

Learnings: Family Strengthening and Care Reform in Kenya

CHANGING THE WAY WE CARE

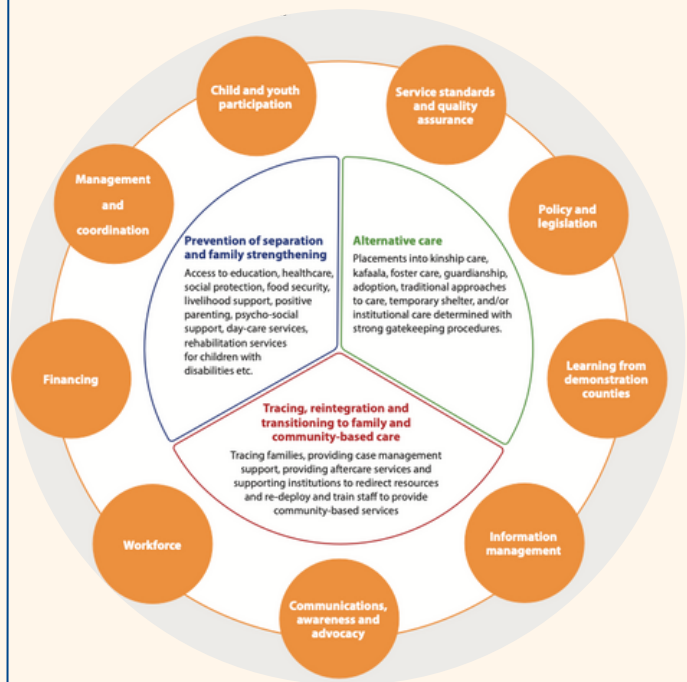
Changing the Way We Care is a global care reform initiative that promotes safe, nurturing family care for children reunifying from institutions or at risk of family separation.

CTWWC has three strategic objectives: governments promote family care; children stay in or return to their families; and key stakeholder groups make commitments towards family care.

CTWWC Kenya works with Kenyan national and county governments and non-government partners to promote the three core components of care reform as highlighted in Kenya's National Strategy for care reform: family strengthening/prevention of separation; expansion of family-based alternative care; and reintegration and transition of residential care

There is an urgent need to tackle care reform in Kenya. Data from the NCCS and the Care Reform Core Team during the COVID-19 pandemic showed that 26,198 children lived in 910 Charitable Children's Institutions (CCIs) or Statutory Children's Institutions (SCIs) of which 581 are registered and an estimated 329 are unregistered.[1]

Kenyan families are facing many of the common challenges known to increase the risk of family separation globally: poverty (41.5% of children live below the poverty line); living with a disability (an estimated 1.92 million children) and experiencing violence (56.1% of children experience at least one form of violence).



[1] Data from Better Care Network's Kenya country page dashboard: <https://bettercarenetwork.org/regions-countries/africa/eastern-africa/kenya#documents-jumpdown>, accessed 27 September 2022.

FAMILY STRENGTHENING FOR CARE REFORM

Family strengthening is an essential part of CTWWC Kenya's approach.

Family strengthening involves designing and delivering programs, strategic approaches and deliberate processes that strengthen a family's protective factors [see Box 2: Protective factors that promote safe, nurturing family care] so that they can provide children with safe, nurturing care, even when the family is under stress.

DESIGNING THE APPROACH

To support sustainability, the project is collaborating with existing initiatives such as the Kitchen Gardens government initiative in Western Kenya.

In response to this challenge, CTWWC Kenya took a cross-cutting approach to family strengthening as part of its broader care reform work. The approach targets families who are at risk of, but not yet separated, families providing family-based alternative care such as kinship care, kafaalah or foster care; and families who are already separated and are preparing for reunification or are in the process of reintegration to prevent re-separation.

This brief summarizes the original design of Changing the Way We Care's family strengthening approach, the lessons learned during implementation, and the adaptations that CTWWC is making to maximize the impact of its family strengthening work.

BOX 1: CARE ARRANGEMENTS IN KENYA

Children can live in different types of care:

- Parental, with one or both biological parents
- Kafaalah, with a person or family who have committed to voluntarily sponsor or care for an orphaned or abandoned child, according to Islamic law
- Kinship, in which a child lives with extended family on a temporary or long-term basis, either informally or formally through the courts
- Foster care, with a person who is not the child's parent, relative or guardian and who is willing to undertake the care and maintenance of that child.

