



REPUBLIC OF KENYA



NATIONAL GUIDELINES FOR TRANSITIONING CHILD CARE SYSTEM IN KENYA

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2023

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GLOSSARY

Alternative Care: Formal or informal arrangement whereby a child is looked after at least overnight outside the parental or care givers home, either by decision of a judicial or administrative authority or duly accredited body, or at the initiative of the child, his/her parent(s) or primary carers, or spontaneously by a care provider in the absence of parents.

Care Reform: Care reform is a change process within the systems and mechanisms that provide care for children separated from their families or at risk of separation. The care reform process changes the attitudes and practice of duty bearers and other stakeholders towards family and community-based care solutions and away from institutional care as a primary response.

Charitable children's institution: means a children's home or institution established by any person, either alone or in association with others, or by a civil society organization and which has been duly registered with the NCCS for the purpose of managing programmes for the care, protection, rehabilitation and reintegration or control of children.

Family-based care: Short-term or long-term placement of a child in a family environment with one consistent caregiver and a nurturing environment where the child is part of a supportive family and the community.

Family and community-based care: Family and community-based care refers to all forms of care where children are placed in family-based care or community-based care. It includes parental care and non-institutional forms of alternative care.

Institutional care: Institutional care can be understood as all types of residential care for children with an institutional culture.

An institutional culture can be understood as meaning a childcare environment where children are separated from their families, isolated from the broader community and/or they are compelled to live together

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

Reintegration: Reintegration is the process of a separated child making what is anticipated to be a permanent transition back to his or her immediate or extended family and the community (usually of origin), in order to receive protection and care and to find a sense of belonging and purpose in all spheres of life.

Residential Care: Any living arrangement / facility where a child is accommodated and cared for outside parental or caregivers' home.

Transition: The process of holistic and systematic shift of the model of care from institutionalization to family and community-based care.

ABBREVIATIONS AND ACRONYMS

AFC	Alternative Family Care
AIDS	Acquired Immunodeficiency syndrome
CCIs	Charitable Children’s Institutions
DCS	Directorate of Children Services
HIV	Human Immunodeficiency Virus
MDA	Ministry, Department and Agency
NCCS	National Council for Children’s Services
NCCS	National Council for Children’s Services
NCRS	National Care Reform Strategy
TIVET	Technical,Industrial,Vocational,and Entrepreneurship Training
UNCRC	United Nations Convention on the Rights of the Child
UNGA	United Nations General Assembly

FOREWORD

The transitioning of care of children to family-based care is an important subject matter in the National Care Reforms in Kenya.

In 2022, the Government of Kenya, in collaboration with stakeholders, developed the National Care Reform Strategy for Children in Kenya (2022-2032). The Strategy seeks to guide the national steps towards Prevention and Family Strengthening, robust alternative family care, and Tracing, reintegration and transitioning from institutional care to Family and Community Based Care for all children in need of care and protection. Care reform process changes the attitudes and practice of duty bearers and other stakeholders towards family and community-based care solutions.

Tracing, reintegration and transitioning is the third pillar under the National Care Reform Strategy. This relates to the safe and sustainable transition of institutionalized children, redirection of resources and repurposing of the institutions to family and community-based care. This pillar also calls for changes in legislations, regulations and policies to provide mechanisms that encourage donors to transition funding from institutions to family and community-based care.

The National Transition Guidelines therefore provides a roadmap of activities to guide the state and non-state actors in Kenya to streamline the transitioning of care systems, children and institutions in the country.



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National Council for Children's Services

ACKNOWLEDGEMENT

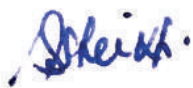
The development of these National Transition Guidelines for Child Care Systems in Kenya is attributed to many organizations and individuals under the coordination of the National Council for Children's Services (NCCS).

NCCS is indebted to everyone who contributed towards the successful completion of the Transition Guidelines. We acknowledge with many thanks the commitment and hard work of the consultant, Mr. Cornel Ogutu, who put in many hours into the development of the guidelines.

This initiative would not have been possible without the timely involvement of Legatum Foundation, through the Catholic Diocese of Murang'a, who provided the financial and technical support towards the completion of these guidelines. Sincere appreciation also goes to UNICEF for their support in making these guidelines a reality. We are highly indebted to the Care Reform Core Team, who also dedicated their time and expertise towards the development of these guidelines.

Special thanks to the departments and agencies in the Ministry of Labour and Social Protection for the support and involvement in the development of these guidelines. We also acknowledge with gratitude the contribution of other Government MDAs to the process.

Finally, we acknowledge the efforts of all those who played part in the development of this National Transition Guidelines and who have not been mentioned by name here but whose input was crucial to the process.



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INTRODUCTION

The national transitioning guidelines provide for a coordinated transitioning mechanism and approaches to implement the National Care Reform Strategy (NCRS). Transitioning of care cannot be done by a single organization or agency working alone but by multiple players with different but clearly defined roles and responsibilities. Shifting from a residential care model to family-based care requires collaboration amongst multiple stakeholders who will be impacted and engaged in the process. This includes families, children, residential care staff, government partners, local non-profit and community-based organizations, and religious institutions. A network of family strengthening partners equip families with the resources they need to care for their children, while also preventing family separation. These guidelines provide for the key steps to ensure that all levels of transition including the systems, institutions, children, and young persons are well prepared to take off for transition.

The process of preparing to transition from residential to family care shall be rooted in strong organizational focus, vision, mission and renewal of strategic plans where effective planning will ensure the safe transition of children into strong and nurturing families and engaged communities. Each transition is unique to its context and depends on the support and engagement of multiple stakeholders, including staff, donors, service providers, children and the families.

Situational Analysis

Global context

The childcare approach of transitioning from institutionalization to family and community-based care for children all over the world has gained traction in the recent past. Based on the United Nations Convention on the Rights of the Child (UNCRC), UN Guidelines for Alternative Care of Children 2009, United Nations General Assembly (UNGA) resolutions of 2019, the family is recognized as a fundamental unit of society and the natural environment for the growth, well-being and protection of children¹. It is estimated that around the world, there are 5.4 million children who continue to live in orphanages and institutions due to poverty, discrimination, and insufficient access to basic services, amongst other factors. Once separated from their families and communities, children in institutions are deprived of the love, attention and opportunities they need to develop and flourish.

