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This training manual has been developed with the aim of enhancing the capacity of Charitable Children Institutions (CCIs) in providing services to children under their care. The Government recognizes the role of CCIs in supplementing its efforts in the protection and care of orphans and vulnerable children.

Institutionalization of children should be a temporary measure and a last resort when orphaned and vulnerable children face extremely difficult circumstances and other alternative forms of family and community care interventions such as foster care and adoption are not readily available or not suitable.

Through the Department of Children's Services (DCS) the Ministry of Gender, Children and Social Development (MGCSD) provides leadership and technical support to CCIs as a means of ensuring that the rights and welfare of children are fully met in the institutions. Cases of malpractice that endanger the welfare of children in some CCIs, necessitated this urgent intervention to correct the situation.

Policy guidelines and legal documents such as the Children’s Act, 2001, Charitable Children’s Institution regulations, (2005) and the National Standards for Best Practice manual for CCIs have been put in place to regulate and streamline operations of CCIs, in the best interest of children. The Ministry of Gender, Children and Social Development recognized the urgent need to disseminate relevant information to stakeholders in the children's sector in order to build their capacity in child protection.

It is in this regard that the Ministry has developed a training manual to help enhance the CCIs capacity to care for and protect children. A technical working group with staff drawn from the Department of Children Services and the National Council for Children's Services (NCCS) was constituted to spearhead the process of developing this training manual. A lot of effort has gone into the development of this document and it is hoped that trainings based on the guidelines in this manual will be of assistance to the CCIs and will contribute to improved service delivery.

This sums up our strategic aspiration to ensure that every child has the right “not to be detained, except as a measure of last resort and when detained, to be held for the shortest period of time possible” (The New Constitution of Kenya 2010).

Prof. Jacqueline Oduol, EBS.
Permanent Secretary,
Ministry of Gender, Children and Social Development.
This training manual recognizes the strength of CCIs as places of temporary shelter, care and support for children. Its aim is to provide training to CCIs in Kenya on their expected roles and responsibilities as duty bearers when running these institutions by increasing the level of professionalism whilst disseminating good practices in CCIs.

Different methodologies are therefore used to ensure that each target group is effectively facilitated to acquire the anticipated learning points. These will include short concept presentations as well as a variety of participatory techniques such as group discussions, experience sharing, case study analyses and the use of audio-visual aids, among others. Participatory techniques will assist the trainers to pass on the message to the participants whilst encouraging them to learn by putting into practice what they have learnt.

Follow-up mechanisms are essential for the implementation of this manual. These can be achieved through the training of Trainers of Trainers (ToTs) in every county to make the rolling out process easier. Different actors have been incorporated in the rolling out and it is critical that these stakeholders involvement be optimized so that all actors working with the CCIs become engaged and benefit from the process of caring for children in these institutions.

This manual contains an action plan to ensure that participants take away clear areas of follow-up. It is anticipated that the Department of Children’s Services will make the appropriate follow up on implementation.

The Children’s Department within the Ministry of Gender, Children and Social Development upholds the principles being emphasized in the manual including the use of CCIs as a last resort and the need to comprehensively care for those that must be in the institutions. Exit and leaving care are critical so that CCIs do not become permanent residences for our children as they should grow up in families and communities. The department will provide the support required to make the management of CCIs better, professional, and productive for the child and society at large.

Lydia Muiru, MBS.
Secretary for Children Affairs
Placing children in institutional care should be the last option when rescuing children from situations that require immediate and urgent intervention. The government’s policy on care and protection of vulnerable children lays emphasis on interventions designed to reintegrate children back into family and community settings. The family is the basic unit of survival and continuity in any community. As such, priority should be placed on alternative family care interventions such as adoption, foster care and guardianship.

In situations where children have to be institutionalised, their rights and welfare must be fully protected. Those handling them should therefore have the necessary skills to provide appropriate care.

Over time, through monitoring of Charitable Children’s Institutions (CCI) operations, serious gaps have been noted in the capacities of management staff and care givers in handling children under their care. This manual is therefore designed to build the capacity of the various cadres of service providers in the institutions. This manual also targets the training of the children, members of the board of trustees, management boards, managers, social workers, counsellors, care givers and support staff. The training covers but is not limited to legal instruments of child protection and CCI operations, individual child care plans, child protection and abuse, child participation, behaviour management and exit strategy/leaving care.

Trainers should embrace the methodology recommended in this manual which takes into consideration the different cadres of caregivers and their levels of understanding. The trainings can be held in-house or in training institutions for the duration of the times specified. Special consideration should be given to the environment where the children are trained. It should be child-friendly and secure. The training notes attached to the manual are meant to act as a guide for trainers who are encouraged to research further on the various topics with reference to their individual settings.

This training manual is a valuable must-use document in CCI operations to promote the well being of children in Kenya.

Ahmed Hussein, MBS HSC.
Director, Children Services
ACKNOWLEDGEMENTS

The development of this manual would not have been possible without the input of the technical working team of our partners, the National Council for Children’s Services (NCCS) and the Department of Children’s Services. The department collaborated closely with partners in the children’s sector who gave valuable contributions.

We thank Tony Wenani of the Baptist Children’s Home, Hilda Ouma of Samaritan Purse and Hellen Oyombera from Nyumbani Children’s home who devoted their time and provided valuable information in the finalization of the document.

The inputs of Steve Ucembe and Winnie Kibichu on the experiences of CCI care leavers, added to the relevance of this document.

Selected CCIs in Kisumu, Malindi, Nairobi and Nakuru including the children, management and board of trustees, directors and managers, administrative staff, social workers and counsellors, caregivers and support staff participated actively in the pre-testing process that has been central to this document.

Contributions by the NCCS members, the State Law Office, Raphael Wako from the Ministry of Public Health, Mathenge and Waweru from the Child Welfare Society of Kenya during the validation, peer review inputs and specific technical advice on core areas of concern, are well appreciated.

Special thanks go to officers from the Department of Children’s Services Josephine Oguye, Rhoda Misiko, Constance Muasa, Wanjau Nguiku, Frankline Makhulu, Catherine Maina, Judy Oduor, Celastine Nthiani, Marygorreti Mogaka and Paul Mutemi whose commitment and contributions facilitated the finalisation of the document.

We also appreciate the consultancy services of Dr. John Njoka of the University of Nairobi and Veronica Pickering of the United Kingdom.

We are indebted to the lead partner UNICEF Kenya Country Office for their enormous support. Special thanks to the Child Protection section headed by Birigithe Lund Henriksen and later by Jean Francois Basse for providing the needed financial and logistical support together with the Child Protection Specialist, Catherine Kimotho who participated fully in this process.

The guidance, leadership and moral support of Prof. Jacqueline Oduol first as the Secretary for Children’s Affairs and later as Permanent Secretary and commitment of the Director Children’s Service Mr. Ahmed Hussein contributed significantly to the successful development of this document. For this, we thank them most sincerely.

The Ministry of Gender, Children and Social Development reaffirms its commitment in its role as duty bearer on children’s issues and upholds its ownership of the process of improving professionalism in CCIs. This document is therefore owned by the Ministry on behalf of the children and stakeholders of CCIs. The document will be disseminated to all these stakeholders with follow up from the Department of Children’s Services.
List of Abbreviations and Acronyms

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAC</td>
<td>Area Advisory Council</td>
</tr>
<tr>
<td>AIDS</td>
<td>Acquired Immuno Deficiency Syndrome</td>
</tr>
<tr>
<td>ANPPCAN</td>
<td>African Network for Prevention and Protection Against Child Abuse and Neglect</td>
</tr>
<tr>
<td>CCC</td>
<td>County Children’s Coordinator</td>
</tr>
<tr>
<td>CCI</td>
<td>Charitable Children’s Institution</td>
</tr>
<tr>
<td>CP</td>
<td>Child Participation</td>
</tr>
<tr>
<td>CP</td>
<td>Child Protection</td>
</tr>
<tr>
<td>CV</td>
<td>Curriculum Vitae</td>
</tr>
<tr>
<td>DCS</td>
<td>Department of Children’s Services</td>
</tr>
<tr>
<td>ECD</td>
<td>Early Childhood Development</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immuno Deficiency Virus</td>
</tr>
<tr>
<td>HELB</td>
<td>Higher Education Loans Board</td>
</tr>
<tr>
<td>HR</td>
<td>Human Resources</td>
</tr>
<tr>
<td>ID</td>
<td>Identification Card</td>
</tr>
<tr>
<td>ICCP</td>
<td>Individual Child Care Plan</td>
</tr>
<tr>
<td>IDP</td>
<td>Individual Development /Care Plan</td>
</tr>
<tr>
<td>ILO</td>
<td>International Labour Organisation</td>
</tr>
<tr>
<td>NCCS</td>
<td>National Council for Children’s Services</td>
</tr>
<tr>
<td>NHIF</td>
<td>National Health Insurance Fund</td>
</tr>
<tr>
<td>NSBP</td>
<td>National standards for Best Practice</td>
</tr>
<tr>
<td>NSSF</td>
<td>National Social Security Fund</td>
</tr>
<tr>
<td>PAYE</td>
<td>Pay As You Earn</td>
</tr>
<tr>
<td>PEP</td>
<td>Personal Education Plan</td>
</tr>
<tr>
<td>SCCO</td>
<td>Sub-County Children’s Officer</td>
</tr>
<tr>
<td>STI</td>
<td>Sexually Transmitted Infections</td>
</tr>
<tr>
<td>TOTs</td>
<td>Training of Trainers</td>
</tr>
<tr>
<td>UNCR</td>
<td>United Nations Convention on the Rights of the Child</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations Children’s Education Fund</td>
</tr>
<tr>
<td>VIPP</td>
<td>Visual Interactive Participatory Presentations</td>
</tr>
</tbody>
</table>
## Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative staff</td>
<td>Includes Managers/Administrators, in charge, accounts clerks, secretaries and those in administration offering professional services including matrons, cateresses, nurses and teachers who may be paid staff or volunteers.</td>
</tr>
<tr>
<td>Caregiver</td>
<td>A primary care giver is the person responsible for all the major care activities for the child such as looking into the personal care of the child, ensuring that the child has taken his/her meals, done homework and participated in recreational activities. This is the person who acts as the 'parent' of the child within the CCI. An assistant caregiver is responsible for all household chores and provides support to the primary care giver. Caregivers include housemothers and fathers, who wash and change babies, put children to sleep and wake them up.</td>
</tr>
<tr>
<td>Counselling</td>
<td>This is the professional support provided to people who have undergone or are likely to undergo stress, distress and other related psychological challenges.</td>
</tr>
<tr>
<td>Discipline</td>
<td>This is a central aspect of behaviour management and involves the maintenance of acceptable behaviour and conduct in a person or a group.</td>
</tr>
<tr>
<td>Diversion</td>
<td>Removing a child from the juvenile justice system by settling matters outside the court between the aggrieved party, the child and the persons representing the child.</td>
</tr>
<tr>
<td>Information Management</td>
<td>This is the collection, management, analysis and report, storage and retrieval of information.</td>
</tr>
<tr>
<td>Management</td>
<td>These includes owners/directors and members of the Board of Trustees.</td>
</tr>
<tr>
<td>Psychosocial support</td>
<td>“Psychosocial” refers to the dynamic relationship that exists between psychological and social effects, each continually interacting with and influencing the other. Psychological effects” are those which affect different levels of functioning including cognitive (perception and memory as a basis for thoughts and learning), affective (emotions), and behavioral. “Social effects” pertain to altered relationships, family and community networks, and economic status.</td>
</tr>
<tr>
<td></td>
<td>This is the support provided for stressful conditions and distress by non-professionals such as peers, family, friends and others.</td>
</tr>
<tr>
<td></td>
<td>Psychosocial support differs from counselling as the latter is professionalised although trained social workers, emergency staff and trained child protection officers may also provide it.</td>
</tr>
</tbody>
</table>
This support given to a child to help him/her cope with stressful events within their social set up. It includes supporting the return to normalcy in their life and assuring the child that everything will be fine and manageable. In order to provide psychosocial support to a child, both professional and non-professional persons should be involved in dealing with the child.

**Support staff**

Include grounds men/women, security officers, cleaners, messengers, cooks and drivers.

**Volunteer**

This is a person (Kenyan and non-Kenyans) who volunteers his/her services and is appointed by the CCI recruitment panel upon recommendation from a recognised authority, organisation or persons of good public standing. A Volunteer cannot act as primary caregiver. Instead, he/she will assist staff employed by the CCI and duties may include household chores.
How to use this manual

This manual has been developed by the Department of Children’s Services (DCS) with support from Unicef Kenya Country Office as a backup document to augment the National Standards for Best Practices for Charitable Children’s Institutions (CCIs) and the Children’s (Charitable Children’s Institutions) Regulations, 2005. The manual is not a blueprint of all that a CCI needs to know but it contains a menu of critical aspects drawn from the legislative and policy contexts in the country as well as good practices that will help CCIs develop, improve and manage their child-care programmes better as well as improve on their performance in reintegrating children back into family and community care.

The manual should be used to provide knowledge and skills to management boards, managers, directors, administrative staff, social workers, counsellors, caregivers, support staff and the children in CCIs for them to perform their roles in a more productive manner. Most CCIs are already doing a good job in providing for the children’s needs and rights relating to care and protection. However, studies and experiences show that CCIs face difficulties in delivering the right services according to their visions and missions mainly due to limited information and know-how. It is hoped that the manual will fill this gap whilst opening doors for new skills and knowledge.

The manual should be used by persons with good training skills. A training needs assessment should be done prior to organizing training sessions in order to estimate the requirements for each category(ies) of target groups. Once the needs assessment has been done, training in the relevant areas can then be undertaken.

The target groups must be clearly defined before any training is organised. It is critical for the target groups to be trained separately as mixing them may create learning difficulties. For instance, managers and support staff are less likely to participate actively when the two groups are trained together. Towards the end of the manual, the section on emerging issues prepares the participants to reflect on their experience during the sessions and encourages them to come up with ideas to guide them in action planning. Issues that may not have been covered can be noted, responded to or references can be given for further information and training.

Timing of sessions has been estimated for each topic but facilitators should use their discretion, and experience to observe each target group and adjust the timings as appropriate. The same applies for the activities suggested. Activities in this manual suggest the method for conducting a session, possible tasks, the step by step “how” of the training, and what needs to be emphasised. As a cardinal rule, participants should not be kept in a session for more than 2 hours. The maximum time for children should be 30 minutes. It is recommended that the DCS have a pool of a minimum of ten Trainer of trainers (ToTs) for every County who can train all CCIs within 3-6 months. The ToTs can be drawn from the DCS, AAC, civil societies and other relevant training institutions working with children in both the private and public sectors. At the end of each ToTs, there is need for a clear time bound work plan covering 3-6 months. In order to walk the talk, those planning training for children should consider having ToTs from among the children themselves depending on their age and maturity.

The DCS will monitor progress through the CCCs. CCIs can also use the manual to refresh the knowledge of their staff and children and orient new ones as and when necessary. The National Standards of Best Practice for CCIs, which operationalises and simplifies the CCI regulations and the Children Act (CA) as well as copies of the relevant laws (CRC, ACRWC, CA) and policies/guidelines (CCI, Child Participation, Adoption) as well as Draft Children Policy can be given to
the trainees as reference materials to back up the training. The Children’s Act, 2005, Children (CCI) Regulations, 2005, and the National Standards for Best Practice for CCIs are the mandatory reference documents in all the trainings.
BACKGROUND

CCIs have been in existence in Kenya for a long time. They range from religion-sponsored institutions to non-governmental organisations and family based entities. A critical aspect of CCIs is the focus on children’s welfare especially orphans and vulnerable children. There has been an upsurge of CCIs in the last two decades especially following the effects of the AIDS epidemic that is responsible for over two million orphans in Kenya. Poverty has not spared the country either, leading to many children needing intervention which is often interpreted by some as institutional care.

Kenya has slightly over 700 documented CCIs that are home to over 42,000 children. These CCIs provide both emergency and non-emergency shelter, food, clothing, identity, education, psychosocial, medical and other needs and rights for children in need of care and protection. In order to improve their efficiency in providing proper care and protection to the children in their programmes, as well as to fast track the children’s reintegration into family and community based care, all CCIs need to enhance their professional management and operational processes.

The Children Act, 2001 recognizes the role of CCIs in developing and managing children’s programmes and that they should not be substitutes for family and community care but rather should act as temporary places of safety for children at risk of harm. As a first measure, the child at risk of harm should be placed in an appropriate family based care. Placement in CCI should be a last resort option.

Different studies and reports have shown that CCIs often have difficulties in adhering to professionalism in child care. It is critical that CCIs follow government policies and legislation because the welfare of children cannot be compromised. In this regard, this manual contributes to making the legislative frameworks easier to understand. It provides knowledge and skills for different cadres of CCI personnel as well as children so that CCIs become better temporary places of care for children and that more children are exited from the care of CCI into family and community based care arrangements.
PURPOSE OF THE MANUAL

The aim of this manual is to increase the level of professionalism whilst disseminating good practices within CCIs in Kenya and it targets TOTs from government, civil society organizations and other stakeholders to enable them facilitate specific trainings in CCIs. The manual is also meant for children, boards of trustees, management, managers or directors, administrative staff, social workers, counsellors, caregivers and support staff within these institutions. It is hoped that those trained using this manual will:

- Familiarize themselves with the laws, regulations, policies, procedures and guidelines for child protection, particularly where they relate to the operations of CCIs.
- Become more informed on better human and other resource management in CCIs including how to prevent and respond to hazards and emergencies in CCIs.
- Be more knowledgeable on better programming for children including the use of information and documentation management in the CCIs.
- Learn some basic communication skills, acquire counselling and social work skills applicable in the CCI context including basic knowledge on the different stages of child growth and development.
- Acquire the ability to identify children in need of care and protection and detect forms of child abuse, special needs of children, and the appropriate interventions for prevention and response.
- Improve their skills and knowledge on mainstreaming of child participation in the CCI operations especially in maintaining family and community contacts.
- Become more informed on the various forms of alternative family based care arrangements that are recommended best alternatives to CCI
- Be able to identify emerging issues that affect children within their communities and provide possible interventions or remedies.
METHODOLOGY

The delivery of training should be dynamic depending on each target group and context. The language to be used should be agreed on by the participants at the beginning of the training.

The actual training should be preceded by a training needs assessment - preferably 2-3 weeks before the training commencement date. The needs assessment can be carried out with the assistance of the Children’s Officer and the CCI management using Form 1 below.

**Form 1: Training needs assessment**

a) Name of potential trainee...................................................................................................

b) Role/position in the CCI....................................................................................................

c) Job description in the CCI
...........................................................................................................................................
...........................................................................................................................................
...........................................................................................................................................

d) Current performance (discussion with immediate supervisor recommended)
...........................................................................................................................................
...........................................................................................................................................
...........................................................................................................................................

e) Needed skills and knowledge to enhance performance within the CCI
...........................................................................................................................................
...........................................................................................................................................
...........................................................................................................................................

f) Identified training areas
...........................................................................................................................................
...........................................................................................................................................
...........................................................................................................................................

g) Proposed training dates:..................................................................................................

Signed by staff:  Signed by management:  
Date:  Date:
Once the training needs assessment has been done, potential trainers will analyse all the forms that have been filled and establish the areas where training is required. It will then be possible to develop a training timetable spanning a maximum of 10 days, preferably broken down into two modules of 5 days each since it is not advisable to keep CCI staff in training for more than a week.

Needs assessment for children can be done through the facilitation of a group exercise where they can be asked to indicate what they want to learn to better their lives within the CCI. Depending on their age and maturity, the children can write down their learning needs and give this to the social worker or other relevant staff involved in the needs assessment.

Assuming that a group is covering all the topics in this manual (suggested for CCI management and administrative staff), a typical two-week training timetable will be as follows:

**Table 1: A typical training timetable**

<table>
<thead>
<tr>
<th>Day</th>
<th>Early morning</th>
<th>Mid-morning</th>
<th>Afternoon</th>
</tr>
</thead>
<tbody>
<tr>
<td>Module 1 (week 1)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| One    | • Welcome & introductions | • Legal instruments of child protection and CCI operations | • Legal instruments II  
• Norm setting (ground rules)  
• Official opening  
• Child protection II (consider video on child protection)  
• Formation and management of CCIs  
• Social work skills  
• Practising social work skills (consider a brief field visit to observe the work of a good social worker in a nearby CCI)  
• Closure of Module 1 (take away assignment advisable) |
| Two    | • Recap  
• Child protection and child abuse | • Child participation  
• Child participation II  
• Wrap up  
• Wrap up  
• Roy  
• Social work skills  
• Practising social work skills (consider a brief field visit to observe the work of a good social worker in a nearby CCI)  
• Closure of Module 1 (take away assignment advisable) |
| Three  | • Recap  
• Formation and management of CCIs II | • Child participation  
• Child participation II  
• Wrap up  
• Wrap up  
• Roy  
• Social work skills  
• Practising social work skills (consider a brief field visit to observe the work of a good social worker in a nearby CCI)  
• Closure of Module 1 (take away assignment advisable) |
| Four   | • Recap  
• Individual Child Care Plans | • Individual Child Care Plans II  
• Social work skills  
• Practising social work skills (consider a brief field visit to observe the work of a good social worker in a nearby CCI)  
• Closure of Module 1 (take away assignment advisable) |
| Five   | • Recap  
• Social work skills II | • Social work skills  
• Practising social work skills (consider a brief field visit to observe the work of a good social worker in a nearby CCI)  
• Closure of Module 1 (take away assignment advisable) |
In the case of children, the timetable needs to be flexible with predominating sessions for play and energizers. In this regard, it is advisable for the children’s workshop to take place in a venue with adequate facilities for ball games, swimming, etc. since a confined facility will limit the opportunities for children to be themselves. Caution should be taken to avoid venues where alcohol and drugs are sold or consumed.

Assuming that they are to be trained on all the relevant topics, a typical timetable for children is suggested below:
Table 2: Possible time schedule for children

<table>
<thead>
<tr>
<th>Day</th>
<th>Early morning</th>
<th>Mid morning</th>
<th>Afternoon</th>
</tr>
</thead>
<tbody>
<tr>
<td>One</td>
<td>• An icebreaker, e.g. song, story, jokes etc. &lt;br&gt;• Introductions and objectives &lt;br&gt;<em>Short Break</em> &lt;br&gt;• Welcome and opening remarks</td>
<td>• Child rights and responsibilities &lt;br&gt;• Draw or write down rights and responsibilities &lt;br&gt;<em>Break to play ball</em> &lt;br&gt;• Debrief (discuss and explain) the drawings</td>
<td>• Child protection and abuse &lt;br&gt;<em>Break at 3pm for play.</em></td>
</tr>
<tr>
<td>Two</td>
<td>• Recap facilitated by a child &lt;br&gt;• Child participation</td>
<td>• Effective communication</td>
<td>• Creative activity, e.g. gardening, tree planting, etc. at a nearby institution</td>
</tr>
<tr>
<td>Three</td>
<td>• Recap facilitated by a child &lt;br&gt;• Exit strategy/leaving care</td>
<td>• Behaviour management</td>
<td>• Watch an educative video related to the training</td>
</tr>
<tr>
<td>Four</td>
<td>• Recap facilitated by a child &lt;br&gt;• Harzards and safety</td>
<td>• Tour of a good CCI</td>
<td>• Tour of a “not so good” CCI &lt;br&gt;• Wrap up on the visits</td>
</tr>
<tr>
<td>Five</td>
<td>• Recap facilitated by a child &lt;br&gt;• Emerging issues</td>
<td>• Action planning</td>
<td>• Workshop evaluation &lt;br&gt;• Closure</td>
</tr>
</tbody>
</table>

The recommended methodology is dynamic and depends heavily on the skills of the trainers. However, a participatory approach with a minimal number of lectures is useful in stimulating learning and internalizing points raised. Accordingly, the following method can be used:

- Brief lecture presentations using Microsoft PowerPoint: lectures should not take more than 30 minutes for adults and 10 minutes for children.
- Group discussions: groups can be organized and given an exercise (question or case study) consistent with the topic at hand and each group’s capacity. It is critical for groups to get a realistic time frame for each exercise and to be clear on what they need to deliver. Trainers should explain every group exercise exhaustively to draw out lessons related to the learning points.
- Plenary discussions: these can take the form of question and answer sessions or basically the debrief sessions within the group presentations of exercise outputs.
- Brainstorming: this is an approach that begins with what participants know and understand. Brainstorming helps the trainer move from the known to the unknown thereby giving value added knowledge and skills.
- Buzz groups: these are small groups of 2-3 participants often used to break the monotony of
lectures and other plenary sessions but also to ensure faster group work.