Source: Government of Kenya, National Care Reform Strategy for Children in Kenya 2022-2032

Family Strengthening for Care Reform

Family strengthening approaches work with children and families to support them to recognize their own strengths and to access and utilize resources and services, find needed support, and have the capacity to provide safe, nurturing family care. Family strengthening approaches are strengths-based and depend on the active engagement of parents, caregivers, children, youth, and other family members in decisions that affect the family's life.

Designing the family strengthening approach

CTWWC Kenya used the global CTWWC family strengthening framework, which sets out the principles of family strengthening in the context of care reform, adapting it to country and local context by prioritizing family strengthening interventions available locally for sustainability; and by working with locally available government and other networks. For example, supporting disability networks in Western Kenya, and working with care leaver groups in Kilifi County.. CTWWC Kenya was already actively engaged in national systems strengthening and local advocacy efforts and was supporting reunification of children from residential care facilities and their sustained reintegration in families.

From 2018 to 2020, much of the focus of CTWWC in Kenya was on strengthening the policy framework around gatekeeping, family-based alternative care, and transition of services from residential to family and community based.

DESIGNING THE APPROACH

Household economic strengthening (HES) is an essential element when working with families living in poverty.

A family strengthening + HES approach places emphasis on providing 'cash plus care', which is provision of some form of household economic strengthening input (e.g. direct cash transfer or more indirect economic strengthening support), delivered together with other interventions that improve child and family wellbeing.

From 2019 to 2020, the focus moved more towards county and community work. Work to conceptualize care reform brought forward a three-pronged approach, which included family strengthening/prevention of separation, strengthening family-based alternative care, and transformation of residential care.

The family strengthening approach focuses on identifying family strengths across the five protective factor domains (in Box 2). It considers the strengths both within and around the family and identifies where there are gaps that need strengthening. Social and peer support are as important for strengthening families as having access to external interventions and services. Family strengthening interventions can be delivered at household level or at community level. They can be delivered directly by CTWWC case workers, community level volunteers, or through referral to other service providers. Family strengthening interventions comprise a wide range of interventions, although there is often a focus on a combination of services including, household economic strengthening (HES) and parenting (often referred to as cash plus care). The family strengthening approach recognizes that poverty alone is rarely the only cause of family separation and therefore includes a more holistic approach rather than focusing on just one intervention or service.

BOX 2: PROTECTIVE FACTORS THAT PROMOTE SAFE, NURTURING FAMILY CARE

Protective factors enhance the likelihood of positive outcomes and lessen the likelihood of negative consequences when a family is exposed to risks or shocks:

- Caregiver resilience: Managing stress and functioning well when faced with challenges, adversity, and trauma
- Social and emotional competence of children: Family and child interactions that help children develop the ability to communicate clearly, recognize and regulate their emotions, and establish and maintain relationships.
- Social support and connections: Positive relationships that provide emotional, informational, instrumental, and spiritual support.
- Responsive caregiving: Understanding child development and parenting strategies that support physical, cognitive, language, social and emotional development.
- Access to concrete support in times of need: Access to concrete support and services that address a family's needs and help minimize stress caused by challenges.

Source: Family Strengthening Policy Center. (2004). Policy Brief No. 1: Introduction to Family Strengthening.

DESIGNING THE APPROACH IN CONTEXT OF COVID-19

Kenya confirmed its first COVID-19 case on 13th March 2020. On March 17, 2020, the Government issued a directive instructing all residential care facilities, including boarding schools and childcare facilities, to release children from care immediately. [2]

Following this, a second Government Directive was issued which required Children's Officers and Social Services to submit a report detailing the number of children released to families and challenges associated with the process.

Designing the approach in the context of COVID-19

As the program was being designed and the family strengthening elements finalized, there was a significant change in context due to the COVID-19 pandemic and the public health measures put in place by the Government of Kenya to respond to the public health crisis.

