



How to Engage Care Leavers in Care Reform

This guidance was developed by care leavers for use by policy makers, practitioners, faith-based organizations, mass media and volunteers.

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Changing
THE WAY WE
*care*SM



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Participants at the care leaver workshop, September 2018

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LIST OF ACRONYMS

AAC	Area Advisory Council
CCC	County Children's Coordinator
CCI	Charitable Children's Institution also referred to as residential care, orphanage or residential care facility
CTWWC	Changing the Way We Care
DCS	Department of Children's Services
DI	deinstitutionalization
ID	identification
FGD	focus group discussion
GOK	Government of Kenya
KESCA	Kenya Society of Care Leavers
KII	key informant interview
PEPFAR	President's Emergency Program for AIDS Relief
SCCO	Sub-County Children's Officer
SW	social work
UN	United Nations
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development

GLOSSARY OF TERMS

Alternative care: A formal or informal arrangement whereby a child is looked after at least overnight outside the parental 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 caregivers, or spontaneously by a care provider in the absence of parents.¹

Best interests of the child: In relation to children's care specifically, the Guidelines for the Alternative Care of Children articulate several factors that need to be taken into consideration in determining best interests, including: ~ the importance of understanding and meeting universal child rights (as articulated by the UNCRC) and the specific needs of individual children; balancing children's immediate safety and well-being with their medium and longer term care and development needs; recognizing the problems associated with frequent placement changes, and the importance of achieving permanency in care relationships; ~ a consideration of children's attachments to family and communities, including the importance of keeping siblings together; ~ the problems associated with care in large-scale institutions. In assessing best interests, it is important to consider the strengths, as well as the weaknesses, of families, to ensure that maximum efforts are made to build upon strengths. This includes an assessment of relationships and not just a consideration of material needs.²

Care leaver: A young person, typically over 18 years of age, who left a formal alternative care placement. He or she may be entitled to assistance with education, finances, psychosocial support and accommodation in preparation for independent living.³

Care reform: Changes to the systems that promote the capacity of families and communities to care for their children, address the care and protection needs of vulnerable or at-risk children to prevent separation from their families, decrease reliance on residential care and promote reintegration of children and ensure appropriate family-based alternative care options are available.^{4,5}

Case management: Case management is a process practiced by social service workers that supports or guides the delivery of social service support to vulnerable children and families and other populations in need. It begins when a person or family is identified as having a vulnerability or is in a difficult situation requiring support or assistance. Case management involves a social service worker (professional or para-professional) who collaboratively assesses the needs and strengths or assets of a client (i.e., the person or persons being served by case management) and arranges, coordinates, monitors, evaluates and advocates for a package of services to meet a specific client's needs.⁶

Case manager: An individual working within an organization or government structure who is responsible for managing a case (i.e., case management process). This person can be a social worker or other person identified as being responsible for the case management process.

1 UN General Assembly (2010). Guidelines for the Alternative Care of Children: resolution / adopted by the General Assembly, 24 February 2010, A/RES/64/142, Retrieved from: <http://www.refworld.org/docid/4c3acd162.html> [accessed 1 October 2018]

2 Ibid.

3 Better Care Network (n.d.). Toolkit; Government of Kenya and UNICEF (2013). National Standards of Best Practice in Charitable Children's Institutions. Retrieved from: <https://bettercarenetwork.org/sites/default/files/National%20Standards%20for%20Best%20Practices%20in%20Charitable%20Children%27s%20Institutions.pdf>

4 Better Care Network and Global Social Service Workforce Alliance. (2014). Working paper on the role of social service workforce development in care reform. Washington, DC: Intrahealth. Retrieved from: http://www.socialserviceworkforce.org/system/files/resource/files/The%20Role%20of%20Social%20Service%20Workforce%20Strengthening%20in%20Care%20Reforms_O.pdf

5 Better Care Network and UNICEF and USAID PEPFAR (2015). A Analysis of Child Care Reform in Three Countries. In this document care reform is defined as: For the purposes of this report child-care reform is defined as: the actions by government and other recognized actors to bring about changes to social welfare institutions mandated with child welfare and protection, and practices to improve out- comes for children who are especially vulnerable to risks, such as those living outside of family care.

