

Changing THE WAY WE care™

Learning Brief: Family-based Alternative Care

Introduction

*Changing the Way We Care*SM (CTWWC) is committed to promoting safe and nurturing family care for all children. We do this through family strengthening aimed at preventing separation, supporting reintegration of children from residential care into family care, and promotion of family-based alternative care. These three areas are critical components of care reform, a process which is planned, implemented, and monitored within a system strengthening framework (see figure 1, at right).

Alternative family-based care encompasses a range of options (sometimes called a “continuum of care”) which include kinship care, foster care, Kafaalah, guardianship, supported independent living and other models depending on the context and should be provided as highlighted in the UN [Guidelines for the Alternative Care of Children](#).

Family-based alternative care in Guatemala, Kenya, and Moldova are in very different stages of development. Context-specific issues impact the types, coverage, and availability of different forms of alternative family care. CTWWC has identified ways to support and promote different forms of alternative family-based care in all three countries, building off existing strengths and strategically addressing gaps. The learning presented in this brief is informed by situational analysis, opinion studies, case stories, guidance, Standard Operating Procedures (SOPs), case management data, staff and partner input, and transition of care services.

Development of guidance and standard operating procedures

CTWWC has learned that whilst many governments and non-governmental organizations (NGOs) acknowledge the importance of a continuum of robust family-based alternative care and understand how strengthening these models is part of the care reform triad, in many circumstances, there has been a lack of concrete ‘how-to’ guidance on designing, implementing, and monitoring forms of care. As such, an important value add has been CTWWC’s support for raising awareness and development of guidance and SOPs in several countries, recognizing that the emphasis on the “how to.”

In [Kenya](#), CTWWC was involved in a participatory process chaired by the government to develop SOPs for alternative family care.¹ This was a critical piece of the care reform puzzle and helped operationalize the contents of the [Guidelines for the Alternative Family-Care of Children](#). These SOPs were informed by evidence produced by CTWWC and on-the-ground experience of our partners and other care reform actors.

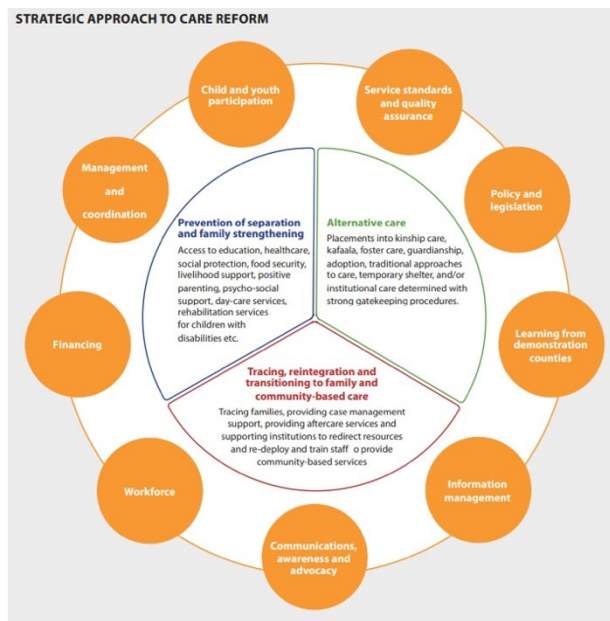


Figure 1: Components of Care Reform within a Systems Framework. Credit: Government of Kenya, National Care Reform Strategy for Children.

¹ The Standard Operating Procedures were designed in a year-long participatory process involving a wide range of actors and overseen by government. The final document will be published soon.

In **Moldova**, CTWWC played a pivotal role in helping to develop the National Child Protection Program (NCPP), a five-year strategy which includes several actions related to bringing care in line with and reflective of the UN Guidelines for the Alternative Care of Children. A series of research initiatives that included [child assessments](#) from six residential care institutions targeted for transition, a [knowledge, attitudes and practice study](#) and a [faith-based engagement report](#) all provide critical information that informed priority activities in the NCPP.