- Role play: these are acted out cases where participants volunteer to act out specific roles that reflect real life experiences. Trainers need to ensure that participants know that the role play is simply acting. Debriefs (discussions and explanations) are critical following a role play and participants should then be allowed to de-role (come out of the role they acted) through a moment of silence or talking about their experience, etc.

- Gallery walk: this method can be used after group discussion to ensure that participants’ outputs are pinned on the wall and then presentations are made using a walk through approach as opposed to the traditional plenary approach.

- Energizers and ice-breakers: there will be as many varieties as there are participants since there is a lot to learn from the different people present during the training. Trainers are advised to be creative with their energizers and to also solicit some from the participants, including children during their training sessions.

- Sharing real experiences with participants. Ask learners to share their experiences in handling various situations related to the topic under discussion. This is vital especially for the purpose of learning lessons and sharing good practices.

- Child participation techniques: children are not like adults and that is why the methods used to train them have to be those that encourage them to play and be children. In the process of playing, the facilitator should draw out important learning points. Some of the innovative but simple techniques include: different types of sports (football, volley ball, etc.) which are very useful for ice-breaking and setting the mood as well as creating avenues to pass on specific information such as those related to child abuse and efforts that have been made to protect and empower them. Visits to parks and gardens can create opportunities to discuss key issues and priorities. The children can be asked to draw what they like or dislike or would like to see happen either broadly or with reference to a topic such as child rights. A trainer can teach children to develop and use drama, recite poems, compose and sing songs, tell stories or role-play to communicate messages about their situations and conditions. The role-plays can be set in a CCI, parliament (discussing rights), school or counselling session. Art and craft can also be introduced and they can create items that they can use to enhance their discussions.

- The key thing about children is that:
  - The methods will not work if the children do not trust the facilitator(s). It is therefore critical that trainers cultivate optimal rapport with the children.
  - It is preferable that the child facilitator is “a child themselves” literary or symbolically. This has successfully been tried in UNCRC reporting in many countries and also in research programmes, such as Researching with Children Project and Child-to-Child Initiatives in Kenya.
  - The facilitator has to master issues related to child psychology and development.
  - A great deal of training and practice sessions are needed, more than what is called for in training methods for adults.

- Other methods as applicable to the situation: Facilitators are encouraged to go beyond suggested methods as long as there is active participation and engagement of participants, be they adults or children.
TRAINING CONTENT

**Topic 1: Legal Instruments of Child Protection and CCI Operations**

**Duration: 4 hours**

**Target group:** This topic is mandatory for all CCI staff. It should be covered in detail with the managers, boards of trustees, administrative staff of CCIs and children. Social workers will require comprehensive training on legal instruments so as to know the basis and scope of their operations. Counsellors and other professional staff can be introduced to the topic since they only require a basic understanding of these instruments. Children should be trained for about 2 hours on their rights and responsibilities using activities.

**Specific Objective:** The topic is meant to enable the management, staff and children to familiarize themselves with the laws, regulations, policies, procedures and guidelines for child rights, responsibilities and protection.

**Expected results:** By the end of this session, participants should be able to:

- State the four pillars of child rights (Survival, Development, Participation and Protection).
- State the duties and responsibilities of a child (ACRWC, Children’s Act, 2001 (sec. 21)
- List the responsibilities of parents and the Government as per the Children’s Act, 2001 Part 2 and 3.
- State other various laws, guidelines and regulations that relate to the operations of CCIs in relation to the Children’s Act and the CCI Regulations 2005, e.g. Public Health Act, Education Act, Disability Act, etc.

**Session Content:**

Legal instruments for the provision of child rights

**i) Overview of UNCRC (international instrument)**

- Articles (specifically the ones that address the institutionalisation of children)
- Pillars of child rights
  - Survival,
  - Development,
  - Protection
  - Participation
- Guiding principles
  - Best Interests of the child,
  - Maximum survival
  - Non-discrimination
  - Child participation
ii) Overview of ACRWC (regional instruments)
   o Rights of the child
   o Uniqueness of the Charter, e.g. duties and responsibilities of a child

iii) Overview of the national instruments
   o Children’s Act, 2001
   o Children (Charitable Children’s Institutions) Regulations, 2005
   o Children (Adoption) Regulations, 2005

Activities:
1. Ask the participants to name any international, regional or national instrument they know of that gives guidelines for child protection and CCI operations.
2. EITHER
   Record the instruments mentioned and stimulate discussion on the summary of each instrument. The outcome of the instruments and their contents can be presented as shown in Fig. 1.
   OR
   The instruments can be mentioned through a brainstorming session then discussed in small groups (e.g. a group on CRC, another on ACRWC and another on the CA) with plenary reporting at the end of the session.

Figure 1: Key child protection instruments
3. Refer the participants to Handout 1 on Legal Instruments for Child Protection and summarise the key points for each instrument. Facilitator to preferably adopt a historical perspective, e.g. move from Beijing 1985 to CRC, ACRWC, CA, CCI regulations, etc. so that participants understand the contexts and logic behind each instrument.

4. Where possible, provide participants with copies of different instruments or refer them to where they can acquire copies of the different instruments, e.g. Government Printers, County Children’s Coordinator (CCC), Sub-County Children’s Officer (SCCO), etc. Emphasise that it is important that they read these instruments especially the Children’s Act in detail.

5. Participants can ask questions. Facilitator should respond to the questions by referring to the instruments especially the national laws and policies.

FOR CHILDREN: Cover this topic as Child Rights and Responsibilities by asking the children to first draw pictures depicting different aspects of their rights. Debrief (discuss and share) the drawings and highlight the rights. They can then draw their responsibilities that can similarly be debriefed. Children can also role play their rights and responsibilities. Other methods like reciting poetry, singing, telling jokes and role playing can also be used with the children.
Topic 2: Child Protection and Abuse

Duration: 4 hours

Target group: This topic is mandatory for management, all staff and children within a CCI. NB: For children sessions, ensure that the trainer is qualified to handle psychosocial issues that may arise during the sessions.

Specific objective: To enhance participants’ knowledge on child protection and abuse for the purposes of prevention and identify appropriate interventions.

Expected results: By the end of this session, the participants should be able to:
• define child abuse,
• identify various forms of abuse,
• state the main causes of child abuse,
• highlight signs and symptoms of child abuse,
• state the effects of child abuse
• identify available interventions on child abuse
• identify abusers/perpetrators
• state various laws and guidelines that relate to child abuse
• understand the components/tenets of child protection policies

Session Content:
• Definition of child abuse
• Types of child abuse
• Forms of child abuse
• Causes of child abuse
• Signs and symptoms of child abuse
• Ways of preventing child abuse
• Interventions available/helpful responses
• Working with child victims of abuse
• Identifying child abusers/perpetrators
• Kenyan laws and guidelines that relate to child abuse
• Components of a child protection policy
Activities:

1. Organise the participants into four groups. Buzz groups (smaller groups composed of 2-3 trainees) can be formed too. Each group should discuss any of the following questions. The results from the discussions are to be written on manila cards.
   - what is child abuse and what are its forms and causes?
   - who are the abusers of children? How can we identify them?
   - what are the symptoms and effects of child abuse?
   - what are the existing interventions - including legal ones - that address child abuse?

2. Groups to report back to the plenary.

3. Summarise the group presentations and refer to handout 2 on child protection and abuse and link it to the legal instruments topic.

4. Listen to participants' issues and ensure that their questions are responded to and direct them to resources where they can get further information.

5. Ask if their CCIs have child protection policies. What does the policy(ies) contain? Is the policy adequate, i.e. do the CCIs feel that the policy(ies) address what should provide the protection of the rights of children? Take the participants through the key issues on child protection policy (Refer to National Standards for Best Practice for CCIs part 4.11)

FOR CHILDREN Participants, ask them to narrate/write down or present in any other way cases of children who have been abused/violated either within or outside a CCI. Why and where did the abuse take place? Who was/were the abuser(s)? What happened to the abusers? Was the case well addressed? (NB: if children come out with personal testimonies, trainers should liaise with the children’s officer or cci management to ensure that therapy is provided or arranged). Emphasis should be placed on a child's skills for his/her own protection and that of their peers.
**Topic 3: Formation and Management of CCIs**

**Duration: 6 hours**

**Target group:** Management and all staff of CCIs.

**Objective:** To familiarize the participants with improved management practices relevant to the formation and management of CCIs.

**Expected Results: By the end of this session, the participants should be able to:**

- Understand general management practices.
- State and briefly explain the requirements for the registration of a CCI.
- Appreciate the need to formulate and review mission and policy statements.
- Realise the importance of developing the CCI's policy and strategy, which shall summarise the institution's mission, vision, admission, exit policy, child protection, human resource, communication, information management and financial policy statements.
- Understand the importance of training and staff development on core competencies particularly child care, social work and counselling.

**Content:**

- General management practices.
- Registration and closure requirements for CCIs.
- Mission and policy statements.
- Admission policy and procedure.
- Exit policy and procedure.
- Human resource development relevant to CCIs, particularly capacity building in core competencies of child care, social work and counselling.
- Communication policy.
- Information management policy and procedure.
- Financial management.
- Disaster management.
- Welfare of children.
Activities:

1. Give a brief overview of general management practices.

2. Arrange the participants into small discussion groups. If time does not allow for group discussions, a brainstorming session focusing on what participants know about the registration of CCI, vision and mission statements, admission, exit and management policies (human resources, communication, information, finance) in relation to the general management principles covered as well as relevant laws such as CCI regulations can be held (in this case, skip activity no. 3 & 4).

3. Give each group relevant questions for discussion, e.g. what are the requirements for registering a CCI, and what can lead to de-registration and closure? What are the key policies and policy content required of a well-managed CCI? Each group can discuss one area/aspect so that the others can give their input during the plenary presentations. Groups could also discuss the legal provisions for CCI as contained in the CCI Regulations, 2005 and other relevant government laws, e.g. Companies Act.

4. Have the group’s report back to the plenary.

5. Summarise the session by connecting the group feedback with issues in the regulations.

6. Refer to CCI Regulations, 2005 (handout 3) and make links to related instruments such as the Children’s Act, 2001; Standards of Best Practices for CCI; Employment Act; Health Act; ILO Labour Conventions 138 & 182; UNCRC; ACRWC; etc.

7. Link the instruments to the experiences of CCI represented, e.g. registration status, why they think annual registration is useful to the government, CCI and the children.

8. Trainers can organise small groups for sharing the management experiences of CCI focusing on visions and missions, policies and programme development, child welfare and what areas of competence are emphasized for staff training.

9. Group work can be presented in the plenary sessions and discussed.

10. Have participants ask questions. They may require specific responses or referrals on where answers can be obtained, e.g. SCCO.
**Topic 4: Child Participation**

**Duration: 4 hours**

**Target group:** This topic is mandatory for the Board of Trustee, management board, all CCI staff and children.

**Objective:** To introduce the Child Participation Guidelines (CPG) to the participants.

**Expected Results:** By the end of this session, the participants should be able to:

- Define child participation
- Define various forms/types of child participation
- Levels of child participation
- Identify the principles of child participation
- State their role in facilitating child participation
- Identify ways of enhancing child participation
- State barriers to child participation (add this information in the Handout)
- Acquire skills on child to child approach (include in Handout).

**Session Content:**

- What is child participation
- Why is child participation important?
- Principles of child participation
- Hierarchy of child participation model
- When do children participate actively in CCIs?
- What are the barriers to child participation within a CCI?
- Skills on child to child approach

**Activities:**

1. Brainstorm on what child participation is and its importance.
2. Ask the participants to study the following cases:
Malisho A

Malisho Child Care Centre has 36 children of whom 15 are boys and 21 girls. Centre rules, menu, class schedules and other activities are prepared and revised by management. The children have a club that meets every week and gives their report to the management. The club officials are appointed by the centre's management from among those children who are perceived to be 'good'. The children agree that the club is one way of maintaining discipline within the centre. Centre caregivers work with the children in cleaning their clothes and living quarters as well as in preparing meals from time to time. The children participate in national events and days within the Sub-County by singing songs that articulate children's issues. The centre's management or the Sub-County administration usually select with the children the songs and the slogans to be printed on their T-shirts.

Malisho B

Malisho CCI for Boys holds 28 children aged between 12-16. Each boy has been admitted due to vulnerability and mainly sexual and physical abuse. The menu, time plans, care plans and all aspects of the boys' well being are taken care of by the social worker. The boys basically wake up, find their meals ready, go to class, have their clothes cleaned and beds made and generally lead a "good life" in the CCI. The centre's management usually plans children's trips as a way of giving the boys a treat especially during holidays.

Recent assessments reveal that the children are very content.

Malisho C

Malisho Girls Rescue Centre holds 15 children who were admitted because their education and overall wellbeing were threatened. The girls have a club whose members meet to discuss aspects of their welfare including food and the menu, accommodation, education, health care and other issues. Minutes and resolutions of the meetings are always sent to the CCI management who then give feedback to the children. The children also give their views on when outings should be allowed, what to present on the parents and guardians' open day, and on CCI rules and other issues regarding the operations at the CCI. Most of the children are easily absorbed in training and the job market when they leave the centre.

3. Divide participants into groups and have the groups discuss the different case studies, identifying the case study where participation is active (enabling and empowering), where it is less active (coercion and manipulation) and where it is a mixture of the two. Groups should discuss the reasons for the categorisation of the case studies.

4. Facilitators can request the groups (or a few participants during the plenary session) to compare their CCIs with Malisho's case. ALTERNATIVELY, participants can act out their situations in comparison with the three Malisho case studies focusing on:
   - Where there are similarities and where there are differences.
   - What can the CCIs learn from Malisho?
   - What can Malisho learn from the participants’ CCIs?

5. Issue a summary of the key points raised in the Child Participation guidelines and summarise the guidelines (refer to handout 4). Emphasis what is not child participation. Ask for experience sharing on where CCIs may have applied aspects that are not considered to be participatory. What can be done to change?

FOR CHILDREN: ask the children to give examples of where they participate and where they do not. Children can compose songs or use drama to emphasis what they like about participation and what they don't like. Give the children enough time to articulate their contributions.
Topic 5: Basic Social Work Skills
Duration: 4 hours

Target group: Social workers (the topic will act as a refresher course for them, to re-emphasize the importance of implementing social work values, ethics and professional skills while dealing with children), Caregivers (since some may not have been trained on social work skills, values and ethics yet they support the children on a daily basis), Managers, (so that they can understand the basic skills and ethics of social work and appreciate the importance of social workers).

IT IS ADVISABLE THAT A TRAINED SOCIAL WORKER FACILITATES THIS TOPIC

Specific objective: To enhance participants’ realisation of social work practice as a core competence within CCIs.

Expected results: By the end of the session, participants should:

- Be able to define social work
- Know the principles of social work
- Outline the role of a social worker
- Appreciate the ethics and values of social work
- Understand how to conduct child and family assessments using the social work interview model

Content:
- Definition of social work
- Principles of social work
- The role of a social worker in a CCI
- Social work ethics and values
- Conducting child and family assessments

Activities
1. Ask participants to brainstorm on what social work is
2. Cover the basic definition and subject matter of social work (Handout 5 on Basic Social Work Skills)
3. Ask the participants to role play a case where a girl and a boy are found abandoned on the streets. They have been there for the last two weeks and a CCI social worker has come across them. From the role play: debrief the session bringing out:
   - the role of a social worker;
   - the work ethics and values of a social worker;
   - how to conduct child and family assessment.
4. Cover the role of a social worker, social work values and assessment processes referring to Handout 5.

5. Allow participants to ask questions and respond to them accordingly. Ask questions to gauge if the salient points of the topic have been understood.
Topic 6: Basic Counselling Skills
Duration: 4 hours

Target group: This topic should be covered in detail for:

i) Managers, for them to understand the integral role played by counselling in enhancing the overall well-being of children so that they can appreciate the importance of adequate human and financial allocations to counseling activities.

ii) Social workers, since they are in constant contact with the children and will therefore need the skills to identify children who need counselling. In most cases they will be the ones to provide the initial counselling to such children.

iii) Caregivers, due to the fact that as primary caregivers, they always interact with the children and will therefore need to know how to identify children in need of counselling, give psychosocial support and alert the social worker or counsellor when necessary.

IT IS ADVISABLE THAT A QUALIFIED COUNSELLOR OR PSYCHOLOGIST FACILITATES THIS TOPIC

Specific objective: To equip participants with basic knowledge and counselling skills and ensure they understand the importance of counselling and how it contributes to the general welfare of a child.

Expected results: By the end of this session, the participants should be able to:

- Explain the main stages of child development
- Outline different child counselling techniques and skills
- Identify common psychological problems of children
- State the qualities of a good counsellor
- Identify children in need of counselling
- Identify agencies that are available for children who require special attention and further professional counselling
- Appreciate the need to incorporate child to child psychosocial support

Content:

- Main theories of child development (Freud, Piaget, Erickson and Kohlberg)
- Definition of counselling
- Theoretical and practical aspects of counselling
- Basic counselling techniques
- Overview of counselling theories
- Child counselling
  - Client centred therapy in child counselling
  - Play and expressive therapy in child counselling
• The qualities of a good counsellor
• Common psychological challenges children face
• Signs and symptoms of a child in need of counselling
• Child therapy
• Communication skills required in counselling

Activities:
1. Ask the participants to study Case study 6 below.

Case study 6:
Jane has been living in a CCI for the last 14 years. She was an abandoned child and was admitted at the institution at the age of one and a half months. Jane keeps to herself and rarely interacts with the other children. She shows no interest in hobbies and is comfortable just reading and doing her chores. Her roommate often hears Jane shouting in her sleep at night: “Why do you want to destroy me?” “Please stop it!” and other vague statements.

2. Ask the participants to discuss in groups of three some of the issues that can be raised from Jane’s story. They should answer the following questions:
   i) Is Jane in need of counselling?
   ii) If so why? What are the symptoms that indicate this?
   iii) If participants were in Jane’s position, how would they want to be handled by a counsellor?

3. The groups should then report back to the plenary and the key points recorded on a flip chart.

4. Summarise the theoretical aspects of child counselling (refer to handout 6 on counselling) and link the theories to Jane’s story.

5. Ask participants if they have ever conducted counselling sessions. Ask those who have to share their experiences in terms of:
   - how they did/do counselling
   - what skills are necessary for counselling to succeed
   - the DOs and DON’Ts of counselling

Role play 6:
Alternatively, ask the participants to role-play the counselling for a boy and a girl who have been sexually abused. Bring out what went on well and what did not go on well during the counselling - focusing on skills and the extent to which the “counsellor” understood the children. Relate the comments to the experiences of the CCIs represented in the training, for example, ask how many have professional counsellors on board, what do those without counsellors do? Do the CCIs conduct staff counselling debriefs? What good practices can the CCIs take away from the training? (Department of Children’s Services can share experiences from observations over the years)

At the end of training, whether or not anyone has ever conducted counselling, discuss the key
ingredients to good counselling practice focusing on the following:

**Basic counselling skills**

- Proper sitting position
- Being friendly and cultivating rapport with the child
- Having empathy
- Active listening
- Face to face communication
- Clear tone and voice
- Helping the counseled to know themselves
- Avoiding assumptions
- Showing understanding by playing back to the counseled their statements
- Making follow up visits/calls, etc.
Topic 7: Individual Child Care Plan
Duration: 6 hours)

Target group:

i) Social workers, counsellors and caregivers need this training since they are the ones who guide in the preparation and implementation of care plans in most CCIs. The social workers are also responsible for developing care plans for children during admission.

ii) The management and administrative staff of CCIs should be introduced to this topic in order to emphasise the importance of an individual child care plan for the general welfare of a child and therefore the need to ensure adequate financial and human resources are allocated.

iii) Support staff can be introduced to this topic for them to understand the need for comprehensive care as a child's right and statutory requirement.

Specific objective: To increase awareness on the importance and content of comprehensive individual care plans for children within the CCI.

Expected results: By the end of the topic, participants should:

• Understand how to carry out child and family assessment using the social work assessment model
• Know how to prepare a child care plan using the format for care plans

Content:

• Child and family assessment
• What is a care plan?
• The need for care plans
• Components of a comprehensive care plan
• Preparation and development of a care plan
• Challenges in coming up with proper care plans
• Factors affecting implementation of care plans
• Reviewing of care plans

Activities:

1. Ask participants to brainstorm on what child and family assessment and care plans are.

2. Have participants share in the plenary the components of a child and family assessment, and care plans based on care plans that are already in place.

3. From the discussions, draw out, separately, the components of a child and family assessment and a good care plan (undertaking comprehensive child and family assessments, being responsive to all the needs of the child, ensuring the realization of the growth and survival rights of the child, the difference between the desirable and essential aspects of a care plan – emphasise that the essential aspects are mandatory in any care plan but the desirable ones are not as they may end
up disorienting the child). Refer to the Assessment Tool in the National Standards of Best Practice in CCI-

4. Ask participants to think of a child they know well in their CCI. Facilitate the simulation of a child and family assessment up to the preparation of sample care plans. Participants with care plans can be the resource persons for those without plans. Refer to the Individual Child Care Plan in the National Standards for Best Practice for CCI.

5. Facilitate plenary presentations and comments to ensure comprehensiveness.

6. Have participants write down the challenges of child and family assessments and care plan preparation on cards that will be displayed on the wall. Participants can write on other VIPP cards the factors that affect the implementation of care plans.

7. Trainer to go through the challenges and factors (gallery walks can be used with each set of cards on one side of the room) and let solutions to the challenges and factors be proposed, e.g. further training, resource mobilization, etc.

8. Summarise the key issues with reference to Handout 7.

**FOR CHILDREN** Participants: Ask them to state through drawing/molding or in writing what their needs within the CCI are. How were those needs assessed? Were the children involved? Are these needs well met? Do the children feel that the needs can be met better with their participation (Alert them to cases where care plans can inadvertently lead to child labour and other abuses and stress that this is unacceptable). Briefly take the children through the components of a care plan and emphasise the difference between desirable and essential care aspects. Let them know, for example, that eating meat daily may be desirable but is not an essential aspect but a balanced diet is.
Topic 8: Effective Communication

Duration: 1 hour

Target group: Management, board of trustees, managers, social workers, counsellors, caregivers, support staff and children.

Specific objective: To improve participants' knowledge and skills in effective communication especially within a CCI.

Expected results: By the end of the topic, participants will be able to:

- Explain what effective communication means
- Give reasons why we communicate
- State the different levels and types of communication
- Identify barriers and solutions to effective communication

Content:

- What is effective communication?
- Why do we communicate?
- Types of communication
- Levels of communication
- Barriers to effective communication
- Overcoming the barriers to communication

Activities:

1. Ask the participants to form two groups (one group taking up the role of children and the second on taking up the role of staff in a CCI) in equal numbers. This role play can be done with children participants too.

2. Ask a participant from each group to tell a participant from the other group what they like and dislike about the CCI.

3. Participants will then report what they were told by the other group.

4. Discuss with the participants how easy it was to communicate with the other group. Did they think that they were well listened to?

5. Ask participants to share in buzz groups while seated or walking around the room the barriers to effective communication.

6. Ask any of the buzz groups to share what they have gathered in the plenary.

7. Go through the presentation on barriers to effective communication and possible solutions (Handout 8 on effective communication).

8. Encourage more role plays and provide more examples of effective communication methods (focus
on children).

9. Encourage child to child and peer to peer communication.

10. Encourage mimicking, singing and other entertaining communication methods.
Topic 9: Exit Strategy (Leaving Care)

Duration: 4 hours

Target group: Management, administrative staff, social workers, counsellors, care givers and children.

Objective: To enhance participants’ knowledge and understanding of family re-integration and the various forms of alternative family based care placements for purposes of facilitating effective exit and leaving care.

Expected results: By the end of this session, participants should be able to:

- Define what an exit/leaving care strategy is and state the importance of developing one for each child.
- Appreciate the importance of involving children, parents or guardians in the exit strategy/leaving plan.
- State the importance of family tracing and reintegration and the processes involved.
- Explain the various forms of alternative family based care options.
- State the processes required for each of the alternative family based care options.