Regional Context

The African Charter on the Rights and Welfare of the Child (ACRWC) recognizes the uniqueness of the African child and the need to grow up in the family. The charter also recognizes the child occupies a unique and privileged position in the African society and that for the full and harmonious development of his personality, the child should grow up in a family environment in an atmosphere

¹ United Nations Conventions of the Rights of the Child

of happiness, love and understanding. Children, who are temporarily or permanently deprived or separated from their family environment, need to be provided with alternative family care.²

National Context

According to the Constitution of Kenya 2010 and the Children Act 2022, the family is a fundamental group in society that provides the care and protection for a child and provides the natural environment for their growth, well-being and protection. Therefore, efforts should primarily 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. There are an estimated number of 45,000 children living in over 845 Charitable Children's Institutions (CCIs) - privately run residential institutions.³

In addition, there are an estimated 1,000 -1,200 children living in 28 government-run institutions overseen by the Directorate of Children Services (DCS)⁴ including rehabilitation schools, remand homes, rescue centres, assessment and reception centres. Lack of comprehensive data on the number of institutions means that the true nature of the scope and scale of institutionalization in Kenya is largely unknown. Some of the major drivers of institutionalization of children in Kenya include poverty, disability, displacement and orphan hood mainly because of HIV/AIDS among others.

The Government of Kenya has prioritized the agenda of care reform as demonstrated by the development and launch of the National Care Reform Strategy for Children in Kenya in June 2022. The strategy was developed through a consultative process that involved multi-sectoral teams and stakeholders including children. It outlines key areas of focus for various agencies in the sector for the next ten years and calls for collaborative effort and active coordination to achieve collective impact.

The Gatekeeping guidelines for children in Kenya have anchored Kenya's policy and legal framework, which explicitly acknowledges a child's right to parental care and the need to prevent child-parent separation. The guidelines were developed to ensure that child placements offer the greatest chance of permanency, preferably while reintegrating the child into their family of origin or extended family, minimizing separation of siblings, and ensuring that the child's ethnic, cultural and community ties are maintained. The purpose of the gatekeeping guidelines is therefore to support the timely reintegration of children already in the formal institutional care system into more permanent family and community-based care settings.

Family care requires an effective gatekeeping process, which is the assessment and decision- making process that ensures the prevention of inappropriate placement of children in institutions. Gatekeeping helps determine if a child needs to be separated from his or her family in the first place and, if so, what type of placement will best address his or her individual situation and needs. It prioritizes family-based care and includes a formal assessment of a child's physical, emotional, intellectual, and social needs. During the transition process, gatekeeping ensures that more children are not unnecessarily entering the institution as other children are being transitioned into families.

² African Charter on the Rights and Welfare of the Child

³ The National Care reform Strategy for Children in Kenya 2022-2032

⁴ Ibid

It also refers to the assessment and decision-making process that is used to determine the best family placements for children leaving residential care.⁵

A key pillar of the NCRS is tracing, reintegration and transitioning to family and community-based care. This relates to the safe and sustainable transitioning of separated and unaccompanied children and children who are institutionalized to family and community-based care. This includes tracing, reintegration and case-management, as well as support for leaving care, aftercare and supported independent living. Furthermore, it involves the redirection of resources from institutional care to family and community-based care, as well as the retraining and redeployment of institutional personnel. For such tracing reintegration and transition to be effective, the NCRS envisages development of national transitioning guidelines to provide for a coordinated transitioning mechanism in implementing the NCRS.

⁵ Gatekeeping Guidelines for Children in Kenya

RATIONALE

The NRCS provides for a holistic, harmless and systematic transition of care for children in Kenya. To ensure that this is systematically done, The NCRS provides for the development of a transition guideline to offer practical and operational guidance on transitioning in regard to systems, institutions, children and resources from residential care to family and community- based care for children.

These guidelines therefore provides a high-level guidance on how to plan, execute and monitor transition of care in relation to the three-pronged approach of transition discussed below. Additionally, the guidelines point out the key guiding principles, consideration, as well as highlighting the roles and responsibilities of key stakeholders in the transition process.

AIM AND SCOPE OF THE GUIDELINES

The overall aim is to provide a system of care where children will move away from residential institutional to family and community -based care.

The transitioning guidelines are intended to provide practical and operational guidance on transitioning all institutions, state and non-state, CCI, places of safety and temporary shelter with an institutional culture, justice system institutions, and special therapeutic health institutions to ensure efficient and effective actions and safeguards are taken into considerations when transitioning.

Secondly, the guidelines aim to ensure that all childcare institutions are transitioned in a holistic, systemic and systematic approach away from institutionalized care to family and community-based care and that risk of harm are minimized while ensuring positive wellbeing of children is paramount in the entire process.

OBJECTIVE OF THE GUIDELINES

To provide guidance on holistic and systematic transition of childcare system, children, and institutions from residential institutional care to family and community-based care.

PRINCIPLES OF TRANSITION

- Family care and family-based care alternatives are the priority for all children.
- Use the human rights based approach to ensure no harm to the child.
- The best interests, safety and wellbeing of the child should always be at the core of all actions and activities.
- Transition should include, whenever possible, a transformation to a different model of service, rather than an ending/closure of an organization.

- Transition as a journey: Transition is understood as a process not a one-time / one-off activity and therefore requires enough time and thoughtful planning.
- Aligned to existing legislations, policies, strategies, and guidelines. It requires a collaborative and inclusive approach.
- Accountability and sustainability: Transition should be accountable to processes and long- term sustainable change for children and young people.

CHILDCARE TRANSITION FRAMEWORK

Transition of care involves every level of transition including policies, procedures, programmes, services, human, financial, infrastructure and other material resources. Ideally and, when appropriate, transition involves transformation into different services and child welfare programmes rather than complete divestment/closure of the institution. All of this must also be accompanied by a change in culture and mindset to ensure the belief in and the promotion of family and community-based care for all children.

The transitioning framework focuses entirely on the child, the institution and the system of care with various support. This will promote a system of shifting significantly from overreliance on institutional care towards family and community-based care. Similarly, these transition guidelines will adopt a systems approach, where a set of related components will exist with the intention of improving linkages between different sectors for more coordinated approach to protecting children. These components of a child protection/transitioning system include Leadership and governance; Policy and legislation; Financing; Workforce; Child and youth participation platform; Information management; Social norms and practices; Service delivery and Monitoring and Evaluation.

Who does Transition Involve?