Up until 2020, the estimated number of residential care facilities was 850 with approximately 50,000 children in residential care.[3] With the onset of the COVID-19 pandemic, in April 2020 a rapid census exercise was conducted. Findings from that exercise showed that a total of 45,480 children were in 850 CCIs, confirming the estimates up until that point in time. Of that number, 19,282 were released from care because of the Government Directive and 26,198 remained in CCIs.[4] It should be noted here that the number of children and CCIs are those that are known (i.e., reported) and did not include those that were operating outside of and without appropriate registration.

In response to the challenge of supporting many children who had returned home with limited support and the economic impact of COVID-19, and to reach a large number of families at risk of either secondary separation or separation to begin with, CTWWC Kenya and local implementing partners in Kilifi, Kisumu, Siaya and Nyamira Counties, rolled out a family strengthening program. The program was aimed at both reintegrating families and families at risk of separation which included 4,701 households (18,368 children) at risk of separation and 559 families (785 children) in the process of reintegration (as of October 2022).



[2] Ministry of Labour and Social Protection. State Department for Social Protection. Office of the Principal Secretary. MEAC L&SP/1/32. Presidential Directive on Containment of the Coronavirus. 17 March 2020.

[3] UNICEF (2017). *Situational Analysis of Women and Children in Kenya 2017*.

[4] NCCS presentation of data in the Alliance for Child Protection in Humanitarian Action, UNICEF and BCN webinar, COVID-19 and the Alternative Care of Children. <https://www.youtube.com/watch?v=Y9SnAit3trA&feature=youtu.be>

DESIGNING THE APPROACH IN CONTEXT OF COVID-19

Local Implementing partners (LIPs) are skilled non-government organizations who were already working in and familiar with the local community.

The LIP teams include social worker, other team members qualified to work on family strengthening, and monitoring and evaluation officers.

The program is implemented by the project’s local implementing partners (LIPs). Families in the process of reintegration are supported by social workers, from CTWWC and LIP partners and from the CCIs from which the children are transitioning; Children’s Officers (government social workers) provide support and are the referral point for child protection concern; and other service providers, notably Ministry of Agriculture and Livelihoods extension staff and Private Service Providers (PSPs) providing household economic strengthening support.

Most of the direct support to families, both families at risk of separation and families in the process of reintegration, is undertaken by a community-level workforce auxiliary or paraprofessional workers supported and supervised by government social workers and/or social workers from NGOs. The community-based cadres include Child Protection Volunteers (who support the Directorate of Children’s Services Children’s Officers), Community Health Volunteers (who support the health sector with primary care support including HIV prevention), and Community Development Volunteers (who support the Directorate of Social Development with local community development activities). CTWWC and CCI social workers work together with these cadres.

TYPES OF FAMILY STRENGTHENING INTERVENTIONS

Primary or Universal Approaches that tackle community/ societal factors that put children/ families at-risk of separation and strengthen protective factors to build resiliency. Examples include ensuring access to basic health, education and social protection services; ensuring access to specialized services such as health, disability, legal, family violence, substance abuse treatment for families in need; community sensitization and awareness raising on family care or tackling stigma and discrimination that contributes to family separation

Secondary Approaches that target families with a specific risk for separation; aimed to reduce or address risk factors, such as drivers of separation. Examples include: individual referrals to basic and specialized services (first option where available); ‘cash plus care’ integrating cash transfers with other support services; targeted positive parenting groups; SILC groups & financial skills training; counselling / psychosocial support; youth-focused / careleaver support groups; targeted ECD & disability services; agricultural or business grants; access to services such as legal support, shelter, medical insurance, access to education bursaries or vocational training,

Tertiary Approaches for families to enable reunification or prevent separation or re-separation. This is typically coupled with case management alongside the listed secondary-level interventions.

**DESIGNING
THE
APPROACH
IN CONTEXT
OF COVID-19**

CTWWC Kenya reviewed and adapted core family strengthening approaches on parenting, financial literacy and access to Savings and Internal Lending Communities (SILC). These were selected as evidence-informed approaches known to be effective in family strengthening and addressing the root causes that often result in separation, and that met the needs already identified during program design. CTWWC also co-created with a national care leavers association (KESCA) a life skills program targeted to the needs of care leavers. The following were the core group programs adapted and finalized (see Box 3: Core family strengthening group interventions).

Following these adaptations, CTWWC worked in partnership with government partners and trained LIP staff, CCI staff and community level workers in the group interventions highlighted in Box 3.



