning through reflection, including through engagement with advocates with lived experience of care, may have a stronger influence on catalyzing a decision to transition than information sessions that rely upon abstract scientific arguments alone.

2 This study did not research the well-being of children or families so this finding was not substantiated and represents the directors' own observations shared during the interviews.

2. Factors influencing perceptions of feasibility

The most often cited and significant influence on a director's perception of transition feasibility, was government and civil society delivered training programs. Trainings provided directors with opportunities to develop skills, strengthened CCI staff capacity, and resolved uncertainties and concerns regarding the 'how' to transition. These trainings influenced director decision-making by giving them the confidence to act on their pre-existing or evolving positive attitude towards transition and make a firm commitment to implementation. Without this confidence, the study found, directors who conceptually concurred with the merits of transition remained reluctant to proceed. In addition, previous experience and knowledge of the reintegration process, as one of the most technical aspects of transition, also made transition feel more achievable to directors and therefore helped to catalyse their decision to change. Directors indicated that support from government and civil society to manage stakeholders throughout the change process, in particular staff and children's families, also had a bearing on their decision making. This support gave directors greater confidence that they could navigate the inevitable reactions and concerns of stakeholders, who would be greatly and most directly impacted by the organization's decision to transition.

3. Factors influencing perceptions regarding the organization's future and redirection of donors

The most significant factors of influence on the third aspect, resolving questions regarding the programmatic future and vision of the organization, was CSOs and government run training and mentorship. This was critical in helping directors understand that transition was an opportunity for organizations to evolve their services and continue to fulfil their vision of supporting vulnerable children, however through improved modalities, which are better for children. Training and mentoring provided opportunities for discussion where commonly held fears and misconceptions that "the government's intention was to shut down organizations running CCIs" could be surfaced and supportively countered. Once directors understood the distinction between transition and closure, and understand its place within wider care reform, they were able to begin envisaging a positive future for their organizations also within that wider picture. This reduced defensiveness towards of transition as something being done to them and care reforms more broadly as out of their control, and allowed directors to set and communicate positive future facing goals to all stakeholders and to feel a part of wider change for good.

This finding reveals that many directors do not see their organizations as having a distinct identity beyond the residential care service. Therefore, unless the question of 'transition into what' is answered early on, transition is interpreted as closure and perceived as a threat to their organizational viability and identity. In addition,

it is often insufficient to explain the concept of transitioning into another type of service on an abstract level without providing opportunity and support to directors to consider the specifics of the possible new services.

This insight shows that many directors find it difficult to agree to transition without first resolving the ambiguity and uncertainty of what that means for their vision, mission, and organizational identity. While it is often more strategic from a system strengthening perspective to engage with program re-design during the transition implementation phase, after service mapping and child and family assessments have been conducted, left unresolved until later causes ambiguity which may impede the director's decision and buy-in.

The findings further suggest that donor buy-in and participation in decision making for transition process is key in redirecting of funds to family and community-based care. When donors knew enough and provided a secure sense of financial backing and support for the organization's transition, during the decision making and envisaging phase, directors were able to engage meaningfully in considering new services and reorientation of mission and identity.

The government was found to have a strong influence on donors and convincing them to redirect their resources toward new services. However, this was not achieved through the dissemination of policy, but, rather by CCI directors facilitating meetings between government officials and their donors. The study findings show donors who were able to meet with and hear directly from government officials about Kenya's direction and care reform were more likely to agree to transition, financially support the transition, and redirect their resources to new services as part of the transition. The importance of engaging governments in donor management as a part of catalyzing transition is a key insight from this study.

Factors impeding decisions to transition

Key informants identified a range of additional factors which impede buy-in for transition. These were:

- Inadequate knowledge of reunification and reintegration processes.
- Unaddressed staff concerns, including fear and resistance to transition and concerns regarding loss of employment and income.
- Lack of donor support, including lack of buy-in from donors for transition, fear of donor withdrawal or reduction in support, and confusion or lack of confidence regarding how to best communicate or explain care reforms and government policies to donors.

- Family and community perceptions towards residential care as a positive and necessary service for children.

Whilst these were secondary to the three aspects that comprise positive director decision making as mentioned above, they were factors that contributed to the sense of complexity that often surrounds transition. The existence of impeding factors highlights the reality of transition as a multifaceted process of multiple tiers of change, and numerous stakeholder groups, who are all likely to react to the notion of transition with a degree of fear of change, no one the same. For some directors, knowing there was sufficient external support available to manage these factors was a dynamic that influenced their decision to proceed with transition. Conversely, the absence of support was a barrier to decision making. This suggests that multisectoral approaches and strategies that coordinate comprehensive support for the various aspects of transition, including stakeholder management, are a key part of creating an enabling environment and catalyzing decisions around transitions, as much as the transitions themselves.

Recommendations for national or subnational plans to scale up transition

Based on the study findings and lessons, it is recommended for the following actions to be considered in the development of national or subnational action plans for the transition of residential care services:

1. **Facilitate experiential learning opportunities for CCI directors:** These should be designed around the principles of reflective learning and provide opportunities for CCI directors to reflect on their own experience and vicariously through the experience of young people with care experience and peers who have pioneered transition. Care leaver networks and care experienced advocates should be engaged in the design and delivery of these initiatives. Consideration should be given to the documentation of experiences and practices and the use of media to facilitate reflective learning opportunities at scale.
2. **Facilitate training and capacity building opportunities:** Trainings should be offered to CCI directors, donors (where feasible) and other stakeholders on a range of topics including government policies, the implications of new policies for residential care services, the transition process, reintegration and case management, stakeholder engagement and management strategies (staff, children, families) and program redesign. Such trainings are not only critical in equipping CCI directors and staff to effectively implement a transition, but are also key to decision making and securing their buy-in. Where feasible training should be standardized and coordinated as part of efforts to scale up transition at the subnational or national level.

3. **Support CCIs to develop clear contextualized transition strategies:** Support CCIs to develop clear, actionable, and contextualized transition strategies that consider:

- **Managing staff and securing their participation and cooperation throughout the transition.** This should include strategies to upskill and redeploy staff, support staff to find new employment or develop income generating activities, and/or proactively deal with staff redundancies, and provide counselling and emotional support to staff to reduce the likelihood of resistance and interference with the transition.
- **Plans for repurposing facilities**. Most CCIs have invested heavily in physical structures that are used to accommodate children and staff. Deciding how to best repurpose or disperse of these assets as part of the transition is a key concern for directors, founders and donors.
- **Transition of programming and services.** The CCIs can be facilitated to think through what they would like to transition to early enough to give them a clear picture of where they are going. This remains one of the most difficult question for most of the CCIs.
- **Donor engagement:** The CCIs should be supported on how to engage and get the buy-in the donors in the transition process. The study shows that those CCIs that had good donor engagement strategy were able to retain the donors and divert funds to family-based care. In addition, the donors also provided technical and financial support to the organizations in the transition process.
- **Family and community engagement:** Rejection of children by families and the negative perception by the community was identified as one of the challenges of reunification and longer-term reintegration, thus frustrating the transition process. It is important to support the CCIs come up with approaches that would facilitate family and community buy-in. It is also important that the government and CSOs should also support in community sensitizations aimed at changing community's attitude towards residential care.
- **Reintegration and case management:** The study revealed that the uptake of transition had a strong correlation with the CCIs confidence with reunification and reintegration. CCIs should be supported with understanding and learning case management, national case management operating procedures and tools, or other support to outsource the case management for reunification and reintegration process for children in their care.

4. **Develop a coordinated multi-sectoral approach to delivering transition support:** Develop national or subnational level strategies to ensure multifaceted support is provided to CCIs to transition. These strategies should foster and facilitate multisectoral partnerships and leverage the resources, knowledge, expertise, and services available across government, CSOs, care leaver networks and donors, and provide a coordinated means of ensuring all CCIs access the support required throughout the different stages of transition and for reintegration. The study found out that the collaboration between the government and CSOs did not only promote the uptake of transition but also promoted sustainable approaches and ensured that children's rights and wellbeing are also upheld in the process.

5. **Develop and deliver behavior change campaigns:** Invest in campaigns that address community and family attitudes towards residential care and promote the importance of family-based care. Most families and communities still believe that residential care is better than family care, mainly because of the perception that children have access to education, shelter and food. These attitudes are a barrier to reintegration and make the concept of transition appear unrealistic and impracticable to directors. Changing community attitudes is therefore key to scaling up transition and improving the reintegration process and outcomes for children.

6. **Streamline the process for registering organization's new services**: The government should expedite approval and registration of services which fall under the Government of Kenya's "child welfare programs" which are family- and community-centered (non-residential). This will give the CCIs legal existence and provide a modality for redirection of resources to support children within their families and communities. This is provided for in sections 67 and 68 of the Children's Act of 2022.

Background information

Organization of the report

The report is divided into six sections: The **first section** provides the impetus and background to this study. The **second section** covers an overview of care reform in Kenya. **Section three** provides an overview of the study methodology. **Sections four** and **five** cover the study findings and lessons for practice, respectively. **Section six** provides the conclusion and recommendations.

Audience

This report is aimed at governments, civil society organisations and advocates of care reform involved in the development of strategies to catalyze and scale up efforts to transition residential care services within Kenya and in other countries. It is primarily geared towards those working at the national level or influencing national level efforts as part of broader care reform strategies. However, the findings have relevance for a wider audience, including the global care reform community and organizations providing technical support to individual transitioning organisations, and even those organisations themselves.

Background to the study

As global momentum around family care for children builds, government, civil society organizations, donors and faith-based organizations are increasingly taking steps to shift the focus of policies, practices, and funding from residential care towards family strengthening and family care. However, changes at the global and national levels, including to laws and policies that increase regulation of residential care and limit its use, often don't translate into immediate changes to the level of services. It is common for there to be a significant lag in implementation and enforcement of new policies and regulation. This is exacerbated in countries where residential care services are privately run and funded, and where governments have historically had little regulatory oversight or control. In these contexts, the transition or closure of residential care services may not be directly initiated by government per se, rather it may occur as residential care service providers respond to various influences that encourage transition, constrain their operating environment, or both. These influences can include changes to laws, policies, procedures and increasing regulation, as well as advocacy and awareness raising efforts, changing donor sentiments and redirection of resources, dissemination of learning and research findings, funding constraints, increasing visibility of positive alternatives to residential care, availability of technical and financial support to transition, and peer learning and exchange. Whilst the range of factors that may influence or catalyze a given residential care service to decide to transition may be 'known' in theory, what is less well understood is the interplay between the factors and how they contribute towards an environment that is increasingly enabling of transition. Improving understanding of the influences that are catalytic, and how they cumulate, could assist with the development of more targeted strategies to promote shifting of service systems away from residential models, and the prioritization of certain steps in the care reform process, particularly transition and strengthening families. Gaining insights into these influences and how they interact with each other was the purpose of this study.

