2021 Day of General Discussion: Children´s Rights and Alternative Care
Country-Level Lessons in Care Reform Coordination and System Strengthening

I. Introduction

Changing the Way We Care[SM] (CTWWC) is pleased to contribute a written submission to the UN Committee on the Rights of the Child prior to the Day of General Discussion on Children's Rights and Alternative Care.

CTWWC is an initiative which promotes safe, nurturing, family care for children reintegrating from residential care and those at risk of child-family separation. CTWWC works closely with national governments and local partners in several demonstration countries to implement and demonstrate alternatives to residential child care.

While the care reform journeys in Kenya and Guatemala are far from complete, this submission presents essential approaches and learnings which have allowed both governments to strengthen their leadership and coordination of care reform. It also provides recommendations for other States to consider as part of their own care reform processes.

II. Essential Approaches and Learnings

i. A highly participatory, multi-sectoral approach to coordination

Coordination is critical to promoting synergies in resource mobilization, reducing the risk of duplication of services and resource allocation, and creating platforms for care reform advocates to speak with one voice. In Kenya, after several years of somewhat fragmented implementation efforts, an appropriately mandated government coordination agency—the National Council for Children's Services (NCCS)—was identified to supervise, coordinate, and lead the care reform agenda.[1]

The government of Kenya has adopted a highly participatory, multi-sectoral approach to care reform, involving a wide range of line ministries and non-governmental partners. During the past decade, Kenya has made substantial progress, including launching the National Best Practices in Charitable Children Institutions (2013) and the Guidelines for the Alternative Family Care of Children in Kenya (2014), instituting a moratorium on new Charitable Children Institutions (CCIs) in 2017; and approving a National Strategy for Care Reform in 2021.

Kenya's openness to including non-governmental partners in the design, planning, and implementation of care reform helped to capture important learnings from sub-national levels which have guided the development of

[1] http://www.childrenscouncil.go.ke/

critical national guidelines, tools, and procedures. It has also led to significant technical, human, and financial investments from the non-governmental sector, which have bolstered care reform efforts while lobbying for government budget allocation continues.

Engagement of care leavers in Kenya's care reform policy agenda has also been significant. Care leaver representatives have participated in the design, review, and validation of the Children's Bill, the National Strategy for Care Reform, and the Case Management Package for Reintegration into Family or Community-Based Care. While far from a perfect process, incorporating the voices and opinions of those with lived experience has made Kenya´s care reform process that much richer and serves as an example to other States. One significant gap remaining in Kenya's care reform is the inclusion of the needs and experiences of children with disabilities and their families.

> *"To succeed in care reform, you have to bring everybody on board; all the stakeholders. Talk to the CCIs, the children, the government, civil society; if any entity feels left out, they will go a long way to resist the process and you won't achieve much."*
>
> -Officer from the Alternative Family Care Section of the Department of Children's Services (DCS), Kenya

ii. Understanding the problem and changing mindsets

Data and evidence are a necessary starting point for care reform. In Guatemala in 2019, government and non-governmental actors conducted a nationwide census of 124 private residential care facilities (RCFs). This helped determine the number of children in residential care, including their place of origin, sex, age, number of years in care, and reasons for placement. This information was instrumental in designing interventions to both address the prevention of new placements and facilitate the reintegration of children already in care.

In 2020, an opinion study was conducted by CTWWC and the Guatemalan government to understand public perceptions about the separation of children, residential care, and acceptance of foster care or adoption. The study revealed that many families were willing to care for nonrelated children but had misconceptions about the process. The information from the study was used to inform the design of successful public awareness campaigns to recruit foster families and adoptive families for children with special needs.

In Kenya, the participatory processes used for capturing and analyzing data on the current care system were just as critical as the data itself. Having a clear picture of the country's care system and its impact on children's lives began to change long-held perceptions about residential care among government officers, expediting a shift in political will toward care reform.

A situational analysis of CCIs conducted by CTWWC and Kenya' Department of Children's Services (DCS) in 2019 also sought to address the tensions and fears of RCF staff regarding care reform. The directors of the CCIs (both public and private) in five counties were fully engaged in the process to secure their buy-in and support.

iii. Speaking a common language

It is important to establish a common language on key care reform concepts. In Kenya, implementation pilots in 2017 focused heavily on deinstitutionalization (DI), making DI synonymous with care reform. Additionally, the terms reunification, reintegration, resettlement, and repatriation were often used interchangeably. Workshops held in 2018 and 2019 with government officials introduced definitions from global legal instruments to help develop a common understanding of key concepts.