Transition involves a wide range of actors beginning with the children living within the facility, the staff and management, the founders, the donors currently supporting childcare, as well as new donors, the young people who have left care at the facility (care leavers) and the families whose children are or have been in care. Transition will also involve mandated government officials, facility and/or community social workers, courts or gatekeeping committees/bodies, religious leaders, community leaders who make decisions and influence attitudes, service providers and media who also play a critical role in supporting the process, presenting the transition story and helping change negative perceptions.

Transition will be done in a holistic and systematic way guided by key elements: These are systems, children, and institutions. These will be guided by the following key considerations:

- a. Assessment
- b. Planning for transition
- c. Collaboration, partnerships and linkages
- d. Resourcing and supporting the transition
- e. Continuum of care
- f. Monitoring and evaluation, documentation reporting and learning

DESCRIPTION OF KEY CONSIDERATIONS GUIDING THE TRANSITION OF CARE FOR CHILDREN

Assessment: Assessment for systems, institutions and children are a key consideration during transition. This involves an in-depth understanding of the situation where there is careful planning, assessment, and adaptation based on unique circumstances and context. The process examines the underlying issues that cause family separation, identifying gaps in protecting and caring for children and aligning to the national policies, and linking with the local community services in order to support families. The assessment also helps identify the key stakeholders who are critical in supporting transitioning.

Planning for Transition: This key consideration starts with important elements and common visioning while understanding the steps in a transition process. It recognizes that every transition is unique and needs to follow certain parameters to ensure that children are safely placed within the family setting. It also recognizes the multiple stakeholders across board including staff, donors, service providers, and the children and families to plan for transition.

Collaboration, Partnerships and Linkages: This key consideration emphasizes the importance of jointly putting the efforts together for a successful transition. It recognizes the unique strengths that each partners possess in the whole process from planning to monitoring and evaluation for transition. The partnership arrangements includes children and families because institutions cannot transition on their own thus the need for extensive networking to ensure children settle in a safe and nurturing environment.

Resourcing and Supporting the Transition: This key consideration emphasizes the need to allocate adequate financial resources to ensure that the transitioning from institutional to family and community based care services is successful. The resourcing goes beyond looking at how successfully lands and assets will be put in proper use but also coming up with a new model of servicing the beneficiaries while still in their families and communities. The assessment of the current financial and human resources are critical to have a scan of the resources needed to support and sustain the transition.

Continuum of Care: A deeper understanding of a wide range the continuum of care options for children transitioning out of residential care is a major factor for consideration. This will include access to information on successful family reintegration, kinship care, foster care, adoption, and other models of care. The robust, family-based care options must bring out the children's individual needs and circumstances. All these options must be carefully examined and selected to ensure the best interest of the child is the primary consideration.

Monitoring and Evaluation, Documentation, Reporting and Learning: Monitoring and evaluation as a key consideration examines not only the lasting impact of the transition process but also the monitoring the placement of each child. Reporting at each stage right from planning is essential to ensure that the whole transition meets the child's needs. The focus is on individual monitoring of each child during and after placement and the entire programme monitoring to ensure the smooth implementation of transition according to plan.

1. GUIDANCE ON TRANSITION OF CHILDCARE SYSTEM

Introduction

This section focuses on transitioning the system of Childcare in Kenya that has heavily relied on institutionalizing children who are in need of care and protection.

This means transitioning of various childcare services, programming, procedures and standards in order to support children in the families and communities and not in the institutions. Transitioning system of care aims at assisting these children to live safely and happily in family and community-based care. At the systems level, it is focusing on transitioning all the seven (7) components of care systems. These are Leadership and governance; Laws and policies; Social service workforce; Service delivery; Financing; Social norms and practices; and Monitoring and evaluation. This will ensure systematic, holistic and safe transitioning that is aligned to the three pillars of the National care reform strategy, namely: Prevention of separation and family strengthening; Alternative care; and Tracing, reintegration and transitioning to family and community-based care.

This section will cover the following thematic areas:

- » Assessment
- » Planning for transition
- » Collaboration, partnerships and linkages
- » Resourcing and supporting the transition
- » Continuum of care, monitoring and evaluation, reporting & learning

a) Assessment

Assessment is the systematic and holistic evaluation of systems of care to evaluate how they support/hinder transition. The following elements will be assessed: The legal Framework; Service delivery; Monitoring and evaluation systems; Social work force; Social norms and practices; Financing and undertaking of a children in care baseline survey. Assessment will be conducted by NCCS in line with the Children Act 2022 and guided by the NCRS through the National level management and coordinating monitoring structures.

The following are areas of focus under assessment:

- i) **A Baseline Assessment** that includes but is not limited to the rapid review of the estimated numbers, locations and other relevant data concerning children in institutional care or otherwise separated from their families across the country, drivers or causes of separation for the children and availability or gaps in alternative family care options.
- ii) **Social Workforce Assessment** at National, County and None state actors' levels to ascertain the capacity, skills and knowledge gap.
- iii) **Assessment of the Existing legal and Regulatory Framework** will focus on the implementation of legislation, policies, and relevant SOPs, regulations and guidelines and strategies in relation to transition.
- iv) **Assessment of the community based child protection structures and mechanisms** will focus on assessing community structures and mechanisms that support transitioning to families and communities.
- v) **Assessment of cultural values and systems**
- vi) **Service Delivery Assessment** will focus on assessing existing family, children services and service providers who can support transition. The services include household economic strengthening, parenting, housing and shelter, health care services, recreational services, fatherhood, domestic violence prevention etc.
- vii) **Financing Assessment** will focus on assessing exciting financial resources and infrastructure supporting the childcare system nationally.
- viii) **Systems Adaptive Capacity Assessment**, the assessment will assess the system's capacity to adopt, embrace and implement the new model of care through a holistic and systematic transition at all levels.

b) Planning for Transition

The assessment will help in identifying the gaps, strengths and opportunities in relation to system of care. These findings will help in planning and implementation of transitioning the system to strengthen, promote/support family and community care for children.

The key elements of planning transitioning systems of care include:

- i) Developing a clear vision and specific Transitioning Action Plan for all components of care systems (Legal Framework, Service delivery, Monitoring and evaluation, Social Work force, Social norms and practices, Financing).
- ii) Developing communication strategy/messages targeting institutional / partnership development donors to fund care reforms.
- iii) Adopting and enforcing existing policy, legislative and regulatory frameworks and structures to aid transitioning of children to families and communities.
- iv) Mapping and strengthening of partnerships with individuals and organizations that will provide support services to children and families during and after transitioning.
- v) Raising awareness about family care with key stakeholders to reduce stigma, encourage family support, and identify and promote alternative family based care.
- vi) Building a case for transition work enhancing funding budgetary allocation from Government and development partners for transitioning processes and for addressing the root causes for unnecessary separation and ensure children are care for effectively by their own families and communities.