Content:

- Explaining the exit or leaving care strategy
- Involving the child and parent or guardian or next of kin in the exit strategy
- Family tracing and reintegration (to include kinship and foster care)
- Forms of alternative family care placements (to include kinship care, foster care, guardianship and adoption)
- After care monitoring and follow up

Activities:

Either:

1. In a plenary session, ask participants to show by way of raising their hands, those:
   - With ‘children’ over 18 years of age in their CCI
   - With children who have stayed in the CCI for over 4, 5 or 10 years
   - Who have exited children out of their CCI within 6 months, 1, 2 or 3 years

   Divide the groups into the above categories and let them share their experiences on how they handled the exit of children from their CCIs

   For those with children who have stayed for over 10 years or are over 18 years old; ask why the ‘children’ have not been exited? What are the challenges and what are the current plans? Let them also discuss the financial implications of keeping these children in CCIs.

   Let those with more success stories, share with the rest of the group on the exit plans that they have
put in place for their CCI; what worked for them and the challenges faced

OR

2. Divide the participants into groups.

3. Ask each group to discuss the exit strategies they have in place. What are the strengths and gaps in the strategies? Are there CCIs without exit plans? Why is this the case? Do they plan to have the strategies in place at all?

OR

Divide the participants into two groups. Let one group discuss the benefits of children staying in CCIs and the other group on the benefits of children staying with family and in the community (discuss the physical, social, emotion and psychological benefits)

4. Groups will then present their outputs in plenary.

5. Summarize the sessions with materials from Handout 9 (Participants can be given an assignment to read the handout overnight and the coverage strengthened the following morning during the recap sessions). Emphasize the fact that CCIs should be temporary places for children and not permanent residences. Exit plans should be made when the child is admitted to the CCI with regular reviews thereafter so that children are exited as early as possible.

   Emphasize on the benefits of children being cared for in family/community settings as opposed to CCIs.

6. Invite questions from participants on exit strategies.

FOR CHILDREN: Ask the children if they are still in CCIs. Ask what happened to those who left. Do the children know how long they should stay in a CCI? Ask those who would like to go to families (their biological families or alternative ones) to raise their hands. Debrief the children with stories on the benefits of family life from trainers, Children’s Officers or from other children. Explain to the children that there are different forms of families including the biological family with birth parents, foster care, guardianship and adoption. Explain how each situation can be attained. Ask the children to write any concerns that they may have about living with family or within the community.
**Topic 10: Staffing**

**Duration: 3 hours**

**Target group:** Management boards, board of trustees, managers, social workers, counsellors, caregivers and support staff.

**Objective:** To familiarize participants with staffing (human resource) requirements, development and management necessary for the professional running of a CCI.

**Expected results:** By the end of this topic, the participants should be able to:

- List the staff required to run a CCI professionally.
- Understand the importance of applying proper/professional human resource management (i.e. procedures for recruitment, clear job description, terms of service, remuneration, performance appraisal, working conditions for staff)
- Understand the importance of formulating and implementing a staff code of conduct and the consequences of defaulting on the code of conduct
- Understand the need and importance of continuous staff training and development

**Content:**

- Staff categories and ratio to residents in a CCI
- Recruitment procedures
- Employment contracts (content of contracts, acceptance, signing)
  - Clear job descriptions for all staff
  - Terms and conditions of service for permanent, casual and contractual staff
  - Staff entitlements: types of leave, remuneration, allowances, working hours, etc
  - Statutory contributions, e.g. NSSF, NHIF
  - Staff motivation
  - Staff development, e.g. training
  - Code of conduct for staff and the importance of signing the code

**Activities**

Discuss the minimum staff required in a CCI and recommended ratio for each category as per the National Standards for Best Practice in CCIs

Either:

1. Ask the participants to act out two role plays. In one, the participant will hire an employee and in the other he/she will terminate the services of an employee. Participants can also be divided into two groups of equal numbers. One group role plays the manager hiring and terminating the employees services while the other group takes on the employee role.
2. Draw out lessons from the role plays pointing out the good and bad practices on staffing procedures, such as how hiring was done (advertisements, interviews, notification of offer, etc.) and how termination was done (notice, good reason given, terminal benefits processed, etc.).

3. Refer participants to the CCI Regulations 2005 and the National Standards for Best Practices for CCIs.

4. Summarise the session by referring the participants to Handout 10 on staffing.

AND/OR

1. Have participants go through this case study and discuss the issues raised at the end.

Josephat sat his KCSE exams in 2008 and scored a C+. He comes from a poor family and cannot afford to pay for a self-sponsored degree course. Instead, he has joined a local college and is pursuing a diploma course in social work. Josephat has problems paying fees at the college so he decides to look for a job. He finds one at Watoto Wetu Children's Home at his Sub-County's headquarters. The manager who attends the same church as Josephat's mother, gave him a job that entails assisting in the care of children in a CCI. On his first day at work, he was asked to write a list of all children in the CCI and their ages, to help in the feeding of children at lunch time. In the afternoon, he was asked to help put the young ones to sleep.

The following day, Josephat was requested to accompany two children to school because their teachers complained that they had not done their homework and they wanted to talk to their guardians. He was also instructed to pass by the SCCO's office on his way from the school to deliver an envelope. By the end of the week, Josephat had carried out many tasks and he was exhausted. To his dismay, he was also asked to work over the weekend as there was a shortage of staff. During the weekend, one of the cooks did not come to work so Josephat was asked to help with the cooking. This trend continued for the next three months. By the 6th of the second month, his salary had not been paid and when he asked about it, he was given Kshs.1,500 and promised another Kshs. 3,000 in two weeks.

Josephat complained about the low pay and he was reminded that the CCI was a charitable non-profit project assisting orphans and vulnerable children and he was asked to be more understanding. Worse still, the Kshs. 3,000 that had been promised was paid late. Due to these continuous delays in his payment, Josephat had no food. He got desperate and 'took' some foodstuff home from the CCI. Recently, he was tempted to 'sell' a baby who was brought into the CCI when the manager was away.

2. Let participants brainstorm the issues that arise from this case study.

3. Trainer to summarise by emphasizing the importance of clear job descriptions for individuals, a proper hiring process, division of labour, importance of signing a code of conduct, importance of rest, timely payment and staff compensation etc.
**Topic 11: Behaviour Management**

**Duration: 2 hours**

**Target group:**

i) Management, with focus on the importance of, and need to develop a behaviour management guideline for each child and the importance of monitoring how staff manage the behaviour of children in CCIs.

ii) All staff, with the aim of increasing their knowledge on understanding children’s behaviour, how to manage children's behaviour in a positive manner that does not harm them.

iii) Children, with a focus on making them understand how their behaviour might affect other children and the running of the CCI negatively. The children should also understand the need for a behaviour management procedure in the CCI. Lay emphasis on the fact that there are consequences for every action they take.

**Objective:** To ensure that participants have knowledge on how to manage the different behaviour patterns of children.

**Expected results: By the end of the session, participants should be able to:**

- Understand children’s behaviour at different stages of growth or age and their evolving capacities
- Understand the behaviour of children with special needs
- Understand the need for rules and regulations to guide children’s behaviour
- Explain measures of control, restraints and discipline
- Explain different ways of rewarding children’s good behaviour
- Explain who is authorised to apply the various behaviour management measures
- Explain what behaviour calls for what measures
- Understand the importance of giving a child the chance to be heard before the measures are implemented
- Understand the available channels for reporting complaints (for both staff and children)
- Enumerate the various problems or complaints children and adults are likely to report through the available channels

**Content:**

- Behaviour of children at different stages of growth
- Understanding the behaviour of children with special needs
- Rules and regulations on acceptable behaviour in children
- Child discipline
- Authority to discipline children and adults within a CCI
• Complaint procedures for staff and children
• Meaning of a complaint procedure
• Importance of a complaint procedure
• Channels for reporting complaints and chains of command

Activities:
1. Ask participants to narrate common behaviour observed in children living in CCIs
2. List the behaviours on a flip chart and categorise them as “positive” or “negative”.
3. Ask participants to indicate how they respond to each category of behaviour mentioned in point 2 above
4. Discuss the participants’ responses in light of what the CCI regulations, AAC guidelines and the National Standards for Best Practice in CCI say (refer to Handout 11 on behaviour management).
5. Ask participants to discuss among themselves in buzz groups of 2-3 people what mechanisms exist for staff and children to complain. Are these mechanisms satisfactory for the children and staff? If not, what needs to be done to make them satisfactory?
6. Allow questions and answers to clarify the learning points.
7. When the participants are children ask them to write down on paper or cards what happens to them when they do the right thing or when they are wrong. Pick the papers or cards and read them out and ask if the behaviour management practice in their CCI is good or bad. Ask them what they think should happen differently. Ask the children to role-play or discuss in small groups (according to their ages) how they complain when they are not happy. Do they like the complaint mechanism that is in place? Can it be done differently? Welcome suggestions.
8. Conclude the session by drawing out good lessons that need to be sustained.
**Topic 12: Documentation and Information Management**

**Duration: 3 hours**

**Target group:**

i) Management, focusing on the importance of documentation and information management for the general welfare of children both at present and in the future, the importance of statutory documents and the need for human and financial allocation to support documentation and information management in CCIs.

ii) Administrative staff of CCIs, focusing on the importance of information generation, documentation, and their role in the storage of this information and maintaining confidentiality.

iii) Social workers, counsellors and caregivers focusing on the importance of generating information on children, storage and reference when making decisions regarding children including the importance of maintaining confidentiality of the information gathered.

**Specific objective:** To enhance participants’ understanding on the generation, utilization and storage of information for each individual child and staff, including statutory documents that are required for every CCI.

**Expected results:** By the end of this session, participants should be able to:

- Name the statutory documents required for each CCI as stipulated by the government.
- Explain the importance of proper documentation in the admission process, care plan, exit strategy and daily life of a child.
- State what information needs to be recorded and stored in each file in the CCI.
- Have the required basic skills to generate information for all the relevant forms/records.
- State the importance of confidentiality, access and safety of information.

**Content:**

- Definition of documentation and information
- Statutory requirements such as children’s records (court committals, birth certificates, etc), CCI registration certificate, land title deeds, vehicle log books, and certificate of good conduct for staff
- Specific information and documents (Eleventh, Twelfth and Thirteenth Schedules of the CCI Regulations, 2005)
- Other records in a CCI such as the inventory, visitor records, maintenance records, donors files, occurrence books, etc. Refer to the National Standards for best Practice on Filing Policy
- Overview of information management
- Importance of the various documents and information for the children, staff and the CCI
- Confidentiality and safety of information
Activities:

1. Trainer to give a brief definition of documents and information.
2. Brainstorm on the documents that are usually kept within a CCI and how their safety and confidentiality is ensured.
3. Categorise the statutory and other necessary documents within a CCI.
4. Ask the participants to discuss what it takes to i) comply with statutory documentation, and ii) keep the other necessary documents. Is it possible to meet the requirements? What assistance can the CCI expect from the government? How important is the information contained in the various documents?
5. In small groups, discuss the skills needed to properly manage information, ensure confidentiality and safety of documents within a CCI.
6. Summarise the key points using handout 12 on documentation and information management and the Appendix on Filing Policy in the National Standards for Best Practice for CCI and the Eleventh, Twelfth and Thirteenth Schedules of the CCI Regulations, 2005. Emphasise the importance of information management processes and the need for CCIs to invest in them.
**Topic 13: Hazards and Safety Measures**

**Duration: 2 hours**

**Target group:** Management, all staff and children within a CCI.

**THIS TOPIC SHOULD BE FACILITATED BY TRAINERS WHO HAVE RECEIVED TRAINING ON FIRST AID SKILLS FROM QUALIFIED TRAINERS**

**Objective:** To enhance participants’ knowledge on hazards, safety measures and appropriate responses to emergencies.

**Expected results:** By the end of this session, participants should be able to:

- Apply basic first aid skills
- Understand possible hazards that can occur in CCIs and the required safety skills
- Identify various safety measures (preventive) that need to be instituted in CCIs
- Gain knowledge on disaster preparedness and mitigation

**Content:**

- Hazards and safety standards within CCIs
- First Aid: Children are prone to injuries, accidents and a variety of sudden illnesses that call for quick action to prevent complications. To deal with such, CCIs need to:
  - Ensure they have First Aid kits.
  - Conduct regular First Aid kit checks and replenish the kits.
  - Train all staff on how to perform first aid in different situations.
  - Ensure the safety of children in all their surroundings.

**Activities:**

1. Cover hazards and safety concepts.
2. Ask participants to discuss the risks/dangers posed to children by the following:
   - Natural: Rivers, lightening, floods, landslides, grass, animals including snakes, wild dogs and plants etc.;
   - Proximity to roads, bars, rivers, high voltage electrical lines;
   - Man-made: Machinery, pits or trenches and terraces, construction sites including condemned and collapsed buildings, tree trunks, open water tanks, stairs, unprotected balconies, glass, solid wastes, unattended recreational facilities/equipment, worn out or exposed electric wires.
3. Discuss the measures that need to be undertaken to:
   - i) prevent/reduce the risks, and;
   - ii) act on the danger once it has occurred.
4. Summarise the key issues of safety and hazards focusing on the government’s position on good practice within a CCI as well as the CCI Regulations. Refer to Handout 13 on hazards and safety.
Topic 14: Emerging Issues

Duration: 1 hour

Target group: Management, all staff and children within a CCI.

Objective: To guide participants in identifying emerging issues and possible interventions.

Expected results: By the end of this session, participants should be able to:
• Identify various emerging issues within and outside the CCIs.

Session content:
• Discussion on emerging issues
• Contemporary meaning of emerging issues
• Examples of emerging issues
• Interventions that are in place
• Respond to the issues raised

Process:
1. Present the meaning of emerging issues following the training.
2. Ask participants to write down on pink cards the emerging issues that are positive based on their experience. On white cards, they should write down those issues that are not so positive.
3. Let the participants compare the issues on the pink and white cards and decide which are heavier.
4. In light of the weightier issue in point 3, discuss how participants feel after the entire week of training? This information should be used to prepare action plans.
5. Have a brainstorming session on issues that may have emerged but were not covered, such as gender, HIV, etc. and how they affect CCIs.
**Topic 15: Action Planning**

**Duration: 4 hours**

**Target group:** Management, all staff and children within CCIs.

**Specific objective:** To enable participants to come up with at least 3 action points arising from what they have learnt during training that can be implemented in the short term.

**Content:**
- Action point
- When to start and when to end (timeline)
- Indicators of success
- Responsibilities
- Budget
- Assumptions

**Process**

Participants should work individually or with members from their CCIs to come up with critical follow up points using the following matrix (example is given):

<table>
<thead>
<tr>
<th>Action point</th>
<th>Start date</th>
<th>Finish date</th>
<th>Indicator</th>
<th>Responsibility</th>
<th>Budget</th>
<th>Assumptions</th>
</tr>
</thead>
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| e.g. Develop a child protection policy (CPP) | August 2014 | December 2014 | CPP in place and approved by CCI board | CCI Manager | Kshs. 50,000 (annex details) | • Management take lead  
• Staff cooperate |
EVALUATION

30 minutes

Conduct an evaluation of the training using the standard form below. A qualitative evaluation can also be done where participants verbally express their feelings about the training.

Standard evaluation format

1. Were your expectations met?
   Tick one of these: i. Fully met  ii. Fairly met  iii. Not met

2. Explain your answer

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3. Please rate the following aspects of the workshop.

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<tr>
<th>Aspect</th>
<th>Excellent</th>
<th>Very good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
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<td>Venue</td>
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<td>Meals</td>
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<td>Catering services</td>
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<td>Workshop content</td>
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<td>Facilitation methods</td>
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<td>Facilitators’ skills</td>
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<td>Materials used</td>
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<td>Workshop organization</td>
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<tr>
<td>Application/illustration of the content – examples used, fieldwork</td>
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<tr>
<td>Overall rating</td>
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</tbody>
</table>
4. Give your comments on each of the facilitators:
   a) Name: .............................................................. Comments: ..............................................................
   b) Name: .............................................................. Comments: ..............................................................
   c) Name: .............................................................. Comments: ..............................................................

5. List any issues that you did not understand well and which need further attention/training.
   ........................................................................................................................................................................
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   ..................................................................................................................

6. What recommendations do you want to make for improving future trainings or workshops?
   ........................................................................................................................................................................
   ........................................................................................................................................................................
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International Instruments for Child Protection

What are International Instruments?

Instruments = laws
International = apply to more than one country
These may be regional e.g. Africa, Asia or apply to all countries/or only the countries that sign it.

THE UNCRC Convention on the Rights of the Child (CRC)

- Was adopted by the UN General Assembly in 1989.
- Came into force in September 1990.
- Kenya ratified it in July 1990 and Kenya is therefore, bound by the provisions of the document.

WHY THE CRC?

- To reaffirm the rights of children already afforded to human beings in general through other international laws;
- To take account of the special needs and vulnerability of children;
- To set standards in areas which are pertinent only, or more specific to children such as access to primary education, prevention and protection from abuse.

PILLARS OF THE CONVENTION

Right to Life and Survival:
- children have an inherent, God-given right to life;
- protection against all things that can end their precious lives;
- children deserve good medical care, nutritious food, decent shelter, adequate clothing at all times.

Right to Development:
- develop intellectually, physically, emotionally, morally and socially.
- to achieve the above, a child needs education, parental love, play and leisure, access to information and social security.

Right to Protection:
- children are an important asset in any society as they carry its future.
- therefore, they ought to be protected from all ills;
- such ills include abuse, discrimination, exploitation, and disasters.
it is the duty of all persons in society to protect children from such ills.

Right to Participation:
- means be part of, take part in, speak and be heard, consulted.
- we must therefore ensure that children have the right to associate, express and air their opinions,
- “children must not only be seen, but must also be heard.”

FUNDAMENTAL RIGHTS (PRINCIPLES) OF THE CRC:

Non-discrimination;
- regardless of gender, tribe, social background, colour, race, religion;
- all children should be treated equally.

Best interests of the child;
- the child’s welfare/interests come first
- all decisions made affecting a child should take into account the preceding point first and foremost.

Child’s opinion;
- child should be accorded the opportunity to form and air their views especially on issues affecting him/her;
- Views/opinions should be given due weight based on the age and maturity of the child.

Life and maximum survival;
- child has an inherent right to life;
- protected from all life-threats;
- assured of all ingredients that sustain life.

THE AFRICAN CHARTER

This is regional and applies to Africa only.

It was adopted by the Organisation of African Unity (OAU) (now African Union) in 1990.

The charter came into force in 2000, the same year that Kenya ratified the document.

WHY THE CHARTER?
- addresses special issues prevailing and affecting the child in Africa such as FGM, discrimination against the girl-child, and low living standards.
- complements the UN CRC-Categorical definition of a child, special categories of children like those of imprisoned mothers, and further specifically defines and prescribes aims of issues like education.
- facilitates the ratification and implementation of the CRC in Africa.
RESPONSIBILITIES OF THE CHILD

Apart from articulating the rights of the child, the African Charter further prescribes for the responsibilities of the child.

Objectives:
- bring up responsible children;
- teach children responsibility;
- enhance child participation by allowing children to take part in social activities.

What are the child’s responsibilities?
- to work for the cohesion of the family, respect parents and elders and assist them when there is need;
- serve the national community by availing physical and intellectual abilities;
- preserve and strengthen the independence and integrity of country.

THE STANDARD MINIMUM RULES FOR ADMINISTRATION OF JUVENILE JUSTICE (BEIJING RULES) 1985

- Not strictly legally binding.
- Adopted by the UN in 29th November 1985.
- Recommendations and guidelines from the UN to countries on the administration of juvenile justice.
- Assist countries in formulating policies, enacting laws and putting up structures relevant to juvenile justice.
- Principles entrenched in CRC and Charter.

Key issues addressed in the Beijing Rules include:
- guarantee of due process rights/protection of the law at all times.
- presumption of innocence until proven guilty;
- child to be informed promptly of charge;
- matters to be determined without delay;
- right to legal assistance and representation.
- children are to be separated from adults at all times;
- female children are to be separated from male children at all times;
- diversion
- custodial measures to be used as a last resort;

“All in all, juvenile justice should aim towards enhancement of a child’s dignity and the rehabilitation of the child.”
The United Nations Rules for the Protection of Juveniles Deprived of their Liberty (The JDL Rules) was adopted by the UN general Assembly on 14th December 1990 (quote 1990 as the year)

- The rules were adopted by UN on 14th December 1990
- The rules issue guidelines on the protection of children in conflict with the law whose liberty has to be deprived;
- They state that deprivation of liberty to be used as a last resort and children should always be treated with dignity during rehabilitation.


- adopted by the UN General Assembly on 14th December 1990
- Provides guidelines on how to prevent juvenile delinquency. Governments are encouraged to set up deliberate efforts to achieve this. Guidelines include:
  • programmes for the socio-economic empowerment of families;
  • educational curricula that enhances a child’s moral well-being;
  • community based initiatives that tap into youth talents and steers them from crime. Kenyan examples are the Mathare Youth Sports Association (MYSA) and Dandora Football Club in Nairobi.

INSTRUMENTS Vs. CHILDREN’S ACT

The Children’s Act (CA) was enacted to give effect to the provisions of the CRC and the Charter. Therefore, the CA, to a large extent, entrenches the provisions of the above international laws, rules and guidelines.

In the context of CCIs, focus will be on:

- The Children’s Act
- The CCI Regulations, 2005
- The Child Participation Guidelines
- The National Standards for Best Practice Manual in CCIs
- Others as opportunity allows

THE CHILDREN’S ACT NO.8 OF 2001

This is an Act of Parliament that provides for the rights of children and seeks to enhance the welfare of children in Kenya. The Children’s Act (CA) was enacted for the following reasons:

- To bring together the provisions of the various laws that affect children;
- To give effect to the provisions of the CRC and Charter on the rights and welfare of the child.
The Act contains the following provisions:
Part I: Interpretation.
Part II: Safeguards for the Rights and Welfare Of Children
Part III: Parental Responsibility
Part IV: Administration of Children's Services
Part V: Children's Institutions
Part VI: Children's Court.
Part VII: Custody and Maintenance
Part VIII: Guardianship
Part IX: Judicial Orders for the Protection of Children
Part X: Children in Need of Care and Protection
Part XI: Foster Care Placement
Part XII: Adoption
Part XIII: Child Offenders
Part XIV: Miscellaneous.

PART I: INTERPRETATION
This part gives the legal definition of various terms, phrases and sections in the CA.

Some of the key definitions include:

- A child is any human being under the age of 18 years.
- Child abuse is defined to include physical, sexual, psychological and mental injury.
- Parent means the mother or father of a child and includes any person who is liable by law to maintain a child or is entitled to his or her custody.
- Early marriage means marriage or cohabitation with a child or any arrangement made for such a marriage or cohabitation.
- Female circumcision is the cutting and removal of part or all of the female genitalia and includes the practices of clitoridectomy, excision, infibulation or other practices involving the removal of part, or the entire clitoris or labia minora of a female person.

PART II: SAFEGUARDS FOR THE RIGHTS AND WELFARE OF CHILDREN
The CA provides for the rights of all children as provided for in the CRC and the African Charter. They are as follows:

**Inherent right to life:** The government and the family have the responsibility of ensuring the survival and development of every child.

**Right to parental care:** Every child has the right to live with and be cared for by his/her parents.
Right to Education: Every child is entitled to free and compulsory primary education the provision of which shall be the responsibility of the government and the parents.

Right to religious education: Every child has a right to religious education. Parents have the responsibility of providing children with appropriate guidance in religious education.

Right to health care: Every child has the right to health and medical care of which parents and the government have the responsibility of providing.

Protection from child labour and armed conflict: Every child shall be protected from economic exploitation and any work that is likely to be hazardous to or interfere with the child’s education, or be harmful to the child’s health or physical, mental, spiritual, moral or social development. Children should also not be recruited in armed conflict or take part in hostilities. Where armed conflict occurs, respect for, and the protection and care of children shall be maintained in accordance with the law.

Right to name and nationality: Every child has a right to a name and nationality.

Where a child is deprived of his identity, the government shall provide appropriate assistance and protection with a view to establishing his or her identity.