FAMILY STRENGTHENING PROGRAMS

Core family strengthening group programs were selected because of the global and national evidence on their effectiveness for strengthening families.

Each intervention went through a process of adaptation to respond to the needs of CTWWC's target children, youth, and families.

BOX 3: CTWWC KENYA FAMILY STRENGTHENING GROUP INTERVENTIONS

Families Together is an adaptation of integrated, evidence-based parenting program, Skillful Parenting,[5] proven to increase wellbeing of children, youth, and their parents in rural areas of Africa. The adaptation process involved adapting and/or developing complementary modules addressed to the target families, pulling in learning from other parenting work and best practices for families with children in care, including other regional programs already adapted for care reform, notably the Esanyu Mu Maka (EMM) Family Reintegration Parenting Programme, adapted from the Parenting for Lifelong Health parenting programs.[6] In addition to the standard positive parenting techniques, there is a focus on building and rebuilding attachment, and includes examples related to separation and building up support networks. The program is delivered in group sessions wherever possible, and an adapted home visit version is delivered to reintegrating families who are unable to attend group sessions due to mobility challenges or distance.

Child-Optimized Financial Education (COFE) is a financial literacy program developed by Catholic Relief Services to help caregivers make better financial decisions and increase investments in children in their care[7]. The original version of COFE was designed to be used within PEPFAR orphans and vulnerable children (OVC) projects to help caregivers make better financial decisions and increase investments in children in their care. The COFE curriculum helps caregivers look holistically at the financial lives of their families, including the children in their care. It also integrates themes around HIV prevention, care, and treatment, promoting family care, disability inclusion, child protection and succession planning to support caregiver financial planning, decision-making and ultimately to increase investment in the children in their care. This version of Child-Optimized Financial Education has been adapted to include concepts and practices on family care and disability inclusion that were developed by CTWWC Kenya.

CRS' Savings and Internal Lending Communities (SILC) are groups that have been trained using a holistic, savings-led microfinance approach that provides a safe place for poor households to save and borrow to increase their income. The goal of the SILC approach is to help members better manage their existing resources by teaching them basic financial management skills.[8] SILC groups are supported by Private Service Providers (PSPs) who support the establishment of groups and can also expand savings group services on a fee-for-service basis anywhere there is demand. The main adaptations included permitting groups of less than the recommended average of 15 members, since families enrolled in the program live at distance from each other often. CTWWC first planned to have 80% of SILC group members being project participants, with the remaining 20% being other interested community members; this was reduced to 60% for reasons off distance.

CTWWC Life Skills Program is a newly created behaviour change approach, targeting young people and especially care leavers, with an aim to develop lifelong reasoning, thinking, analyzing, personal care and interpersonal skills. Weekly group sessions are conducted for care leavers and young people aged 10-13, 14-17 or 18-25. The approach aims to empower and guide care leavers, and other children and youth, to be competent and confident. The methodologies are interactive, innovative, and fun. Case studies, stories, group discussions, role plays, and games are all used to enhance learning and promote adoption of desired behaviors. The program was co-created with KESCA, the Kenyan Society of Care Leavers.

[5] Skillful Parenting was designed and delivered by Investing in Communities and Society (ICS) in Kenya: <https://www.icsafrica-sp.org/en/skilful-parenting/>

[6] <https://www.who.int/teams/social-determinants-of-health/parenting-for-lifelong-health>

[7] https://www.crs.org/sites/default/files/tools-research/cofe_booklet_1_final_03_aug_2021.pdf

[8] Catholic Relief Services, About Savings-Led Microfinance: <https://www.crs.org/our-work-overseas/program-areas/savings-led-microfinance>

FAMILY STRENGTHENING APPROACHES

Family strengthening is included in case plans that are developed while planning for reintegration. The case plan includes benchmarks in four domains: protection and safety; psychosocial wellbeing and community belonging; health and development; economic stability.

Family strengthening interventions are identified based on the families' strengths and risk factors. Case planning also considers where the family lives, as their location informs whether it is possible for them to join groups, such as parenting, or whether they will need individual household parenting interventions.