- vii) Defining roles and responsibilities for various stakeholders in the transitioning process. Designing programmes/ models that promote family and community-based care for all children including children with disabilities and special needs, intersex and migrant children who have been separated or at risk of separation.
- viii) Empowering child protection actors, specifically the children officers, to identify and communicate the gaps and opportunities within the community.
- ix) Conducting gaps analysis on care interventions, practices, service provisions, and documenting feedback from child protection actors to inform annual action plans.
- x) Children officers and child protection actors and caregivers aligning and complying with the transitioning regulatory and policy framework and the National Care Reform strategy.
- xi) Developing a new financial plan/ model to ensure sustainability and adequate resourcing for effective transitioning.

c) Collaboration partnerships and linkages

This key consideration entails the creation of updated directory of available systems and actors, strengthening linkages and collaboration between the service providers and available services at all levels.

- i) Ensuring identification and linkages of services at all levels.
- ii) Ensuring there is strong collaboration between multiple key stakeholders who engage in and influence in the transition process. This should take a multi-sectoral approach where different sectors including health, education, nutrition, care and protection are involved in the processes of transition.
- iii) Ensuring active involvement of families, children, residential care staff, government partners, local NGOs, community-based organizations, and religious organizations.
- iv) Ensuring comprehensive participation of community and involvement of childcare partners in transitioning systems of care.
- v) Promoting partnership with media to prioritize dissemination of messages on quality community and alternative family care options over institutionalization of children.
- vi) Ensuring cooperation with the KNCHR and other relevant human rights agencies to protect children rights in alternative care including protecting them against all forms of violence and abuse in all settings.
- vii) Promoting partnership between government agencies, County governments and transitioning organizations to build local capacity and strengthen compliance with regard to childcare transitioning, child-centred policy and practice.
- viii) Providing adequate and systematic training for all professional groups, staff working with and for children on transitioning and compliance.
- ix) Strengthening child welfare and child protection systems and continuously improve care reform efforts.

d) Resourcing and supporting the transition

This section entails how both human and financial resources at the systems level will be mobilized to support transition. This should be done while ensuring that the shift from institutional to family and community based care services is successful. It is important to scan the existing financial and human resources to support and sustain the transition.

The section therefore addresses the need for a comprehensive resource assessment in transitioning systems. The goal is to redirect investment from residential institutions to family and community-based care and services, and raise awareness among private funders and donors to redirect their resources to families and communities. Collaboration and synergy among stakeholders are necessary to maximize support to the transition.

- i) Conducting resource assessment to enable the mapping of human, financial and infrastructural resources, and identify any resource gaps.
- ii) Ensuring effective mobilization, capacity building and staff re-assignment as may be necessary. Ensuring investment to residential institutions is re-directed to family and community based care and services.
- iii) Investing in awareness raising for private funders/ donors and practical mechanism to help them redirect resources to families and communities.
- iv) Ensuring collaboration and synergy of resources among stakeholders to maximize support to child care transitioning systems.
- v) Ensuring capacity building of staff on funds management, accountability and transparency to key stakeholders towards supporting child community based organizations.
- vi) Analyzing resources, ensuring direction, and supporting organizations to reallocate funding, utilize, transform and redirect existing resources (financial and non-financial), land and buildings into alternative childcare services.

e) Continuum of care

The following component highlights the “Continuum of Care” in order to strengthen family-based care as provided for in various legislations and policies. The section aims to promote key messaging to prioritize family and community-based care for children, strengthen parents’ ability to care for their children, and combat trafficking and exploitation of children in care facilities. It emphasizes the availability of a comprehensive range of quality, accessible, friendly, and disability-inclusive alternative care options.

- i) Advocating, strengthening and promoting family-based care as provided for in various legislations and policies.
- ii) Developing key messaging for dissemination to all stakeholder highlighting the need to prioritize family and community based care for children and the potential harm of institutionalization and institutional care to children’s growth and development.
- iii) Promoting and strengthening parents’ ability to care for their children through household economic strengthening initiatives.
- iv) Ensuring prevention, combating trafficking, and exploitation of children in care facilities, and taking appropriate measures to prevent and address the harm related to orphanage volunteering including in the context of tourism.
- v) Ensuring young person leaving alternative care receive adequate support and prepare for the transition to supported independent living including through access to employment opportunities, training, education, housing, and psychosocial support.
- vi) Ensuring availability of a comprehensive range of quality accessible, gender and disability- inclusive alternative care options.

f) Monitoring and Evaluation, Documentation, Reporting and Learning

The purpose of monitoring and evaluation is to understand how the systems are supportive of the transition of care and to learn from evaluations to inform further interventions, document success, and use the results to inform adaptations. It is crucial to ensure continuity of monitoring and follow-up with children and families, even after they have left residential care and established long relationships in the communities. Finally, careful monitoring and evaluation of the transitioning process is necessary to ensure that children are safely and sustainably placed and continue to be supported in family and community-based care.

- i) Developing and implementing systems to quality assure, monitor and evaluate the transitioning process and progress, and generate reports.
- ii) Ensuring monitoring and evaluation to understand the extent to which systems are supportive of transition of care. It also involves learning from evaluations to inform further interventions and to document success and use results of evaluation to inform adaptations to activities.
- iii) Ensuring systems continuity of monitoring and follow-up with children and families even after children have left residential care and have established long relationships in the communities.
- iv) Ensuring closing of existing data gaps and investing in quality, accessibility, timely and reliable disaggregated data for effective reporting.
- v) Monitoring and evaluating the transitioning process carefully to ensure children are safely and sustainably placed and continue to be supported in family and community-based care.

2. GUIDANCE ON TRANSITION OF CHILDREN AND YOUNG PERSONS

This section is intended to guide practitioners in the transition of children and young persons living in institutions, and those unaccompanied or separated to live safely, happily, and sustainably in families and communities.

The following are parameters for effective transition of children and young persons into families and communities:

Ensuring that there is a robust continuum of care⁶ offering a range of family and community- based support services such as family strengthening efforts and alternative care options including Kinship, Kafaalah, foster, guardianship, supported child headed household and support independent living, respite and therapeutic centers.