Right of children with disabilities to be treated with dignity: Every child with a disability has a right to be treated with dignity, and to be given appropriate medical treatment, special care and education.

Protection from child abuse: Every child is entitled to protection from physical, psychological and sexual abuse, neglect and any other form of exploitation including sale, trafficking or abduction by any person.

Protection from harmful cultural rites: No child should be subjected to female circumcision, early marriage or other cultural rites, customs or traditional practices that are likely to negatively affect the child’s life, health, social welfare, dignity or physical or psychological development.

Protection from sexual exploitation: All children shall be protected from sexual exploitation, prostitution, inducement or coercion to engage in any sexual activity or exposure to pornographic materials.

Protection from drugs: Every child shall be protected from the use of any type of drugs and from being used in their production, trafficking or distribution.

Leisure and recreation: A child has the right to leisure, play and to participate in cultural and artistic activities.

Torture and deprivation of liberty: No child shall be subjected to torture, cruel treatment or punishment, unlawful arrest or deprivation of liberty.

Right to privacy: Every child has a right to privacy subject to guidance from parent or guardian.

Underlying Principles.

These rights are to be practiced with the following principles:

“Best interests Principle”

In all actions concerning a child, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be the primary consideration.
“Non-Discrimination”

No child shall be subjected to discrimination on the grounds of origin, sex, religion, creed, custom, language, opinion, conscience, colour, birth, social, political, economic or other status, race, disability, tribe or residence.

“Child’s Opinion”.  
When working with children, it is always important to allow the children to air their views or opinions on issues and to ensure that the views or opinions expressed are respected and given due weight.

“Maximum Survival and Development”.  
All actions affecting children should be directed towards ensuring that their lives are protected and that they develop in the best possible way.

Enforcement of Rights

Any person who alleges that the rights of a child have been, are being, or are likely to be contravened may apply to the High Court for redress on behalf of the child. The High Court may issue orders, writs or give any other directions that are appropriate for the enforcement of the rights.

Penalties

Any person who is convicted of infringing on the rights of a child shall be liable to a term of imprisonment not exceeding twelve months, or to a fine not exceeding Ksh. 50,000 (fifty thousand shillings) or both.

Duties and Responsibilities of a Child

The Act also calls for due regard of the duties and responsibilities of children in the application of the rights of a child. They include:

- Work for the cohesion of the family;
- Respect his/her parents, superiors and elders at all times and assist them when in need;
- Serve his/her community;
- Preserve and strengthen social and national solidarity;
- Preserve and strengthen the positive cultural values of his/her community in his/her relationships.

PART III: PARENTAL RESPONSIBILITY

Parental responsibility refers to the duties, rights, powers responsibilities and authority, which by law, a parent has over the child and the child’s property in a manner consistent with the evolving capacities of the child. The duties include:

Maintenance of the child and the provision of an adequate diet, shelter, clothing, medical care, education and guidance.
Who has parental responsibility?

- If the mother and father of a child were married at the time of the child's birth, then they both have parental responsibility;
- If the mother and the father of a child were not married at the time of the child's birth but have subsequently married, after the child's birth, then they both have parental responsibility.

If the parents are not married:
- The mother of the child shall have parental responsibility at first instance.

How then, does the father acquire parental responsibility?

The father who is not married to the mother, can acquire parental responsibility through the following ways:
- Through applying for a parental responsibility order from the Children's Court
- Through signing a parental responsibility agreement with the mother of the child

He can also acquire parental responsibility through the following situations:
- If he has lived (cohabited) with the child’s mother for a period or periods amounting to not less than a year after the child’s birth;
- If he has acknowledged paternity of the child or has accepted that the child is his;
- If he has previously maintained the child.

PART IV: ADMINISTRATION OF CHILDREN’S SERVICES

National Council for the Administration of Children’s Services

The Children’s Act establishes the National Council for the Administration of Children’s Services, which shall have the following functions:

Exercise the general supervision and control over the planning, coordination of child rights and welfare activities;

To advise the government on all aspects of child rights and the welfare of children.

It shall be composed of a chairperson appointed by the president, persons from NGOs that are engaged in child welfare, the government, religious bodies, the private sector, the Attorney-General, the Police Commissioner and the Director of Children’s Services who serves as its secretary.

The Director of Children’s Services

The Director of Children's Services shall be charged with:

The responsibility of safeguarding the welfare of children; and

assisting in the establishment, promotion, co-ordination and supervision of services and facilities designed to advance the well-being of children and their families.

The Director of Children’s Services shall be assisted in his duties by one or two Deputy Directors and children's officers. The Director of Children’s Services has a Volunteer Children’s Officer (V.C.O.)
programme. In the programme, members of the community can volunteer as Children’s Officers attached to the Sub-County Children’s Officer. VCOs assist SCCOs in their duties in the community.

The Role of Local Authorities

Every local authority has the responsibility of:

- Safeguarding and promoting the rights and welfare of children within its area of operation and promoting the proper upbringing of children.
- Creating welfare schemes for children to further their best interests.

PART V: CHILDREN’S INSTITUTIONS

Three types of institutions may be established; two by the government and one by persons other than the government as is provided for in the Act.

Rehabilitation Schools

These were formerly known as Approved Schools and can be established by the government for the reception, maintenance, training and rehabilitation of children as by the Children’s Court.

Children’s Remand Homes

These are institutions that may be established by the Government for the reception of children (normally under 14 years) whose cases are still pending in court. These Children’s Remand Homes have taken the place of institutions that were formerly known as Juvenile Remand Homes.

Charitable Children’s Institutions

These are institutions that may be established by religious bodies, private individuals and NGOs to undertake programmes for the care, protection, rehabilitation or control of children.

Approval to run this programme has to be granted by the National Council for Children’s Services. NGOs or religious organizations must show proof of registration before applying for approval.

PART VI: CHILDREN’S COURTS

Children’s Courts are established to hear the following matters:

Civil cases

These are cases concerning parental responsibility, custody and maintenance, guardianship, children in need of care and protection and granting judicial orders for the protection of children.

Criminal cases

The Court also hears cases of children offenders or those who are in conflict with the law except where a child is charged with murder or is jointly charged with an adult(s).

Other offences

The Court also hears cases against people who have abused, been cruel or neglected their children, and any other offences outlined in the Act.

Magistrates appointed by the Chief Justice preside over Children’s Courts. Only court officials, people involved in the case and their lawyers, members of the press, parents or guardians of a child are allowed
to sit in the Children’s Court while a matter is ongoing. Other people have to seek permission from the magistrate if they wish to sit in the court.

In reporting cases involving children in the media or in any other report, their names, schools, homes or last places of residence or any other information that will lead to the identification of the child shall not be published.

PART VII: CUSTODY AND MAINTENANCE

Custody
This refers to the parental duties and responsibilities as relates to the actual possession of a child often given by a court.

Who can be given custody?
- The parent of a child
- A guardian;
- Or any other person who applies for custody of the child and has had actual custody for three months before making the application and has the permission of the parent or guardian.

What factors are to be considered before making a custody order?
- The wishes of the child;
- The wishes of the parents, guardians, foster parents or any other persons who have had custody of the child for the past three years;
- Cultural and religious background of the child;
- Best interests of the child.

Maintenance
Maintenance refers to the provision of basic and other necessities. For children, this includes an adequate diet, shelter, health and medical services and education.

Who has the duty to maintain a child?
- The parents of a child who were married to each other at the time of a child’s birth
- The parents of a child who were not married to each other at the time of a child’s birth but have subsequently married;
- If the parents are not married but the father has acquired parental responsibility;
- Parents who have joint custody;
- A child’s joint custodians.
- Any parent, guardian, or custodian may apply to the Children’s Court for maintenance orders if they have any maintenance related issues.
- The court may order a parent to provide for a child’s upkeep but will take into consideration the financial means of those involved.
PART VIII: GUARDIANSHIP

Who is a guardian?

A guardian is a person appointed to take care of a child only or the child and his property after the death of a parent.

How is a guardian appointed?

- Through a Will that must meet all the requirements of the law;
- Through a deed or the signing of a document witnessed by two persons declaring the appointment of a guardian;
- Through a court order. This can be done upon the application by any person to the court where the child is an orphan or where his parents cannot be found or where the child is in need of care and protection;
- In some instances, a surviving parent will take care of the child jointly with the appointed guardian.
- If the guardian does not wish to take the responsibility or the surviving parent does not wish to act jointly with the appointed guardian, they may refer the matter to the Children’s Court for a solution.

PART IX: JUDICIAL ORDERS FOR THE PROTECTION OF CHILDREN

These are orders that the Court can grant for the protection of children to ensure that their welfare is enhanced.

Who can apply for the orders?

- A child;
- A parent, guardian or custodian of the child;
- A relative of the child;
- The Director of Children’s Services;
- An authorized children’s officer.

What orders can the court make?

- Access order; allowing a person to visit a child who is living with another person.
- Residence order; which requires the person named in the order to live with the child.
- Exclusion order; requiring a person who has been violent to a child or has threatened to use violence to stay away from the child.
- Child assessment order; requiring a child to be evaluated or investigated by a person appointed by the court.
- Family assistance order; requiring a person named by the court to assist the family with advice, counselling and guidance.
- Wardship order; placing a child under the protection of the court.
- Production order; requiring a person illegally harbouring (keeping) a child to produce the child.
PART X: CHILDREN IN NEED OF CARE AND PROTECTION

These are children who include:

- Those who are orphaned or have been abandoned or are destitute;
- Those whose parents have been imprisoned;
- Those who are homeless or are beggars;
- Those who are prevented from receiving education;
- A female child who has been or is under threat of being subjected to FGM or early marriage or children exposed to harmful cultural practices;
- A child exposed to domestic violence
- A child who is pregnant;
- One who is terminally ill or whose parents are terminally ill or who has a disability;
- One who has been sexually abused;
- Those who are exposed to child labour
- Any person who believes that a child is in need of care and protection should report the matter to an authorized officer and the child should be taken to a place of safety.
- Where a child is brought before a court as being in need of care and protection, the court shall give his parents or guardian a chance to explain their case. The court can then issue orders based on the best interests of the child.

What orders can the court make?

- Make the parents sign a written agreement that they will take good care of the child; or
- Send the child to a rehabilitation school; or
- Send the child to a drug rehabilitation centre if the child is engaged in drug abuse; or
- Nullify the marriage of a child in a case of early marriage and place her or him with a fit person; or
- Place the child under the supervision of a children’s officer while still at home; or
- Place the child under the care of another person other than the parents through a care order.

Neglect and cruelty to children

- It is an offence for any person to willfully assault, mistreat, abandon, or knowingly or willfully cause a child to be in need of care and protection.
- The penalty for the above offence is a fine not exceeding Kshs 200,000/= or imprisonment for a term not exceeding 5 years or both.

PART XI: FOSTER CARE PLACEMENT

Foster care placement means the placement of a child with a person who is not the child’s parent, relative or guardian and who is willing to undertake the care and maintenance of that child.
A child can be placed with a foster parent by the Director of Children’s Services, the manager of a charitable institution, or a rehabilitation school where the child has been placed through a court order.

Who can be a foster parent?

- A married couple;
- A single woman over 25 years old (may not foster a male child)
- A single man over 25 years old (may not foster a female child)

PART XII: ADOPTION

Adoption vests parental rights and duties relating to a child on the adopter or the person to whom the adoption order has been granted. The Act has established an Adoption Committee to oversee adoption issues in the country.

Pre-requisites for adoption

- The child must be at least six weeks old;
- The child must have been declared free for adoption by a registered adoption society;
- The child must be resident in Kenya and must have been in the continuous care and control of the applicant for a period of three consecutive months before the filing of the application. A registered adoption society must also evaluate both the child and applicant.

Who may apply for adoption?

A sole applicant or spouses where both or one of them:

- Is at least 25 years old, and at least 21 years older than the child; or
- Is a relative of the child; or
- Is the mother or father of the child.

Persons are prohibited from adopting a child

- A person who is not of sound mind; or
- A person who has been charged or has a previous conviction for child abuse; or
- Is a homosexual; or
- Joint applicants who are not married; or
- Is a sole foreign male applicant.

Consents required before any adoption is effected

- The consent of the parents, guardians or any person having parental responsibility; or
- For people not resident in Kenya, the consent of their country’s courts or competent government authority.
- The consent of a child who has attained the age of 14 years.
- Consents can be done away with in the case of parents or guardians who have abandoned or neglected their children or who cannot be found.
Guardian *ad litem*

The court shall also appoint a guardian *ad litem* to safeguard the interests of the child amongst other things pending the determination of the adoption proceedings. A guardian *ad litem* is a person appointed to defend an action or other court proceedings on behalf of a child.

**International adoptions**

International adoptions can be conducted in respect of a child upon the application of two spouses who are not Kenyans and who are not in Kenya provided that all the legal requirements are met.

**Effect of an adoption order**

An adoption order has the effect of transferring all rights, duties and responsibilities over a child to the adopter as if the child was born to the adopter. The adoption order extinguishes the rights, duties, responsibilities that a parent, guardian or anyone else who had parental responsibility before the order was made.

In addition to the above provisions, the government has also published Adoption Regulations to guide all those undertaking adoptions that contain all the requirements and procedures to be followed.

**PART XIII: CHILD OFFENDERS**

The Act outlines ways of dealing with children who are in conflict with the law.

*Who is a child offender?*

These are children who are suspects in a criminal case or have been convicted for having committed a criminal offence.

*Which court?*

A Children's Court will hear cases of child offenders apart from murder cases or those where a child is jointly charged with an adult.

*What rights does a child accused of having infringed the law have?*

- He/she should be informed promptly and directly of the charges against him/her;
- The child will be assisted in obtaining legal assistance;
- The matter should be determined without delay;
- He/she should not to be compelled to give testimony or to confess guilt
- The right to the services of an interpreter if the child needs one;
- Have the right to appeal;
- Have the right to privacy at all times during the proceedings;
- A disabled child should be given special care and treatment in a manner that enhances their dignity.

*Principles to be applied in court:*

- The best interests of the child shall be of primary concern.
• The Children’s Court shall have a setting that is friendly to the child offender.
• The words “conviction” and “sentence” shall not be used in relation to a child. Instead the terms ‘a finding of guilt’ and ‘an order upon finding of guilt’ shall be used respectively.

What methods can be used in dealing with child offenders?
The court may:
• Set the child free by discharging him/her; or
• Place the child under probation;
• Place the child under a fit person who may or may not be a relative or a charitable children’s institution willing to take care of the child;
• Commit the child to a rehabilitation school if the child is between 10 and 15 years;
• Order the offender to pay a fine, compensation or costs.
• Commit the child to a borstal institution;
• Place the child under the care of a qualified counsellor;
• Place the child in an educational or a vocational training programme;
• Make a community service order.

Restrictions on punishment:
• No child offender shall be subjected to corporal punishment.
• No child shall be imprisoned or sent to a detention camp.
• No child shall be sentenced to death.

PART XIV: MISCELLANEOUS.
This part, as its title suggests, deals with broad issues in the Act, for instance:
Persons aggrieved by the DCS may appeal to the Minister for Gender, Children and Social Development for redress;
General Penalties for offences in the Act where no penalty has been prescribed are:
Imprisonment: maximum of 12 months imprisonment or fine which shall not exceed Kshs. 50,000;
The Minister has the general powers to make regulations for the smooth operation and implementation of the Act;
A group(s) can apply to the Minister for exemption from certain parts or sections.
HANDOUT 2: CHILD PROTECTION AND CHILD ABUSE

Definition of child abuse:

Child abuse consists of anything which individuals, institutions or processes do or fail to do which directly harm children or damages their prospects for safe and healthy development into adulthood. (National Commission, UK 1996)

Child abuse and neglect involves the maltreatment of children by either hurting them (abuse) or purposely failing to provide for their needs (neglect) thus depriving them of their rights. (ANPPCAN’s definition). It also involves any action that leads to the exploitation and discrimination of a child.

The Children’s Act No. 8.2001 defines child abuse as anything that causes physical, sexual, psychological and mental injury to a child.

Figure 2: Child labour, a form of child exploitation and abuse
Types of child abuse:
• Sexual abuse such as defilement, child prostitution
• Physical abuse such as scalding, biting, burning
• Emotional abuse such as shouting, threatening, demeaning, discrimination, verbal insults
• Neglect as in failure to provide food, clothing, care
• Exploitation such as child labour, child trafficking, commercial sex of children, using children to get funds for self benefit etc

Forms of child abuse:
• Familial abuse i.e. abuse within the family/home as in the case of incest
• Extra-familial i.e. abuse outside the home/family as in the case of child labour
• Institutional abuse – commonly occurs in institutions like schools and hospitals for example sodomy

Causes of child abuse:
• Emotional state of parents e.g. depression
• Special characteristics of the child e.g. hyperactivity
• Family crisis e.g. alcoholism, poverty, divorce etc
• Societal greed and selfishness
• Cultural reasons that justify some abuses such as female genital mutilation (FGM)/circumcision.

Signs, symptoms of child abuse:
• Physical e.g. burns, bruises, cane scars, fractures and dislocations
• Behavioral e.g. absence from school/truancy, bedwetting
• Emotional e.g. sad face, depression, low self-esteem
• Sexual e.g. pregnancy, presence of STIs

Consequences of child abuse and neglect
There are many consequences but main ones are:
• Death
• Recurrence of abuse
• Trauma
• Permanent physical disability
• Irreversible intellectual disability
• Psychological and behavioural disorders
• Criminal behaviour
• Economic loss

Child abusers/perpetrators:
• Individuals including parents, relatives
• Institutions such as schools, CCIs, religious etc
• Processes such as displacement

Most vulnerable children
• Orphans (care by guardians, grandparents, relatives)
• Age groups 6–10 and 11–14
• Children with disabilities
• Those living in streets
• Those in the worst forms of child labour (domestic labour, prostitution)
• Households headed by a child

Definition of child protection
Child Protection is defined as measures and structures intended to prevent and respond to abuse, neglect, exploitation, discrimination and violence affecting children

Ways of preventing child abuse:
• Having a Child Protection policy in every CCI
• Appointing a Child Protection focal person in every CCI
• Raising awareness among children on how to stay safe and reporting abuse or attempted abuse
• Raising awareness among all employees in CCIs on child protection policy, prevention and response
• Advocacy
• Community policing
• Poverty reduction and creation of wealth

Interventions available/helpful responses:
• Child Helpline (116)
• Child Protection Units in police stations in some Sub-Counties
• Area Advisory Councils (AACs)
• Child Protection Teams (CPTs)
• Sub-County Children’s Offices etc
• Child Protection Centres (CPC)
Working with child victims of abuse:

- Maximize the safety of the survivor
- Provision of information to the survivor
- Validate the survivor's experience

Kenyan laws and guidelines that relate to child abuse:

- The Children's Act 2001
- The Sexual Offences Act 2006 (revised 2009)
- The CCIs Regulations

Components of a child protection policy

- Definitions of child protection and all child protection concerns
- Introduction – to CCIs and reasons for the policy
- Policy statements on the protection of children (summarising the key statements)
- Policy aims
- Policy objectives
- Scope of the policy
- The policy itself – contains detailed point by point explanations of the positions taken on the various child protection issues, such as sexual abuse, child labour, bullying, child trafficking, using abusive language, discrimination, contact with family, and behaviour management, among others.
- References
- Appendices, e.g. summary to be signed by all stakeholders, parents/guardians, consent forms and incident reporting forms, etc.

Trends in Kenya

According to recent studies and reports (facilitator can cite specific studies), the most common forms of abuse are: physical and psychological, sexual and neglect.

Physical abuse
- Beating
- Corporal punishment
- FGM
- Human trafficking (abduction of children)
- Infanticide
- Child labour

Sexual abuse
Incest
Rape
Defilement
Sexual exploitation of children – child prostitution
Pornography
Child marriage
Sodomy
Sexual harassment – fondling, making indecent suggestions (verbal, gestures)
Child trafficking - abduction

*Emotional abuse (psychological)*
Verbal
Sexual
Excessive discipline
Confinement
Excessive work
Ridicule and humiliation
Bullying
Abduction

*Neglect*
Abandonment
Displacement
Failure to provide
Denial of rights – food, education, protection

All the above can be found within or outside the family and in camps for internally displaced people and refugees camps. In these environments children are exposed to sexual, physical, neglect, child labour and child trafficking. Other forms of abuse may not be so obvious.

*Sexual Offences Act*

**PENALTIES FOR CHILD ABUSERS**

Sec. 20 CA 2001 (Violation of the rights of the child)

Any person who infringes on the rights of a child shall be liable upon summary conviction to a term of imprisonment not exceeding two months, or to a fine not exceeding Ksh 50,000 or both the fine and imprisonment.
Sec. 111 of CA 2001 (Misappropriation of the estate of the child)
Any guardian of the estate of a child who:
Misappropriates any asset or subjects any asset to loss or waste or damage; or
Fails to account for the assets; or
Gives false account of the assets
Shall be guilty of an offence and shall be liable to a fine not exceeding Kshs. 50,000 or imprisonment for a term not exceeding one year or both.

COURT ORDERS FOR THE PROTECTION OF CHILDREN
Under sect. 114 of CA 2001, a court makes orders to ensure the protection of a child. These include:
Access order - visitation rights
Residence order - right for the child to live with a named person
Exclusion order - removal of a person who uses violence on a child from the child’s residence/home.

PENALTY
Any person who contravenes orders under sec. 114 sub sec c, d, g, e of CA 2001, commits an offence and shall be liable to a fine not exceeding Ksh 50,000 or imprisonment for a period not exceeding six months or both.

PENALTY FOR CRUELTY TO AND NEGLECT OF CHILDREN
Sec 127 of the CA 2001
127. (1) any person who, having parental responsibility, custody, charge or care of any child and who:
(a) willfully assaults, ill-treats, abandons, or exposes, in any manner likely to cause him/her unnecessary suffering or injury to health (including injury or loss of sight, hearing, limb or organ of the body, and any mental derangement); or
b) by any act or omission, knowingly or willfully causes a child to become, or contributes to his becoming, in need of care and protection,
c) commits an offence and is liable on conviction to a fine not exceeding Ksh 200,000, or imprisonment for a term not exceeding five years, or to both.

SEXUAL OFFENCES ACT 2007
Section 11. (1)
Any person who commits an indecent act with a child is guilty of the offence of committing an indecent act with a child and is liable upon conviction to imprisonment for a term of not less than ten years.
HANDOUT 3: FORMATION AND MANAGEMENT OF CCIs

General management principles
Management principles are statements of fundamental truth. These principles serve as guidelines for the decisions and actions of managers. They are derived through observation and analysis of events which managers have to face in carrying out their duties.

*Henri Fayol defined the 14 principles of management as follows:*

1. **Division of Work**

   This is the specialization of the workforce according to the skills of each person, creating specific personal and professional developments within the labour force and increasing productivity, leads to efficiency of the labour force. Separating the job into smaller tasks will increase the worker’s speed and accuracy in the performance of the job. This principle is applicable to both technical as well as managerial work.

2. **Authority and Responsibility**

   Commands are followed by responsibility for their consequences. Authority means the right of a superior to give orders to his subordinates; responsibility means the obligation to perform. This principle suggests that there must be parity between authority and responsibility. They are co-existent and go together, and are two sides of the same coin.

3. **Discipline**

   Discipline refers to obedience, proper conduct in relation to others, respect for authority, etc. It is essential for the smooth functioning of all organizations.

4. **Unity of Command**

   This principle states that every subordinate should receive orders and be accountable to one and only one superior. If an employee receives orders from more than one superior, it is likely to create confusion and conflict.

   Unity of Command also makes it easier to apportion responsibility for mistakes.

5. **Unity of Direction**

   All those working in the same line of activity must understand and pursue the same objectives. All related activities should be put under one group, there should be one plan of action for them, and they should be under the control of one manager.

   This provision seeks to ensure unity of action, focusing of efforts and coordination of strength.

6. **Subordination of Individual Interest**

   The management must put aside personal considerations and put company objectives first. Therefore the goals of the organization must prevail over the personal interests of individuals.

7. **Remuneration** -
Workers must be paid sufficiently as this is a chief motivation for employees and therefore greatly influences productivity. The quantum and methods of remuneration payable should be fair, reasonable and rewarding of effort.