6 Global Social Service Workforce Alliance (2018). Concepts and Principles of Effective Case Management: Approaches for the Social Service Workforce. Retrieved from: <http://www.socialserviceworkforce.org/sites/default/files/uploads/Case-Management-Concepts-and-Principles.pdf>

Case plan: Document used to outline step-by-step actions that will be taken to meet the goals of the client. The case plan also includes information such as who is responsible for each step and the timeline for when actions will take place.⁷

Child protection system: Certain formal and informal structures, functions and capacities that have been assembled to prevent and respond to violence, abuse, neglect and exploitation of children. A child protection system is generally agreed to be comprised of the following components: human resources, finance, laws and policies, governance, monitoring and data collection as well as protection and response services and care management. Most important are the relationships and interactions between and among these components and these actors within the system.⁸

Charitable Children's Institution (CCI): An institution established by a person, corporate or non-corporate, religious organisation or NGO, which has been granted approval by the National Council for Children's Services (NCCS) to manage a programme for the care, protection, rehabilitation or control of children.⁹ In this document a Charitable Children's Institution is also referred to as a residential care facility, orphanage or residential care. According to the Children's Act 2001, all Charitable Children's Institutions should be registered. However, many CCIs operate without registration.

Deinstitutionalization: The process of closing CCIs and providing alternative family-based care within the community.¹⁰

Department of Children's Services: The Government of Kenya body mandated with overseeing the coordination of key actors, managing data related to and provision of services to vulnerable children in Kenya.

Domestic Adoption: Adoption by adopters who are Kenyan and where the child they are adopting is resident in Kenya. Applications for domestic adoption are initiated through a registered local adoption society.¹¹

Family-based care: The short-term or long-term placement of a child into a family environment, with at least one consistent parental caregiver, a nurturing family environment where children are part of supportive kin and community.¹²

Foster care: 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.¹³

Guardianship: A term used in three different ways: (1) A legal device for conferring parental rights and responsibilities to adults who are not parents (2) An informal relationship whereby one or more adults assume responsibility for the care of a child (3) A temporary arrangement whereby a child who is the subject of judicial proceedings is granted a guardian to look after his/her interests.¹⁴

Independent living: When a child in care transitions from care to living on his/her own.

Supported independent living: Where a young person is supported in her/his own home, a group home, hostel, or other form of accommodation, to become independent. Support/

7 Adapted from: <https://www.crs.org/sites/default/files/tools-research/case-management-for-children-orphaned-or-made-vulnerable-byhiv.pdf> and http://ovcsupport.org/wp-content/uploads/2017/09/17OS388-SIMS-case-management_FINAL_ONLINE.pdf and found in Global Social Service Workforce Alliance (2018). *Op cit.*

8 UNICEF/UNHCR/Save the Children/World Vision (2013) p. 3. Retrieved from: <http://www.endvawnow.org/en/articles/1727-child-protection-systems.html>

9 Government of Kenya (2001). Children's Act. Retrieved from: <http://www.childrenscouncil.go.ke/images/documents/Acts/Children-Act.pdf>

10 Better Care Network (n.d.) *Op cit.*

11 Government of Kenya and UNICEF (2014). Guidelines for the Alternative Family Care of Children in Kenya. Retrieved from: <https://bettercarenetwork.org/sites/default/files/Guidelines%20for%20the%20Alternative%20Family%20Care%20of%20Children%20in%20Kenya.pdf>

12 Better Care Network Toolkit. Retrieved from <https://bettercarenetwork.org/toolkit/glossary-of-key-terms>

13 Government of Kenya (2001). *Op cit.*

14 Better Care Network (n.d.) *Op cit.*

social workers are available as needed and at planned intervals to offer assistance and support but not to provide supervision. Assistance may include timekeeping, budgeting, cooking, job seeking, counselling, vocational training and parenting.¹⁵

Kafala: According to Islamic law, the commitment by a person or family to voluntarily sponsor and care for an orphaned or abandoned child. The individual or family sponsors the child to meet his/her basic needs for health, education, protection and maintenance.¹⁶

Kinship care: There are two definitions of kinship care, informal and formal.¹⁷

- a. Informal kinship care: A private arrangement within an extended family whereby a child is looked after on a temporary or long-term basis by his/her maternal or paternal extended family, without it being ordered by an administrative or judicial authority. Family members include grandparents, aunts, uncles and older siblings.
- b. Formal kinship care: An arrangement, ordered by an external administrative or judicial authority, whereby a child is looked after on a temporary or long-term basis by his/her maternal or paternal extended family. Family members include: grandparents, aunts, uncles and older siblings.