Summary of current family strengthening approach

Families that are receiving children are assessed as part of the case management for reintegration process and in preparation for reunification and a case plan is developed and monitored over time, using the Government of Kenya's Case Management SOPs for Reintegration, 2019.

The initial design for supporting families at risk of separation follows these steps:

1 Identification: This is conducted by community-level workers in communities that have been identified as priority through initial mapping. For example, communities that are close to CCIs or where there is a high level of family separation. The communities are identified by LIPs, working closely with the local Directorate of Children's Services representatives. The LIPs conduct awareness-raising events and work with community leaders, local gatekeeping committees and the CCIs that are being supported to transition from residential to family care support to nominate families that are eligible.

3 Assessment and case plan: For all enrolled families, the next step was a more detailed assessment, by the same community-level workers by CLWs, using assessment tool that includes domains (revised from reintegration tools) and applies scoring, leading to high-risk or low-risk categories. The assessment resulted in individual case plans for all enrolled families. Each case plan is developed for the unique strengths and risks of the family, and a separate package of services is provided according to the family's case plan.

2 Screening: Families identified during the identification process were then rapidly screened by the community level workforce. They used a screening tool that was developed by the project. All families that met either one of the priority criteria (they had already thought of or discussed separation of the family; presence of disability; history of separation) or any that met four of the additional criteria were enrolled in the program and their basic details taken.

4 Service delivery or referral to services: Some LIPs have chosen to deliver positive parenting and other group services to all families; others have opted to only provide group activities to a smaller number of families. Some group interventions are not available for all - in some cases, such as Market Garden training, availability is restricted based on availability of Ministry of Agriculture facilitators, although CTWWC and the Ministry have co-trained facilitators to increase access to agricultural training. Although any enrolled family is offered the option of joining a SILC group, households that are extremely vulnerable find it hard to join, especially households headed by elderly caregivers and people living with disabilities. Extremely poor families who cannot join SILC are prioritized for cash transfers.

FAMILY STRENGTHENING APPROACHES

Local Implementing Partners have a small cash grant that can be allocated according to local identification of need. Since this approach is not sustainable, families are enrolled into other HES interventions such as SILC, or other income generating activities aimed at enabling them to eventually provide for the household expenses.

4 Each LIP has a limited budget to provide direct support and they develop their own targeting or selection criteria. The package of direct support includes cash transfers and material assistance in the form of reintegration packages which include food and “dignity packs” to support girls’ school attendance with sanitary products, assistive devices for disability, transport support, and education bursaries and materials.

5 Ongoing case plan review is conducted by CLWs, with accompaniment and mentoring by LIP social workers and Project Officers. Although the case plan is developed using an adapted version of the reintegration assessment tool, there are not yet tools designed to measure progress for families at risk of separation, and the project is continuing to reflect on how best to measure what constitutes ‘no longer at risk’.

BOX 4: THE IMPORTANCE OF DISABILITY INCLUSION IN FAMILY STRENGTHENING IN THE CONTEXT OF CARE REFORM

Disability is a significant factor in the placement of children in residential care, due to factors such as stigma, limited availability of appropriate support and services, and issues such as lack of access to employment and services. Working with the National Council of Persons with Disability and the Directorate of Children’s Services, CTWWC Kenya has invested in disability inclusion approaches. These include:

- mapping of families and children with disabilities
- delivering appropriate services and interventions through case management
- ensuring that the Families Together parenting sessions are disability-inclusive
- mobilizing like-minded partners into disability networks to enhance referrals, improve service delivery to these families
- advocacy for improved policies and legislations.

Additionally, CTWWC has trained religious and community leaders who are using their various platforms such as community forums, church services to create awareness on disability to reduce disability-related stigma within the framework of families at risk of separation or reintegrating families.

LESSONS LEARNED

The identification criteria was focused too heavily on risk and was not able to easily identify protective factors, such as families that had a strong commitment to staying together or that had strong social support networks.

Managing expectations from enrolled families was a challenge. In the context of high levels of poverty, the community-level workforce feel pressure to provide a 'solution' for families, which is not always possible and the vulnerabilities that are considered in the case plan do not always appear to relate directly to risk of separation.

CTWWC Kenya has reflected on the approach and identified lessons that can be used to refine and improve the family strengthening work conducted in Kenya. This reflection has involved feedback from community-level workers, LIPs and technical teams, and a review of the data collected. Much of what we have learned is ongoing and the program will continue to build on these lessons .