Background of care reforms in Kenya

Care reforms in Kenya were first embedded in the Children's Act 2001 and updated in the recently passed Children's Act 2022, aligned with the United Nations Convention on the Rights of the Child and the African Charter on the Rights and Welfare of Children, to which Kenya is signatory. Kenya has developed numerous laws, policies, standards and guidance to ensure that the care reforms are well understood, achievable and accomplished. These include but are not limited to: the Constitution, Charitable Children's Institutions Regulations (2005), Adoption Regulations and Guidelines (2005), a National Children's Policy (2010), the National Standards for Best Practices in CCIs (2013), the Guidelines for the Alternative Family Care of Children in Kenya (2014), and the National Case Management for Reunification and Reintegration Guidelines (2019). The Government issued a moratorium on inter-country adoption in 2014, and a moratorium on registration of new CCIs in 2017. In 2017, the demonstration of sub-national care reform in Kisumu County started with support from United Nations Children's Fund (UNICEF). In 2018, demonstration work picked up in Kisumu, Kilifi Siaya and Nyamira Counties with support from *Changing the Way We Care*[SM] (CTWWC),[3] with significant funding from the United States Agency for International Development, while Stahili Foundation took up Murang'a County and many other non-governmental organizations (NGOs) contributed to change in these counties and elsewhere. UNICEF continues support at the national and demonstration county level. In 2019, a national care system assessment was conducted through the newly formed participatory Care Reform Core Group,[4] and many of its recommendations formed the basis for the most significant care reform policy document: The National Care Reform Strategy 2022-2032 (June 2022).

The Situational Analysis for Children's Institutions in Five Counties[5] (Kiambu, Kilifi, Kisumu, Murang'a and Nyamira) reported a potential for transitioning the workforce to community-based service provision, utilizing independent income streams to support the transition to community-based service provision models, and tracing and assessment of families requiring few additional financial resources due to the proximity of most families to the CCIs in those counties. These factors could aid the process for reunification of children. The Analysis also noted

3 CTWWC is a consortium of Catholic Relief Services and Maestral International, and key partners like Better Care Network and others, joined, through a Global Development Alliance (GDA), by three donors (MacArthur Foundation, USAID and GHR Foundation). More information at www.changingthewaywecare.org

4 Department of Children's Services. (2020). Kenya National Care System Assessment: A participatory assessment of the formal system for children living outside of family care and for the prevention of unnecessary separation of children from their families. Accessed at: https://bettercarenetwork.org/sites/default/files/2021-04/26_Kenya%20National%20Care%20System%20Assessment.pdf

5 Department of Children's Services. (2020). Situation Analysis Report for Children's Institutions in Five Counties. Accessed at: https://bettercarenetwork.org/library/the-continuum-of-care/residential-care/situational-analysis-report-for-childrens-institutions-in-five-counties-kiambu-kilif-i-kisumu-murang.

difficulties in reunification of some children, who were placed in CCIs without formal admission and therefore lack case records. The report recommends: further and overtime assessment of the situation; establishment of regulatory measures to improve alternative care, including assessment of CCIs against the National Standards for Best Practices in CCIs; promoting and maintaining frequent contact between children living in CCIs and their families pre-reunification; developing strategies to better link vulnerable and reintegrating families to social protection programs and other services; strengthening gatekeeping; and creating and launching sensitization campaigns across the counties to promote family care and engage children and young people in care reforms.

The Government of Kenya, led by the National Council for Children Services (NCCS) and the Directorate of Children's Services (DCS), have been working with different actors in the development and implementation of the care reforms. In 2017, the Association for Alternative Family Care was formed as a coordination body of over 25 organisations working within care reforms. In 2019, the NCCS established the multi-agency Care Reform Core Team for coordination of the care reform agenda. The government, with UNICEF and CTWWC support and the Care Reform Core Team developed the National Care Reform Strategy, which elaborates a care reform plan including financing and monitoring framework. National working groups are now working on finalizing gatekeeping guidelines, standard operating procedures for family-based alternative care, guidance for transition of services, foster care guidance and a Kafaalah framework.

The National Care Reform Strategy notes an estimated 45,000 children living in over 845 privately run CCIs and 1,000–1,200 children living in 28 government run institutions (or statutory children's institutions – SCIs), including rehabilitation, remand, reception, and rescue centres. The strategy further notes a lack of comprehensive data on the number of institutions means that the true scope and scale of institutionalization in Kenya is largely unknown. A government directive to have the children reunify with their families during the COVID-19 crisis led to a 42 per cent reduction in the numbers of children in registered facilities,[6] showing the possibilities for family care. Twenty-one percent of these children went back to their biological families and the rest were placed in alternative family-based care, mostly kinship care.[7] As most of these reunifications were unplanned, unprepared, unsupported and unmonitored, some were problematic and un-sustained.

6 UNICEF and CTWWC. (2022). Care Reforms in Kenya: A virtual study tour https://pdf.usaid.gov/pdf_docs/PA00Z3GG.pdf

7 *Ibid*

"Kenya is on a path of care reform, moving forward to a system focused on strengthening families, decreasing reliance on residential care, and expanding services to prevent child and family separation. This is an enormous task requiring resources, time, planning and leadership, partnerships and collaboration, and, perhaps most critically, coordination between actors big and small, including: all levels of government, partners like UNICEF, international organizations and initiatives and local civil society organizations, as well as children, families and care leavers who bring a critical view from their lived experiences."
NCCS statement published in BCN Newsletter, March 2021

Methodology

Design

The research was an insights-based study that adopted a cross-sectional qualitative study design, augmented by a review of secondary data from relevant documents and publications. This was done through a consultative and collaborative approach involving Better Care Network (BCN), CTWWC, and members of the Transition Working Group of the Transforming Children's Care Global Collaborative Platform (hereafter called "Transition Working Group"). Following the qualitative approach, the design included the use of flexible methods such as individual, semi structured in-depth interviews. An information sheet about the study, consent form and interview guide was developed with input from the Transition Working Group members, and questions were informed by a desk review conducted prior to finalization of the methodology.

Scope of the study

The study focused on exploring catalysts[8] for transition. A desk review and series of interviews sought to identify and explore the range of factors that led to the decision by the Kenyan CCI directors and boards of directors to take up transition and the interplay between factors catalyzing them to a decision.

transition is defined as "The process of changing the model of care or service provided by an organization from a residential care service to a non-residential service or model of care. Transition involves change at all levels of the organization and includes, but is not limited to, the safe reunification and long term reintegration of children."

8 In this study, the term catalysts is used to mean factors that facilitate the uptake of transition among the CCIs.

Research methods

Desk review

After the research design and development of tools was completed, and prior to interviewing, the researcher conducted a comprehensive desk review that involved reviewing available literature on the evolution of care reforms in the Kenya. The literature sought to gather available information on the current status of care reforms in the country, the challenges faced by the children, families and the CCIs during transition and reintegration among others. Amongst many documents, the following documents were reviewed (*see Annex 1 for the full list*):

- National Care Reform Strategy for Children in Kenya 2022-2032
- Guidelines for Alternative Family Care of Children in Kenya (2014)
- National Standards for Best Practices in Charitable Children's Institutions (2013)
- National Guidelines for Case Management for the Reunification and Reintegration of Children (2019)
- Situational Analysis Report for Children's Institutions in Five Counties (2020)
- Kenya National Care System Assessment (2020)
- The Children's Act (2022)

Key informant interviews

Key informant interviews were carried out with 26 CCI directors and one DCS officer. It is important to note that the primary focus of the study was to learn from the CCI directors about the decision to and uptake of transition. Participating CCIs were geographically spread across seven counties of Kenya: Nairobi, Kilifi, Garissa, Nyamira, Kisii, Kajiado, Mombasa and Kisumu. The researcher worked with the DCS, BCN CTWWC and others to identify the CCIs to participate.

Out of these 26 participating CCIs, two were also selected for case stories, and additional follow up interviews were conducted with them to collect deeper information about their transition journeys. These case stories can be found in Annex 1 and 2.

The interviews were flexible, semi-structured and based on an interview guide with a range of open-ended questions. This allowed the interviewer to ask follow-up questions based on respondents' responses. This approach also allowed the interviewers to frame the research questions based on the flow of the discussion. During the interview, the researcher asked probing questions aimed to go deeper on key questions as suited to the informant and the situation.

Selection criteria

Selection criteria was developed to determine CCIs to participate and to ensure that data gathered was relevant to the scope and objectives of the study. The inclusion criteria included:

- The CCI must have made a decision and commitment to fully transition;
- The CCI must have a transition plan already developed or have been able to demonstrate other evidence of implementation of their decision to transition; and
- The CCI must have been in some stage of the progress of reunifying children back into their families or into family-based alternative care.

The criteria meant that all participating CCIs and their directors would have moved past the initial phase of 'learning and exploration phase', as per the Transitioning Models of Care Assessment Tool and online Phases of Transition Interactive Diagram[9] developed by BCN and the Transition Working Group. A graphic of the Phases of Transition Diagram can be found in annex 3.

Other important factors considered in the selection of the CCIs to ensure a diversity of perspectives were captured were included, such as:

- Ensuring there was a mix of faith-based and secular CCIs.
- Ensuring there were some CCIs caring for children with disabilities.
- Ensuring there were a mix of CCIs who had and hadn't engaged in the wider care reform efforts and conversations in their county.

Quota sampling was then used in the identification and shortlisting of CCIs to ensure the final pool of participating CCIs and key informants reflected this diversity. The researcher worked with the DCS in each county, CTWWC team members and members of the Transition Working Group to identify the final group of CCIs. 36 CCIs were initially identified. The criterion was then applied to narrow the final selection down to 26 CCIs.

Data analysis

KIIs were conducted either in English or Kiswahili, depending on the language the respondent was comfortable with. In each interview, the researcher took notes and or recorded the interview on a voice recorder, after the participant's permission and consent was granted. The researcher used the notes and the voice recordings to prepare a compressed verbatim transcript of each of the interviews in English.

9 Better Care Network and Kinnected, ACCIR (2020). Transitioning Models of Care Assessment Tool. Accessed at https://bettercarenetwork.org/phases-of-transitioning.

These transcripts were then used for analysis. In an intensive process, the comprehensive transcripts were read and reread until natural categories consistent related with the objectives of the study and the questions it sought to explore emerged. The data was then entered into a qualitative data analysis software called Atlas-ti. The data were analysed using a grounded methodology. This allowed for inductive analysis of data and identification of themes. The researcher attempted to quantify the themes, where possible, by looking at the number of mentions of a theme across the key informant interviews. The researcher assessed the appropriateness of particular categorizations, and explored the interactions among and causes of particular issues.

Case stories

In addition to the analysis of interview data, the study aimed to capture more in-depth information from two of the CCIs in order to have case stories that would exemplify the findings of the study. These organisations were selected after a preliminary analysis of the data was conducted, and in consultation with the CCI directors.

The two organizations who were selected for the development of case studies were in Mombasa and Kilifi Counties, respectively. Both were in the latter stages of transition at the time the research was conducted. Upon identification, a follow up in-depth interview was conducted with the directors of these two CCIs to gather additional information for the case study. The case stories document the following and aim to illustrate phases of transition and the various influencing factors:

- Brief history of the CCI
- Motivation and/or motivating factors for transition
- Factors influencing transition decision making
- Interplay between the influencing factors

Limitations

The study faced a number of limitations, which should be shared here:

- The sample size was small and therefore findings are insights rather than being statistically representative of CCIs in Kenya.
- There is potential for social bias in the response of the directors, especially those that have had several interactions with CSOs and the government. It is possible that some of the respondents may have given responses which they thought the CSOs wanted to hear in order to enhance their chances of continued partnership.

- In certain instances, the respondents indicated maybe the researchers would be in position to help them secure funding from donors. This could have also influenced their responses to certain questions. However, the study aimed at reducing the bias by sampling CCIs that have not heard of or interacted with CSOs supporting care reforms or those supporting this study.
- There were some challenges in accessing CCIs within the timeframe of the study. This may have again influenced the participant pool as CCIs with existing CSO partnerships or those part of wider CSO initiatives or networks were easier to access.

Stages of transition

To ensure participant CCI's responses were analysed in context, information was gathered on the progress each had made in their transition to identify which stage of transition they were in, according to the Phases of Transition diagram mentioned earlier. Four out of the 26 CCIs had transitioned or divested.[10] Twenty-one were in active transition stage (Stage 3)[11], and one was in the preparation and on-boarding stage (Stage 2)[12].