Life Skills: Various skills children and young people can learn regarding social development and living and coping independently. This includes self-awareness, problem solving, learning to negotiate, decision-making, creative thinking, critical thinking, effective communication, interpersonal relationship skills, conflict resolution, empathy, coping with emotions and stress management as well as money management, raising a family and running a home.¹⁸

Reintegration: “The process of a separated child making what is anticipated to be a permanent transition back to his or her family and 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.”¹⁹

Residential care: This refers to care are provided in any non-family-based group setting, such as places of safety for emergency care, transit centers in emergency situations, and all other short- and long-term residential care facilities, including group homes.²⁰

In Kenya these are referred to as Charitable Children’s Institutions (see definition above). They can also be called orphanages or residential care facilities.

Reunification: The physical reuniting of a child and his or her family or previous caregiver with the objective of this placement becoming permanent.²¹

Social service workforce: A variety of workers – paid and unpaid, governmental and non-governmental – who staff the social service system and contribute to the care of vulnerable populations. The social service system is defined as the system of interventions, programmes and benefits that are provided by governmental, civil society and community actors to ensure the welfare and protection of socially or economically disadvantaged individuals and families.²²

Social service worker: Paid and unpaid, governmental and nongovernmental professionals and para-professionals working to ensure the healthy development and well-being of children and families. The social service worker focuses on preventative, responsive and promotive

15

Ibid.

16 Government of Kenya and UNICEF (2014) *Op cit.*

17

Ibid.

18 Better Care Network Toolkit. *Op cit.*

19 Better Care Network (2013) as referenced in the Interagency Guidelines for Children’s Reintegration. Retrieved from: https://www.familyforeverychild.org/wp-content/uploads/2016/08/RG_Digital_DC-1.pdf

20 The Guidelines for Alternative Care of Children, Para 29civ. www.bettercarenetwork.org/docs/Guidelines-English.pdf

21 Interagency Guidelines on Children’s Reintegration (2015). *Op cit.*

22 Global Social Service Workforce Alliance (on website). www.socialserviceworkforce.org

programs that support families and children in our communities by alleviating poverty, reducing discrimination, facilitating access to needed services, promoting social justice, and preventing and responding to violence, abuse, exploitation, neglect and family separation.²³

Statutory Children’s Institution: In Kenya, these are children institutions established by the Government of Kenya for the purpose of i) rescuing children who are in need of care and protection (rescue homes), ii) for the confinement of children in conflict with the law while their cases are being handled in court (remand homes) and iii) for the rehabilitation of children who have been in conflict with the law (rehabilitation school). The court commits a child into one of these institutions as appropriate.²⁴

Social services: Services provided by public or private organizations aimed at addressing the needs and problems of the most vulnerable populations, including those stemming from violence, family breakdown, homelessness, substance abuse, immigration, disability and old age.²⁵

Youth or young people: Throughout this document we refer to children and youth or children and young people. Care leavers requested that we use these terms as not all those residing in residential care are children (i.e., 17 years and below). In many situations, there are young people above the age of 18 years that still reside in CCIs. This also reflects the Kenyan legal and policy framework, which refers to youth as between 18 and 34 years of age.²⁶

23 Adapted from www.socialserviceworkforce.org/social-service-workforce

24 Government of Kenya and UNICEF (2014). *Op cit.*

25 Better Care Network (n.d.) *Op cit.*

26 Government of Kenya. National Constitution of Kenya. Article 260.

BACKGROUND

Why develop guidance

Changing the Way We Care is a global initiative led by Catholic Relief Services, Maestral International and Lumos, that promotes the expansion of safe and stable family-based care while decreasing reliance on residential care facilities (or Charitable Children’s Institutions – CCIs – as they are referred to in Kenya or orphanages). The shift away from CCIs as a primary response for vulnerable children in crisis to a strategy that promotes the family as the primary care giver will require the support and involvement of many key actors. Some of these are governments, local partners, faith-based entities, mass media, parents/guardians and children. A particularly unique and important voice is that of care leavers i.e., young adults who have spent some or all of their childhood in residential care.

The Kenya Society of Care leavers was established as a forum to support care leavers upon exiting care and to provide a unified voice for young people who spent some or all of their childhood in residential care. KESCA brings together care leavers and provides a place where they can support one another; providing a “safety net” of sorts. The founders of KESCA saw the inherent value in speaking about residential care from a firsthand perspective and using this vantage point to advocate for care reform. This unique perspective is a powerful voice influencing policy makers and practitioners to better understand the challenges faced by children and young people who have lived apart from family.

KESCA is a recognized and respected presence in Kenya care reform. However there are some critical gaps in how care leavers are engaged in the care reform process, especially when it comes to how their stories are used to promote change. Care leavers are not children; they are over the age of 18. As adults, existing guidance outlining ethical child participation does not apply to them. However, many care leavers are vulnerable and often share extremely personal, and sometimes traumatic, stories about their experiences. Therefore, guidance on how to engage care leavers in care reform is necessary and useful.