- Adequate preparation of children, young persons, families and communities as it is critical before initiating the transition process.
- Meaningful participation of children, young persons, and families in the transition process.
- Children and young persons living with disability and children under the age of three years should be prioritized for transition due to their increased vulnerability.
- A step-by-step case management for reintegration approach should be employed to guide the transition process.
- The transition of children and young persons should be handled individually to identify individual needs and address the specific needs of children, young persons, and families.
- Proper documentation of the transition process should be maintained at all times.

⁶ Continuum of Care is a range of care options for children who have been separated or are at risk of being separated from parental care. It includes family strengthening, alternative family and community-based care, emergency placement, and short- and long-term placement in institutional care.

Planning for the transition

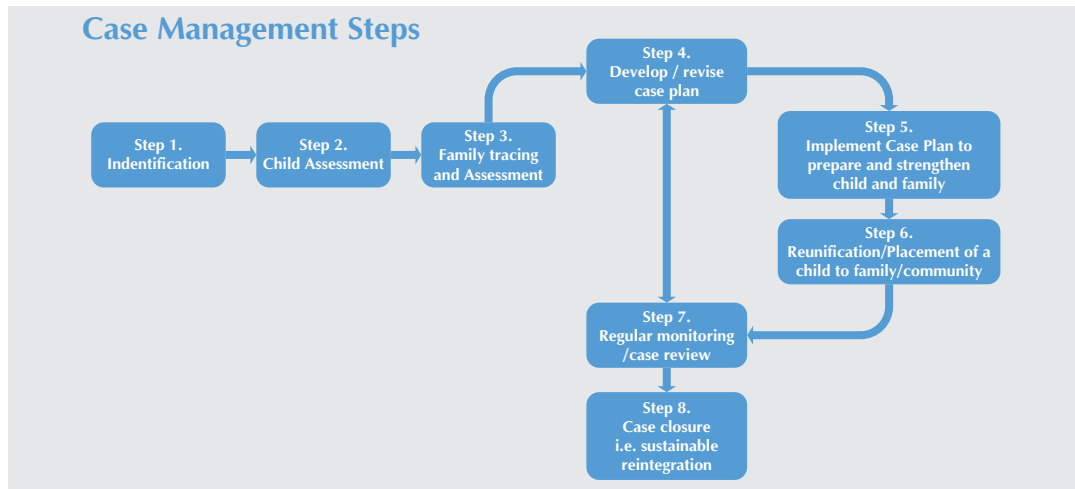


Fig 1: case management for reintegration steps

Transition is a set of strategies for addressing the needs of the children, young persons, and families while leveraging the strengths of the children, young persons, family and the community as identified in the assessment.

The identified strengths, services, and interventions during the initial assessment should be used to address the gaps and challenges, as well as indicating the roles and responsibilities of the various actors and the time frame toward successful reintegration.

The transition of children and young persons into family and community-based care will be informed by the case management for reintegration guidelines and toolkit 2019⁷

Identification and preparation:

It involves collecting basic information of a child or young person who is outside of parental care to ascertain interventions needed and specific needs for transition.

Child assessment:

Assessment is the systematic procedure of in-depth analysis of the child, young person, family and community to identify their strengths, gaps and need to facilitate successful reintegration, placement, and transition.

Individual assessment should be carried out with each child and young person to identify individual strengths and specific needs. However, adequate time should be invested in building rapport with the child and young person before formal assessment begins.

Evaluate the child's present environment, considering the positive and negative consequences of removing the child from this environment; discuss these with the child and caregivers to ensure that the child's rights to safety and ongoing development are never compromised.

⁷ Case management for reintegration guidelines and toolkit 2019

All areas of the child's well-being and the resources needed for successful reintegration should be explored.

Assessments should be done by a qualified caseworker in two or three sessions in a comfortable and relaxed atmosphere, and in a space that is friendly to children with disability, with accommodation for any communication barriers. It should be sensitive to the child's developmental capacity and needs.

Tracing:

The primary purpose of tracing is to gather information and locate the child's parents and/or extended family (or legal guardian of a separated or lost child) and their willingness and ability to receive the child. If no family or extended family can be identified, the secondary purpose is to trace additional individuals connected to the child.

Family assessment:

Family assessment is to gather in-depth information on the family structure, circumstances, strengths, needs, health/educational backgrounds, household income, livelihood skills, child protection risk factors (including root causes for child's separation if it is the family of origin being assessed), and views around reunification/placement. In all cases, careful consideration should be given to protecting the child's safety and rights to privacy and confidentiality.

The objective of family assessment is to determine the family's capacity and willingness to provide care and protection for the child by recognizing their strengths and needs.

Full engagement and participation of the family as well as members of the household and the wider family and community who are key in decision-making is required.

Case planning:

The case plan facilitates a smooth reunification/placement and ensures the child's safety and best interests throughout the reintegration process. It should have measurable goals and actions aimed that the family's ability is enhanced for the promotion of the welfare of the children reintegrated.

The case plan should be SMART based upon the child's/young person's best interests as informed by the child assessment, family assessment and, as necessary, other individuals who are close to the child and family.

The case plan should be developed based on the principle that every family has strengths and resources that can be built upon while immediate and longer-term needs are addressed.

Implementation of the transition plan:

Consideration should be made to ensure that the most vulnerable are prioritized for the transition process; they include children below the age of three-years, children and young persons with disabilities and chronic illness. It is important to prepare children and families for any form of contact to help enhance bonding through visits.

This is meant to help break down any emotional barriers and enable them to get to know each other. More so, it helps in assessing their willingness of the family to resume responsibility for the child and their understanding the implications for the reintegration.

Implementation of the transitioning plan for children and young persons should be systematic and dictated by the positive outcomes.

Pre-placement/Pre re-unification case review:

This is the final determination of getting a child back to a family that has been assessed and determined to have the capacity to provide suitable care and protection. This information will be used to determine if the most appropriate form of family and community-based care (following the assessments and development of a case plan) is still appropriate. The review is based on information in the assessments, family group discussions, and outcomes on the case plan which demonstrate the roadmap for how reintegration will be achieved.

Child preparation and family preparation:

This is to support the child or young person in considering the various aspects of transitioning to the family and into community life, to help the child prepare for the reunification/placement and set realistic expectations. This step will further explore the child's feelings toward the reunification/placement and make necessary adjustments. This is to also help prepare the family and household members to receive the child, while considering the various aspects of reintegration (with permanency as the end goal) and setting realistic expectations.