In **India**, sharing experiences about the implementation of alternative family care was a significant gap within the sector. Many actors were engaged but there was a dearth of documenting the experiences with the aim towards sharing, learning and eventually expanding care options. As a response, CTWWC supported the publication of a [compendium](#) of family strengthening and alternative care programs in India, facilitating sharing and learning within the sector. This was part of the commitment and contribution that CTWWC India has made to the [India Alternative Care Network](#).

In **Guatemala**, the CTWWC team worked with dozens of municipal leaders to establish community-level Family Care Commissions in each of the six municipalities of the demonstration areas. These multi-sectoral groups include recognized community leaders who identify and discuss issues within their community that place families at risk of separation, and existing protective factors. This includes identifying cases where children might require or be in alternative family care. Using this information, they raise these issues to municipal officials and advocate for relevant services and support such as parenting courses and/or psychosocial support offices. An important learning regarding this process has been the selection of the name of the commission. The CTWWC team understood that the term “family care” was more inclusive and would easily draw a sense of ownership by many, given that everyone can get behind family care. This decision has made a big impact in terms of attracting membership, especially amongst faith-based leaders who are embracing its objectives and engaging across the municipalities.

Kinship care

CTWWC recognizes the role that kinship care plays within the continuum of care given the significant numbers of children in this type of care. In Guatemala, seven percent of children live with someone other than a biological parent;² ten percent of children in Moldova live in kinship care (most often with a grandparent);³ and 13.2 percent of children in Kenya live with someone who is not their biological parent.⁴

- In **Guatemala**, 48% of all reintegration cases have been into kinship care. This includes kin that are biologically related and non-biological, such as family friends or neighbors with a connection to the child and his/her culture.
- Data from **Kenya** showed that after emergency exits from residential care were conducted as a COVID-19 prevention measure in 2020, a total of 1,905 children were released from 79 residential care facilities. Of these, 1,080 (56%) were placed with kin.
- Of current case plans for 123 children who will leave residential care in **Moldova**, five will be placed in kinship care. Whilst a relatively small number, it must be noted that these children have complex health, disability, and emotional needs requiring specialized care or are children under three, thus they require unique types of care including full time availability by the caregiver.

² Demographic Health Survey (2014-2015), as posted on the [Guatemala landing page](#) of Better Care Network.

³ UNICEF (2012). MICS study as shown on [Moldova landing page](#) of Better Care Network.

⁴ Better Care Network. (2017). Kenya DHS 2014: Children’s Care and Living Arrangements, New York: Better Care Network. Retrieved from https://bettercarenetwork.org/sites/default/files/2020-02/Kenya_2014_Final.pdf



Figure 2: India Alternative Care Network celebrates the launch of the "Compendium On Family Strengthening and Alternative Care Programmes Practised Across India," co-published with CTWWC India.

CTWWC learned that children living with kin must be included in family strengthening efforts to prevent separation as these are often families with many children and few resources making them at risk of separation. Special attention needs to be paid to identifying these families as kinship is often informal and therefore, families might not be on the radar of child protection services or family support services. CTWWC’s experience with reintegration also highlighted what an integral role kinship families play in terms of deinstitutionalization efforts, as many children leaving residential care are placed with kin, both related and unrelated.

Foster care

Foster care is relatively nascent in Kenya and Guatemala and more robust in Moldova. However, in all contexts, there are significant limitations in the number of foster carers, resources committed, and use by government and NGOs. CTWWC has been strategic in each country context to best determine how and where to support foster care efforts with an eye towards impact.