8. The Degree of Centralization

The amount of power wielded by the central management depends on the size of the company. Centralization implies the concentration of the decision-making authority at the top management. Sharing of authority with lower levels is called decentralization. The organization should strive to achieve a proper balance.

9. Scalar Chain

Scalar Chain refers to the chain of superiors ranging from top management to the lowest rank. The principle suggests that there should be a clear line of authority from top to bottom linking all managers at all levels. It is considered a chain of command. It involves a concept called a “gang plank” in which a subordinate may contact a superior or his superior in case of an emergency, thereby defying the hierarchy of control. However, the immediate superiors must be informed about the matter.

10. Social Order

Social order ensures the fluid operation of a company through authoritative procedures. Material order ensures safety and efficiency in the workplace.

11. Equity

Employees must be treated kindly, and justice must be enacted to ensure a just workplace. Managers should be fair and impartial when dealing with employees.

12. Stability of Tenure for Personnel

The period of service should not be too short and employees should not be moved from positions frequently. An employee cannot render useful service if he/she is removed before he becomes accustomed to the work assigned to him.

13. Initiative

Using the initiative of employees can strengthen and add new ideas to an organization. Initiative on the part of employees is a source of strength for the organization because it provides new and better ideas. Employees are likely to take greater interest in the functioning of the organization when their initiatives are recognised.

14. Esprit de Corps (Team work)

This refers to the need of managers to ensure and develop morale in the workplace; individually and communally. Team spirit helps develop an atmosphere of mutual trust and understanding.

Team spirit can be used to initiate the processes of change, organisation, decision making, skill management and to improve the overall view of the management function.

Fayol also divided the management function into five key roles:

* To organise
* To plan and forecast (purveyance)
* To command
* To control
BACKGROUND
Charitable Children’s Institutions Regulations are Subsidiary legislation to the Children’s Act; 2001 Sec. 72 of the CA obligates the Minister for Gender, Children and Social Development in consultation with the Area Advisory Council (AAC), to make regulations for the better running of the institutions.

Commencement
CCIs Regulations were assented to by the Minister on 3rd November 2005 and came into force on the 16th December 2005.

INTERPRETATION
These terms that are used in the regulations shall be interpreted as follows:
“administering authority” means a person or body of persons registered to run an institution.
For example, if a church is registered to run an institution, then the church is the administering authority.
“placing authority” means the Children’s Court or the Department of Children’s Services and includes authorized offices as defined in the CA.
“institution” means a Charitable Children’s Institution as defined in sec.58 and 59 of the CA.

What is a Charitable Children’s Institution?
A Charitable Children’s Institution means a home or institution which has been established by a person, corporate or unicorporate, a religious organization and has been granted approval by the NCCS to manage a programme for the care, protection, rehabilitation or control of children (sec 58 CA 2001).
A Charitable Children’s Institution shall not include:
- A rehabilitation school established by the Minister under section 47 of the CA 2001
- A school as defined in the Education Act (Cap. 211);
- A borstal institution;
- Any health institution;
- A children’s day care centre, nursery school or similar establishment.

NOTE: Mandatory
Institutions shall be run in a way consistence with the guiding and overriding rights contained in the UNCRC, 1989, The African Charter for the Rights and Welfare of the Child, to ensure maximum survival and development of children, respect of children’s rights to air their opinions, and to secure the best interests of children.

PRINCIPLES TO BE APPLIED
The guiding rights and principles given in the CRC and the African Charter are:
- The Best Interests of the Child;
- Non-discrimination;
• The Child’s Opinion; and
• Maximum Survival and Development.

REGISTRATION OF CCIs

All CCIs shall apply to the NCCS for registration. The application should be addressed to the AAC which operates in the area where the institution is to be located, through the Sub-County Children’s Officer. The Application Form is provided for in Schedule 1 of the Regulations.

Documents to be attached to the application form include:

- A list of trustees or management committee, if the applicant is an unincorporated body of persons (not a registered organisation);
- A certificate of registration if the applicant is a legally registered organization;
- A copy of the mission and policy statements of the institution.
- Acknowledgment of receipt by AAC
- The AAC is supposed to inform the applicant that it has received the application within 30 days and give the date when it will inspect the institution.
- AAC inspects to see if the institution satisfies the conditions given in Schedule 3 of the Regulations.

CRITERIA FOR APPROVAL OF CCIs (Schedule 3 of the Regulations)

- Show proof of financial stability and sustainability.
- Must have a mission and policy statement (Schedule 9 of the Regulations).
- Have proof of adequate premises to meet objectives set out in the mission and policy statement.
- Have adequate staffing to meet the needs and objectives of the institution.
- If it is not a non-governmental or religious organization, it must show proof of registration.
- If it is an individual or unincorporated body, it must show a list of trustees.
- Must accommodate or have the capacity to accommodate at least 20 children.
- If institution has satisfied all requirements, it shall forward the application to the Director of Children's Services (DCS) with its recommendations.

CCI CHECK LIST FOR REGISTRATION

- Application form
- AAC minutes
- AAC inspection report
- Public health inspection report
- Mission and policy statements - to comply with schedule 9
- Audited financial accounts/books of accounts
• Certificate of corporate registration/list of trustees
• Children’s complaint procedure
• Behaviour management policy for children
• Certificates of good conduct from the police for all members of staff
• Curriculum Vitae (CV’s) of all members of staff
• Medical certificates for food handlers

If the institution has not satisfied the requirements, the AAC can do the following:

• Give recommendations to the institution on areas that need improvement. It can do this if continued running of the institution does not pose a danger to the welfare of children.

• If the institution is not fit to operate, the AAC shall recommend its immediate closure to the NCCS and DCS and arrange for the placement of the children in other institutions.

• If all requirements have been met, The DCS shall, after consultation with the NCCS, recommend to the Minister to issue the institution with a Certificate of Registration (Schedule 5)

• If the person wishes to run more than one institution, they must have separate applications for each institution.

• No organization shall be allowed to operate as an institution unless it is registered as shown above.

Implementation of Child Welfare Programmes (Regulation 4)

• Before an institution begins a welfare programme, it shall be required to notify the AAC. (Schedule 6-Form for Notification)

• The AAC shall forward the application to the DCS within 14 days from time of receiving notification. The DCS shall then forward the application to the NCCS.

NCCS shall:

• Approve the implementation of whole or part of the programme if it meets the criteria in Schedule 7; Upon approval of the programme, issue the institution with certificate of Approval (Schedule 8); or

• Disapprove the whole or part of the programme if it does not meet the above requirements.

Mission and Policy Statements (Regulation 5)

• Sets out the plans, intentions and vision of the institution. It gives everyone working at the institution direction and also allows other people such as the AAC to know what the institution aims to do and achieve. (Information in Schedule 9)

Welfare of Children (Regulation 7)

• The institution should take all possible measures to promote the welfare of the children under its care.

• It shall be required to give holistic care, education, supervision and treatment of the children whenever the need arises.
• The institutions shall be run in a manner that respects the privacy and dignity of the children living in them.

• In order to promote the welfare of the children, the authority should take into consideration the children’s sex, religions, ethnicity, cultures and any other special needs including disabilities.

Child Placement Plan (Regulation 8)
This is a plan that contains the arrangements that have been made for a child who is to be accommodated in an institution. It should be prepared after needs assessment of the child has been done to meet his/her best interest.

Among other things, the plan should address the following issues:

• How the child will be cared for and the welfare enhanced on a day to day basis,

• Health care and education arrangements.

• The plans for contact with his parents, relatives and friends;

• The plan for when the child leaves the institution. This should include his or her home environment adjustment plan.

Figure 3: Children should be accorded time to play with an adult to supervise.
Food Provided at the Institution (Regulation 9)

Food should be:

- Served in adequate amounts, at and after appropriate periods of time. It should also be balanced, nutritious and properly prepared and cooked. The administering authority should ensure that the food meets the needs of all children and that it is well varied.
- Clean and fresh drinking water should always be available.
- Children who have special diets because of their health or religion should also be given meals which meet their needs. For example, a child who is a Muslim should not be given pork or related products.
- Provision of Clothing and Personal Necessities (Regulation 10)

Children staying at the institution should be provided with clothes which are appropriate and adequate. The clothes should also meet the specific needs of the children.

- In addition, the institution should provide facilities and resources to ensure that the personal necessities of children at the institution are taken care of with due regard to their ages, sexes and any other special needs.

Contact and Access to Information (Regulation 11)

The institution should:

- Encourage contact and communication between each child with his or her parents, relatives and friends;
- Ensure that suitable facilities are available and that there is a specified time at the institution when children can meet their visitors privately.
- Where it is seen to be in the child’s best interests, the authority may put restrictions or conditions on the child’s contact and communication with the outside world. Where this is done, the reasons should be put down in the child’s records. However, these conditions or restrictions should not be used as a disciplinary measure against a child.

Education, Leisure Activity and Employment (Regulation 12)

The authority should support the education of the children. The institution’s programme should allow them to continue with education and also give them time to study on their own. The administration should also follow up on the progress of children in schools by maintaining contact and communication with the schools they attend.

Extra-curricular activities should be promoted at all institutions. Proper play, recreational and leisure facilities should also be provided at the institution and time allocated for children to play and participate in leisure activities.

Religious Observance (Regulation 13)

Children in institutions should be allowed to attend services and receive religious teachings from their respective faiths. The children should also be allowed to follow other practices in their religions such as the wearing of certain clothes and special diets.
Above all, the children should not be forced to follow or participate in religious practices or services that are not their own.

**Health Needs of Children (Regulation 14)**

The institution should ensure that children can access medical, dental, nursing, psychological and psychiatric care, and other services which they may require. Children with special health needs should be given individual support by being provided with special aids and equipment that they may require.

Female children in an institution should be provided with proper and adequate sanitary facilities including sanitary pads. The children at the institution should also be given advice on personal health care.

**Harzard and Safety (Regulation 15)**

The authority should ensure that all areas of the institution are free from objects that may pose danger to the children. It should also ensure that the activities that the children participate in do not expose them to risk.

The administration should also make arrangements to ensure that the people working at the institution and the children are trained on first aid. They should also be trained on disaster preparedness and management in case of any emergencies such as fire outbreaks.

**Complaints and Representation (Regulation 16)**

- The administration should come up with a written procedure on how children living in the institution can make complaints or how someone else can do it on their behalf. The procedure should also indicate how complaints against those in authority should be handled.

- Problems should be resolved immediately and the administration should be ensure that any person or people who are mentioned in the complaint do not participate in any way in handling the complaint or in deciding what should happen.

- The procedure for handling complaints should be made available and the children, parents, the children’s placing authority and people working at the institution should be made aware of its contents.

- The administration shall also maintain a record of all the complaints made and the actions taken.

- Administration will also ensure that the children know how to use the procedures and that no child is victimized or punished for making a complaint.

**Behaviour Management Policy (BMP) (Regulation 17)**

- The BMP is a plan that outlines how good behaviour and discipline can be maintained a CCI.

- The policy should outline measures of control, restraint and discipline and how good behaviour can be rewarded. It should also be specific on which people are allowed to apply the measures, and the occasions. Above all, the policy should also ensure that the child is an opportunity to be heard before implementing any of the measures.

- A book for recording measures taken should be maintained and a record entered within 24 hours of the measure being employed.
The following should never be used in institutions as disciplinary measures:

- Any form of corporal punishment;
- Denying children food or drink (water);
- Restricting a child from being in contact with or visited by parents, relatives or friends apart from when such restrictions are imposed by a court;
- Making children wear inappropriate clothes;
- Denying children medical attention;
- Intentionally depriving a child of sleep;
- Asking the child to pay money apart from asking them to pay reasonable amounts as compensation;
- Intimately or physically examining the body of a child;

Figure 4: Clean and airy sleeping quarters in a CCI.
• Withholding the aids or equipment needed by a child with disability;
• Asking children to punish each other or punishing a group of children for the mistakes of one child; and
• Any action which is degrading, dehumanising or cruel.

Appointment of Person in Charge (Regulation 18)
• The institution must employ a person who will manage the day to day affairs of the institution.
• The person should be of good character, have integrity, the right qualifications, skills and experience necessary for running an institution. He/she must also be both physically and mentally fit to manage the institution.

Staffing of Institutions (Regulation 19)
At all times, the institution should have members of staff who are suitably qualified, competent and experienced and who, guided by the mission and policy statements, are able to handle the health and welfare of the children, and other specific needs.

In particular, the institution should ensure that the following staff are employed:
  • A qualified social worker(s);
  • A specific person in charge of preparing food;
  • A health worker who will be in charge of the children’s health.

Fitness of Staff (Regulation 20)
• The people employed in institutions should be fit to work there, meaning that they should be people of integrity and of good character. They should also be physically and mentally fit and have the relevant qualifications, skills and experience.
• The information required in Schedule 10 should be made available before they are considered for employment.

INFORMATION REQUIRED IN RESPECT OF PERSONS SEEKING WORK IN A CCI
• Proof of identity including a recent photo.
• A certificate of good conduct from the Police and details of any criminal offences particularly those outlined in Schedule 3 of the Act.
• Three written references, including one from the person’s most recent employer, if applicable.
• Where a person has worked in a position where duties involved working with children or vulnerable adults, as far as reasonably practical, verification to determine why the employment or position ended should be carried out.
• Documentary evidence of qualifications.
• A full employment history, together with a satisfactory written explanation of any gaps in employment.
Employment of Staff (Regulation 21)

- The employment of staff shall be carried out according to labour regulations; permanent employees should be subjected to a period of probation and all employees should be given job descriptions.

- The authority shall also have a disciplinary procedure for its employees which shall include suspension where necessary, for the best interest, safety and welfare of the children. Disciplinary measures should be taken against any employee who is aware of and fails to report a case of child abuse or suspected abuse.

- The authority shall also ensure that all employees receive relevant training, supervision and appraisal.

Fitness of Premises (Regulation 25)

- The premises of an institution should be in a location and of a design and layout that enables it to meet its objectives as laid out in its mission and policy statement.

- Premises should be well lit, ventilated and adequately heated or cooled, secure, suitably furnished, and equipped. It must be kept clean and decorated in a child-friendly manner. It must always be well maintained and kept in good repair and should be adapted to suit children with special needs in the institution.

- The environment around the premises should always be kept clean and proper arrangements should be made for the disposal of general and any clinical waste.

- Taking into consideration the children’s ages, sexes, special needs and their number, the institution should have suitable and adequate number of toilets and bathrooms with a constant supply of clean water. The facilities should offer sufficient privacy to the children.

- Each child should be provided with sleeping accommodation suitable to his or her needs, including privacy. In particular, children shall not share a bed with an adult, a child of the opposite sex, or one who is much older than the child.

- Those working in the institution should have access to facilities for the purposes of changing clothes and accommodation for those employees who need to board at the institution.

Fire Outbreak Precautions (Regulation 26)

- The administering authority should always ensure that precautions are taken against the risk of fire outbreaks and that fire fighting equipments are made available and that all the children and staff are aware of the locations of the equipments in their respective buildings and know how to use them.

- The premises should also have adequate means and ways of escaping when there is a fire outbreak. Exits should be well marked.

- Adequate arrangements must be made for the detection, control and putting out of fires. All children and staff should know where fire alarms are situated and how to set them off.

- Members of staff should be properly trained on how to prevent and deal with fire outbreaks. Fire drills should be held at suitable intervals.

Note: It is recommended smoke detectors be installed in every room and batteries changed every 12 months and fire drills be held every four months and recorded. Where possible, two fire marshalls from among the older children will be appointed from every dormitory, room or building to assist staff during a
fire outbreak. The fire marshals will assist by among other things, ensuring that all the children evacuate the building and congregate at an appointed safe area far from danger.

**Inspections by AACs and Inspection Committees (Regulation 28)**
- The administering authority shall ensure that inspections by an AAC Inspection Committee or an authorised person as provided in the Children Act, is carried out smoothly annually. It shall make available all the necessary information and make sure that all parts of the institution are accessible. The management shall ensure that all persons required for interviews are available.

**Review of Quality Care (Regulation 29)**
- The authority shall be required to put in place and maintain a system for improving on the quality of care.
- The issues to be monitored are outlined in Schedule 14.

**Financial Position (Regulation 31)**
- Institutions should be run in a financially secure way.
- It is a requirement that the AAC must be informed beforehand if closure is foreseeable.
- The authority will be deemed to have committed an offence if it exploits children accommodated at the institution for example, by using them to raise funds.
- Information indicating the financial position of the institution which shall include annual audited accounts certified by a qualified accountant, funding sources and bank statements shall be made available to the AAC.

**Notice of Absence (Regulation 32)**
- The administering authority will be required to inform the AAC through the SCCO, in writing, if the person in charge of the institution or any person dealing with the day to day administration of the institution is going on leave for more than twenty eight (28) days.
- The above notice should be given thirty (30) days before the beginning of the leave or within a shorter period if it is an emergency, so long as the AAC is notified within seven (7) days. When giving the notice, the administering authority will also specify the length of absence, reason for it, and indicate what alternative arrangements have been made for running the institution and provide the details of the person who will be in charge during the period.

**Notice of Changes (Regulation 33)**
The administering authority shall also be required to notify the AAC when certain changes take place within the institution. These changes include any in management, in the name of the organization running the institution; change in directors, and also any planned changes of premises to enable the AAC determine if the change is in the best interest of the children.
Offences and Penalties (Regulations 34 and 35)

Failure to follow these regulations is an offence and any person found guilty of failing to follow the regulations may be jailed for a maximum of 12 months or fined Ksh 50,000.

Duration and renewal of registration of CCIs

- Registration of a CCI shall be for a period of three (3) years.
- Every institution registered under these regulations shall apply for renewal in a prescribed manner upon the expiry of the three years (3) from its initial registration or the date of the last renewal of registration.

CANCELLATION OF A CCI’S REGISTRATION

The Minister may, with the recommendation of the NCCS, cancel the registration of an institution on the following grounds:

- Where the institution is unfit for the care, protection and control of children; or
- Where the children admitted into the institution are suffering or are likely to suffer harm; or
- Where the manager of the institution has contravened any of the regulations made under the CA, 2001.

Cancellation procedure

- When the NCCS receives a proposal for cancellation on the above grounds, it shall give 15 days notice of the proposed cancellation of the CCI registration.
- The NCCS shall give the institution a written notice of its intention to have the registration cancelled and shall accordingly invite the institution to make its presentation within 30 days from the date of the notice.
- The Director shall give the institution a written notice of cancellation of registration within 14 days from the date of cancellation.

AFTER CANCELLATION, WHAT NEXT?

Subject to the cancellation directions from the Minister, the Director shall take the following remedial measures:

- Remove all children from the institution;
- Get the home closed;
- Institute disciplinary measures against the manager of the home; or
- Take any other action, as may be necessary, for the protection of the children.

Any person aggrieved by the Council’s decision may appeal to the Minister whose decision shall be final.

An institution, whose registration has been canceled, may make a fresh application in accordance with Regulation 3.
HANDOUT 4: CHILD PARTICIPATION

BACKGROUND
There exist the Child Participation Guidelines in Kenya. Trainers are advised to read and have a copy of these guidelines as a reference document for this topic.

The need to develop the guidelines for child participation arose because:

- CP is one of the four pillars in the UNCRC and participation is a right that children should enjoy.
- During a past UNCRC reporting process, difficulties were realised by various NGOS and government institutions handling children on how best to involve children without abusing their rights and exposing them to a range of abuses.
- Different organizations handled children’s participation differently due to lack of guidelines.
- Children’s rights were at times compromised at different settings where children participated.

To solve this problem, some NGOs in the children’s sector got together and prepared the Child Participation Guidelines (CPG) which was taken up by the NCCS and developed further with contributions from other stakeholders.

PARTICIPATION can be defined as having the opportunity to express a view, influence decision making and achieving change. It can also be defined as involvement, inclusion, being part of, taking a lead.

The Child Participation Guidelines spells out statements that set out the expected levels of performance from certain persons, organizations, institutions and communities with regard to specific activities.

The Child Participation Guidelines should be interpreted within the context of the general principles derived from the United Nations Convention on the Rights of the Child (UNCRC), the African Charter on the Rights and Welfare of the Child (ACRWC), the Children’s Act (CA) 2001, and any other applicable and relevant national, regional or international instruments.

PURPOSE OF THE CHILD PARTICIPATION GUIDELINES
To provide direction with regard to the participation of children with:

- Family members such as parents and guardians
- Other children
- Duty bearers such as teachers and care givers
- Officers in government ministries and other public departments
- Officers in organizations working with children such as FBO, NGOS, and CBOS.
- Practitioners who include doctors, lawyers, counsellors and psychologists
- Persons in public and private institutions of learning and research
GENERAL PRINCIPLES THAT GUIDE CHILD PARTICPATION

Non-discrimination (Article 2)
States that no child shall be subjected to any form of discrimination on account of her/his age, sex, disability, religion, custom, colour, birth or other status; race, language, political or other opinion; national, ethnic or social origin.

The right to life, survival, and development (Article 6)
This article states that children have a right to survival, should be protected from any form of violence, abuse or neglect so that they may grow up in an environment that ensures their physical, mental, spiritual, moral, psychological and social development and prepares them to live as individuals in a free society.

THE IMPORTANCE OF GENUINE CHILD PARTICPATION

The Reasons for encouraging children’s participation include:

i) To acknowledge Children Rights as Human Rights.

ii) To acknowledge that children are citizens and service users and have the same fundamental rights to participate like other citizens.

iii) To fulfill legal obligations. The right of the children to be consulted on issues that affect them is included in the UN Convention on the Rights of the Child and in the Children’s Act 2001.

iv) To improve services for children. Consulting with children enables them to influence the choices made in the provision of services that address their changing needs.

v) To enhance decision-making and democratic practices. When children are provided with opportunities to represent other children's interests in the community, it helps create frameworks to sustain democratic values and principles.

vi) When children participate, they are better informed and have access to more accurate information and choices.

vii) To enhance children’s protection. When children participate, they get a chance to voice and report cases of child abuse. This enhances child protection.

viii) To develop life skills. Life skills are developed and enhanced when children participate.

Genuine and effective characteristics of child participation requires an ongoing process of expression and active involvement of children in decisions making at different levels in matters that concern them. It involves information sharing and dialogue between children and adults based on mutual respect and empowering children to shape both the process and outcomes of an activity that affects them.

Genuine child participation is also characterised by rights- based approaches that are:

- Legal – to ensure that they are within the provided legal framework.
- Ethical – to ensure respect for and guarantee the dignity of each child.
- Safe - to ensure each child's protection rights are properly safe guarded.
- Non- discriminatory – to ensure that all children have an equal opportunity to participate.
- Child friendly – to enable children to contribute to the best of their ability.
DEGREE OF CHILD PARTICIPATION

• The degree of participation of each child will vary and greatly depends on their evolving capacity.

• The deeper the level of participation, the more the children are able to influence what happens to them and this presents greater opportunities for their personal development.

METHODOLOGIES OF CHILD PARTICIPATION

The diverse methodologies used in engaging children in various contexts, include:

• Engagement in adult forums e.g. youth councils, boards or advisory groups.

• Through theatre and arts (drama, music, poetry painting, verse speaking, sculpture, design, handicrafts).

• Print and electronic media (newspapers, radio, internet).

• Child led initiatives such as (children clubs, child to child).

• Active engagements in their daily lives with their families and in nursery, pre-school, primary and high schools.

RULES OF CHILD PARTICIPATION

i) Mutual respect

• Children’s participation should take place in an atmosphere of mutual respect.

• The children should feel that their contributions are valued and their comments are listened to, regardless of age, disability, gender, ethnic group or poverty.

• They should have access to information.

• Provide relevant information about the topic, through discussions, in writing (handouts), text books, documentaries, movies and listening to tape recordings.

• The children should be briefed prior to participation to ensure that their decision to participate is well informed.

ii) The facilitator should ensure that the children understand:

• What is expected of them in terms of commitment, time, availability, and so on.

• Possible outcomes of their participation (positive and negative).

• Kinds of material, financial and human support they can expect.

• They have a right to privacy and any confidential information that they may reveal must be respected by both the adults and children.

iii) Protecting children

• Ensure that children are protected from physical, psychological, emotional, developmental and moral harm while participating in all programmes.
iv) Equal rights to participate

- All the children should be accorded equal rights, irrespective of the child’s or his/her parent’s or legal guardian’s race, colour, sex, language, social status, or religion.

v) Avoiding dependency

- The children must not be allowed to become too economically or emotionally dependent on the organization or the programme, nor should adults become emotionally dependant on the children.

vi) Appropriate methods

- All activities and methods used with children should be appropriate to the children’s ages and capacities.

vii) Selecting which children can participate

- Children should decide who amongst them will participate. Use principles of representative democracy, through which citizens elect leaders to represent their interests. Those elected will then report back to those who have chosen them.