Risk factors for separation must be localized and constantly reviewed: The identification criteria used did not fully and accurately identify families at imminent risk of separation. All families being identified were highly vulnerable to stress, especially economic stress. And yet discussions with implementing partners noted that many of the families were very unlikely to separate.

There are some common findings that emerged about who is at risk of imminent separation. These included: families where there was a disability in the home with little to no family or other support and extreme poverty; where a child had already chosen to leave home or had previously been placed by the family outside the home. However, poverty alone was not felt to be a risk of separation, nor was illness. Other more local criteria were also identified. In one sub-county, community level workers felt that the existence of local gold mining opportunities were drawing children away for child labor that was likely to be unsafe and exploitative. In this case there was a high risk of separation. They felt it was important to identify households where children themselves were choosing to leave. LIPs also noted that in some sub-counties there was a 'pull' factor from local CCIs who were actively encouraging families to place children with them. CTWWC Kenya conducted a baseline household survey to help understand which families have already separated, including a high number of female-headed households, elderly and unmarried, separated or widowed. There were a high number of families who reported that they had little or no social support.

Developing individual case plans is intensive work and not necessary for every family at risk of separation. The use of case management, especially assessment and case planning, has been instrumental for children and families in the process of reintegration, especially in planning for service delivery with the limited resources as well as assess progress toward sustainable reintegration. This required intense training, coaching, and mentoring of caseworkers, as well as regular monitoring and supportive supervision. The complex nature of the reintegration process requires such an intense process.

When developing the family strengthening design for families at risk of separation, the initial design included what was intended to be quite rapid and 'light touch' needs assessment. This was informed by 'scoring' whether families were at high or medium risk of separation, and then developing a case plan, that used an adapted form of the case management tools focused on reintegration. The immense effort put into enrolment and case planning reflects the hard work and dedication of the team. However, there have been challenges with the limited capacity of many community-level workforce, lack of a tailored training on case management, and limited social work to provide supportive supervision and oversight.

LESSONS LEARNED

It is challenging to measure 'success' of preventing something that has not yet happened, that is, family separation.

For families reintegrating it is important to prepare for the phase out of the cash transfer and reintegration kitty to a more sustainable process, including close monitoring to help families move to less cash dependency by engaging in small businesses or enrolling in savings groups.

Positive parenting programs have been an effective way of addressing many of the risks of separation. Community level workers observed many positive outcomes of the parenting program around increased networks of support, improved communication within the family and reductions in family violence, especially between men and women. One LIP director says “When people do the parenting program, they get to know about needs which they didn’t know that their children had, so we are confident that parenting is the right entry point.”

Measuring ‘success’ for prevention of separation is challenging. The current plan is to review a case plan that has identified family vulnerabilities across four main benchmarks, as used in the case management for reintegration process: Education; Protection and Safety; Psychosocial Wellbeing and Community Belonging; and Health and Development. The program is measuring the immediate outcomes of group and individual services that are being provided and measuring the number of successful referrals (that is, the referral has been made and the service then provided). However, it is difficult to measure whether the risk of separation is lowered enough to prevent separation. Using existing case management processes of case plan, case review and then case closure is intensive and does not provide the most useful information. Additional challenges with the individual case plan approach are in the tools, that require greater focus on protective strengths and include voices of all children in the family.

Families appreciate cash transfers but targeting and measuring impacts remain challenging. The program initially provided emergency packages for reintegrating families. These were largely small cash transfers to assist with the costs of a child or children returning home, such as cooking utensils and mattresses. The cash transfer element was also applied to families at risk of separation. The cash has had an education focus, especially education bursaries, school equipment and ‘dignity packs’ to provide children with sanitary and hygiene products. It has also been used for other general emergency funds. However, as is already known from previous experience of OVC programming and more broadly the evidence about the benefits of predictable and sustained social transfers where needed, the cash element has raised expectations and not had a long-term effect on bringing people out of poverty.

Family strengthening interventions for families in the process of reintegration cannot rely on group interventions exclusively. The program had initially envisioned providing group-based services to families in the process of reintegration. However, it was noted that most of the families were geographically spread and would need to travel long distance to attend group-based interventions, such as parenting and saving session. The program made adaptations and introduced household-level parenting sessions. Where possible, the program continues to make efforts to map and refer families for savings in existing group within their reach.