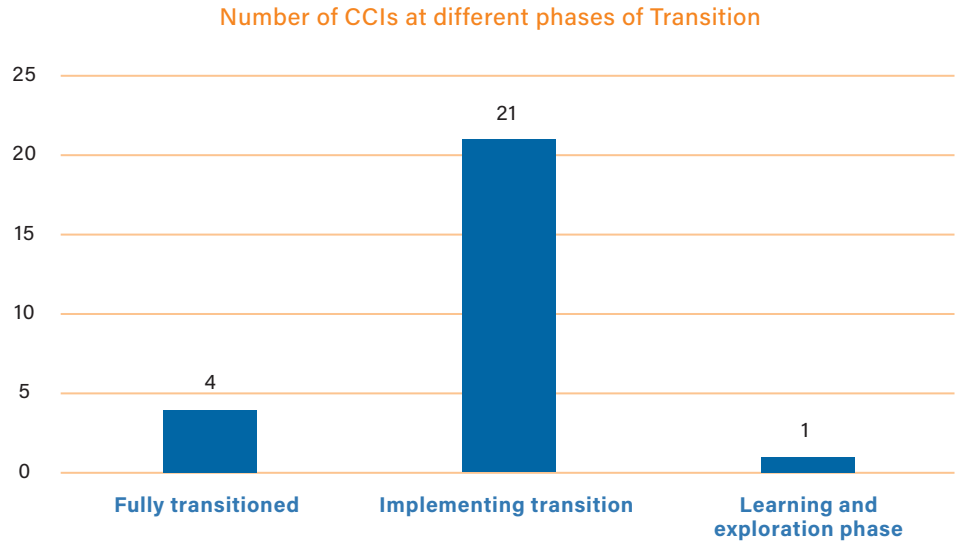

Table 1: No. of CCIs and their stages of transition

10 The CCIs in this category were no longer offering residential care. Some had transformed to either school/technical training colleges, community programs, NGO/CBO while others had divested and closed.

11 The CCIs in this category were in the process of reunifying children back to community, figuring out what to transform to, or working on the divestment of their organization.

12 The CCIs in this category had made a decision to transition, but were working through preparations and on-boarding and planning.

Some of the CCIs who were in the active transition stage had a small number of children still in the process of reunifying. For some children, family tracing was ongoing, and others were awaiting reunification. CCIs in the early stages of implementing their transition were in the process of conducting family tracing and assessments.

Description of findings

Primary influencing factors that affected transition decision making

This section provides an overview of the factors influencing uptake of transition or those factors that influenced CCI directors' decision to transition from residential care to non-residential care services.

CCI directors identified multiple factors that influenced their decision to transition, including positive pre-transition experience with the reunification and reintegration process, CSO training and support for transition, advocacy and hearing from persons with lived experience of residential care, directors' reflections on the shortcomings in residential care and the impact of residential care on children and their families, government directives and care reform policies, donor influence and decisions regarding transition, and government engagement with donors.

In terms of the weighting of these influencing factors, the study found the most often cited factor by CCI directors as having an influence on their decision to transition was previous and positive experiences of reunification and reintegration processes (60.2% of directors). This was followed by: CSO training and support which included hearing from care experienced persons (46.2%), government directives and care reform policy (38.5%), director's identified gaps of residential care[13] (26.9%), and donor influence and decisions (3.8%). These primary factors are shown in the graph below.

13 Director's self-realization that family care is best and residential care cannot meet holistic needs of children.

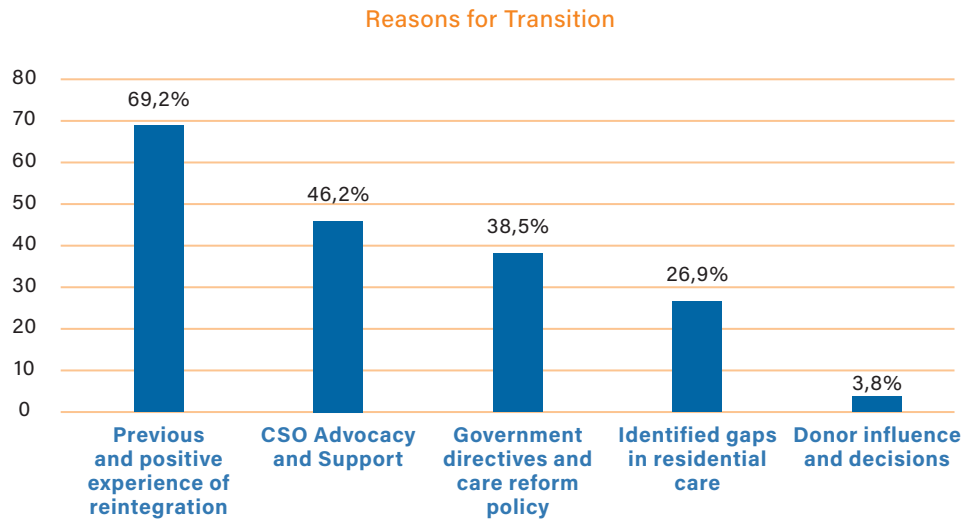

Table 2: Primary Factors that Influenced the Decision to Transition

Previous and positive experience of reunification and reintegration

The study found 92% of participating CCIs made some changes to their approach to caring for children, long before the care reform agenda took center stage in Kenya. Most of the CCIs had already developed some level of community-based programming to provide support for children in the community and ran these programs simultaneously with their residential care programs. The vast majority of CCIs also had reunification and reintegration programs in place and facilitated family contact whilst children were in care. This ensured children could retain family connections, which in turn, was critical to enabling reunification and eventual successful reintegration. In most cases, CCIs pre-existing reintegration programs were linked to education attainment. For 96% of CCIs interviewed reunifcation was only considered for children once they had completed class eight education. Only one CCI had a policy of keeping all children in care until they reach the age of majority. Some CCI directors noted that their community-based programs provided a means of locating the family of some children, which then triggered their reunification.

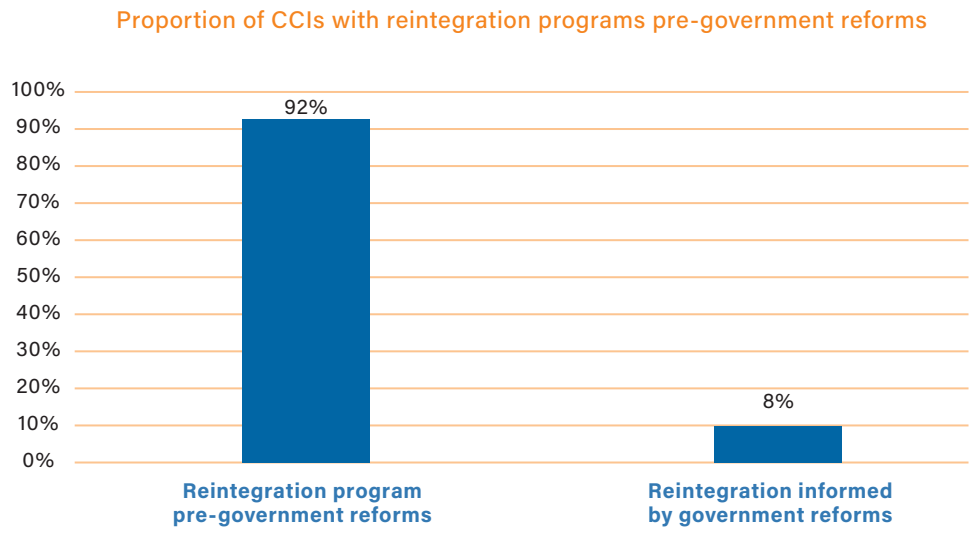

Table 3: Proportion of CCIs with reintegration programs pre-2017 government reforms

92% of the CCIs who have reintegration programs in place, developed their reintegration programs before the government directives came into force. All the CCIs with reintegration programs confirmed that they continued to provide support to the children post reunification. The support was mainly in the form of educational support through payment of school fees, supporting families with seed capital to start businesses and provision of food stuff such as maize flour. Many did so without strong donor support, with donors in numerous cases withdrawing or scaling down their support after learning of the children's reunification. Some donors however were amenable to reintegration and provided financial support to support reintegration of children back to families and communities. 23% of CCIs interviewed had established reintegration programs without any exposure to the 'care reform or transition' agenda or narrative. They were unfamiliar with the terms and had made independent decisions to reunify children without any CSO championing or support. This shows a high level of internal motivation amongst CCI directors to for family care and demonstrates that their decision to do so was not necessarily influenced by external factors such as donor mandates or government directives.

CCIs reintegration practices offered the director and staff the opportunity to observe that children who returned to family and community had better outcomes in terms of academic performance, social development, and had improved overall wellbeing. This predisposed directors and staff to the concept and benefits of family care and gave them direct experience with the limitations of residential care. This was found to have significantly influenced CCI directors' decision to transition. 52% of the CCI directors interviewed were affirmative that previous positive experience of reintegration influenced their decision to transition.

> *"I think the main thing we saw is that when children lived here, they didn't get the best family care, nurture and love. So when they lived here, you could just see the different because we all know that the way a child is being taken care of in a family is different from the way a child is being taken care of in a center like this. Like there are some values and morals that is in the family that you can never find in the center. And that mixing of children from different places, you find a child adopting a different and sometimes weird personalities and behaviors that are sometimes not good for the child, and things that did not exist in her life."* CCI Manager, Kajiado County

> *"As much as we are struggling to provide basic things that are necessary, these children need love, they need to bond with their families so that they can grow holistically. You know were focusing on child safety, we were focusing on child education, and forgetting that we are breaking a bond. So we learnt that it is better we address the problem at home, and allow the child to be at home. We learnt that it is the best thing to do. As much as we are coming to help, we should allow them to be home because they need a sense of belonging."* CCI Manager, Kisumu

CCI directors' realization of the limits and negative impacts of residential care

The director's self-realization that family care is best and residential care cannot meet the holistic wellbeing of children played a role in their decision to transition. Thirty-one percent of CCIs reported that the decision to transition was informed by the strong belief that "home is the best place for the child." This belief was said to have been built over time while observing children who had spent most of their life in the institution and seeing the challenges they experienced trying to reintegrate back to their families. This included challenges around limited social skills and weak bonds between the child and the family. In addition, some of those interviewed described residential care as taking away responsibility from families.

> *"We learnt that if you take responsibility from the family, you are killing the family. We learnt that we were promoting irresponsible parenting and creating parents who did not have an attachment to or cared about their children. Children also did not have an attachment or cared about their parents"*

The directors interviewed described how some of the parents referred to the children as belonging to the CCIs and not to them. A parent could, for example, talk about "House of Hope's child," when describing their own child. Some directors were even able to describe a culture of dependency that residential care services can create, thus continuing the cycle of poverty in the community.

> *"We have seen that children who spent almost all their lives in this institution when they leave, and become successful, they don't think of supporting their families and community. They would rather come back here to support us but not their families because of lack of attachment to their parents and community at large...we have parents in the community we serve who don't want to search for work to earn a money to support their children because they know that their children will be supported here. In fact, most of them would like to remain poor, and they try to remain poor because this is the only way they can get support"* CCI manager

The director of one CCI in Kilifi County reported that they were shocked when a child demanded to live with their mother even though the mother was "widowed, very poor, and lived in an arid area with very limited food, poor housing without even a bed, and no social amenities." This experience forced the CCI to start to consider and accept that children value parental love, nurture, and care more than the material comfort provided in the institution.