CHILD PARTICIPATION DOES NOT INVOLVE:

- Suggesting to children what they should think or say;
- Thinking that adults have nothing to learn;
- Devaluing adults’ experience and expertise;
- Using children to do adults’ work;
- No rights for adults and no duties for children;
- Handing over all power to children;
- Keeping things the way they are now.

CHILD PARTICIPATION IN EVENTS

Selection criteria

The selection criteria for a child’s participation should be based on age, non-discrimination, and the evolving capacities of the child. The evolving capacities are:

- The child’s ability to fully understand the nature of participation and be able to voluntarily agree to participate.
- Experience and knowledge of issues to be discussed.
- Confidence and ability to express him/herself clearly in English, Kiswahili, or any medium or language required for the process. Where this is not possible, all efforts should be made to address any deficiencies.
- Child’s knowledge of children’s issues.
- Respect for both fellow children and adults.
- Age (less than 18 years).
• His/her ability to remain active and be able to interact with children from different backgrounds.
• Willingness to take up any responsibilities that may be assigned to them.

Recommended Accommodation and Welfare Facilities for Children
For a venue to be considered child friendly under these guidelines, it should:
• Be in a clean environment with proper sanitation.
• Be close to an appropriate health facility or have emergency first aid kits.
• The organizers of the event shall also ensure that the children have an appropriate health insurance cover or appropriate medical cover for the duration of the event for children who are going to travel out of the country

Recommended Transportation for Children
While transporting children from one place to another, the following issues shall be considered:
• The children shall be provided with the safest, most comfortable and secure transport as stated in the Traffic Act Cap 403.
• Every vehicle used for transporting children shall be insured appropriately and meet all other legal requirements.
• In the case of Public Service Vehicles (PSVs), they shall be from companies that are duly authorized by law to transport passengers.

Age Consideration
Children can be grouped in the following categories:
• Children under five (require special fora and care)
• 6-9 years
• 10-12 years (pre-teen category)
• 13-16 years (adolescents)
• Above 17 years

Parental Consent
A parent’s/guardian’s consent should be sought before a child participates in an event.

Inclusiveness
In order to ensure maximum representation and participation, the selection of children should be all inclusive and provide equal opportunities for all children.

Responsibilities of a child
Unlike the UNCRC, the ACRWC also outlines the responsibilities of a child in addition to a child’s rights. The objectives are:
• Bring up responsible children,
• Teach children responsibilities,
• Enhance child participation by allowing children to take part in societal activities.

ADULTS WORKING WITH AND FOR CHILDREN

*Chaperon:* This is an adult who accompanies a child or young person to an event for purposes of guiding and taking care of the child.

*Child facilitator:* This is a child who has been trained to conduct children’s sessions.

*Child listener:* This is a person who is skilled in perceiving communication from children in a holistic manner and in whom children can easily confide in during a participation process.

*Child protection officer:* This is an officer assigned to deal with child protection issues.

*Child moderator:* This is an adult who facilitates sessions for children.

*Counsellor:* This is a person who gives professional advice on personal issues.

*Translator:* This is a person who expresses the sense of a word or text in another language or in a simpler form.
Handout 5: Basic Social Work Skills

Social Work is the organized effort to help individuals and families adjust to the community, as well as help the community to adapt to the needs of individuals and families. Social Work has its roots in the struggle by society to alleviate poverty and problems arising from poverty.

Modern Social Work employs three methods of assistance:
- Casework
- Group Work
- Community Organization

Casework is the method by which individual persons and families are assisted. The person in need of casework may be physically, mentally or socially handicapped. Those regarded as socially handicapped include the unemployed, the homeless, members of broken families, alcoholics, drug addicts and neglected children.

To determine the cause of maladjustment, the social worker must understand individual psychology as well as the psychology of the community. Physicians, psychiatrists and other specialists may be required to help diagnose the problem.

Social Group Work is exemplified by the social settlement such as in a classroom setting.

Group identification is the initial process in the analysis of the needs specific to the group. The community may be called upon thereafter to provide the buildings and grounds for activities that will lead to the fulfillment of their needs; often the services of volunteers and of public groups are used.

Through Community Organization, the welfare work of single agencies as well as of whole communities is directed, cooperation between public and private agencies is secured, funds raised and administered.

Principles of Social Work

Many people have different beliefs about social workers. Practicing social workers know that they are the change agents when working with individuals, groups, and communities. This session seeks to expand the knowledge of the trainee on the principles of social work.

Definition of Social Work

- It can be defined as a planned, purposeful intervention based on professional knowledge, values and skills aimed at individual and societal change.
- It is a profession concerned with promoting the well being of people and it includes assisting individuals, families, groups, organizations and communities to achieve life enhancing goals.
- It also seeks to enhance the social functioning of individuals and groups, through activities which focus on their social relationships which constitute interactions between individuals and their environment.
• Pincus and Minetias define social work as a profession concerned and involved with the interaction between people and institutions, that affect the ability of people to accomplish life’s tasks, realistic aspirations and alleviate distress.
• The United Nation defines social work as an organized activity that aims to help the mutual adjustments of individuals and the environment.

THE GENERAL PRINCIPLES OF SOCIAL WORK

• Accountability
• Following demands of the client
• Maximizing support in the client's environment.
• Least contest
• Minimax
• Self

DEFINING THE GENERAL PRINCIPLES

a) Accountability
• This basically refers to responsibility, credibility, dependability, duty or obligation. Social workers strive to instill accountability in the clients by removing all obstacles that create inadequacies in them (clients).
• A client's ego should be developed, in such a manner that he/she is able to use rationale and legal ways to meet their needs.
• Social workers need to apply all their skills to enhance the principles of social work.

b) Following the demands of the client
• The client comes first in a social worker’s interactions.
• Social workers must use all ways and means to meet the clients’ demands i.e. to solve the client’s problems.
• The social worker can use the client’s strengths and instant resources to find solutions to the client’s problems. The worker can also check on other people with similar problems in the society to assess the magnitude of the problems and to mobilize the necessary resources to solve the problems. The client needs therefore, must be given priority in the social work set up.

c) Maximizing support in the client environment
• Client environment refers to his/her surrounding (condition or circumstance).
• The condition in which the client lives may include an institution and other resources around him or her.
• The social worker needs to be aware of any barriers to the client’s efforts and solve his/her problem thereby allowing him/her to live a satisfactory life. The social worker can seek help if the barrier is entrenched in institutional policy.
• The social worker should be in a position to use all resources in the client's environment and ensure that the client attains his/her goals through the social work relationship.

d) Least contest
Contest refers to conflicts, struggle, fight, challenges etc. The principle emanates from the psychology that force inserted on something emanates similar equal force whereby action = reaction.
The social worker must use least force in the action system or institution if those institutions are to help the client. Conflicts should always be avoided and consensus used to solve social problems.
e) Minimax
This is applied after realizing that no help is coming the client's way.
In such a situation, the client may react negatively and the social worker is then called upon to help the client induce all the negative feelings he/she has and divert his attention to goal achievement.
The social worker uses all his/her skills to minimize the pain the client may be feeling and maximize positive alternatives and satisfaction. The client is encouraged and helped to concentrate on behaviour that will elicit positive response.
f) Self
This principle applies to the social worker who must examine his/her conscience (ego) and ensure that he/she is doing everything possible, in an effort to help the client.
• Leadership skills are required if the social worker is to assist the client effectively.
• Social workers must always be well connected with other social networks in order for them to succeed in helping the client.

ROLES OF A SOCIAL WORKER

• Broker
• Advocate
• Enabler
• Teacher
• Mediator

ROLE RESPONSIBILITIES

a) Broker
• A social worker serves as the linkage between the client and community resources.
• Acting as a broker requires broad knowledge of a community and the operating procedures of agencies, organizations and services that may be needed.

Brokering includes: Finding shelter for a battered woman, man or children.

b) Advocate
• Advocacy is a term borrowed from the legal profession. A legal advocate is one who is guided by
the client’s wishes.

- A social worker advocate must be guided by the client’s wishes as well as by what is best for the client and the society.

- In the role of advocate, the social worker becomes the spokesperson for the client and presents and argues the client’s case when necessary. For example:
  - They can work with lawyers and other legal officers to institute changes on behalf of their clients.
  - They can also lobby Members of Parliament (MPs) or councilors on behalf of the client.

c) **Enabler**

- An enabler is one who assists clients to find strength and resources within themselves to produce the required changes by offering encouragement, support, and reassurance.
- Enabler is a term used when dealing with individuals.

d) **Teacher**

- The teacher role involves introducing additional information and resources into the situation.
- Education has long been seen in our society as way of improving one’s social position
- Teaching is one way in which a client can learn how to overcome difficult situations.

e) **Mediator**

- As a mediator, a social worker will use different techniques to try and bring about a convergence of the perceived values of parties involved in a conflict. He/she will help each party recognize the legitimacy of the other’s interest and assist the parties in identifying common interests for a successful outcome. Both parties in the conflict need to realise that relationship is more important than the issues of the specific conflict.

**SOCIAL WORK ETHICS AND VALUES**

- Ethics: Refers to a system of accepted beliefs which control behaviour, especially where such systems are based on morals. It refers to moral principles, moral codes, and code of rights and wrongs.
- Values: Refers to ideals, principles, standards, worth, importance, usefulness, respect, regard for the clientele etc.
- Social work ethical responsibilities: This is the commitment of the social worker to serve clients, colleagues, the social work field and the broader society according to laid down principles.

**IMPORTANCE OF ETHICS AND VALUES IN SOCIAL WORK**

- Ethics and values serve as a guide to the conduct of members of the social work profession and as a basis for adjudication of challenges in ethics when the conduct of a social worker(s) deviates from the standards expressed or implied in the code.
- Ethics and values represent standards of ethical behaviour for social workers in professional relationships with clients, colleagues, employers, other individuals, professionals in other fields, and with the community/society as a whole.
• Ethics and values embody standards of ethical behaviour governing an individual’s conduct to the effect that such conduct is associated with an individual’s status and identity as a social worker.

IMPACT OF ETHICS AND VALUES ON SOCIAL WORK

Ethics and values affect social work in many ways, positively and negatively. Ethics and values have:

Positively:
• Enabled social workers to practice uniformly all over the world guided by the same principles.
• Enables social work to be seen as a professional body.
• Interests of all parties involved in the social work profession as a basis.

Negatively:
• Some social workers feel that the values and ethics do not represent the communities they work in and parallel guidelines have been set up such as the National Association of Christian Social Workers (NACSW) and the Association of Black Social Workers.

ETHICAL RESPONSIBILITIES OF SOCIAL WORKERS

a) Social worker’s conduct

Propriety
• Refers to etiquette, decency, respectability, modesty, protocol, good behaviour and decorum.
• Social workers must always be correct in their moral and social behaviour.

Proficiency
Refers to being skilled and able to perform, expertise or competence. Social workers must have adequate knowledge in the field of social work.

Competence
• Social workers must be ready, eligible and capable of practicing.

Obligation
• Refers to responsibilities, reliability, accountability, duty or commitment. The primary duty of a social worker is the welfare of their client(s).

Integrity
• Refers to honesty, virtue, honour, uprightness and goodness. Social workers must be able to elicit trust and confidence in the client and not take advantage of the client.

Conventions
• Refers to customs, formalities, protocol etc. Social workers must behave as expected by fellow members and society.
b) Social worker’s ethical responsibility to clients

*Primacy*
- Client is the first and foremost duty of a social worker.

*Prerogative*
- Refers to freedom, immunity, liberty etc of the client. Social workers must recognize the privilege that clients have and must never force anything on them.
- Confidentiality
- Social workers must assure the client that whatever information they share with them is confidential and will remain so as they work together.

*Commensurate/Equivalent*
- The services that social workers give to the client must reflect what is in the contract. The service must be proportionate, equal, and match the client’s expectations. In other words, the client should not feel shortchanged.

c) Social worker’s ethical responsibility to colleagues

*Courteous*
- Refers to behaving in a civilized, attentive, fair, gentle refined manner. Social workers must treat their colleagues as equals and be polite when dealing with them.

*Consideration*
- Refers to thoughtfulness, compassion, respect, tact, kindness, concern, regard etc. Social workers must be careful and thoughtful when dealing with fellow workers to avoid unnecessary misinterpretation of their behaviour.

d) Social worker’s ethical responsibility to employers and employing institutions

*Adherence*
- Means to stick, comply, conform, follow, and observe, among other things, laid out work policies and other protocol. Social workers must act according to the rules of the employers and employing organizations. They must support the rules.

e) Social worker’s ethical responsibility to the profession.

*Advancement*
- Refers to progression, moving forward, increase etc. Social workers have the ethical responsibility to help the profession grow in all ways.

*Assistance*
- Means to help, support, promote etc. Social workers should promote the growth of the profession.

*Development*
- Means to nurture, advance, acquire, evolve etc. Social workers have the ethical responsibility to make the profession bigger and better.
f) Social worker’s welfare responsibility to the society

Welfare

• Refers to wellbeing, benefit, interest, happiness etc. It is the responsibility of the social worker to ensure that the welfare of a society is of paramount importance.

BASIC SOCIAL WORK VALUES

• Values refer to people’s conceptions, their preferred outcomes and preferred instruments of dealing with people.

• Values are also the beliefs that a profession, individual or community holds about people and the appropriate ways of dealing with people.

These values include:

• Belief in the inherent worth and dignity of an individual, group, or community.

• Belief in the recognition of the inherent capacity and desire to change in order to make life more fulfilling.

• Belief in self direction and self determination which emphasizes the need to involve the client in everything that goes on in the helping process.

• Belief in constructive social cooperation with the client.
HANDOUT 6: BASIC COUNSELLING SKILLS

Introduction
The speed and complexity of modern life continue to increase as do people’s expectations as they try to cope. Coping with these complexities requires autonomous and flexible thinking and clear decisions. Unfortunately, most people have been conditioned to conform, rather than to think for themselves.

Why are counselling skills important?
Counselling skills help people to change as they learn to think things through for themselves and make their own decisions, free of the effects of past conditioning.

Why do we seek counselling?
When we seek, or accept help with an issue we have been unable to resolve on our own, there is often an emotional component to the situation that may interfere with decision making or make it hard to take action. When we are in difficult situations that require counselling, it is possible that:

- We often feel bad about needing help.
- The problem may itself cause confusing feelings such as: “I like my boss but she/he drives me mad by doing X, dare I discuss this with her/him?”
- In the above example, feelings of liking, irritation and anxiety are present at the same time.
- It is extremely difficult to think clearly when we have strong feelings about something or someone whether good or bad.
- The primary function of counselling is to help people think clearly when strong feelings are present.
- The feelings can arise from an experience in the past. For example, someone who got into trouble with a head teacher at school might find meeting a senior administrator even in another setting intimidating. This will remind that person of the earlier painful experience. He or she would then find it hard to think objectively or positively.

CLASSIFICATION OF CHILDREN’S ISSUES IN COUNSELLING
Issues and conditions that may warrant counseling for children:

- Traumatic experiences
- Domestic violence
- Abuse
- Crime
- Loss of family members, friends, playing object
- Affected by disaster
• Terminal illness
• Relationship issues
• Child/parent conflicts
• Inter-parental conflicts
• Sibling relationships
• Peer relationships
• Relation with authority figures such as teachers, and house parents
• Developmental issues: Early, middle and late childhood issues and adolescence
• Change of environment
• Changing schools, teachers, countries, estates, or becoming a refugee
• Effects of divorce, separation,
• drug and crime, and alcoholism
• Anti-social behaviour
• Stealing from home, school, shoplifting, truancy, pick pocketing,
• running away from home,
• sheer rebelliousness,
• being deceitful/cheating.
• Physical and mental challenges
• Some specific conditions:
  • Hyperactivity
  • Autism
  • Aggression
  • Learning disabilities

**What is the role of a counsellor?**

The counsellor’s job is to assist the client to help himself or herself. For the client to feel safe enough to open up about her/his thoughts and feelings, he/she needs to feel safe, respected and understood.
The counsellor must…

- Listen
- Not judge
- Pay attention
- Respect the client’s feelings
- Understand the client’s world and feelings, and put themselves in the client’s shoes and be able to express that understanding in words such as, “I know,” “I understand,” “yes, that’s right”, without being patronising
- Think about and have the client’s best interest at all times

This will enable the client to:

- Develop his/her thinking
- Feel safe and respected
- Know that you care
- Know he/she is not being judged
- Know you are on his/her side and willing to help
- He/she is getting the best help possible

The counsellor should:

- Ask questions
- Summarise
- Ask the client to try new behaviour in the counselling session

Counsellors should NOT …

- Argue with the client
- Dwell on their own difficulties
- Solve the problem for the client
- Give advice
- Belittle the client’s concern
- Avoid talking about painful areas

So that the client can:

- Develop his/her own thinking
- Hear his/her thoughts and know he/she is understood
- Release blocking emotion such as unexpressed anger or sadness.
This will ensure the client does not become:

- Defensive
- Dependant or hostile
- Withdrawn or aggressive
- Frustrated

Signs and symptoms that a child needs counselling

- Immature behaviour
- Attachment difficulties
- Failure to thrive
- Physical or sexual abuse of other children or animals
- Eating disorders
- Wetting, soiling and smearing themselves with faeces
- Telling lies
- Undue withdrawal, temper tantrums, violent outbursts
- Elective mutism
- Extreme mood swings
- Lack of affection, difficulties with relationships
- Chaotic and messy, or immaturely funny
- Self-harm, hurting animals or smaller children
- Learning difficulties and truancy

Who should refer a child for counselling?

- Parents
- Class teachers
- Head teachers
- Guardians
- Doctors
- Religious persons
- Social workers
- Psychiatrics
- Neighbours
- Lawyers
- Magistrates
QUALITIES OF A PROFESSIONAL CHILD COUNSELLOR

To be a child counsellor, sufficient training and supervision are vital in order to develop innate personal qualities and a professional prowess to be able to fit in a “child’s world”

SKILLS REQUIRED

• Ability to bond and communicate with children
• Ability to express genuineness, authenticity, congruence (to enable the child to feel you are communicating on similar grounds).
• Positive regard, non-possessive warmth
• Correct empathy (do not overdo)
• Reliability
• Respect and non-exploitation of children
• Sense of humour
• Awareness of and ability to own one’s inner child
• Creative and imaginative
• Able to direct without being patronising or overbearing
• Ability to be objective not subjective

KNOWLEDGE REQUIRED

• Child developmental ages and stages
• Signs and symptoms of problems manifested by children
• Possible causes of problems manifested by children
• Theory and practice of child therapy
• Child rights
• Awareness of gender and multicultural issues affecting children
• Ethical and legal issues in child counselling
• General knowledge in counselling and psychology
• Relate to children through and with feeling
• Getting in touch with their own childhood and ability to deal with any childhood issues
• Work with a child-centred framework
• Communicate with children with ease
• Enjoy talking to and playing with children
• Ability to work with a child without being damaged by the child’s pain
• Be able to advocate for the children they are counselling
• Have genuine interest in working with children
• Be able to maintain confidentiality
• Possess a positive self-concept
• Ability to honour a counselling contract with a child
HANDOUT 7: INDIVIDUAL CHILD CARE PLAN (ICCP)

A care plan is a systematic and detailed plan describing how a child is supposed to be taken care of in a holistic manner in an institution, right from the point of admission to the time of exit.

This is a plan developed upon admission and after the completion of the child’s initial assessment. An ICCP should be developed within 30 days of a child’s admission. The ICCP indicates the CCI’s short and long-term goals for the child. It outlines how, when and who will meet the child’s developmental needs.

The purpose of an ICCP is to ensure the promotion of each child’s development, care, protection and eventual reintegration with family or placement into alternative family care.

The ICCP shall be reviewed two months after the child’s admission and every three months thereafter. Review reports must be kept in the child’s file.

If a child is old enough, he/she shall participate in the development of his/her care plan.

A care plan should be informed by as needs assessment and a child is old enough and mature, they should be involved in developing the plan. A care plan should be comprehensive must include the following:

- an exit strategy
- How the child will be cared for and how his/her welfare will be enhanced on a day to day basis;
- Healthcare and education arrangements for the child;
- Arrangement on the child’s contact with his/her parents, relatives and friends;
- The plan for the child after he/she leaves the institution (exit and after care). This should include his/her home environment adjustment plan.

Interviewing for a care plan

Use the following questions and information as a guide when interviewing parents/caregivers for the purpose of getting information that will be used to fill the assessment report which will, in turn, be used to fill the care plan.

I. Food and Nutrition: Factors - Food Security, Nutrition and Growth

- What does the family/child eat?
- How does the household/institution get the food?
- How many times a day does the family eat?
- Ask about the times when there is no food.
- Does this child complain of hunger?
- How is the child’s growth?
- Does he/she seem to be growing like other children of the same age?
- Are you worried about this child’s growth? Weight? Height?

*Observations:* Food preparations, food availability, food storage, and the child’s growth relative to children of the same age in the community.

*Note:* At the initial assessment, before the child is reintegrated, you will be asking these questions about the other children in the home.

**II. Shelter and Supplies: Factors - Shelter, Care**

- Where does the child live?
- Where does the child sleep? What does the child sleep on?
- Does the child’s clothing appear adequate for the weather conditions?

*Observations:* What is the type and condition of the dwelling? Is the way the child lives similar to others in the household? Ask the child to show you where he/she sleeps.

**III. Protection: Factors - Abuse and Exploitation, Legal Protection**

- Do you have any worries about this child’s safety?
- Does anyone hurt this child?
- Are there any concerns about spousal abuse in the family or of any other child?
- Do you think the child feels safe and secure in the home?
- How does this child help in the house?
- Does the child work for anyone outside the household?
- Does anyone else who knows the child think he/she is being hurt by someone else? Or sexually abused?
- Does this child have birth registration or certificate?
- Has he/she been refused any services because of their legal status? (e.g. inheritance)
- Do you know of any legal problems for this child, such as land grabbing by relatives?
- Does this child have an adult who stands up for him or her legally?
- Who has the legal responsibility for taking care of this child?

*Observations:* Does the child have scars or any other signs of physical abuse? Is anyone in the child’s world concerned about sexual abuse or other forms of exploitation? Does the child seem to feel safe with the guardian? Does he/she seem to be afraid?

You may want to talk to the child and explore other issues related to legal protection, such as the distribution of land or other resources or possessions after his/her parent’s death.

*Note:* At the point of reintegration, you will gather the information from the other children in the household. Subsequent assessments will be for the child.
IV. Health: Factors - Wellness, Health Care Services

- Tell me about this child’s health.
- Tell me about the last sickness (or sicknesses) the child had.
- Does he/she get malaria often?
- Does he/she miss school or assignments because of illness?
- What happens when this child falls ill?
- Does he/she see a nurse, doctor or any other health professional?
- How does the child get to a doctor, nurse or any other health professional when he/she needs one?
- When he/she needs medicine, how do you get it?
- Tell me about the health services the child needs or needed but did not receive.
- Are there things that make it hard to get what the child needs in order to be healthy?
- Has the child had vaccinations to prevent childhood or any other illnesses?
- (For adolescents) has anyone talked to the child about the risks for HIV and AIDS and how to protect himself/herself?

Observations: Does this child look well? Has the child been ill on previous visits? Do the caregiver or others worry about him/her being sick? How likely is the child to access the required health care services?

V. Psychosocial: Factor - Emotional Health

- Is this child happy or sad most of the time?
- How can you tell if he/she is happy or unhappy?
- What makes the child sad or worried?
- Do you worry about this child’s sadness or grief?
- Have you ever had the feeling that the child did not want to live anymore?
- Do you worry he/she might hurt himself/herself?
- Does he/she talk about the parent(s) who died? (If applicable.)
- How is this child doing living here? (When applicable)

Or, ask the child:
- Tell me about your goals in life.
- Do you think you will have a good life?