LESSONS LEARNED

It is challenging to track whether referrals that have been made are successful and there are ongoing efforts to improve the recording and tracking of referrals.

LESSONS APPLIED

Incorporating locally identified potential risks of separation to help target program services and support those at greatest imminent risk of separation.

Referrals are essential but require follow up to ensure ongoing linkages between families, service providers and the program. The program has a strong focus on referring for additional services and support. The program works closely with the Directorate of Children's Services, who is involved from community awareness stage, and who receives referrals for issues such as neglect or violence from the start of the program. "We work hand in hand - at enrolment stage, I think that nine families are enrolled, and one is automatically a referral", says one LIP. LIPs are encouraged to use the existing DCS national child protection referral booklet to make referrals, that was printed with support from CTWWC. CTWWC Kenya, DCS and local partners have also developed a service directory for disability-specific services - which is one of the areas where the greatest support is required.

Learning Informs Program Adjustments

Based on the lessons learned, CTWWC Kenya is now adapting the process and will continue to monitor to identify progress. The main adaptations are:

- **Revising the current indicators for risk of separation** by working with LIPs and county-level child protection committees, gatekeeping committees and other stakeholders to agree locally defined indicators.
- **Developing strengths-based indicators** to complement the risks, so local actors can identify and build on family strengths and include the voices of children and families more directly.
- **Identifying families that have heightened risk while delivering group interventions.** These families will be referred for additional assessments, home visits, and more intensive support through case management services.
- **Improving and enhancing referral processes,** through development of local-level referral maps and ongoing support to ensure that referrals made are effectively carried out. This will be done through ongoing liaison with local coordination groups, such as child protection and gatekeeping committees, and compiling the local maps into sub-county level resources.
- **Providing a series of group interventions** to all that are demonstrating positive results in strengthening positive factors - all enrolled families will receive layered group interventions, starting with parenting, followed by financial literacy, and then receiving any additional group support that they wish to and that is available, including SILC groups. With this group intervention, it is expected that most families will start to identify their own solutions to reduce the risk of separation, including the ability to make financial decisions that focus on keeping children at home. Most families will 'graduate' at the end of the group interventions.
- **Developing strengths-based indicators** to complement the risks, so that local actors can also identify and build on family strengths and assessments are more focused on strengths and include the voices of children and families more directly.

NEXT STEPS

We hope that this adaptation will generate further learning about how to most effectively identify families at risk of separation, how to deliver a package of group interventions at scale, and how to demonstrate that family separation is reduced.

Next Steps

CTWWC is currently redesigning the program in line with the suggested adaptations and will continue to monitor progress. CTWWC will continue to explore and collect learning related to the following topics.

What pushes a family to separation and how can we identify that at an early stage?

CTWWC will continue to review outcomes for families already enrolled to assess whether there are common characteristics that increase risk of separation, whether there are unique stressors that push families into separation and, most importantly, if there are protective factors that can be predicted that make it highly unlikely for families to separate.

Which set of layered group interventions provide the most effective package of family strengthening and reduce family separation?

All families are receiving a basic package and we hope to measure whether this basic package, delivered alongside referrals and ongoing community awareness, results in families being sufficiently supported, with internal resilience and access to social and material networks, that children will not run away or be separated from the family.

What is needed to ensure an effective referral network for family strengthening in the context of care reform?

This will include having an effective referral approach that works for the majority of families who are attending group interventions and need simple referrals (e.g. to access a birth certificate), and to ensure that children with disabilities can access services. This will include more intensive referral process for families at imminent risk of separation, or facing child protection or other protection risks, including ensuring that the group facilitators are able to identify families of concern for social work assessment, and establish ongoing supportive referrals through a suitable case management process.

What supportive supervision and package of incentives are necessary to provide a strong community-level workforce for prevention of family separation?

The community-level workforce is at the center of this program, but face challenges in delivering their work. CTWWC Kenya will continue to explore the costs of providing support, what package of incentives and skilled supportive supervision is necessary, and the long-term institutional arrangements for a sustainable future family strengthening program for Kenya.

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

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