Re-unification/Placement:

This involves physically re-uniting the child with a family. It is the day the child or young person transitions from the current form of care to family or community-based care.

Children, young person, and families should be fully supported leading up to and during the move. They should have time to say goodbye to friends and caregivers before reuniting/placing them to the new care. This can be done through exit parties, escorting the child, and a celebration at the new form of care (family or community celebrations).

Continuum of care:

Explore the various alternative family and community-based care options for children and young persons and ensure the child and/or the young person is only placed guided by principles of necessity, suitability, and the best interest of the child.

Case review:

Conduct a holistic evaluation of the progress made regarding reintegration. Progress on the case plan will be reviewed along with key re-integration benchmarks. New resources and needs that have arisen since the original child/family assessments were conducted may also be identified. Once case plan goals and benchmarks have been achieved, it is assumed that the re-integration is sustainable, and the case may proceed to preparation for closure.

Case closure:

Closure is anticipated, discussed, and planned for from the very beginning, but can however be considered once the child/family or young person are approaching complete reintegration (meaning it can only be considered when the child or young adult is in what is intended to be their permanent placement, and it is progressing smoothly). Closure does not mean that the child/family or young person will never need support in the future, but that they feel equipped to seek this out for themselves.

Collaboration, partnerships, and linkages:

Conduct community resource mapping to understand the local context and identify strategic partners whose services will contribute to the transition plan. Community mapping leverages the strengths and assets/resources of communities to care well for their own children.

Involve stakeholders in the mapping exercise. It is important for children, young persons, and families to have a voice in the transitioning process. Child and young person's participation in the transition process will depend on their evolving capacity.

Transition is a multisector, therefore, stakeholders should note that cases cannot be solved by one agency; instead, it requires all stakeholders work together to support children, families, and young persons to offer direct and referral services to meet their needs. All relevant government agencies should be involved in the transitioning of children and young persons.

Establish a clear feedback and communication mechanisms to keep the stakeholders updated on the welfare of the child for purposes of continuous engagement.

Resourcing and supporting the transition:

Organizations should make efforts to allocate resources to strengthen the capacity of their staff and communities in the transition process. The areas of capacity strengthening include conflict resolution, parenting skills, life-skills, case management, and meaningful involvement of children, young persons and families.

Additionally, resources to be mobilized towards supporting children, young person, and families to access services such as mentorship, formal education, rehabilitation, rescue, reintegration, vocational training, psychosocial support, and other family strengthening for caregivers for the sustainable re-integration and link them to existing social protection service providers (education bursaries and scholarships, medical care, social protection, psychosocial support services).

Advocate for, invest more resources, and build a case for allocation of resources towards gatekeeping mechanisms thereby preventing relapse and recidivism.

Analyze and utilize current budget and funding arrangements, with a focus on redirecting financial resources to support family and community-based care for children and reassign the staff responsibilities that are aimed towards community support.

Collaborate and lobby for funds from relevant actors on transition and employ a multi-sectoral and streamlined operations and utilization of resources to avoid duplication of services.

Monitoring and Evaluation, Documentation, Reporting and Learning

Monitoring provides on-going support and assessment to ensure that the reunification/ placement is still in the child's best interests and their needs are being met. It also provides a chance to strengthen the capacity of the family and sustainability of various activities in the case plan as well as ensure that the family and community care models are effectively meeting children's/young person's needs. Therefore, they should be included from the onset of transition.

There shall be progressive monitoring, evaluation, and reporting during transitioning process. The caseworker and case managers are key in the monitoring and reporting process, whereas the government will oversee monitoring, evaluation and reporting on transitioning.

Recognize that re-integration is a process of adjustment for the child and family and therefore many children need time to adapt to living in a family/community situation and to let go of behaviors they learned away from home. Monitoring is child and family specific and thus the frequency of post-placement visits and interventions should be determined after family assessments (depending on the risk), reunification, or placement and then decrease in frequency over time as the case progresses towards permanency.

Monitoring interventions should be done in-person by visiting the family and community to attain holistic information about the child and family's wellbeing, as well as physically verify the information. This will help in gauging the level of performance on specific outputs and deliverables. Ensure there is provision of quality service delivery while adhering to minimum standards.

A general guide is that transition of children and young person's strictly follows the case management for reintegration guide and toolkit including aftercare services to ensure standardization of the transition process and the safety of the children and young persons. Provide a platform where the opinions of children, parents, caregivers, and other family members, as well as service providers and professionals, are considered.

3. GUIDANCE ON THE TRANSITION OF INSTITUTIONS OF CARE

Guidance Introduction

This section guides on how components of institutional care are safely and systematically transitioned from a system of residential care to supporting family and community-based care. It involves transitioning the institutions workforce, infrastructure as well as both financial and non- financial resources.

Residential institutions of care for children include, but are not limited to Charitable Children's Institutions, Statutory Children's Institutions, and Justice System institutions, Special therapeutic health institutions, places of safety and temporary shelters that have an institutional culture.

Assessment

The institution should assess itself to evaluate its strengths, determine weaknesses, develop new programmes, and understand the community to ensure readiness for transition. Self-assessments may include the following:

- Organization Capacity Assessment:** Evaluating the human resources, finance management, legal & compliance, and planning capacities.
- Programmatic Capacity Assessment:** Evaluating the ability of the organization to generate impact, make positive changes to the lives of beneficiaries, and create collective impact in the community.
- Adaptive Capacity Assessment:** To evaluate the ability of the organization to adapt to changes within the organization and/or in the community.
- Community Needs Assessment:** To identify community services that the institution may offer to promote the welfare of the family and the child.
- Infrastructure and Resources Assessment:** To determine the value and purpose of land, buildings, assets, liabilities and human resources in order to guide the re-purposing and programme planning activities.
- Child and Family Case Assessment and Review:** Review case files, and conduct child- and family level assessments in order to prepare for the transition.

Planning for Transition

Institutions should develop and align their vision, transition plan, and timeline in response to their unique context. The plan and the process should be aimed at addressing the underlying issues that cause family separation, gaps in protecting and caring for children, national policies to which their work should be aligned, and local community services that support families.⁸

⁸ Best Practices for CCI's

Utilize external gatekeeping mechanisms to prevent unnecessary placement. Put an internal gatekeeping mechanism in place to narrow the scope of children admitted to the institution and redirect potential placements to family and community-based options.

Institutions should consider transitional operating costs and capital investment requirements to create and sustain family support and any other services by identifying prospective sources for funding additional costs beyond their current budget.