> *"I think the main thing we saw is that when children lived here, they didn't get the best family care, nurture and love. So when they lived here, you could just see the different because we all know that the way a child is being taken care of in a family is different from the way a child is being taken care of in a center like this. Like there are some values and morals that is in the family that you can never find in the center. And that mixing of children from different places, you find a child adopting a different and sometimes weird personalities and behaviors that are sometimes not good for the child, and things that did not exist in her life."* CCI Manager, Kajiado County

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Directors' realizations of the limits of residential care had prompted some of those interviewed to support children and families through community-based programs. Nineteen percent of directors mentioned having commenced support to children in families prior to any exposure to care reform or the transition messaging. These findings show the propensity for directors to adapt or diversify their programs based on their own insights, and suggest that experiential learning and reflection may be a powerful catalyst for director decision to transition.

Awareness raising by care experienced persons and advocates

In terms of awareness raising efforts, the involvement of care experienced young people in awareness raising initiatives facilitated by CSOs had a strong influence on directors' attitudes towards family care. Some of the directors stated that learning about the difficulties young people face after leaving care challenged their strongly held belief that the institution is the best place for the child in a way that other more abstract scientific information did not. Listening to the lived experiences of care leavers[14] opened their eyes to the need to shift towards family care and contributed significantly towards their decision to transition.

> *I think first, they engaged our key leaders in the organization. The first training that happened was with our director and the chaplain. I think it was the year 2018. Then they were sharing this idea and I know it did not ogre well with us, we didn't buy the idea. Then I can say that they continued to involve us in series of trainings so that we can understand the concept. And we came to change our minds in the year 2019, very late because something that I can say, some of the things we learnt from the care leavers who were attending these seminars to talk to us. We had a team of care leavers who could come and testify, and the could say that they were really grateful for the CCIs because this one and this he was provided, but we missed this one which is very important to us, family and love* (CCI manager, Kisumu County)

Engagement, training, and support provided by CSOs

The study found that many of CCIs interviewed were influenced by the support they received from CSOs and care experienced people and advocates. They described this support as critical to their decision to transition. Almost 69% of directors involved in the study mentioned training and capacity building activities from CSOs as a "critical factor", while 31.2% mentioned support in terms of socialization with government policy and directives.

The study revealed the CSOs play an important role in supporting CCIs to understand government policy, consider the implications of government policy on their programs and practice, and to make the decision to transition their residential services in favor or family or community-based programs. CCI director comments showed that CSOs employed a highly participatory and slow/supportive process in encouraging and supporting CCIs to understand the need and value of family and community-based care.

14 A care leaver is anyone who spent time in alternative care as a child. Such care could be in foster care, institutional care (mainly children's homes), or other arrangements outside the immediate or extended family

> *The trainings really helped understand and accept transition. You know, initially we had rejected this idea because the government came as if they want to take over our organization. To them, they were just like, close down, close down, and we were like, even if the government had this idea, what did they bring with it? Is it something doable? Is it something that's going to help the child?* (CCI manager, Kisumu)

Most of the directors also mentioned that the practical training and capacity building support provided by CSOs was an important factor in building their confidence to agree to transition. The most cited type of capacity building support was with strengthening CCIs approach to case management to improve reunification and reintegration practices and the experiences and outcomes for children. This increased directors' confidence to be able to implement the active stage of transition in a way that would be safe and effective for children.

> *What I can say is they have really supported us a lot. In fact, through their trainings and consultation, we have realized that there are some things back there we didn't do well. But after the trainings, which they offered, we have rectified some areas where we didn't do well. And especially when we come to the monitoring. Now we are doing thorough monitoring according to how it should be done. Yes. After getting that training. So there have been of great help to us. And also, during Corona, they were also supporting the families of children who are from Upendo economically. They were giving them some cash to start income generating projects* (CCI manager, Kilifi County)

For most CCI directors, CSO support complimented their own growing understanding of the importance of family care. CSO trainings and engagement gave CCI directors the opportunity to process the implications of transition and address unresolved concerns or gaps in capacity that may have been holding them back. While CSOs were rarely the first or sole influence cited by CCI directors, however, they were sometimes the factor that catalyzed the final decision. This finding shows that CSOs influence CCI directors' decision to transition in two ways: first, CSOs support the socialization of government policies and directives, often by providing more time and space for CCIs to consider the implications of policy; and second, CSOs provide training and capacity building that builds confidence and technical capacity in a way that helps the CCI to implement more safe and effective for services for children. This can help to remove barriers related to fears about the children's wellbeing and outcomes once returned to family or family-based care.

> *"There was a time changing the way we care came here to train us, they came and train our staff and we could see the sense."* CCI director, Kisumu County

Government directives and care reform policy

Section 65 of the Children's Act (2022) prohibits registration of new CCIs (those that had not been registered by November 2017) and also prohibits the operations of unregistered CCIs. In addition, part 16 (1) of the seventh schedule on the transition clause limits CCIs operating after ten years from 26th July, 2022 when the act came into force. Section 67 of the same act states an objective of the CCIs is to provide family and community-based care for children, which supports care reforms and transition away from reliance on residential care, and section 70 provides a framework for approval and delivery of child welfare programs.

The policies enacted over the last two years enhance transition by providing not only mandate but incentive to transition. The framework around CSOs delivering family-based child welfare programs has potential to provide CCIs with legitimate programming options. Furthermore, the government has developed the 10-year National Care Reform Strategy that outlines how care reforms will be implemented. The government has already or is working on a number of supportive guidelines to enhance and guide transition. These include transition guidelines, gatekeeping guidelines, case management standard operating procedures (SOPs) for reunification and reintegration, alternative family care guidelines and SOPs, among others.

According to the interviews, government exerted an influence on CCI directors to transition in several ways:

- influencing their reintegration practices,
- building CCIs capacity,
- supporting their donor engagement, and
- providing a policy framework that demonstrated that care reforms were inevitable, time bound and would be progressively enforced.

This helped CCI directors understand that the status quo was not an option and transition would eventually need to be embraced. More than one third of the interviewees indicated that they started the process of actively reunifying all children back to their families or communities at the time the government gave the directive on suspension on registration of new CCIs. Prior to this, different CCIs had their own exit policies guiding them on when to release the children from their care. This showed that government policy exerted an influence on

CCI reintegration policies and practices, and on ensuring that all children were assessed for reintegration options. This influence built upon CCIs pre-existing experience with supporting reintegration, however impacted their operational policies retaining children up to a certain age, mainly for educational purposes. It therefore forced them to consider alternate community-based strategies to carry out their mission.

> *"Before the care reforms, we had a structure and guidelines that committed children till the age of 18years and then they had to leave. The transition plan was then based on taking care of them till they turn 18, support them for another year and afterwards, they had to be independent. For the children who were still pursuing education, we would extend the support till they complete campus and an extra year and after that we let them go."* (CCI Manager, Kilifi)

Twenty-three percent of CCI directors interviewed cited that they greatly benefitted from training and capacity building provided by the government, particularly around general care reforms. Through the trainings, the CCI directors and staff said their understanding of care reforms increased, including the need to transition and the value of family care and community services. According to the interviewees, the government also offered counselling services to both children and CCI staff to prepare them for the changes, helping reduce staff fears and negative perceptions towards care reforms. Some cited how the government offered trainings helped them transition in a way safer for the children.

> *So, when it came to 2018, now we knew it was serious because even the Children Officer of Kilifi County could talk about reintegration and tell us more about it. And also, that's when the training started coming* (CCI manager, Kilifi County)

The Government of Kenya was also mentioned by those interviewed as having helped educate the donors on care reforms and the value of community services and family care, thus changing the donor's attitude towards care reforms and helping to bring them onboard. In this regard, the directors were able to convince and encourage donors to support CCIs to transition. Some of the CCI directors noted that when the donors visited the government offices, they were not only taken through the government policy on care reforms, but also advised on how to redirect resources and support children in families.

> *And also, it's the same time one of our donors (the representative) was around. We went together with her to the children's office. And so, they asked all those questions, all those worries; and I don't know what? And it was answered by that Children's Officer. By then the children's officer was*

> *Mr. Owino. So, everyone came out of there very satisfied that this thing is real and it's happening and it's going to happen and it is for the good of children. So, the only thing was us to get prepared on how to do it* (CCI manager, Kilifi)
>
> *Every time our donors came to Kenya, they would also visit the DCS and talk about care reforms. So we were lucky that they even became more knowledgeable than us about care reforms* (CCI manager, Kisumu County)

Despite these positive influences, some of the CCI directors also voiced criticism of the government's initial top-down approach that was seen by CCIs as pushing the care reform agenda without involving them in the whole process. Some of those interviewed felt that the transition process was being rushed and that the CCIs were not given adequate time to understand the whole process before implementation. Whilst this minimized the government's influence on some CCI director's decision to transition, it increased the influence of CSOs stepped in to provide CCIs with the support and time to process that the CCIs did not feel from government. 65% of the CCIs interviewed stated that the intervention of the CSOs not only changed their attitude and perception towards transition, but also equipped them with knowledge about care reforms and the value of family and community-based care.

> *Transition story came from government and when we first heard about it we made a lot of noise. The Government came in as if they wanted to take over the management of the CCI and we started wondering where they wanted us to go to. This was where we were working and earning a living and we had children that were being cared for. It was difficult time. Things were a bit clearer when ICS came in and started explaining it to us and they took us through training and several seminars. We also started considering it when they also came and extended support to us by chipping in through caregivers' support in the form of business start-up which helped household to at least stabilize and get a way of fending for their children too* (CCI manager, Kisumu County)
>
> *So after we attended all the care reforms trainings, we internalized the concepts, and even though we were skeptical about it when we started, we were lucky that our donors were positive about it* (CCI manager, Kisumu County)

Impact of Covid-19 on the decision to transition

The government directive issued in March 2020, intended to contain the spread of Covid-19 in children's congregate care facilities such as boarding schools and CCIs, had a significant influence on the operation of CCIs in Kenya and triggered

a rapid reduction in the number of children in institutional care and the number of institutions in operation.[15] Most of the directors interviewed explained that the government directive to "return any children who had identified families back to those families' care" caught them unprepared, forcing them to reunite children with families with no preparation or resources to follow up. They described how some children whose families and relatives had not been traced had to remain in the institutions. Almost all the CCI directors interviewed reported that the government directive on COVID-19 greatly reduced the number of the children in their CCIs. For 31% of CCIs interviewed, this directive coupled with wider care reform efforts, catalyzed their decision to transition.

> *"Covid-19 was like a bridge. The government got a bridge to implement transition. Parents and guardians happily came for their children because they were afraid of their children being kept together during the Covid-19 pandemic. They didn't know how long the Covid-19 pandemic would take. After a few months, some of those who took their children away started having challenges and they would call to ask the Centre take the children back again", a manager at one of the CCIs explained.*

Donor influence and decision making

The impact of donors on CCI directors' decision to transition emerged in two ways through the interviews:

1. By donors directly initiating the transition process.
2. Donors demonstrating willingness to support transitions initiated by the director.

One CCI reported that the process was entirely initiated by the donors, who were disappointed by the outcomes for children raised in residential care. The donors had expected that the community would participate in supporting the CCI and that children who had lived in the institution would come back and support the institution when they grew up. But none of that happened. After supporting the CCI for more than forty years the donors proceeded to initiate and support a family and community-based care program for children.