Observations: What is the adult’s attention to the child’s emotional well-being? Does the caregiver seem concerned or appear not to know how the child is, emotionally? Does the child seem energetic? Is the child involved in any activities?
VI. Psychosocial: Factor - Social Behaviour

• How would you describe the child’s behaviour towards others?
• What is his/her behaviour toward adults? Is he or she obedient?
• Does this child get punished often?
• Does the child play with other children or have close friends?
• If so, does he/she enjoy playing/being with other children?
• Does he/she fight with other children?
• What do you do if he/she is unruly?
• Do you worry about the child getting into trouble at school?
• What do you worry about for this child in the future?

Observations: If the child is present, what does his/her attitude seem to be about the guardian or other children? How does he/she interact with you?

VII. Spiritual development

Does the child and family attend a local church/mosque?

Does the child know how to pray?

Does the child know common Bible/religious stories, common Bible/Koran verses, and common Christian songs or Islamic recitals?

Does the parent/guardian practice spiritual disciplines such as praying, worshipping, Bible study or attending Madrassa or other religious functions?

b) Notes on the assessment framework

Use the following information when conducting child and family assessments. One needs to take note of the child developmental needs, parenting capacity and the family and environmental factors. Please take the following into consideration when conducting the assessments and developing a child’s care plan.

DIMENSIONS OF CHILD’S DEVELOPMENTAL NEEDS

Health

This includes growth and development as well as physical and mental wellbeing. The impact of genetic factors and of any impairment should be considered. This should involve receiving appropriate health care when ill, adequate and nutritious diet, exercise, immunisations when appropriate and developmental checks, dental and optical care and for older children, appropriate advice and information on issues that have an impact on health, including sex education and substance abuse.

Education

Covers all areas of a child’s cognitive development which begins from birth. Includes opportunities for play and interaction with other children; access to books; acquiring a range of skills and interests; the
chance to experience success and achievement. Involves an adult interested in educational activities, progress and achievements, who takes account of the child’s starting point and any special educational needs.

**Emotional and Behavioural Development**

Concerns the appropriateness of responses demonstrated in feelings and actions by a child, initially to parents and caregivers and as the child grows older, to others beyond the family. Includes nature and quality of early attachments, temperament, adaptation to change, response to stress, resilience and degree of appropriate self control.

**Identity**

Concerns the child’s growing sense of self as a separate and valued person. Includes the child’s view of self and his/her abilities, self image and self esteem, and having a positive sense of individuality. Race, religion, age, gender, sexuality and disability may all contribute to this. Feelings of belonging and acceptance by family, peer group and wider society, including other cultural groups.

**Family and Social Relationships**

This encompasses the development of empathy and the capacity to place oneself in someone else’s shoes. It also includes a stable and affectionate relationship with parents or caregivers, good relationships with siblings, increasing importance of age-appropriate friendships with peers and other significant persons in the child’s life and response of family to these relationships.

**Social Presentation**

This addresses a child’s growing understanding of the way in which appearance, behaviour, and any impairment are perceived by the outside world and the impression these create. This includes appropriateness of dress for age, gender, culture and religion; cleanliness and personal hygiene; and availability of advice from parents or caregivers about social presentation in different settings.

**Self Care Skills**

This concerns the acquisition by a child of practical, emotional and communication competencies required for his/her increasing independence. Includes early practical skills in dressing and feeding, opportunities to gain confidence and practical skills to undertake activities away from the family, and independent living skill. Includes encouragement to acquire different social problem-solving approaches. Special attention should be given to the impact of a child’s impairment and other vulnerabilities, and on social circumstances that can affect the development of self-care skills.

**DIMENSIONS OF PARENTING CAPACITY**

**Basic Care**

This involves providing for the child’s physical needs, and appropriate medical and dental care. It includes the provision of food, drink, warmth, shelter, clean and appropriate clothing and adequate personal hygiene.
Ensuring Safety
The social worker ensures that the child is adequately protected from harm or danger. This includes protection from significant harm or danger and from contact with unsafe adults/other children and from self-harm. The child must be able to recognise hazards and danger in the home and elsewhere.

Emotional Warmth
Involves ensuring that the child’s emotional needs are met and giving the child a sense of being specially valued and a positive sense of own racial and cultural identity. Includes ensuring the child’s requirements for secure, stable and affectionate relationships with significant adults with appropriate sensitivity and responsiveness to the child’s needs. Appropriate physical contact, comfort and cuddling to demonstrate warmth, praise and encouragement.

Stimulation
This involves the promotion of the child’s learning and intellectual development through encouragement and cognitive stimulation and making available social opportunities. Includes facilitating the child’s cognitive development and potential through interaction, communication, talking and responding to the child’s language level and questions, encouraging and joining the child’s play, and promoting educational opportunities. Also includes enabling making it possible for the child to experience success and ensuring school attendance or the same opportunity in informal education or any other training that will prepare the child to meet the challenges of life.

Guidance and Boundaries
This entails enabling a child so he/she can regulate their own emotions and behaviour. The key tasks are to demonstrate and model appropriate behaviour and control of emotions and interactions with others, and guidance which involves setting boundaries, so that the child is able to develop an internal model of moral values and conscience, and social behaviour that is appropriate in the society within which they will grow up. The aim is to enable the child to grow into an autonomous adult, holding their own values, and able to demonstrate appropriate behaviour with others rather than having to be dependent on rules from others. This includes allowing children to explore and learn through experience. Includes social problem-solving, anger management, consideration for others, and effective discipline and shaping of behaviour.

Stability
This involves providing a sufficiently stable family environment to enable a child to develop and maintain a secure attachment to the primary caregiver(s) in order to ensure optimal development. Includes ensuring secure attachments are not disrupted, providing consistency of emotional warmth over time, and responding in a similar manner to the same situation/behaviour. Parental responses should also change and develop in response to a child’s developmental progress. In is also important to ensure that a child maintains contact with important family members and significant others.

FAMILY AND ENVIRONMENTAL FACTORS

Family History and Functioning
Family history should include both genetic and psychosocial factors. Family functioning is influenced
by who is living in the household and how they are related to the child; significant changes in family/household composition; history of childhood experiences of parents; chronology of significant life events and their meaning to family members; nature of family functioning, including sibling relationships and their impact on the child; parental strengths and difficulties, including those of an absent parent and the relationship between separated or divorced parents.

Wider Family
These include all those who are considered to be members of the wider family by the child and the parents. Includes related and non-related persons and the absent wider family. Identify what their role and importance to the child and parents is, and in precisely what way.

Housing
All accommodation should have basic amenities and facilities appropriate to the age and development of the child and others residing in the facility. Is the housing accessible and suitable to the needs of disabled family members? Includes the interior and exterior of the accommodation and immediate surroundings. Basic amenities include water, heating, sanitation, cooking facilities, sleeping arrangements and cleanliness, hygiene and safety and their impact on the child’s upbringing.

Employment
Who in the household has a job or is employed? What is their pattern of work? Have there been any changes? What impact have the changes had on the child? How is work or the absence of work viewed by family members? How does it affect their relationship with the child? Includes children’s experience with work and its impact on them.

Income
Income available over a sustained period of time. Includes whether or not the family receives all its benefit entitlements, sufficiency of income to meet the family’s needs and the way resources available to the family are used. Are there any financial difficulties which affect the child?

Family’s Social Integration
This involves the exploration of the wider context of the local neighbourhood and community and its impact on the child and his/her parents.
Includes the degree of the family’s integration or isolation, their peer groups, friendship and social networks and the importance attached to these networks.

Community Resources
This describes all the facilities and services in a neighbourhood, including universal services of primary health care, day care and schools, places of worship, transport, shops and leisure activities. Includes availability, accessibility and standard of resources and impact on the family including disabled members.
Format for a Care Plan
The format/template for a Care Plan is as follows:

SECTION I
Name of the child: .............................................................. Sex: ......... Date of birth:..............................
Date of admission to the CCI: ......................................... Admission Number:.................................
Parent/guardian's name: ........................................ Relationship to the child: ..............................
Parents/guardian's ID number: ...........................................................
Postal Address: .............................................................................................
Parents/guardian's cell phone number: ..........................................................

SECTION 2: CHILD’S DEVELOPMENTAL NEEDS

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<th>FOOD AND NUTRITION</th>
<th>PROPOSED INTERVENTION</th>
<th>TIME FRAME</th>
<th>RESOURCES REQUIRED</th>
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<tr>
<td>GOAL: To ensure that the child has sufficient food to eat at all times of the year and is growing well compared to others of his/her age</td>
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<tr>
<td>GOAL: To ensure that the child has stable shelter that is adequate, dry and safe.</td>
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### CARE

**GOAL:** To ensure that a child has at least one adult (age over 18) who provides consistent care, attention and support

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### ABUSE AND EXPLOITATION

**GOAL:** To ensure that the child is safe from any abuse, neglect or exploitation

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### LEGAL PROTECTION

**GOAL:** To ensure that the child has access to legal protection services as needed.

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### WELLNESS

**GOAL:** To ensure that the child is physically healthy.

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**HEALTH CARE SERVICES**

**GOAL:** To ensure that the child has access to health care services including medical treatment when ill and has access to preventive care.

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**EMOTIONAL HEALTH**

**GOAL:** To ensure that the child is happy and content and has a generally positive mood and hopeful outlook.

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**SOCIAL BEHAVIOUR**

**GOAL:** To ensure that the child is cooperative and enjoys participating in activities with adults and other children

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<th>IDENTIFIED NEED</th>
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**PERFORMANCE**

**GOAL:** To ensure that the child is progressing well in acquiring knowledge and life skills at home, school, job training or in an appropriate productive activity.

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<th>IDENTIFIED NEED</th>
<th>PROPOSED INTERVENTION</th>
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### EDUCATION AND WORK

**GOAL:** To ensure that the child is enrolled in and attends school or vocational skills training or is engaged in age appropriate play, learning activity or job.

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<th>IDENTIFIED NEED</th>
<th>PROPOSED INTERVENTION</th>
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### SPIRITUAL DEVELOPMENT

**GOAL:** To ensure that the child is receiving spiritual nourishment and is growing spiritually.

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<th>IDENTIFIED NEED</th>
<th>PROPOSED INTERVENTION</th>
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### SECTION 3: PARENTING CAPACITY

#### BASIC CARE

**GOAL:** Providing for the child’s physical needs, and appropriate medical and dental care which includes provision of food, drink, warmth, shelter, clean and appropriate clothing and adequate personal hygiene.

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<thead>
<tr>
<th>IDENTIFIED NEED</th>
<th>PROPOSED INTERVENTION</th>
<th>TIME FRAME</th>
<th>RESOURCES REQUIRED</th>
<th>PERSON RESPONSIBLE</th>
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</table>

#### SAFETY

**GOAL:** Ensuring the child is adequately protected from harm or danger which includes protection from significant harm or danger, and from contact with unsafe adults /other children and from self-harm.

<table>
<thead>
<tr>
<th>IDENTIFIED NEED</th>
<th>PROPOSED INTERVENTION</th>
<th>TIME FRAME</th>
<th>RESOURCES REQUIRED</th>
<th>PERSON RESPONSIBLE</th>
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<tr>
<td>EMOTIONAL WARMTH</td>
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<tr>
<td>GOAL: Ensuring the child’s emotional needs are met and giving the child a sense of being specially valued, and a positive sense of own racial and cultural identity.</td>
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<tr>
<td>IDENTIFIED NEED</td>
<td>PROPOSED INTERVENTION</td>
<td>TIME FRAME</td>
<td>RESOURCES REQUIRED</td>
<td>PERSON RESPONSIBLE</td>
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<table>
<thead>
<tr>
<th>STIMULATION</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>GOAL: To promote the child’s learning and intellectual development through encouragement and cognitive stimulation and the promotion of social opportunities.</td>
<td></td>
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<tr>
<td>IDENTIFIED NEED</td>
<td>PROPOSED INTERVENTION</td>
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<table>
<thead>
<tr>
<th>GUIDANCE AND BOUNDARIES</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>GOAL: To enable the child to regulate their own emotions and behaviour</td>
<td></td>
</tr>
<tr>
<td>IDENTIFIED NEED</td>
<td>PROPOSED INTERVENTION</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>STABILITY</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>GOAL: To provide a sufficiently stable family environment to enable a child to develop and maintain a secure attachment to the primary caregiver(s) in order to ensure optimal development.</td>
<td></td>
</tr>
<tr>
<td>IDENTIFIED NEED</td>
<td>PROPOSED INTERVENTION</td>
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</tbody>
</table>
### SECTION 4: FAMILY AND ENVIRONMENTAL FACTORS

<table>
<thead>
<tr>
<th>IDENTIFIED NEED</th>
<th>PROPOSED INTERVENTION</th>
<th>TIME FRAME</th>
<th>RESOURCES REQUIRED</th>
<th>PERSON RESPONSIBLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family and environmental factors</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### SECTION 5: SUMMARY OF SERVICES TO BE PROVIDED

<table>
<thead>
<tr>
<th>Types of support/services to be provided:</th>
<th>What needs to be provided?</th>
<th>Who will provide this service?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food and nutritional support (food rations, supplemental foods, etc.)</td>
<td></td>
<td></td>
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<tr>
<td>Shelter and other material support (house repair, clothes, bedding, etc.)</td>
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<tr>
<td>Care (caregiver received training, child placed with family, etc.)</td>
<td></td>
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<tr>
<td>Protection from abuse (education on abuse provided to child or caregiver, etc.)</td>
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<tr>
<td>Legal support (birth certificate, legal services, succession plans prepared, etc.)</td>
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<tr>
<td>Health care services (vaccinations, medicine, ARV, HIV education, etc.)</td>
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<tr>
<td>Psychosocial support (clubs, group support, individual child and staff counselling, etc.)</td>
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<tr>
<td>Educational support (fees waived; provision of uniforms, school supplies, etc.)</td>
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<tr>
<td>Livelihood support (vocational training, microfinance for family, etc.)</td>
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<tr>
<td>Other</td>
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<td></td>
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</tbody>
</table>
SECTION 6: PLACEMENT OF CHILD

<table>
<thead>
<tr>
<th>TYPE OF PLACEMENT</th>
<th>ACTION TO BE TAKEN</th>
<th>WHEN</th>
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<tbody>
<tr>
<td>Reunited with biological</td>
<td></td>
<td></td>
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<tr>
<td>parents</td>
<td></td>
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<tr>
<td>Guardianship</td>
<td></td>
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<tr>
<td>Foster care</td>
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<tr>
<td>Kinship foster care</td>
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<td></td>
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<tr>
<td>Adoption</td>
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</tbody>
</table>

Notes (can be annexed):

Name of officer completing the form:

Position/title: Telephone number:

Signature: Date:
HANDOUT 8: EFFECTIVE COMMUNICATION

Why do we communicate?
- To inform;
- To develop social/personal relationships;
- To entertain/ be entertained;
- To share opinions;
- To ensure we have better management of our institutions

What is the role of CCIs?
- To facilitate the discussion of critical issues within the CCIs and within CCI contexts
- To find out what children and others within CCIs think, feel, etc. to assess what their agenda is.
- To get feedback about our work with children.

Barriers to effective communication
- Lack of trust and rapport
- Age differences
- Language differences
- Perceptions of gender
- Racial differences and expectations
- Differences in cultures

Overcoming the barriers
- First impressions:
  - Mirror what other people do
- New situations
  - See how others approach the situations
  - Take time to learn
- Use of local or appropriate language (Sheng)
- Body and other non-verbal language
- Communication channels (children’s clubs, peers, etc.)
- Style – go to a child’s level, build trust continuously, preferably face to face contact, use neutral tone, be firm
HANDOUT 9: EXIT STRATEGY/LEAVING CARE

Definition

An exit strategy is the process in which a child leaves or transits from a CCI in an explained, planned and sensitive manner. The management of a CCI is responsible for the preparation, transitional arrangements, and after care follow up for each child.

An exit strategy or plan is developed at the point of developing an ICCP after taking into account the child's individual needs as identified during the initial assessment of the child on admission as per Appendix C and D of the NSBP in CCI.

Each child's ICCP must contain a clear plan on how the child will exit the CCI. The strategy shall have clear timelines and deadlines and the name of the person charged with the responsibility of implementation and follow up will be clearly stated.

Depending on the age, maturity and the understanding of a child, they must be informed of preparations, efforts and progress towards their exit from the CCI. Children shall be consulted on all decisions on care arrangements being made for them.

Circumstances under which a child should exit a CCI

A child shall exit a CCI:

- To return to his/her family after successful family reintegration initiatives
- Upon successfully finding of alternative family for placement
- At the end of a committal period
- Upon attaining the age of 18 years
- Upon referral to specialized services

Forms of EXIT Strategies

Based on the UN Guidelines for Alternative Care of Children, 2009, the CRC and the Children’s Act 2001, the family is recognized as being the fundamental group of society and the natural environment for the growth, well-being and protection of children. Therefore efforts should be directed at enabling the child to remain in or return to the care of his/her parents, or when appropriate, other close family members. This implies that it is the CCI’s duty to strengthen the system and capacity for reintegration of children into their family and communities.

Where a child cannot be with his/her biological parents and other relatives, it is recommended that alternative family based care arrangement be sought, especially adoption, which offers a child the
chance to live with a permanent family.

Different forms of exit strategies are explained below:

*Family Reintegration*

This is the process where efforts are focussed on reuniting a child with his/her biological parents or relatives.

Depending on the child’s circumstances, the process entails:

- Tracing the child’s family and relatives if their whereabouts are not known such as in the case of abandoned or lost children or in some instances, where both parents are dead,

- Family mediation where the social worker highlights to the family members the importance of family members living with their child. It may also involve talking to the child, especially when the child is unwilling to go back to his/her family.

- Undertaking social and economic assessment to determine the factors that led to the separation of the child from his/her parents/family in the first instance and developing interventions to address the factors.

In preparing the child for reintegration

- The child should be involved in the entire process of family reintegration

- The staff should conduct child assessments that are based on a thorough understanding of the developmental needs of children, the capacities of parents/caregivers to respond appropriately to those needs and the impact of wider family and environmental factors on parenting capacity and the child's development.

- This should then be followed by the development of child care plans that match the needs of the child and that of his/her parents/caregivers.

In preparing the parent/caregiver for reintegration

- The staff should also conduct family assessments to ascertain the ability of parents/caregivers to ensure that the child's developmental needs are being appropriately and adequately addressed, and to adapt to his or her changing needs over time.

- Interventions to build the parenting capacity of the parents/caregivers should be put in place and should include the provision of psychosocial care and support, parental education and the use of parents/caregivers support groups.

*Alternative family based care arrangement*

This can be explained as the short-term or long-term placement of a child into a family environment, with one consistent parental caregiver, and a nurturing family environment where the child is part and parcel of the supportive kin and community

Alternative family based care is provided in the different situations listed below, when the child cannot be with biological parents due to various reasons. Alternative family based care includes foster care which is done/facilitated by the SCCO, in liaison with the management of the CCI or rehabilitation school.
Adoptions are ordered by the High Court and guardianship by the Lower Courts. It is highly recommended that children below 3 years be placed in a family as opposed to a CCI.

**Types of alternative family based care**

**i) Foster care:** Foster care is the temporary placement of a child with a person who is not the child’s parent, relative or guardian and who is willing to undertake the care and maintenance of the child. Foster care is provided for in Part XI and Fourth Schedule of the Children’s Act and is done by the Director of Department of Children’s Services (or his designated officer - the SCCO) together with the manager of a CCI or rehabilitation school in which the courts commit the child. The SCCO is charged with the responsibility of monitoring a child’s welfare while in foster care.

This formal foster care arrangement is meant as a short-term measure while permanent family care arrangements are being sought. Foster care must stop when the child attains age 18 years.

**ii) Kinship foster care:** This is a family-based care arrangement where one of the relatives (or kin) of the child offers to stay with the child. Kinship foster care is widely practiced in Kenya especially where children have lost both parents. There is no legal undertaking in this form of arrangement. In some instances, family members agree on who among them will stay with a child who cannot be with his/her biological parents.

It is recommended that CCIs work with a child’s immediate and extended family/relatives in identifying one of them as a kinship foster parent.

**iii) Guardianship:** A guardian is a person appointed by a Will or Deed by the parent of a child or by an order of court to assume parental responsibility for the child upon the death of the parent. A guardian can be appointed either alone or in conjunction with the surviving parent of the child, or the father of a child born out of wedlock who has acquired parental responsibility in accordance with the Children’s Act. A guardian can be appointed for the child only or both the child and estate.

While planning for an exit strategy for a child whose parents are still alive but are terminally ill, the CCI must encourage such parents to appoint guardians for their children by writing a Will. The Wills should include a list of family property that the child is entitled to through inheritance. The CCI should seek legal advice on Wills and Deeds and other matters of succession.

**iv) Adoption:** This is considered a permanent and long-term family-based care arrangement where a child is given the opportunity to acquire new parents who will be his/her lifetime parents. When a child is adopted, it is as if he/she is born of the adoptive parent(s).

Adoption is the complete severance of the legal relationship between a child and his/her biological parent(s) and the establishment of a new legal relationship between the child and his/her adoptive parent(s). Adoption is final and irrevocable and cannot be reversed once ordered by the High Court.

All adoptions are arranged by a registered Adoption Society that has the responsibility of assessing the suitability of prospective adoptive parents, declaring a child free for adoption, and matching a child with prospective adoptive parents. All adoption cases must be heard by the High Court which issues an Adoption Order after being satisfied that all requirement and procedures have been fully followed as per the provisions of the Children’s Act, Part XII and The Children’s (Adoption) Regulations, 2005.
Adoption can either be local or international. In a local adoption, a child is adopted by parents who are of the same nationality as the child. In a local adoption, a child does not change their nationality after adoption orders have been issued. An adoption is considered as international when a child is adopted by parents who are of a different nationality with the child. In such cases, when an adoption order is issued by the High Court, the child’s nationality changes to that of the adoptive parents and he or she ceases to be a Kenyan citizen.

Before a child is offered or declared free for adoption, there must be proof to show that:

- Their biological parents are dead,
- If the child was abandoned or lost, that all efforts to trace their parents or relatives were unsuccessful
- If one or both biological parents are alive, consent from them offering their child for adoption has been obtained

The following is recommended in order of preference:

- Adoption by parent if one of them is alive
- Adoption by one of his/her biological parents’ relatives, hence kinship adoption
- Adoption within the community that the child came from
- Adoption by a citizen of the same country as the child
- Adoption by an international adoptive parent

CCIs are not authorized to make any adoption arrangements and must therefore work with registered adoption societies (to implement this as a form of exit strategy. The adoption societies are required to renew their registrations every year to be allowed to process adoptions. It is therefore important to check ensure that an adoption society is registered before working with them. See Appendix M in the NSBP in CCI for the contacts of registered adoption societies (2010).

Community based care arrangements

This is an arrangement whereby children stay within the community in one homestead supervised regularly by an adult in the community. This form of arrangement helps children to live in a family-like arrangement with the older children taking care of the younger ones. It helps children bond and feel a sense of identity and belonging and also gives them a chance to live in a normal community environment where they learn life skills and interaction.

CCIs shall work with neighbouring communities to set up such programmes especially for older children who have missed out on opportunities for family reintegration or alternative family-based care placement.

Discharge Arrangements

To ensure that every child’s exit plan is handled in a professional, humane and dignified manner, every CCI shall establish an Exit Review Committee which shall meet at least once a month and whose
membership shall include:

- The Manager of the CCI
- A social worker
- One administrator (for purposes of recording and filing)
- Parent/Guardian
- The care giver, i.e. housemother/housefather

The role of this committee is:

- To monitor trends on the overall performance of a CCI on the implementation of an exit strategy for children, keeping track on the number of successful cases and those that have not been concluded on time
- Ensure that the best choice on exit strategy for each individual child has been made,
- Ensure that the opinion of child, depending on age, maturity and their ability to understand, is sought on decisions regarding his/her alternative care arrangement
- Ensure that arrangements for placements have been fully completed and that the new care arrangement is suitable and protective to the child.
- Review all follow-up reports of all children who have exited from the CCI for at least 18 months after they exit the CCI; and determine whether the child should still stay in the new care arrangement or be withdrawn. The committee shall use the After Care Follow up Form (Appendix K in the NSBP in CCI) and the Child Status Index Tools (Appendix L in the NSBP in CCI) including listening to the officer who undertook the follow-up visit to determine each case. Should there be a decision to remove the child from the new care arrangement; the SCCO shall be informed of this decision before the child is removed from such care.
- Ensure that the CCI maintains and updates every exit in the Admission and Exit Register (Appendix Q no. 19 in the NSBP in CCI)
- Ensure that an Exit Certificate (Appendix J) is issued for every child and a copy filed in the Child's File in the NSBP in CCI.