Simple graphics were created (see example at right) and shared with government leadership to encourage consistent use of agreed-upon definitions and concepts. Such graphics also helped to shift stakeholder thinking toward a more holistic system-level approach to care reform in Kenya.

In Guatemala, a more holistic view is still needed, including policy and programming to address the root causes of child-family separation. A representative from the Guatemalan National Council for Adoptions noted:

> *"Prevention—through the transformation of services—should be the guiding star of care reform. If we educate the community and invest in social programs to support parents, we could prevent children from entering the protection system in the first place."*

In Kenya, it proved equally important to use palatable terminology for stakeholders who were resistant to care reform. CCIs did not respond well to the term "transition," for example, understanding it to mean the closure of their facilities. The term "transformation" of services from residential care to family support and community-based services was adopted instead. Guatemalan care reform actors also stress the importance of affirming the progress that many RCFs have already made by providing parenting classes, psychological care, daycare and other services.

Differentiating reunification (the act of returning a child to his or her family) from reintegration (establishment of a child in a safe, stable, and nurturing family environment) has also been important in both countries. Care reform actors now recognize the importance of a case management package specific to reintegration, including benchmarks to track progress from reunification of a child through to successful reintegration.

iv. ***Intergovernmental learning and exchange about the "how"***

Recognizing the benefits of learning from the mistakes of others, the government of Kenya has made efforts to learn from countries further along in their care reform journeys. Non-governmental partners have supported learning tours to Rwanda, South Africa, America, and England for NCCS and DCS leadership. The learning tours played a critical role in helping Kenyan government officials understand the "how" of care reform in the various contexts.

> *"We realized that how [England] coordinates its children's services is quite different. They have a very strong regulatory body—I envision we as NCCS can be like that. Everything is well linked, from health to education to local authorities; all those who work with children. Their mandates for child protection are so well spelled-out—they know their exact mandate, their functions. The regulatory body is feared and respected."* –NCCS Officer, Kenya

Another key learning from the exchange visits was the importance of a holistic vision of care reform that includes prevention and family strengthening alongside deinstitutionalization, as well as gatekeeping mechanisms and protocols to prevent unnecessary separation:

> *"Gatekeeping came in once we understood [that care reform is] not only deinstitutionalization; we must also focus on prevention, and gatekeeping is the 'how.'"* –NCCS Officer, Kenya

v. System strengthening approach

The learning tours also emphasized the importance of a system-strengthening approach. This was reinforced by the national care system assessment conducted in Kenya in 2020—an inclusive, participatory self-assessment of the formal alternative care system aimed at identifying the strengths and gaps of the system, building consensus on priorities to advance care reform, and establishing a baseline to track progress.

The assessment proved useful for understanding all the components of the system (legal and policy framework, service delivery, workforce, monitoring and evaluation, social norms, and financial resources); for identifying strengths, gaps, and bottlenecks within each; and understanding the ground-level realities.

> *"The care system assessment gave us the information we needed to advocate for family-based care. What came out strongly was the connection between placement in CCIs and caregivers' inability to afford education expenses. It gave us a platform to lobby the Ministry of Education; now we know it's critical to include [them] in all consultations, so they are on the core team."* – NCCS Officer

The shift toward system-level thinking is also demonstrated by revisions to Kenya's national child protection information management system. Originally, the system primarily captured data on children's entering and leaving residential care. It now includes more diverse indicators, including the number and percentage of children reunited with families of origin and those placed in alternative care, number of social workers supporting children, number/regularity/length of follow-up visits, number of families/care givers assisted through parenting program(s), and income generation training provided to families.