> *"They stopped sponsoring residential children. Around 2013/4 they recruited over 200 children from this community and supporting them while at home, not bringing them in the institutions"* CCI manager, Kisumu

15 UNICEF and CTWWC. (2022). Care Reforms in Kenya: A virtual study tour https://pdf.usaid.gov/pdf_docs/PA00Z3GG.pdf

Two other CCI directors spoke of the impact of having donors who were fully bought in to the transition process and how critical this was to giving them the confidence to transition. One of the directors mentioned that the donor joined social workers in sensitizing the families and community on the need to benefits of family care. The donor also directly explained to the families why they were making the decision to reunify all the children, as well as promising them that they will continue to support their reintegration process.

Cross-analysis: The interplay between factors

The interviews conducted with directors revealed that directors' decision to transition was rarely influenced by a singular factor, but more often was influenced by an interplay between several factors. Notable was the interplay between the influence of government policy and the CSOs training. Government policy was important in setting the overall vision for a care system that prioritized family care. This demonstrated to the CCIs that change was inevitable and forced directors to consider change, even those who were averse to it. CSO training emerged as an effective way to engage the CCIs, many of whom were now alert to the top-down policy changes. Whilst CSOs supported the socialization of government policy, they did so in a way that created space for CCIs to consider and reflect upon their own experiential learning, process the changes slowly and build their capacity to implement. This slower and more participatory approach changed the negative perception and attitudes of most of the CCIs towards the government policy, thus catalyzing decisions.

The participation of care experienced people and advocates in the care reform process was also highlighted as an important factor in helping the CCIs understand the detriments of residential care on children and the benefits of family care, thus increasing the uptake of decisions to transition and re-envision. 57.7% of the directors who attended trainings where care experienced advocates were invited to share their experiences noted that they walked out of the training with a positive perception and attitude towards transition. Moreover, seeing through the eyes and experiences of care leavers, the directors learnt that children cannot achieve holistic development in residential care. In fact, most of those interviewed who had attended these trainings said that at the end of the training, their mind was made up to "push for transition at all costs."

> *The first training that happened was with our director and the chaplain. I think it was the year 2018. Then they were sharing this idea and I know it did not ogre well with us, we didn't buy the idea. Then I can say that they continued to involve us in a series of trainings so that we can understand the concept. And we came to change our minds in the year 2019, very late because something that I can say, some of the things we learnt from the care leavers who were attending these seminars to talk to us. We had a team of care leavers who could come and testify, and they could say that they were really grateful for the CCIs because this one and this one was provided, but we missed this one which is very important to us, family and love. We saw the sense in that. So, one thing that they really did is to do capacity building to us, then we bought the idea.* (CCI Manager, Kisumu County)

Donor buy-in emerged as another important factor, particularly in terms ensuring that the resources are not lost but redirected to family care. This was so especially when donor buy-in was influenced by government policy and direct engagement of donors with government around the policy position and practical aspects of redirecting resources. Two CCIs, one in Kisumu and the other in Kilifi County whose donors engaged directly with DCS specifically mentioned that government engagement with their donors sped up their transition process as it improved the alignment and cohesion between stakeholders. As such there appears to be a correlation between donor and government engagement and donor buy-in for transition and redirection of resources towards family care.

In two CCIs, where the donors participated in the whole process, almost all the staff were retained and to some extent, the donors increased their resources for the family and community services. In addition to staff retainment, the number of children targeted in family care programming increased for CCIs where donors were actively engaged in the buy-in and preparation phases.

Staff engagement and participation was crucial in the uptake of transition. It also emerged that it is important to engage all the staff members in the whole process, irrespective of their roles or distance from the decision-making hierarchy. The study also highlighted the significant role that CSOs and governments play in supporting directors to secure the buy-in and participation of staff in the transition process, either through training or direct engagement and counselling of staff. Without this support, directors concern about how to manage staff reactions and fears can impede their decision to transition.

In one of the CCIs interviewed, staff buy-in was low and most of the staff panicked at the idea of transition, concerned that it would result in them losing their jobs and income. The DCS officers were invited to train all the staff members on care reform, as well as offer counselling services. This helped staff understand what transition was and why it was being promoted and embrace family care. They formed a staff savings program that helped staff members take small loans to start businesses.

In another CCI, the director received training from CSOs as to how to engage with staff in preparation for transition to address fears and concerns that typically arise. In addition to implementing the training, the CCI management intermittently invited the government and CSOs to directly train and speak with staff members as part of a strategy to gain buy-in and cooperation throughout the transition process. In this CCI, almost all the staff members were retained and new roles within the organization. The finding is that the availability of CSO and government support for staff and caregiver engagement and redeployment positively influences director decisions to transition.

In almost all of the CCI directors interviewed reported that it was challenging for families to accept their children back. They suggested this was because families' perception that children in institutions have access to better resources like food and shelter and therefore will do better. Because of these perceptions, directors suggested it was common for families to resist taking back their children, with some even reportedly denying parentage. The study found that CCIs that purported to have strong community and family engagement programs prior to transition, felt better positioned to manage reunification, including the rapid reunifications during COVID-19, and were better placed to take up trying to change community perceptions towards family care. The CCIs felt this was because they were able to point to the success and feasibility of family and community services as a viable alternative to residential care and share their experience of positive outcomes for children. They said this, in turn, allowed the families change their mindset and take full responsibility in taking care of their children, because they were supported. Community and family dialogue sessions were identified as one of the approaches cited as effective in changing attitudes and mindsets of families. Most of these community and family dialogue sessions mentioned by directors were conducted by social workers. However, in terms of catalyzing decisions to transition directors reported that these sessions were most effective when the donors and the government accompanied the social workers. They said this gave families more confidence and allayed their fears, while also giving donors a chance to hear from families.

> *When we go at home, we do child and family assessment. So we learn that this child, when we continue to support him at home, they may be facing many serious challenges in spite of the fact we are coming to intervene, so we would pick that child and bring him here. But if we found a child with cooperative and supportive care givers, then we just support the child there with some scholastic materials and school fees then we just allow them to stay at home. If fact, we're really rooted in the community and it gave us easy time to associate, because we had other things that we do* (CCI manager, Kisumu County)
>
> *When I came in, there was no difference with the other CCIs. They were running two parallel programs. They had children in the institutions, and then they were also doing community-based. However, the children who were being supported at home were very few. By the time I came in, they were around six only from the community and around 47 were living here... I think what was happening by then, the institution was at full capacity and there was pressure to support. I think this informed one of the reasons as to why the institution decided to be supporting children from home, that only children who could come from home to school and go back in the evening* (CCI manager, Kisumu County)

One of the most difficult questions for the CCIs to answer is: **what are we transitioning to?** The study found that CCIs that had already made a decision about their new services and programming were more able to progress with their transition faster than those who had yet to resolve this question. Thirty-five percent of the CCIs included in the study had made a decision about what type of service to transition into at the time of interviews. Of these 45% had completed their transition and 55% had made substantial progress. CSO and government training appeared to play a significant role in helping CCIs resolve this question of what next. Trainings provided ideas and an opportunity for CCIs to consider programming and develop a clear idea and direction. 31.6% of the CCIs who had not attended such trainings still held the belief that the government agenda was to close all organizations who ran CCIs. This misunderstanding impeded decisions to transition, even for directors who were otherwise positive about the concept of family care.

The four CCIs described in the text box were at later stages of transition at the time of data collection. All the directors of these institutions noted that deeper engagement with the donor, CSOs and the government, while at the same time attending the care reforms trainings, enabled them to think and come up with what they wanted to transition to.

EXAMPLES OF NEW SERVICES

- CCI A had a vision of continuing to support children and upon reflection, they thought of how to use the existing facility. They decided to use the structure as a Technical and Vocational and Education Training (TVET) institute. They continued to pursue that goal even as they helped children reintegrate back to families. At the time of the interview, the CCI was awaiting a registration certificate from the Ministry of Education to operate as a TVET.
- CCI B also reported that when they started thinking about transition, they still wanted to find a way of realizing their vision of protecting children from abuse. With this in mind, they made the decision that they will transition to a community-based organization serving the community. At the time of their interview, the CCI had registered and was implementing family and youth empowerment programs.
- CCIs C and D, had clear visions from the onset of transition. They were implementing parallel programs even before the care reforms. They had both community-based and residential programs. Upon making the decision to transition, they decided not to reinvent the wheel, rather to expand their community-based programs, and to include those children transitioning from residential care.

Challenges experienced or impediments in the decision making

Shifting core business model

For some of the CCIs interviewed, transition signals a radical change in the nature of their programming and introduces a need for vastly different technical skills, competencies and structures. This was most common for the CCIs who were using residential care as a means of providing education and had decided to transition into an education institute offering community-based vocational and technical training. These more significant shifts for the organization's core business model came with a range of new challenges, including human resources, registration and compliance, as well as required financial resources. This made transition feel more complex and uncertain, and increased challenges associated with the redirection and redeployment of staff lacking transferrable skills.

This suggests that transition could be enhanced through the provision of technical support for program re-design, including making linkages between CCIs and experts in other sectors, recognizing that in some cases, post transition services will be outside of the remit of the child and family welfare sector.

Fear of abuse and stigma

Some CCI directors raised the issue of their own or children's fear of abuse or discrimination as a barrier to transition. Nineteen percet of directors interviewed said that some children, especially those who had been abused or rescued from harmful cultural practices, such as female genital mutilation and child marriage, were not willing to go back to their families because of the fear of being abused again. Similarly, some cited that children in care living with HIV were concerned about the possibility of discrimination and stigmatization in the community.

> *"We do not have many challenges here except where the children who have been defiled by their parents do not want to go back to their homes for fear that they may be defiled again."* CCI Manager, Kisii
>
> *"The biggest problem are the vulnerable cases you know we have like these HIV positive. To them, they face those neglect, now you are positive, and your guardian does not want to take your drugs or maybe they abuse you, some deny children food. We've seen the major problem with the relatives is giving food to these children, especially the ones who are HIV positive."* CCI Manager, Nairobi

This demonstrates the importance of supporting directors and social workers to give children sufficient information, preparation, support, case management and opportunities for participation in the process, as well as to ensure systems of post reunification monitoring. Children's fears and concerns influenced directors decisions and willingness to transition. Children and directors, alike, need to be assured that reunification will be safe, and decisions will be informed by rigorous assessments and children's expressed wishes. This impeding factor also demonstrates the importance of pursuing CCI transition in tandem with strenghthening community-level child protection mechanisms and delivering community-wide behaviour change campaigns.

Reversing the relinquishment of responsibility over children's care

Most of the respondents argued that residential care programs had contributed towards the creation of a culture of dependence within the community. Residential models of care encouraged families to relinquish direct responsibility for their children's care rather than strengthen their capacity to meet their children's needs. The directors interviewed for this study said that this resulted in a lack of ownership amongst parents and families that could make it difficult to revert responsibility as part of transition.

> *"Not everyone is willing to live with the child. A few whom we get prefer you to sponsor the child in that home but are not willing to take them as their child. They also want us to provide all the basic needs which becomes a little bit challenging for us."* CCI Manager, Kajiado CCI
>
> *"There is that lack of community goodwill. Most of the communities still believe that having children in the center is still the best because they regard education as very key."* CCI Manager, Kisumu

Directors spoke of a lack of will amongst some parents and the community in general to accept the children on a believe that the "CCIs provide better environments for bringing up their children and assuring them of continuing with their education." Some of the CCIs developed parent sensitization programmes to help family members to understand their roles in raising the children and the importance of families to children's development and wellbeing.

"*We tell the parents that the centre only comes to support them to take care of their children and not to take over the responsibility of the parents*", one of the CCI staff informed the researcher.

Another respondent also noted that "*Parenting sessions that are being done by a local organization. We are actually telling parents their role, we are enlightening them, and I think that is going to help very much*."