- In **Moldova**, CTWWC partners have several decades of experience in providing foster care as highlighted in [this video](#) featuring Ala Nosatii from Copil Comunitate Familie (CCF). Recent statistics show more than 1,000 children are currently in foster care.⁵ Another CTWWC partner, Partnerships for Every Child (P4EC), stepped responded to the need for foster care of Ukrainian refugees by training existing and new foster parents in [Psychological First Aid](#) to respond to the unique needs of children entering care. Moldova has had a robust foster care service for over a decade. However, CTWWC is currently engaged in supporting the transition of six residential care facilities in the country. As part of this process, child and family assessments have determined that **73 of the 123 children** will require some form of foster care to be deinstitutionalized. Given that most children are young (under three), have a disability or a severe emotional or health issue, the foster families will require specialized training, supplies, and resources to meet the needs of every child with quality. This issue has been included in the National Children Protection Program (NCP) and most recently was addressed in a series of three regional meetings for local decision-makers.
- In **Guatemala**, CTWWC utilized findings from the 2019 Opinion Survey, which found that more than 40% of Guatemalans are willing to care for a non-biological child.⁶ Whilst directly implementing foster care was determined to be beyond the scope of CTWWC, CTWWC identified a strategic opportunity to provide logistical and technical support to the Government of Guatemala’s Social Welfare Secretariat in the drafting of the first-ever Government Strategy for Foster Care.
- CTWWC Guatemala has created a space for foster carers to come together as part of the initiative’s focus on persons with lived experience. In the summer of 2022, CTWWC organized the first ever meeting of Guatemalan foster carers with the objective of providing a safe space in which foster carers could meet one another, share experiences and opinions, and determine if a foster care “support group” might be something in which they would like to participate. CTWWC Guatemala quickly learned what a valuable resource foster parents and learned there is the need for them to have time together to learn, share, and contribute to their own wellbeing via mutual support.



Figure 3: The Social Welfare Secretariat's Strategic Plan for Foster Care co-developed with CTWWC.

⁵Ministry of Labor and Social Protection (2021). Raport Statistic cu privire la copiii aflați in situație de risc și copii separați de părinți în anul 2021. Retrieved from: https://social.gov.md/wp-content/uploads/2022/10/Raport-CER-103_Copii-aflati-in-situatie-de-risc-si-copii-separati-de-parinti_-pentru-2021c-1.pdf

⁶ Changing the Way We Care and Gallup (2019). Opinion Study pg. 37

Kafaalah

In **Kenya**, CTWWC has utilized its relationships with different faith leaders on the coast to promote alternative family care. One important type of care is Kafaalah, an Islamic practice like long-term foster care. CTWWC was instrumental in supporting the development of a framework⁷, SOPs and a regulation for Kafaalah as a means of promoting good practice and better understanding of the care option. Furthermore, via its reintegration and family strengthening programming, CTWWC identified children in Kafaalah who required support.

An important learning during the process of writing the framework and SOPs is that there needs to be a balance in representation of both Muslim religious leaders and scholars, the Khadhi court (Islamic Court) and the government actors. Ensuring all people are engaged helps foster buy-in from the government for the endorsement and national rollout and ensure that the unique Islamic elements of Kafaalah are reflected. The engagement of members of the Khadi Court was also instrumental in ensuring strong technical content within the documents. CTWWC Kenya also learned that engaging in regular communication or sensitization activities with the Muslim community helped to promote a uniform understanding of Kafaalah amongst stakeholders and ultimately resulted in an enabling environment in which to document the practice and collect data.

Conclusions

Alternative family care is a core component of the range of care options that need to be made available for children. CTWWC teams in each of the demonstration countries have used learning to inform the way they engage and support alternative family care, often identifying where their support brings the most value. Lessons have also been gleaned from efforts that did not necessarily have the desired impact and have informed programming moving forward. For example, in Guatemala, CTWWC support to a national recruitment strategy whilst successful in recruiting potential foster families, fell short as the program was unable to respond due to funding shortages, turnover and other priorities. Whilst there is still room to grow and improve, CTWWC has learned important lessons about the implementation of alternative family care that will be used to continue efforts aimed at strengthening and expanding alternative family-based care in Guatemala, Kenya and Moldova and beyond.



Figure 5: One foster father shared his drawing voluntarily with the rest of the families indicating that the first phase of the drawing, on the left, is in black and white and dark, because it represents the hurt and violence which the child comes from. The right side of the picture is filled with color and symbols of love showing the care, joy and happiness felt by the foster family and child.

⁷ The framework for the practice of Kafaalah in Kenya is currently awaiting sign off and will then be published and disseminated. The SOPs are part of the larger package of SOPs currently under government final review and will be published soon.