Kenya has renewed its focus on social service workforce development, including training, increased numbers, and standardized training curricula, tools, and processes. Child Protection Volunteers and Children's Officers are also empowered and enabled to play an important role in preventing separation, supporting family-based care, tracing and reunification, and promoting positive community norms and practices.

vi. Formal designated coordination structures at multiple levels

Kenya established the Care Reform Core Team under the NCCS as a central platform to facilitate communication, visioning, planning, and implementation. Membership is multisectoral and includes: NCCS, DCS, health, education, social development and social protection departments, probation, UNICEF, numerous child protection NGOs, a care leaver association, an adoption society, and the Inter-Religious Council of Kenya.

At the sub-national level, Area Advisory Councils (AAC), overseen by the NCCS and comprised of a similar multisectoral membership, exercise general supervision and control over the planning, financing, and coordination of child rights and welfare activities. By using these pre-existing county-level structures for care reform coordination, potential duplication and parallel efforts were minimized. These structures are supported by policy and have documented performance targets, which allowed sub-national care reform pilots to move forward while the National Care Reform Strategy was being developed. Important priorities going forward include sustainable financing of the AACs and clear linkages between the AACs and the national core care reform team.

Unlike Kenya, Guatemala has four government bodies with mandates in the child protection system: the Presidential Secretariat for Social Welfare, National Council for Adoptions, Attorney General's office, and the Judicial Branch. All four play a critical role within the child protection system yet coordination remains a challenge, especially with respect to gatekeeping, family strengthening, alternative care, and reintegration. A national High Level Roundtable for the Integral Development of Children and Adolescents has been established within the

Attorney General´s office but does not meet consistently and has not assumed the national coordination role of the NCCS in Kenya.

III. Conclusions and Recommendations

While the challenges ahead for both Kenya and Guatemala are many, the care reform lessons and recommendations presented here provide important learning for other States:

1. Care reform requires a range of technical expertise and significant human and financial resources. Government and non-governmental actors from diverse sectors, especially child protection NGOs, should be systematically included in the entire process. Government human resource and finance officers, high- level policymakers, people with lived experience, the faith community, disability advocates, RCF staff, and donors should all be included to ensure appropriate planning and coordination of required resources, and that care reform is sufficiently informed by the voices of those with lived experience. Ministries of Education, Health, Social Assistance, Finance, and Labor also play a crucial role in devising solutions to address the root causes of family separation, strengthen family-based alternative care systems, and support families with reintegration.

2. States initiating care reform journeys should prioritize the identification and appointment of an appropriate coordinating agency and mechanism with multisectoral representation. Technical working groups and sub-committees should be established within the larger coordinating body when there is need for urgent decision-making and/or cooperative work. Sub-national structures which reflect the composition of the national coordinating agency should also be strengthened, with explicit links to national structures.

3. While coordination is critical, a national strategy for care reform outlining the roles and responsibilities of each actor provides an essential road map for care reform. The absence of such a strategy can hinder the development and implementation of a shared vision of care reform.

4. States should adopt a system-strengthening approach to care reform and systematically analyze the strengths and weaknesses of their legal and policy framework, service delivery, coordination mechanisms, workforce, monitoring and evaluation, social norms, and financial resources via a participatory multisectoral self-assessment methodology. When repeated, this can also provide critical information about progress over time.

5. Data—both quantitative and qualitative—is an important tool to guide and influence care reform. All states should consider conducting a baseline study with key indicators including the number of residential care facilities; number of children living in all forms of care; reasons for placement; age, sex, and place of origin; and the state of the system (policies, workforce, finance). This is critical information needed to inform strategy, policy change, practical guidance, and programming.

6. Ongoing and meaningful participation of young people and others who have been part of the care system should be integrated into policy and programming efforts, as first-hand knowledge is critical to inform care reform efforts. Examples include bringing lived experience into coordinating bodies and working groups; youth participation advisory groups; and involving young people, care leavers, or caregivers in policy reviews.

7. Government and civil society actors often assume that the public is not interested nor able to provide family-based care; as a result, alternative family-based care options are limited for children. Conducting studies of public attitudes and perceptions provides useful information for designing successful awareness raising campaigns and alternative family-based care programs.

8. States should invest in inter-governmental learning opportunities to help government officials understand what operationalizing care reform can look like in their own context. High-level political leaders across sectors should be included and a strategy devised for disseminating key learnings to critical actors in the child protection and care system upon returning home from the learning tours.

Contact: Erica Dahl-Bredine@crs.org