Challenges for reunification and long-term successful reintegration

When asked about barriers that impede transition, numerous directors raised concerns or challenges associated with the reunification and longer-term reintegration of children. These included challenges with family tracing due to inadequate intake documentation and challenges with ensuring family support and monitoring of children post reunification.

In the absence of robust admission procedures and documentation, directors relied on children's own knowledge of their families and communities of origin to pursue reunification. This created challenges for children who were abandoned or who were admitted into residential care at a young age and who had not remained in contact with their families.

> *"Some children especially the young ones do not know where they came from and the letters of admission do not show much."* CCI Manager, Kilifi
>
> *"They were abandoned at a young age, and they do not know any place they can call home."* CCI Manager, Kisii

This lack of intake documentation increased the complexity associated with reunification. Some of the CCIs reported that the lack of documentation forced them to place children with "good Samaritans" who could provide informal foster care, especially during the pandemic. However, these placements were reported to "not always be sustainable," and recruitment and preparation of families was, reportedly, not rigorous. As a result, directors reported that many of the families called the CCIs after a few weeks requesting for the children to be picked up and returned to the centre.

Most of the CCIs identified inadequate human and financial resources for supporting children in families as a key concern and barrier to transition. The financial implications of reintegration were exacerbated by two interlinked factors: 1) the lack of referral systems for children reunifying out of residential care, and 2) the lack of proximity between the CCIs and children's communities of origin. According to those interviewed, these factors in combination meant that CCIs directors faced the prospect of stretching their resources to cover both the family support services for reintegration and travel costs for their social workers to conduct regular monitoring visits. This costs were often incurred at a time when the CCI had not fully closed and therefore parallel services were in operation.

> *"Monitoring the large numbers of children in their homes, Kisumu - the first challenge I think is understaffing because I'm the only social worker and I'm working with 180 children. So if you were to follow the case management process well, it needs time. Because it means I have to walk with the child, walk with the family to do monitoring, case plan and all that."* CCI Manager, Kisumu

> *"Sometimes we have little resources here and we don't know what to prioritize between the re-integration process or the children's food. The process involves travelling sometimes to far places where the social worker may be needed to procure accommodation."* CCI Manager, Kisii

This suggests that for transition to be scaled, referral pathways need to be developed so that children and families reintegrating out of CCIs, as they transition, can be referred to subnational child protection authorities in order to access community and family support servives and for monitoring.

The redirection of resources invested in residential care is an important component of transition, however is not always realistic to assume these resources can be effectively redeployed by each individual CCI to meet the full scope of needs of all children reintegrating out of their service.

Summary of key findings

Some of the key learnings of this study are:

- Experiential learning had the most influence on directors' perceptions, attitudes, and decisions. Facilitating reflective learning opportunities in the context of awareness raising may have more impact on scaling up transition that sharing abstract scientific rationales alone.
- Care experienced advocates had a powerful and influential voice that cut through resistance, barriers and rejection of care reform messaging delivered in other ways. Care leaver networks should be supported and encouraged to lead and participate awareness raising efforts with directors of residential care services.
- The slower and more participatory approach to exploring transition, employed by CSOs, changed the negative perception and attitudes of most of the CCIs towards the government policy, thus catalyzing decisions.
- Collaboration between government agencies, CSOs, care leaver networks, donors and CCIs was critical to catalyzing and enabling transition. Collaboration not only promoted the uptake of transition but also promoted sustainable approaches and ensured that children's rights and wellbeing are also upheld in the process.
- Government involvement in donor engagement and advocacy had a positive impact on retaining donor support for transition and redirecting funding to non-residential care services. CCIs that had good donor engagement strategy were able to retain the donors and divert funds to family-based care. In addition, the donors also provided technical and financial support to the organizations in the transition process.
- Misunderstanding regarding the government's intention for CCIs (stemming from care reform policies and directives) resulted in a lot of resistance, fear, and defensive responses from CCI directors and stakeholders. Policy dissemination and socialization strategies need to be carefully considered and ample time allowed for stakeholder engagement to address and counteract misunderstanding.
- Practical training on how to implement a transition, to at least some extent and pre-decision, is an important part of achieving buy-in for transition. Without any visibility of how to practically implement a transition, directors are unlikely to make a firm commitment and progress to implementation.

- The community attitudes and perceptions are a barrier to reintegration and make the concept of transition appear unrealistic and impracticable to directors. Changing community attitudes is therefore key to scaling up transition and improving the reintegration process and outcomes for children.
- Where resistance to transition remains, consideration should be given to encouraging residential care services to first implement reintegration programs, where safe to do so. This may be an entry point that will open doors for reflective learning and increase receptivity to transition. Training and support should be provided to CCIs to build their technical capacity for reintegration, and this should be linked to external government led efforts to strengthen gatekeeping system and scale back the use of residential care.
- CCIs that had already made a decision about their new services and programming were more able to progress with their transition faster than those who had yet to resolve this question. Support needs to be provided to enable CCIs to re-envisage their organization and the means by which they achieve their mission post transition. Most of the CCIs were formed with the main objective of transforming lives of orphans and other vulnerable children (OVCs). This motivation doesn't disappear with the transition process. It is, instead, opening more spaces for founders of these CCIs to innovate new ideas of continuing to support children while staying with their families and in communities. Countries should consider how they engaged CCI directors in the child and family welfare service system redevelopment efforts, as a part of care reforms. It is critical that CCIs are encouraged to design new post transition programs with the systems needs and gaps in mind. This will maximize their contribution and prevent future issues regarding an oversaturation of some services and significant gaps in others.
- The availability of CSO and government support for staff and caregiver engagement and redeployment positively influences director decisions to transition. The study highlighted that transition is a complex process of stakeholder and organizational change management. The myriad of moving pieces and normative reactions to change and uncertainty from different stakeholders can overwhelm the capacity of directors and discourage them from pursuing transition. It is critical to offer support to engage and communicate with different stakeholder groups, and aspects of this should be approached at the national rather than individual CCI level. This may involve mass communication campaigns to change public sentiment and attitudes towards residential care, more strategic approaches to mapping and engaging with overseas and domestic donors and initiatives to sensitize, train, upskill and CCI staff whose roles will be fundamentally affected by transition.

Conclusions and recommendations

The study identified a diversity of factors that influenced CCI directors' receptivity to transition and played a role in catalyzing their decision to commence the transition of their service, children in care and organization. Factors included positive pre-transition experience with the child-family reunification and reintegration process, government directives and care reform policies, CSO and government advocacy, training and support for transition, the involvement of care experienced persons in awareness raising efforts, directors' own reflections on the limitations of residential care and the impact on children and their families, and donor influence and decisions regarding transition.

In examining what influences CCI directors' decision to transition and how, the study found three distinct aspects comprising director receptivity to transition and decision making. Each of these aspects were subjected to influences that contributed towards the catalyst to transition, each influenced by different factors, activities, or processes. These aspects and corresponding influences can be individually examined, yet collectively understood for the cumulative effect on buy-in to transition.

The first aspect was the director's attitude and openness towards the concept of transition. This aspect dealt with whether the director perceived transition to be good on a conceptual level. Positive attitudes towards transition most typically stemmed from whether directors perceived family care to be, in general terms, in the best interests of children. It was most significantly influenced by direct and explicit experiential learning, which included directors' pre-existing and positive experience of reintegration processes, opportunities to hear from care experienced people regarding their experience of leaving care, and directors' reflections on the limitations of residential care on children's wellbeing and family responsibility.

The second aspect was the extent to which the director perceived transition to be feasible in terms of implementation. This aspect was concerned with the practicalities of reintegration of children, providing support to children in families, and managing the organizational and staff changes inherent to transition. This aspect was most significantly influenced by CSO and/or government training and engagement, which provided opportunities for directors to improve their knowledge of the process of transition, where it fits in wider care reform, build technical capacity to for the reintegration aspect of transition and access strategic support with staff and other stakeholder engagement. Government training was most notable for donor capacity to understand and redirect their funding in support of family care and community services.

The third important aspect was regarding the organization's vision and future. This aspect was concerned with envisaging what the organization's mission and programme future looked like. when. Having clarity around this aspect provided directors with clear goal posts, and directed attention towards the positive aspect of transition (i.e. what can be developed and gained). It addressed concerns around loss of organizational and personal identity. This aspect was most significantly influenced by CSO and government organized trainings or initiatives that provided directors with opportunities to process the implications of government policies and directives with other CCIs, address misconceptions about policy, and created space for considering the future. Organizations that had pre-existing community services running parallel to their residential care services found this aspect easier to resolve. Organizations that needed to make more significant shifts to their business model or mission to achieve this required more practical support.

Catalyzing buy-in and decision to transition, as suggested by this study, required a positive disposition towards all three of these aspects of decision making. This meant they needed to be convinced of the 'why' of transition, have confidence around the 'how' to transition, and clarity around the 'what' they will transition to.

The interplay of these factors suggests that an enabling environment for the scaling up of transition of residential care services is one in which initiatives designed to move directors along a continuum along all three decision making aspects - attitude toward family care, the feasibility of transition and future identity – where these are coexisting and strategically linked. This will require a coordinated multisector collaborative approach to scaling and supporting transition efforts that taps into the strengths and initiatives of government agencies, care leaver and caregiver networks, and civil society organisations. The findings also affirmed that the transition of residential care services does not and cannot occur in a systems level care reform vacuum. It must be linked to broader care reform strategies and efforts, so that the components including, supporting reintegration of children and families, support for strengthening families, and development of family-based alternative care services, connect to the systems for strategic and sustainability purposes.

Recommendations for scaling up transition at a national level

The findings of this study demonstrate that many of the factors that influence CCI directors to transition are the supports, in various forms, that improve directors' receptivity and capacity to transition. To scale transition efforts nationally, governments and civil society partners, including the experienced CCIs themselves, should consider how they can collaborate better to embed these supports into national strategies and action plans in a way that individual CCIs can tap into nationally coordinated and delivered support frameworks to support their transitions. This will not only enable the scaling up of transition efforts by improving uptake, but it will also allow for standardized and quality-controlled approaches to emerge that better protect the interests of children and their families in the process.

In addition, CCIs should be intentionally consulted and invited to participate in the planning process for the deinstitutionalization of service systems and their redesign. Failing to engage CCIs in these processes results in resistance and misunderstanding regarding the objective of reforms, and impact it will have on CCIs, as seen in this study. They have a lot to share! Not opening this space will be a missed opportunity to orientate CCI directors to the service system's needs (gaps and opportunities) and influence their post transition program redesign thinking and decisions towards systems strengthening ends.

The study, therefore, recommends for the following actions to be considered by Governments and their CSO partners in the development of national or subnational action plans for the transition of residential care services:

1. **Facilitate experiential learning opportunities for CCI directors:** These should be designed around the principles of reflective learning and provide opportunities for CCI directors to reflect on their own experience and vicariously through the experience of young people with care experience and peers who have pioneered transition. Care leaver and other networks of people with lived experience and individual care experienced advocates should be engaged in the design and delivery of these initiatives. CCIs with more experience should be encouraged and even supported to facilitate experiential learning for those just beginning their transition. Good practices in transition should be documented and shared as a part of facilitating experiential learning. Consideration should also be given to the use of media to facilitate reflective learning opportunities at scale.
2. **Facilitate training and capacity building opportunities:** Trainings should be offered to CCI directors, donors (where feasible) and other stakeholders on a range of topics including government policies, the implications of new policies

for service transition, the transition process, case management for reunification and reintegration, family strengthening stakeholder engagement and management strategies (staff, children, families) and program redesign. Where feasible training should be standardized and coordinated as part of efforts to scale up transition at the subnational or national level. More experienced CCIs should be engaged in training others as their capacity increases.