Institutional transition is phase-based. However, depending on the prevailing circumstances, availability of resources and other key considerations, not all institutions will go through the three phases of transition.

Family and community-based services rely heavily on the practice of social work and counselling. Utilization of lay, para-professional, and professional-level practitioners will ensure proper staffing for these new services.

The transition of an institution to family and community-based services is to transition its services away from residential care of children and toward supporting children in families and communities. This also includes establishing child welfare programmes, family strengthening programmes, and community development programmes.



Phases of Transition Roadmap to Family and Community-Based Services

It is vital to note that each organization is unique and will have its own transition plan. However, the majority of organizations will pass through similar phases or milestones along the journey. These phases are made up of recommended activities and key milestones that indicate an institution has passed from one phase to another.

PHASE 1 - Learning & Decision Making

MILESTONE 1: *The institution has made a decision to transition its childcare services in compliance with the Children Act 2022, the National Care Reform Strategy and other enabling policies, legislations, regulations and guidelines.*

- **Learning the reasons and basis for transition:** The institution should understand why they should transition. This includes learning about the key reasons for transition, the impacts of long-term institutionalization, and the benefits of family and community-based approaches.

- **Understanding the Legal Framework/Strategy:** The institution should understand the global, regional and domestic legal framework on which transition is anchored. These Includes the UNCRC, the Guidelines for Alternative Family Care, The Children Act 2022, the National Care Reform Strategy, and other key regulations, guidelines, and policies.
- **Stakeholder Engagement:** Before making a decision to transition, it is important to engage with key stakeholders to open up a dialogue to understand the mindset, challenges, and ideas of those stakeholders. This may include conversations with donors, board members, management, employee, children, families and community members.
- **Making the Decision:** Ultimately, the decision needs to be made, documented and communicated to key stakeholders. This may include both internal and external stakeholders. Not all questions, concerns, or risks need to be addressed in order to make a decision. Phase 2 of the roadmap will ensure that the decision is carried out in a safe and effective manner.

PHASE 2 - Preparing for Transition

***MILESTONE 2:** The institution has developed strategies, plans, activities, and budgets in alignment with the Children Act 2022, the National Care Reform Strategy, and other policies, legislations, regulations, and guidelines anchoring childcare reform. These plans have been reviewed and approved by key stakeholders to move forward to implementation.*

- **Assessment:** Assessment should involve a new model of caring for vulnerable children requiring a careful review of the national and community contexts in which they work. It also involves conducting an institutional assessment to understand it in terms of programmes, human resources, infrastructures, financial resources as well as both movable and immovable assets.
- **Strategic Planning:** Develop a strategic plan that aligns with transition goals and programmes aimed at achieving family and community-based care services. It also involves identifying the existing community resources and services with an aim of linking the children and families with the service providers.
- **Organizational Planning:** This involves having a critical analysis of the assessment findings in order to redesign and come up with new models of operations as well as services that will support the holistic transition of the institution.
- **Programme Planning:** From the strategic plan and organizational planning, a programme-level plan can be defined to outline specific family and community-based services that will be provided. These new programme plans should include target beneficiaries, goals, and interventions that will be undertaken.
- **Transition Planning:** Develop a detailed, costed transition action plan with clear, realistic and achievable indicators within the set timeframes.

PHASE 3 - Implementing the Transition

MILESTONE 3: *The institution has implemented their transition plan fully, resolved issues or risks that emerged during the implementation, and is now operating in a model that is in alignment with the Children Act 2022, the National Care Reform Strategy, and other policies, legislations regulations and policies anchoring childcare reform.*

- **Employee Development:** Focus on strengthening skilled employees that are equipped to effectively and efficiently provide family and community-based services for children before, during and after the transition to ensure sustainability.
- **Piloting & Validation:** Conduct small-scale validation tests to validate assumptions and mitigate key risks in the implementation. After validation is conducted, a small-scale pilot can be completed to test the full programme on a small scale to identify any potential issues or risks that were not captured during the validation.
- **Programme Implementation:** Managing the processes of reintegration, organizational structure, and stakeholder communication in order to have seamless implementation and provision of community-based care services.
- **Monitoring and Evaluation:** Conduct monitoring and evaluation to ensure quality service delivery, identify implementation gaps, and mitigate new issues and risks. This is also critical for developing reports that can be used for compliance, audit, and donor communications.

Collaboration, Partnerships, and Linkages

The shift from an institutional care model to family and community-based care requires collaboration among multiple key stakeholders.

Institutions should leverage existing community resources that provide child welfare services, child participation forums, health and education as well as faith-based organizations providing services that are geared towards family and community-based care.

Institutions should develop partnerships with government and non-state organizations including families, children, residential care employees, government partners, local NGOs, community-based organizations, and faith-based organizations, County Governments (executive and county assembly). A network of family-strengthening partners each with distinct roles equips families with the resources they need to effectively care for their children, while also preventing family separation.

Institutions should use context assessments to identify and collaborate with different services and resources and assist families to access them. These services will be highly dependent on identifying strong partners who provide support services to families. This will help to develop new family-strengthening services that meet the unique needs of the children leaving residential care.

Resourcing and Supporting the Transition

Engage donors in the learning and decision-making process when appropriate. This early engagement with donors in learning about care reform and the need for a transition to family and community-based services will ensure more donors stay engaged and provide sustainable income.

Leverage the reintegration of children in care as a platform for family and community-based services. As each child is reintegrated, look for opportunities to engage in prevention and family-strengthening services for at risk families in the same community. This reduces the cost per beneficiary and increases the impact, which will encourage donors/partners to continue supporting.

Utilize Corporate Social Responsibility (CSR) programmes in Kenyan Corporations to raise local support from businesses to increase the sustainability of the programme and leverage local sources of income by reaching out to individuals and community groups to raise support from local philanthropies.

The Continuum of Care

A robust continuum of care, offering a range of family placements and support services is imperative. The family and community based care options within the continuum include reunification with birth families, kinship care, foster care, adoption, and Kafaalah. The continuum places the highest priority on the care of children within families.

Family care is the short-term or long-term placement of a child into a family environment, with at least one consistent parent or caregiver. While children should always be reunified with birth families when safe and appropriate, alternative family care, such as care within the extended family (kinship care), adoption, and foster care, is needed when family reunification is determined not to be an option.⁹

Consideration shall be made to family placement options that involve conducting family and child assessments, preparing the child and family for placement, linking the family to appropriate family strengthening services and community support as described in the care plan, and monitoring child and family wellbeing through regular follow-up visits.