In the event that the child requires an extension or revocation of the care/committal order, this should be based on a review of their needs.

**Final Assessment**

A full assessment and report on the new home and its suitability for reintegration must be completed by a social worker or key staff assigned to the child. Results of this assessment must be shared with the Exit Review Committee at least four weeks before the child is placed to allow for any adjustment or key decisions to be made.

**Aftercare Supervision Strategy**

All CCIs must develop programmes of aftercare services for children leaving their institutions. This is for the purposes of ensuring that the child is adjusting well to the new placement arrangement and that their welfare is well taken care of.
Before a child leaves a CCI, a written aftercare follow-up plan indicating the dates and frequency of visits to the new home must be developed and endorsed by the Exit Review Committee. An individual CCI officer, preferably a social worker or a key worker assigned to that child must be made responsible for the implementation of the aftercare follow-up plan.

The officer doing the follow-up visits to the child’s new home will use the Child Status Index Tool (Appendix L in the NSBP in CCI) to assess the care and development of the child. This tool will help them fill the After Care Follow Up Form (Appendix K in the NSBP in CCI) which summarizes the findings of the follow-up visits.

The Exit Review Committee will review all follow-up reports to determine whether CCIs should also develop follow-up mechanisms and community support structures for children and families which will include ongoing home and school visits to provide support to the children as well as their families. This should provide an opportunity for the staff to assess the cohesiveness and adaptability of the families and to put in place the necessary interventions.

CCI’S Responsibility

- To oversee the progress and resettlement of the child and make the necessary adjustments.
- To organise resource mobilisation and spearhead overall awareness of community reintegration.
- Provide information to the SCCO on all children who have exited.
- Give a time scale on the monitoring period of those exited to the community (depending on the individual child’s situation but not less than a minimum of six months).
- Ensure that all the above details are added to the DCS Form and that the returns report to the DCS indicates the number of children that have been exited.
- Ensure that care/committal orders are revoked once a child is exited from the CCI before the expiry of the orders.

Support and Assistance for Older Children

It is recommended that CCIs start and strengthen programmes to support children, especially the older ones, as they prepare to exit the CCI. Such support may include:

- Preparing and counselling the child on the new arrangements.
- Facilitating educational and vocational training.
- Facilitating the acquisition of national identification cards (IDs) for children exiting.
- Support the improvement of life and employment skills.
- Provide them, whenever possible, with financial and material support and training such as advice on starting a business and on financial management.
- Initiating the opening of bank accounts for each child and provide support in saving money in the same.
HANDOUT 10: STAFFING

Minimum Staff in a CCI

Every CCI should ensure that they have minimum qualified staffing levels as follows:

- Manager
- Two social workers
- Nurse(s) and nurse aides for CCIs with babies
- Cook(s)
- Counsellor(s)
- Security guard(s)
- Cleaner (grounds and buildings)
- Housemothers/housefathers
- Accounts officer
- Administrative assistant/officer
- Cateress/nutritionist

Ratio of Care Staff to Children

Care staff ratio to number of children should not exceed 1:10 (i.e. one staff member for every 10 children). This ratio includes staff who have direct contact with the children otherwise known as caregivers as explained in the glossary. Below is an example of the ratio of specific staff in a CCI. However, the ratio can vary depending on special categories of children.

<table>
<thead>
<tr>
<th>Title/section</th>
<th>Number</th>
<th>Number of children</th>
<th>Basic tasks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social worker</td>
<td>1</td>
<td>20</td>
<td>To carry out case and group assessment and management for every child</td>
</tr>
<tr>
<td>Counsellor</td>
<td>1</td>
<td>20</td>
<td>To provide professional support for children and staff in distress or those who are vulnerable</td>
</tr>
<tr>
<td>Nurse aids</td>
<td>1</td>
<td>20</td>
<td>To observe the health of the children and respond accordingly</td>
</tr>
<tr>
<td>Caregivers (e.g. housemothers, housefathers)</td>
<td>1</td>
<td>6 for 0-3 years, 8 for 4-6 and 10 for 7 years and above</td>
<td>To provide day-to-day care and monitor the children’s needs</td>
</tr>
</tbody>
</table>
Staff qualifications and competencies

- All CCIs must have written job descriptions for the different levels of staff in the CCI.
- The required certified academic qualifications, skills and competencies must be spelt out clearly for every job level.
- Management must check to ensure that all potential staff meet the outlined qualifications before they are recruited.
- All staff must have the necessary skills and experience to safeguard and promote the welfare of children.

Job Applications

- All jobs must be advertised, applied for and applicants vetted.
- The job application form must contain all the relevant information required for the job and the reason for the application.
- Application forms should contain a section that seeks information on criminal conviction or allegations of abuse.
- Any person convicted of a crime or allegation of abuse should not be short-listed for interviews.
- All CCIs must have a recruitment panel formed as a sub-committee of the Board of Trustees.
- This panel will sit and review the applications. The panel must consist of, among others, a human resource specialist and a social worker.
- The panel will select and shortlist qualified applicants for the available post and the same panel will then interview and appoint for the vacancy.
- Applicants must provide 3 referees for all applications.

Documentation Required Before Recruitment

The following are documents required of all applicants before they can be employed in a CCI.

- Identification card/photographs.
- Certificate of good conduct.
- Medical certificate/fitness to work in a child environment.
- CV’s and academic certificates.
- Reference letters from 3 referees is mandatory.
- Work permits must be provided by all non-Kenyans

In addition, and as much as possible, the CCI management should visit the home of a potential recruit to assess his/her suitability to work with children.
Staff Code of Conduct

- All CCIs must have a Staff Code of Conduct.
- The code of conduct should clearly set out the behaviour expected of staff.
- All staff must read, understand, and sign at least two copies of the Code of Conduct upon employment. One copy should be kept in the staff member’s file while the second copy should be retained by the new employee.
- The CCI must set an acceptable dress code, prohibit intimate relationships between children and/or staff and intimate relationships between members of staff within the work place.
- All communication within the CCIs shall be in the official languages (English and/or Kiswahili).
- The CCI should have a Drugs and Alcohol Policy within the work place.

Example of key issues in the Code of Conduct for CCI staff

The code of conduct spells out the expected behaviour of staff in the following areas:

Dress Code

- The CCI must set an acceptable dress code,
- The staff member is obliged to follow the requirements spelt out in the dress code
- Clothes worn by all staff should be decent and clean
- Support staff should wear uniform suitable for the work they do such as dust coats, aprons, gloves, gum boots etc
- Hair should be kept neat

Relationships

- Intimate relationships between children and members of staff is prohibited and the offence is punishable by law
- Intimate relationships between members of staff within the work place should be discouraged
- Open display of romance is a bad example to children

Alcohol and drugs

- The CCI should have a Drugs and Alcohol Policy within the work place.
- Drugs and alcohol are prohibited in CCIs.
- Staff should not come to work drunk or with hangovers.
- Members of staff should not be involved in any drugs or drug abuse.
Language

- All staff should use the official languages which are English or Kiswahili. Vernacular or mother tongue should not be used among staff.
- Vulgar or abusive language will not be condoned in CCIs.

Staffing Rules

- CCIs shall define staff shift/working hours as per Kenya’s Labour Laws and allow for clear rest days and time off for all staff.
- The employer must ensure that all statutory requirements which include remittance of contributions such as NSSF, NHIF, PAYE and any other government requirements are fulfilled.
- All staff shall be familiar with and be able to work with the Child Protection Policy.
- All staff documents and other relevant documents shall be stored in individual staff files.

Staff Induction

Every employee, upon employment, shall be taken through an orientation/induction programme which will capture an overview of the organisation. This should cover the mission, vision and objective of the CCI, designated staff, introduction to all care policies such as Child Protection Policy, compliant procedures, legal and practice expectations, and how they relate to other staff and children, among other core issues to the CCI. (Refer to schedule 9 of CCI regulation 2005)

Training on First Aid

All staff must be trained on First Aid as part of the induction programme. Staff should be given periodic refresher courses on first aid. Training should take into consideration children with special needs and include (but not be limited to) training on choking hazards (toys, food size, texture and consistency), seizures and CPR.

Employment Contract

Every employee shall sign a contract upon employment. The contract should:

- State clearly the terms of employment including whether the position is permanent, contractual, casual or voluntary.
- State the employee’s job category/level
- Provide a clear job description
- Indicate the salary to be paid to the employee
- Indicate clearly the duration of probation upon employment. This should be at least three months followed by confirmation of employment upon satisfactory completion of the probation.
- State the employee relations – who they will report to and the chain of command.
- State work ethics,
- State Code of Conduct,
• Stipulate expected personal relationships at work,
• Indicate how to handle conflict of interest, outside engagement and job referrals.
• State benefits to the employee during employment and after ceasing to be an employee,
• State how termination of employment by either party should be done, including specific period of notification,
• Include other conditions of employment such as working hours and work schedules, permitted visitors to the work place, use of office phones and internet, use of office equipment, travel and accommodation expenses, meal times, and how to prevent or deal with workplace violence.

Employment Benefit Programmes and Salary Administration

Employers should ensure that employee benefit programmes are in place and include vocational benefits, public holidays and festive seasons, sick leave, bereavement/compassionate leave, maternity and paternity leave, medical/health insurance covers, end of employment benefits, among other benefits that are offered by the CCI.

Medical and health benefits should be in line with the government requirements as per the Occupational Safety and Health Act 2007, and Work Injury and Benefit Act 2007.

Performance Appraisal System

Every CCI must have a Performance Appraisal System and must set individual work targets to be achieved which should be negotiated with staff members. Performance appraisal for all staff should be conducted annually.

Within this system, the supervisor should identify three key elements of the supervisee which include:
• Specific strengths demonstrated in relation to working with children.
• Most critical areas that need improvement for the supervisee to work with and for children.
• Most critical training and development needs.

Staff Training and Development Plan

The Management should ensure continuous upgrading of its staff core competencies, knowledge, skills and attitudes so as to help the CCI realise its vision and mission and enhance the safety and promotion of the wellbeing of children. This should be done by ensuring that a training policy is in place and that training needs assessments are carried out to identify individual or group performance gaps.

The management must also ensure that every staff member has a Staff Development Plan. This should include training in core competencies (child care, social work, behaviour management and counselling, among others) and exchange visits to other CCIs that are best examples in child protection, care and family or community reintegration.

Discipline

All employees will agree to abide by the terms and conditions of service as well as the code of conduct and in any other lawful, reasonable instructions written or verbal given by the CCI Management. If found guilty of misconduct, an employee will be subject to the actions stipulated in the Employment Act, 2007.
Grievance/Complaint Procedure

Every CCI must have a written Grievance Procedure for staff that ensures that every staff member is treated fairly. All staff must be given a copy of this grievance procedure.

It is the responsibility of the management to ensure that employees understand the Grievance Procedure, and that they are aware that there will be no reprisal against them for resorting to the procedure and that all officially recorded grievances will be responded to thoroughly and promptly.

When an employee feels aggrieved by a supervisor, colleague or working conditions, he or she is encouraged to follow the laid down Grievance Procedure as follows:

- Present the grievance verbally to the supervisor. If unresolved,
- Present the grievance in writing to the supervisor stating why he or she feels the issue is still unresolved. If still unresolved,
- Present the grievance in writing to the complaints/grievances/behaviour management committee and copy to the supervisor (inform the supervisor in advance of the intention and the reason for presenting the complaint to the committee).
- The committee will then resolve the grievance after listening to both parties.
- Copies of all correspondence and minutes of the discussion must be retained in all the concerned parties’ personal files.

Whistle Blowing Procedure

All CCIs must have a whistle Blowing Procedure that may be used to address a situation early, and/or when there is no alternative method available.

If an employee is concerned about a situation at the CCI, the employee should:

- Write to or contact a higher authority (if possible following the laid down chain of command) confidentially to inform the authority about the situation.

All recorded reports should be responded to thoroughly and promptly by a higher authority. No reprisal will be taken against any employee for whistle blowing.

Work Conditions

Every CCI must provide its staff with a conducive working environment and adhere to all government labour laws and regulations including ensuring that staff quarters are provided for staff that have to work overnight.

Volunteer Policy

A volunteer worker in a CCI is one who offers his/her time, skills and resources for the realisation of the best interests and rights of the children, under the guidance of the CCI manager with or without remuneration.

Volunteer workers are appointed by the CCI recruitment panel upon recommendation from a recognised authority, organisation or persons of good public standing.

Every volunteer must:
• Produce a Certificate of Good Conduct from their country of origin, if they are foreigners.
• Apply for the opportunity to be a volunteer.
• Sign a job (volunteer) contract which clearly outlines the tasks to be undertaken by the volunteer.
• Sign a code of conduct.
• Be made aware of, and sign the CCI’s Child Protection Policy.

All non-Kenyan volunteers must:
• Provide proof that they are in Kenya legally.
• Provide proof of medical insurance cover.
• Provide certificate of good conduct from their country of residence.

The management should ensure that volunteers are given travel, meal, and accommodation allowances while on official duty. They should also be provided with office stationery and any other job-related requirements to help them contribute meaningfully to the welfare of the children they will be in contact with.

Roles and Responsibilities of Volunteers
A volunteer should never act as a primary caregiver to any child in the CCI or be attached to any individual child.

The responsibilities of a volunteer should be restricted to those of an assistant care giver or to other additional activities in the CCI.

The employer should communicate to volunteers in writing their roles and responsibilities while working with the CCI. These may include:
• Ensuring that the rights of children in the CCI are protected.
• Providing guidance for children in need of care and protection at the CCI.
• Assisting in the rehabilitation and reintegration of children with families and communities.

Staff and Volunteer Individual Files
All CCIs must open individual staff files for all volunteer staff which include individual documents as stipulated in Appendix Q no. 9 of the National Standards.
Differences between discipline styles
- Punishing: Degrades (corporal instills pain, fear and resentment)
- Rewarding: Encouraging, giving hope, creating a positive relationship with children

Code of conduct for children
CCIs should have written rules for children to guide their behaviour in the CCI.
These rules should evolve in areas that holistically touch on a child’s life such as:

Health and Hygiene
- Every child shall bathe daily and get a haircut/hairdo that conforms to rules and standards set by the CCI.
- The child’s body, clothes and room shall be kept clean and hygienic at all times.
- A child may be engaged in activities to maintain a clean environment, such as cleaning and organizing their living space

Washing and mending clothes.
- Every child shall accept to undergo all the required health checks and when sick, take medication.

Visits and Correspondence
Every child who receives regular and frequent visits from the family shall inform his/her caregiver and follow the CCI’s guidelines on visitors and correspondence.

Discipline and Grievance
- Every child should be responsible, respectable and obedient.
- Every child shall be free to make requests or complaints to the manager of the CCI or his/her authorized representative.

Education
- Every child of school-going age shall attend school and do their homework.
- Those in boarding school shall produce report cards every end of term.
- Every child shall take good care of his/her book.

Religion
- Every child shall be involved in religious worship in accordance with his/her religious beliefs and attend related services with guidance from the CCI staff.
Meals
Children should take meals provided by the home in the right eating place and at the designated time.

- No child should eat another child’s food or eat earlier or later than other children.
- Children should be guided in observing hygienic practices, such as the washing of hands before and after meals.

Language
Children shall not use vulgar or abusive language at any time.

General Behaviour
- Children shall be courteous and respectful to each other, to staff members and visitors.
- Children in a CCI shall be guided to accept each other as brothers and sisters.
HANDOUT 12: DOCUMENTATION AND INFORMATION MANAGEMENT

Documentation in CCI
This entails generating, updating, and maintaining documents in a CCI.

*Documents in each child's individual file should include:*
- The admission form dully filled
- Birth certificate of the child
- Photograph of the child
- Death certificate/burial permit of the parent(s) (where applicable)
- Police letter/OB number for abandoned children
- Parent/guardian’s letter of consent in the case of a mother-offered child
- Letter of referring authority e.g. chief, religious leader, community opinion leader
- Map of the child’s home
- Religious certificates/cards if any
- Medical documents such as a screening report and clinic cards
- Court committal order
- Revocation of committal form when the child is being exited from the CCI
- Record of visits and correspondence
- Academic performance records such as end of term report forms from school
- Extra curriculum achievement records
- Individual care plan for each child
- Child’s private property record
- Family contacts (if applicable)
- Case history from the Children’s Officer if he/she is the referring officer
- Exit Form

*Statutory requirements*
- CCI population returns for every month submitted to the SCCO
- Court committal orders
- Revocation of committal orders
• Foster care placement certificate
• Registration certificate from the Ministry in charge of children’s affairs
• Proof of ownership of premises if applicable (Title Deed)
• Lease in case of rented premises
• Certificates of good conduct for all CCI staff from the police
• Medical certificates for food handlers
• Staff statutory requirements e.g. NSSF, NHIF, PIN
• Death certificate and burial permit in case of death (child’s)

**Record management in CCIs**

Relevant staff members should be educated on the importance of proper record keeping and they should also receive training regularly to update their skills on record generation and keeping. This calls for the development of a proper filing system by the management assisted by experts on filling systems.

Files that should be available in a CCI

• Child’s file (as above).
• Correspondence file - for incoming and outgoing mail.
• Inventories - for items like tools and equipment, fixed assets, consumables like stationery, foodstuff, drugs (medication), cleaning items.
• Repairs and maintenance file.
• Fixed and movable assets file (for vehicles, play facilities, washrooms, children’s rooms, disposal of garbage, fire, gas and electric equipment).
• Payment file (for electricity, water, postage, Internet, telephone, garbage collection, and tools/equipment hire bills).
• Legal documents file. This will hold:
  - Inspection reports by public health inspection teams, inspection reports by DCS,
  - CCI registration certificate, Certificate of corporate registration,
  - Fines and penalties such as traffic offences, late payment of bills,
  - Land ownership documents like Title Deeds, architectural documents, leases,
  - Vehicle log books, property insurance.
• Visitors register
  - To be conveniently placed (at the entrance with the guard or at the reception with the secretary) for visitors to the CCI to sign.
• Population returns file
  - Containing monthly population returns submitted to the DCS
• Individual staff files containing:
  - Application letter,
  - Curriculum Vitae,
  - Copies of academic credentials,
  - Certificate of good conduct from the police,
  - Appointment letter,
  - Terms and conditions of employment,
  - Leave records,
  - Behaviour management records (both rewards and sanctions),
  - Copy of all statutory requirements e.g. NSSF, NHIF, and PIN etc.
  - Staff Code of Conduct duly signed by the staff member.

• Donors file (each donor should have their own file).
  - Name of donor and contact
  - Nature of donation
  - All correspondence with the donor(s)
  - Memorandum of Understanding (MOU) with donor (if applicable)
  - Minutes of meetings with donor/s

• Policies file
  - This file will hold information that explains categorically an organization’s position on policies related to HR, volunteer, admission, exit, procurement, emergency, food nutrition and diet, child protection, health and education.

• Daily occurrence file/incidence register
  - This file will contain a daily record of any emergencies, a summary of each day’s activities (such as special events parties, open days, outings, special visitors) and behavioral problems. The information should be signed at the end of the day by the person who recorded the information.
  - Record of any rewards or disciplinary action taken against a child.

• Finance file
  - Contains CCI account details, bank statements, audit reports, banking slips etc

• Management board file
  - Contains copies of all management board members meetings (monthly, quarterly, annual etc).
  - To keep records of meetings between the board of management and their visitors
• Board of trustee file
  - Will contain copies of all board members meetings (monthly, quarterly, annual etc).
  - Will also contain records of meetings between the board of trustees and their visitors
• Staff meetings file
  - To keep minutes of meetings between staff and management
• Children council file (if a council exists)
  - To keep minutes of children’s council meetings.
• House meetings file
  - To keep minutes of house meetings
• Admission and exit file
  - Record (summary) of all children being admitted or exited

INFORMATION MANAGEMENT IN CCIs (written and verbal)

Must reflect:
  - Confidentiality
  - Professionalism
  - Safekeeping to prevent damage - both malicious and unintended
  - Respect of person’s opinions
  - Empathy
  - Proper representation of information received
Section 25 of CCI regulations requires the management to ensure that all premises in the CCI are safe and secure for children's habitation.

CCIs should not be established in areas prone to natural and man-made disasters such as:

- Areas prone to floods, mud slides or drought
- Area around high voltage power lines
- Areas prone to insecurity, e.g. regular cattle rustling, power struggles, near slums or bars

**Risk Assessment Policy**

Every CCI shall have a risk assessment policy which clearly stipulates:

- The intervals of undertaking risk assessment exercises
- The trainings to be provided to staff and children on disaster prevention, preparedness and response (all staff should be aware of possible emergencies relating to acute food shortages, disease outbreak, fire, floods, earthquake or tremors, landslides and building collapses).
- The need to designate an emergency focal person

**Emergency Focal Person**

Every CCI shall designate an emergency focal person, whose role will include:

- Ensuring that all staff receive training on disaster prevention and preparedness
- Ensuring that all staff and children undergo fire drill rehearsals
- Ensuring that children aged 4 and above are sensitized on how to prevent disasters from happening and what they should do if a disaster occurs
- Telephone numbers for emergency services are placed in conspicuous places in the CCI

**Risk Assessment:**

Risk is defined as a situation of vulnerability with a high potential and likelihood of incidents occurring. Every CCI shall carry out periodic risk assessments to determine the possibility of a disaster happening in the CCI and put measures in place for the prevention of such happenings and the responses to be taken should disaster occur.

The risk assessment should include assessing the:

- Buildings in the CCI including the design, furnishings and layout of the building for specific use, including suitability for disability access. Lighting, ventilation, heating and cooling systems should be appropriate and safe for children.
- Disposal of general and clinical waste and clean environment issues.
Fire Risk Assessment and Fire Breakouts

As per requirements of Section 26 of the CCI Regulations;

Regular fire drills must be held in all CCIs after which a register of residents and household must be taken.

Fire evacuation procedures for children with disabilities and staff responsibilities to be clearly outlined.

- All CCIs must have suitable fire fighting equipment and the locations should be known to all staff and older children.
- Clearly identifiable and adequate fire escapes to be labelled for immediate and safe escape to agreed meeting point.
- All CCIs must make arrangements for detecting and containing fires and reviewing possible outbreaks.
- CCIs should be knowledgeable on how to respond immediately when a fire breaks out, e.g. besides exiting all staff and children, use available materials to put out the fire. This will include use of sand, fire extinguishers and blankets.

Electricity, Gas and Glass Safety

- All electrical work must be undertaken by a qualified electrician and power surge controls fitted.
- All power switches to be turned off whenever not in use.
- All live wire defects to be reported to manager, recorded as a risk and repaired immediately.
- Gas cylinders to be installed outside the building and switched off when not in use.
- The piping from the gas cylinder to the cooker should be checked periodically and be kept out of reach of children.
- Gas leaks to be reported and repaired immediately.
- Broken glass should be collected and buried in a deep hole or pit latrine.
- All broken glass doors and windows should be repaired immediately.

Security at Work

- A statement against violence is to be issued by all CCIs stating clearly that violence will not be tolerated.
- All CCIs should have both day and night time security and surveillance to ensure the safety of all children.

First Aid Kits

- All CCI’s must have several accessible and fully equipped First Aid kits for example in the kitchen, bathroom and sports room.
- First Aid Kits should be placed in a conspicuous area, be replenished regularly and inspected to ensure that medicine and other items in the kitty are adequate to address any kind of emergency and that they have not expired.
• All staff must be fully trained in basic First Aid skills and this should be part of the induction/orientation process.

**Premises in CCI**

All premises must adhere to safety standards as provided for under the Architects and Quantity Surveyors Act Cap. 525, Laws of Kenya and other relevant statutory legislation. Examples include:

- All doors and windows should open outwards
- Have no slippery floors

**Disaster Reporting**

When a disaster occurs in a CCI, the management shall report the incident to the SCCO with details including how it happened, number of deaths, injuries, property damages, action taken and any other important happening during the disaster. A copy of this report shall be filed in ‘major incidence report.’

Note: It is recommended that parents/guardians be informed about the disaster or injury to a child within 24 hours.