3. **Support CCIs to develop actionable, realistic, measurable, contextualized transition strategies:** These strategies should include:

   - **Managing staff and securing their participation and cooperation throughout the transition,** including strategies to upskill and redeploy staff, support staff to find new employment or income generating activites, and/or proactively deal with staff redundancies, and provide counselling and emotional support to staff to reduce the likelihood of resistance and interference with the transition.

   - **Plans for repurposing facilities.** Most CCIs have invested heavily in physical structures that are used to accommodate children and staff. Deciding how to best repurpose or disperse of these assets as part of the transition is a key concern for directors and must be included in strategizing.

   - **New services or programming.** The CCIs can be facilitated to think through what to transition to early enough to give them a clear picture of where they are going.

   - **Donor engagement:** The CCIs should be supported on how to engage their donors in the transition process as part of the strategy. This could include how to engage new donors and/or fundraise for new services.

   - **Family and community engagement:** Rejection of children by families and the negative perception by the community was identified as one of the challenges of successful reintegration. CCI transition strategies must include how to facilitate family and community buy-in. Government and CSOs should support community sensitizations aimed at changing community's attitude towards family care.

   - **Reintegration and case management services:** The study revealed that the uptake of transition had a strong correlation with the CCIs confidence with case management for reunification and reintegration. CCIs should be supported with case management services or other support to outwork the reintegration process for children in their care, with particular attention to children who might be more difficult to place such as those with no family and those with disabilities or chronic health issues.

4. **Develop a coordinated multi-sectoral approach to delivering transition support:** Develop national or subnational level strategies to ensure multifaceted support is provided to CCIs to transition. These strategies should foster and facilitate multisectoral partnerships and leverage the resources, knowledge, expertise, and services available across government, CSOs, care leaver and other lived experience networks and donors, and provide a coordinated means of ensuring all CCIs access the support required throughout the different stages of transition.

5. **Provide technical support to CCIs to develop new non-residential services:** Make linkages between CCIs and experts in other sectors, where CCI's new services are outside of the remit of the child and family welfare sector, and CCIs may need support to ensure new programs are well designed and evidence based. In addition, Government should streamline the process for registering organization's new services and expedite approval and registration of child welfare programs which are purely non-residential. This will give the CCIs legal existence and provide a modality for redirection of resources to support children within their families and communities as provided for in sections 67 and 68 of the Children's Act of 2022.

6. **Develop or strengthen resource and service coordination and referral mechanisms** at the national or subnational level to support CCIs undergoing transition and children and families in the process of reintegration. Community service mapping exercises should be conducted to identify what services are available in communities, and what services are required. Information on the mechanics of how service referal systems will work and link to child and family assessment (when these are conducted by CSOs), needs to be provided to CCI directors during the engagement and learning phase of transition. This is important as it resolves a feasibility concern, that left unresolved, may be a prevent some CCI directors from agreeing to transition or lead to stalling or result in insufficient or inconsistent support for children.

7. **Develop and deliver community-based services and behavior change campaigns:** Efforts to scale up transition of CCIs should be pursued in tandem with the strengthening of community level child protection mechanisms and delivering community-wide behavior change campaigns. Investment should be made in campaigns that address community and family attitudes towards residential care and promote the importance of family care for all children.

Annex

Annex 1: Case story 1

Kenya Transition Case Study: My Hope Children's Home

Background

My Hope Children's Home[16] was started in 2005 in Mombasa County, Kenya by a group of concerned community members and a Dutch tourist who had been inspired to help "children in need" when she visited the coastal region. The charitable children's institution (CCI), as residential care facilities are called in Kenya, was started as a temporary rescue center by a team of counselors with the sole intention of addressing the risk of early marriage. At the time, the coastal region of Kenya reported a high prevalence rate for child marriage. Girls as young as 9 and 10 years old were reportedly being forced into marriage. My Hope Children's Home's goal was to rescue girls who were at risk of being forced into child marriage. The organization would take the children into safe shelter and work with them and their parents through counseling before reunifying them with their families. The girls were also supported to get back to school. My Hope quickly noticed that boys were also at risk for a number of child rights violations, and that many were connected to street activities for their survival. My Hope started rescuing boys shortly thereafter. According to the director, even though the intention of the institution was never to keep children for long periods, it seemed to become necessary as situations became more and more complicated. Many children had experienced violence in the home, physical and sexual abuse (some by family members), and they were not going to school. As they tried to address the issues specific to each child, they increasingly felt that children needed families in order to fully recuperate and change their life trajectories. This deep conviction became the main catalyst for the transition away from residential care.

Taking up a transition

"In the first place, this institution was never meant to be a CCI, we just found ourselves being and evolving into that because we wanted a place to keep the girls we rescued as we counselled them and counselled the family and as we linked them up with other places to support them," said the founder of My Hope during our interview. He remembered reiterating this with the Kenyan board of directors over the years. As a seasoned psychologist, he strongly felt that they

16 The name has been changed to maintain confidentiality of those involved, including the staff, children and families.

were limiting children's holistic wellbeing, and, even though they were giving the best they could offer, he worried a gap was being created by children keeping children in a CCI. According to the founder, the European donor had diverted them from the initial objective of being a day or short-term centre because "no one in Europe will give money to an entity that does not take these children in fully and bring them up." The Kenyan board bought into the idea of long-term residential care because of the financial support that came along with it.

The founder of My Hope describes a deep feeling, an intuition, inside of him around the emotional attachment a child needs to grow into their full potential; one that cannot be achieved in an institution. One compelling reason for his conviction was the relationship he had with the children in care. *"They attached to me, calling me 'dad' and my wife 'mom', but we couldn't possibly offer them any future like a parent would."* He also felt that because children came from different backgrounds and cultures, they were getting disconnected from their communities, cultures, languages and kin. *"I am a trained counselor and I realized that we were creating dependence. You see these kids. Now they call me 'dad' but I don't have anything to pass onto them as my kids."*

These thoughts pushed the founder of My Hope to start a discussion with the donor about transitioning to community services. He felt that the money used to run the institution and feed the children was adequate to, instead, educate a large number of children in the community and improve family life, impacting the lives of more children in a better way and was a more sustainable path than keeping children in the institution. He recalled how he initially thought *"of course anyone, would support this. It makes sense,"* but the European donor did not agree. *"I was even arguing with our sponsor, telling her the money we spend annually feeding these kids, we can use to reach out to many more children out there, empowering them through education. Empowering kids through education will help eradicate poverty. But you see, some of these sponsors are also not ready for change."*

In 2017, My Hope received a letter from the Kenyan permanent secretary (PS), saying that the government no longer supports institutional care for children and would be moving to lower the number of CCIs in the country. The founded recalled how he was delighted because the letter supported his original intention of supporting children in families. *"That letter gave me strength to implement my idea of transitioning. It strengthened the idea that we had from the beginning."* he said. He contacted the donor about this government shift, but she still did not come onboard, and eventually pulled her support altogether. The founder and his Kenya board decided to move on with the plan.

> ***"Those are also some of the challenges the CCIs are facing now, because our sponsors refused completely saying that people back there in Europe cannot support the project if the kids are not in the CCI. Actually, eventually, she managed to pull out saying, if we are going that way, they are not supporting us. Then we said, it's okay. I told her no. For us, we are going this way."*** **FOUNDER OF MY HOPE**

My Hope started the transition process in a "small way" by having children, especially the ones transitioning to secondary school, return to families during school breaks. Those who had completed secondary school were also encouraged to live with their families, connecting with My Hope for support and counselling. This was meant to provide an opportunity for the children to reestablish the attachment with their families and to have a more permanent community connection. *"We started that when they close the school, they don't come to the CCIs, they go straight to their homes that's how we started doing it,"* remembered one board member.

One day while in Malindi (a neighboring city) doing motivational speaking and empowering parents on positive parenting, the My Hope founder heard over the radio about an organization partnering with an organization to help CCIs to reunify children and repurpose their facility space. On his way to My Hope, he passed by their office to learn more. He then got linked to an organization in his own city that was supporting family- and community-based care. He described how this "like-mindedness" right in his own community motivated him. The organizations supported each other; they visited each other's programs. The social workers were trained on the reunification and reintegration process and family and community-based care. Within one year, My Hope had reintegrated almost all the children back to families.

Transitioning to what?

The My Hope CCI has now registered as a community-based organization (CBO). They have reformed their vision to one of *empowering parents with positive parenting skills as well as offering life skills training for the youth*. The founder notes that developing positive parenting skills is key in strengthening families and preventing children from separating from their families, thus preventing children from finding themselves in institutions. *"We've now transformed the CCI into a community centre where we are empowering parents with positive parenting skills. We actually realized putting kids in the CCI, we are only dealing*

with symptoms and the best thing to do is to empower the parents. They may understand the need for connecting with and being attached to their kids. When kids feel loved, they'll feel secure in their homes," said the founder.

Through the support of the partner organization, My Hope has now trained and equipped 14 positive parenting trainers. They can go back to their communities and train up parenting group facilitators. Each of the facilitators will form a group of between 12-20 parents who meet weekly to go through the parenting materials. My Hope has also rolled out a youth empowerment program focusing on building life skills for youth within their community. They did this without any external financial support. Receiving re-training further motivated them to keep transforming.

Speaking to a board member sitting nearby, *"And remember the first training that we did? (Kenyan Organization) supported us with technical support and provided some materials like the booklets, but the training with parents, that, we did it ourselves. Some of our board members we came up with a budget and we all contributed money because we felt that we can't continue just doing nothing. We would rather be moving even as we look for new donors,"* the founder described.

There were hard organizational changes. My Hope had to let go of the cook and other day staff, but managed to retain the two social workers who are now overseeing the community programs and working with families.

"Our future plan is to focus on strengthening the families, that is what we actually want to build on. We want to come up with a plan. If we get donors so that we can assist children, support them for school and strengthen the family's psycho-social supports. All this because we've realized we need to empower the society and we know our communities understand the need for taking good care of the children, and the children belong to us all." **FOUNDER OF MY HOPE**

Annex 2: case Story 2

Kenya Transition Case Study: Love Centre for Children

Background

The Love Center for Children,[17] a charitable children's institution (CCI) in Kenya, was founded in 2010 by a Dutch tourist. The story goes that as she was walking around the villages, she saw children who looked to be in need. She described seeing children dressed in tattered clothes who did not seem to be going to school. She had heard many stories about the challenges orphaned children experienced in Kenya and thought that these children she saw around the villages must be orphans. The idea of establishing a place these children could call "home" came to her and she started fundraising efforts in the Netherlands. She raised enough to return to Kenya and buy land and construct a building. She consulted and engaged the County Department of Children's Services (DCS) throughout the process, as they needed to approve the center and to sign off on any children staying there. The majority of the children admitted into Love Center for Children had lost one or both of their parents and others were vulnerable in other ways. All the children were between four and six years old when they first came to the center. The Love Centre had the capacity to provide care for 24 children, both boys and girls. Eventually the center was set up under an umbrella non-governmental organization of the same name and operating fully under Kenyan management.

Learning about transition

In 2018, Love Center for Children was introduced to Kenya's care reform agenda by the DCS officer-in-charge. According to the manager, the news that the Government of Kenya wanted to transition charitable children's institutions and reintegrate children back into families came as a shock to the institution. She described how all of the staff, herself included, started wondering what would happen to the children, and to themselves. They had poured many years into this work. The staff worried that they would lose their jobs. How would they feed their own families? The center management, together with one of the donors, decided to pay a visit to the DCS office to learn more about the government's care reform plans. The donors requested support from DCS to implement changes to their model of care to help them overcome barriers and challenges. After the meeting, the DCS officer pledged to work with them and agreed to organize a training workshop for all the staff of Love Center for Children. The center had other friends running CCIs

17 The name has been changed to maintain confidentiality of those involved, including the staff, children and families.

nearby and decided to invite them to the workshop. The training included a range of topics including why family care is important for children, change management counselling for the staff, and how to plan for a safe transition process.