Monitoring and Evaluation, Documentation Reporting and Learning

A monitoring and evaluation framework is key for performance management, quality service delivery, governmental compliance, and donor engagement. A robust monitoring and evaluation system is based on a solid theory of change and logical framework that provides for a holistic measurement approach to be used for the monitoring and evaluation of activities.

⁹ guidelines for the Alternative Family Care Of Children in Kenya

Reporting, Monitoring, and Evaluation System

- Build Internal Performance Management Tools including Monthly Performance Reports, Quarterly Impact Reports and Annual Impact Reports.
- Create enabling infrastructure, develop templates for assessments and monitoring of high-level indicators that should be included in the reports.
- Create comprehensive documentation on monitoring and evaluation programme to ensure proper service delivery and reporting.
- Connect Case Management to Transition plans to ensure comprehensive data collection and reporting across multiple intersecting processes.
- Ensure proper internal and external compliance systems and measures are in place. These systems are designed to ensure compliance with internal policies, practices, and procedures as well as ensure compliance with external requirements.
- Use of both internal and external audits to ensure adherence to policies, standards, and procedures and reduce the risk of non-compliance.
- Leverage external parties to conduct programme evaluations to provide a deeper understanding of the performance and impact of the programmes while limiting the risk of internal influence on the results.
- Conduct case studies at the child, family and community level to demonstrate the impact of programmes and demonstrate effective programming for key stakeholders.

All institutions providing residential care and providing child welfare services are required to comply with the Children Act 2022 and the National Care Reform Strategy for Children in Kenya. It is upon the organizations to comply according to the goals, timelines, and regulations in order to provide any kind of welfare services to children, families, and communities.

Although the responsibility for compliance rests with the institution, the oversight for compliance rests with the Government of Kenya. The following localized structures are in place to monitor and oversee the compliance of institutions.

- **Children Advisory Committee:** The Children Advisory Committee provides a multisector oversight function as a localized representation of the National Council for Children's Services.
- **Care Reform Committees:** This sub-committee of the Children Advisory Committee is responsible for overseeing and coordinating the implementation of Care Reform at the County Level.
- **Directorate of Children's Services:** DCS is responsible for the implementation of County Level Care Reform and management of the children's placement, commitment, and reintegration of children into family and community-based care.

Institutions that fail to comply with existing regulations and standards for operation shall be closed due to non-compliance. The process for institution closure due to non-compliance will be conducted in three phases.

Phase 1: Compliance investigation

Phase 2: Notice of Non-compliance

Phase 3: Reintegration and closure



ANNEXES

Annex 1. Re-purposing Facilities and Resources.

1. **Infrastructure** - The land, buildings and assets may need to be re-purposed during the transition. For transitioning to family and community-based services there are many options for repurposing facilities and resources for the sake of children, families and communities. These may be re-purposed into one or a combination of:
 - Counseling Resource Centre: Provide individual and group counselling services for children, families, and communities.
 - Community Training Centre: This may involve family and parenting, health, life skills, or economic development training.
 - Talent Development Centre: Train children and youth to build on their talents in music, art, acting, dance or other positive creative expressions.
 - Vocational Training Centre: Register as a TIVET technical training centre and provide vocational skills in carpentry, masonry, hairdressing, tailoring, etc.
 - Community Outreach Centre: Provide community outreach services like feeding programmes, community sensitization, advocacy and training.
 - Respite Day Care Centre: Providing support to guardians by providing daycare services for children or children with disabilities to enable rest and work for guardians.
 - Medical Service Centre: Medical clinic or medical services for children and families in need in order to provide increased access to medical services.
 - Agro tourism Centre: Income generating project for tourism with skill training in the area of agriculture, hospitality, and business while using the profits to fund family and community-based services.
 - Charity Hotel & Conference Centre: Income generating project for food service, hospitality, business, and event management skill building while using the profits to fund family and community-based services.
 - Wellness Centre: A gym, spa, and or wellness education facility that generates income to fund family and community-based services.
 - Event Space - A rentable space for meetings, events, weddings or other events where the income will fund family and community-based services.
 - Spiritual Care Centre - A centre that provides spiritual care, training, and support for the community.
 - Sports, Cultural & Recreation Centre - A place for children and community members to engage in sports, cultural activities and recreational activities for the welfare of the community.
 - Any other Community service.

Annex 2. First Schedule of the Children Act 2022.

BEST INTEREST CONSIDERATIONS

1. The age, maturity, stage of development, gender, background and any other relevant characteristic of the child.
2. Distinct special needs (if any) arising from chronic ailment or disability.
3. The relationship of the child with the child's parent(s) and/or guardian(s) and any other persons who may significantly affect the child's welfare.
4. The preference of the child, if old enough to express a meaningful preference.
5. The duration and adequacy of the child's current living arrangements and the desirability of maintaining continuity.
6. The stability of any proposed living arrangements for the child;
7. The motivation of the parties involved and their capacities to give the child love, affection and guidance.
8. The child's adjustment to the child's present home, school and community.
9. The capacity of each parent or guardian to allow and encourage frequent and continuing contact between the child and the other parent and/or guardian(s), including physical access.
10. The capacity of each parent and/or guardian(s) to cooperate or to learn to cooperate in childcare.
11. Methods for assisting parental and/or guardian cooperation and resolving disputes and each parent /guardian's willingness to use those methods.
12. The effect on the child if one parent/guardian has sole authority over the child's upbringing.
13. The existence of domestic abuse between the parents/guardian(s), in the past or currently, and how that abuse affects the emotional stability and physical safety of the child.
14. The existence of any history of child abuse by a parent and/or guardian(s); or anyone else residing in the same dwelling as the child.
15. Where the child is under one year of age, whether the child is being breast-feeding.
16. The existence of a parent's or guardian(s) conviction for a sex offense or a sexually violent offense under the Sexual Offences Act.
17. Where there is a person residing with a parent or guardian, whether that person—
 - been convicted of a crime under this Act, the Sexual Offences Act, the Penal Code, or any other legislation.
 - has been adjudicated of a juvenile offence which, if the person had been an adult at the time of the offence, the person would have been convicted of a felony.
18. Any other factor which may have a direct or indirect effect on the physical and psychological well-being of the child.

Annex 3. List of Contributors to the Development of the National Guidelines for transitioning Child Care System in Kenya

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REPUBLIC OF KENYA



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