After the workshop, the staff came together and started a group to save money in preparation for upcoming changes. This was to ensure they had a safety net in case they were out of work for a long period of time. The Love Children organization set up a small business loan program for staff to start businesses of their own. According to the manager, *"...this kind of round robin shared savings program and having access to the loans helped some of the staff who were laid off in the process of reducing the number of children we had at the center."*

It took some time but after the management went through the training and understood the benefits of family care, they informed the board of directors and the donors about their plans to make this transition. Fortunately, the Dutch founder also understood the impetus for change, and took the lead role in engaging and convincing the foreign donors about the need to transition. She informed the donors of the new government policy and mandate to transition. She presented it as though there was nothing to be discussed. Her straight-forward approach to donor engagement also gave the manager and staff confidence, and helped them to believe in the feasibility of transition, something that only months earlier seemed impossible.

While the founder was engaging with donors, the staff engaged with the children who were still living in the institution. They explained the new policy to the children and gently counselled them in preparation for a reunification with their families. Most of the children had retained connections to relatives, if not their parents. Some of the children were worried and reluctant to return to family. They remembered the challenges they had experienced at home, and they feared change. DCS social workers provided support to the children, and held counselling sessions with them, a process that continued until each children reached a level of readiness to engage with the reintegration process. There was also a local NGO that was working with several CCIs on transition and providing technical support. They provided training on case management and how to monitor children who have been reunified and how to support their families.

Catalysing the change

The social workers from Love Center for Children reached out to the families and talked to them about the idea of transition and reintegration of children in care. *"The caregivers, many of them older grandparents, had so many fears,"* recalled the manager. To many, the institution seemed to offer a better life for the children

than their homes and families could offer. The social workers held several sessions with families, educating them about the importance of children being raised in families and how significant the love and attachment of a family is to a child's development. In one instance, one of the donors joined a team of social workers on a community visit and talked to the caregivers, the chiefs, and the village elders about the changes and the reasoning behind those changes. According to the manager, the presence of the donor helped the families to understand that the institution was not abandoning the children but wanted the best for them and would continue to support them post reunification. The donor also explained to the families some of the challenges they themselves had observed with children who grow up in institutions and their own personal experience of being loved in a family. This had a big impact on the families' willingness to engage with reintegration.

Finally in 2019, the Love Center for Children began the process of reunifying children with their families and communities. At the time, the center had 20 children in care, and by 2020, all the children had been reunified. Most of the families were still worried about school expenses and other daily needs. Love Center for Children, thanks to ongoing commitment of the donor, continued to support the educational needs of every child. The manager said, "our donors supported the whole process of transition and even the community program for children's education. Other CCIs weren't so lucky." Love Center for Children has closed for now and the building is being rented to another NGO. Their future plan is to use the facilities to provide community-based services and support to children so that they can remain with their families.

Annex 3: Phases of transition interactive diagram

Learning and Exploration

Understanding the evidence and impetus for change and global care reforms

- **Building Awareness of the Reasons for Change**
  Understanding the evidence and impetus for change and global care reforms
- **Exploring the Local Context for Transition**
  What would transition look like for the organisation and based on their context
- **Identifying and Engaging with Others**
  Mapping the human resource landscape and making connections

Preparing for Transition

In phase two, organizations began putting the information they've gathered into action–organizing and building foundations for strategic change.

- **Conducting Organizational Assessments**
  Understanding baseline strengths, risks, and readiness
- **Making Links to the National Child Protection and Care System**
  Connecting the transition to the system and national care reforms
- **Developing a Strategic Plan**
  Turning collected information into action
- **Securing Agreement from Remaining Key Decision Makers**
  Achieving full and final buy-in
- **Governance and Organizational Strengthening/Capacity Building**
  Strengthening the foundation for transition

Implementing a Transition

Phase three offers two pathways, guiding either full transition to other non-residential services, or facilitating safe closure and reintegration of children.

Pathway A
Full Transition to Other Non-Residential Services

Organizational Change Processes

- Stakeholder Communication and Engagement
- Leadership and Staff Training and Capacity Building
- Exploring and Designing New Services/Programs
- New Program Implementation

Social Work and Reintegration Processes

- Establishing the Social Work Framework
- Implementing Case Management: Family Tracing
- Implementing Case Management: Child/Youth and Family Assessments and Case Planning
- Implementing Case Management: Child/Youth and Family Case Plan Implementation and Placement
- Implementing Case Management: Monitoring, Ongoing Support and Placement Review

Pathway B
Safe Closure and Reintegration or Divestment of the Residential Care Facility

Organizational Change Processes

- Implementing Closure or Divestment Plan (as per Strategic Plan)
- Dissolving or Concluding the Entity (Where Necessary)

Social Work and Reintegration Processes

- Establishing the Social Work Framework
- Implementing Case Management: Family Tracing
- Implementing Case Management: Child/Youth and Family Assessments and Case Planning
- Implementing Case Management: Child/Youth and Family Case Plan Implementation and Placement
- Implementing Case Management: Monitoring, Ongoing Support and Placement Review

Annex 4: Documents reviewed

The Constitution of Kenya 2010: It outlines the right of every child to parental care and protection. It also includes provision for social security for vulnerable families and around the oversight of residential care.

The National Child Policy 2010: It acknowledges the importance of family based care.

The National Standards for Best Practices in Charitable Children's Institutions 2013: It describe institutional care as a last resort, promote reintegration and improvements to gatekeeping, and provide guidance on residential care

The Guidelines for the Alternative Family Care of Children 2014: It calls for a reduction in institutional care, outline strategies for preventing family separation, and highlight the need to support kinship and foster care. This book is particularly written for formal and informal government practitioners as well as Chiefs, Nyumba Kumi and Village elders, Area Advisory Councils, community-based organizations (CBOs), faith-based organizations (FBOs), and non-governmental organizations (NGOs) working in communities.

Facilitator's Training Manual: Implementing the Guidelines for the Alternative Family Care of Children in Kenya (2014); Kenya's Department of Children's Services (DCS), and its care reform partners within government and civil society, developed this Facilitator's Training Manual on implementing the Guidelines for the Alternative Family Care of Children with the intent to streamline and standardize alternative family care services in Kenya through standardized training. This comprehensive training package includes the training facilitator's manual, PowerPoint presentations, handouts, case studies, and video clips.

The National Plan of Action for Children in Kenya (2015–2022): It commits to deinstitutionalization, reductions in the use of a moratorium on Inter-country adoption (ICA), improvement in parenting supports and an aftercare policy for care leavers.

2017 The government issues a suspension on the registration of new residential care facilities, stating that many children are unnecessarily separated from families and are exposed to unscrupulous practices such as trafficking.

A 10 year National Care Reforms Strategy that will guide the system transition from residential to family and community based care for children is being drafted with the support from UNICEF and guidance of the Care Reform Core Team.

Facilitator's Guide: Case Management for Reintegration of Children into Family and Community Based Care; This Facilitator's Guide is for use by the varied facilitators of the 'Promoting Family- or Community-Based Care Using a Case Management Approach Workshop,' including national and county trainer of trainers from Kenya's Department of Children's Services, and trained staff from other care reform partners

Caseworker's Guidebook: Case Management for Reintegration of Children into Family or Community Based Care. This guide provides an overview of the principles and practices of case management for reunification and placement of children outside of parental care (e.g., children from Charitable Children's Institutions (CCIs) and Statutory Children's Institutions (SCIs), and street-connected children) into family- and community-based care. It details standard operating procedures (SOPs) and provides associated relevant job aids.

Caseworker's Toolkit: Case Management for Reintegration of Children into Family or Community Based Care; This toolkit contains caseworker forms for: conducting child and family assessments, consent and assent from caregivers and children, case planning, placement of children and young adults, monitoring, case reviews, case closures, referrals, caregiver and child feedback, and more.

Annex 5: Interview guide

KEY INFORMANT INTERVIEW GUIDE:
Understanding Catalysts for Transition

Dynamics Leading to the Uptake of Transition Amongst Charitable Children's Institution in Kenya

Introduction

The purpose of this interview is to better understand factors that influence uptake of transition amongst the CCIs from the perspective of CCI directors and decision makers, what influences and what creates an enabling environment and what, if any, implications these findings have for local, national, and global care reform strategies and approaches.

READ THE INFORMED CONSENT FORM TO THE RESPONDENT(S) AND ASK THEM TO SIGN IT/GIVE ORAL CONSENT.

Information about the CCI

	Responses/Important Information
Name of the CCI	
1. Position of the interviewee	
2. Gender of the interviewee	
3. Location of the CCI	County: Sub-County:
4. Category of the CCI	Private Religious Government (SCI) Other
5. Number of children in the CCI pre transition	
6. Nature of children	
7. Number of social workers	
8. How long has the CCI/SCI been in existence (Number of years)	

Background

- What is your role in the CCI?
- How long have you been working in this CCI?
- Besides working here, do you have a personal experience living in/growing up in care? Were you in the same CCI?
- Could you please share brief history of the CCI (When, where, why the CCI was started, management, etc)
- What category of children found themselves in this CCI? Explain
- What was the vision and mission of the institution when it was starting? Has the vision and mission of the institution changed over the years? Explain.
- How was the CCI managed when it first started its operations?
- Has there been changes over time?
- If yes, please describe when and what changes that have occurred over time?
- What are the underlying causes/reasons of these changes?
- What has changed in the operations of the CCI?
- How is your CCI funded?

Decision Making Phase

- How would you define or describe the process of transitioning a CCI?
- Can you tell me about when you first heard about transition, where or who you heard about it from and what you thought about it? What was your initial reaction?
- Can you tell me about when you first began to consider transitioning your own CCI? What factors made you consider it? (Probe for: Internal and external factors: law, government, policy, research, articles, peers, donors, media.)
- Can you tell me about the events or influences that led your organization to make a decision to transition? (Probe for who else was involved) Describe the factors that had the most influence on your decision to transition.
- When you were in the process of considering transition, describe whether you were offered support to transition, and if so from whom? What impact did this offer of support or lack thereof have on your decision making? (Probe for: By who, where, when, training and capacity building, financial resources, etc.)
- Can you tell me about how your different stakeholders reacted to the idea

of transition and their attitude towards it (probe for donors, staff, partner organization, community leaders, etc). How did their reaction influence your decision-making process?

- Would you say the decision to transition was largely informed by internal or external factors? Explain
- If you had to identify the two biggest influences on your decision to transition, what would you say they were?

Implementation Phase

- Describe how much progress you've made with implementing your decision to transition so far?
- What challenges have you faced so far?
- How have you overcome these challenges?
- Have there been any surprises in your transition journey so far? If so,what have they been?
- In hindsight, what information, support, resources or other factors, do you wish you had access to when you were still in the decision-making stage? How would this have impacted your decision- or decision-making process?

Post-transition phase: From institutional care to service provision (For the CCIs that have fully transitioned)

- What kind of services do you offer now? How did you make the decision to provide these particular services?
- What do you think should be done to encourage other CCI directors to transition their services and why?
- What do you think prevents CCI directors from making the decision to transition or negatively influences their thinking or decisions?
- Is there anything else you'd like to tell us about how and why you made the decision to transition your CCI or what you think influences others?