We are the voice of the voiceless.

Female careleaver, age 25

The strong and powerful voices of care leavers sometimes overshadow the vulnerability and trauma they carry with them. Their passion for change and their commitment to improving opportunities for other children can sometimes make us forget that they don’t have the same safety nets provided by

family, tribe or community. Yet, their experiences make them a necessary and powerful voice for the greater care reform effort. Policy makers, practitioners, representatives of mass media and faith-based organizations must listen and strive to understand how care leavers need to be involved, how they expect to be treated, how their personal stories should be shared and protected, and what their experiences offer in the debate about care reform for children. It is with this in mind that KESCA, supported by *Changing the Way We Care*, developed guidance for how best to engage care leavers in care reform.

This guidance promotes the active involvement of care leavers in a manner that is empowering; is sensitive to their stories and experiences; promotes dignity; respects rights; and creates room for their voices to advocate for positive change.

How the guidance was developed

This guidance was developed by 25 Kenyan care leavers for anyone wanting to engage, collaborate or advocate for care leavers. It aims to be easily understood by anyone, regardless of title, position, or age. The guidance is a compilation of key messages that care leavers want

to communicate about care reform. The content reflects the voices and the way the content was discussed and developed by the care leavers themselves. Care leavers want to have a seat at the table but they also want to be engaged in a manner that respects their voices, provides a safe environment, and ensures that their stories remain true to their own lived experiences. It is in the spirit of this end goal that the guidance was written and is being shared

Who should use the guidance

This guidance is written for anyone who engages with care leavers about care reform. This includes government officials, non-governmental organizations engaged in different elements of care reform, donor agencies, schools of social work and other training institutions, directors and staff of CCIs or other alternative care services, faith-based organizations providing services or engaged in volunteer programs, volunteers and community members. It is our hope that care leavers beyond our borders use this guidance for their own advocacy, and share it with others who are engaged in care reform. The overarching goal is that anyone involved in care reform finds useful messages and materials within these pages and will be able to apply the contents in a way that positively influences how they view and engage care leavers.

How the guidance is organized

The guidance is divided into sections, each targeting a particular aspect of care reform that relates to the experiences of care leavers. Sections include: understanding CCIs and the children living within them; supporting children and youth prior to exiting residential care; supporting children after exiting care; how to speak about or use the stories of care leavers; information for faith-based organizations and volunteers; and engaging care leavers in program design, implementation, monitoring and evaluation.

UNDERSTANDING THE SITUATION: CHILDREN AND YOUTH IN RESIDENTIAL CARE

Before visiting a residential care facility, it is important to read this information and go into the situation without preconceived notions or stereotypes about the children who are living there and the families that they came from (and may still be connected to).

Not all children in residential care are orphans. Studies from around the world illustrate that upwards of 80-90% of children in residential care have at least one living relative.²⁷ This is true for many Kenyan children and care leavers. *Just because we didn't live with our parents doesn't mean we are orphans.* Many care leavers remember living with parents or relatives prior to being in residential care. Many wonder if they could have remained at home with their families if their parents or relatives had the social services or other support they needed. Many care leavers recognized that they were intentionally labeled as orphans by CCI staff as a means of soliciting and securing more donations and support from donors and/or sympathy from volunteers.

Many children and youth in residential care would prefer to return to families if they received the support needed. Do not assume that poverty is a sufficient reason for placement in a CCI. Many children in care and care leavers would have chosen to remain with their families, even if life in the CCI provided more material support or care for their physical needs. As one care leaver noted, *'it is better to be in a poor family than in a rich institution.'* Poor does not, and should not, be assumed to equate to bad or necessarily abusive, neglectful or harmful.

27 Williamson and Greenberg (2010) Families, Not Orphanages, Better Care Network, New York. <https://bettercarenetwork.org/library/particular-threats-to-childrens-care-and-protection/effects-of-institutional-care/families-not-orphanages>

In many residential care facilities children and youth are not receiving quality care (i.e., don't judge a book by its cover). Many care leavers recognize that residential care can often look better to outsiders than a home affected by poverty, especially in terms of material things like structure, furniture, playgrounds, etc. In CCIs beds are made, toys are on the shelves and three meals per day are served. However, care leavers warn that just because a CCI might look good on the outside, these material things don't always add up to quality care. Often, the human relationship factor is missing. Many of the family homes that care leavers come from might be limited in terms of what they have or might appear run down or "poor" but that does not automatically mean that they are a bad or unsafe for a child. *Care leavers want others to know that the love of a parent or guardian, including the individual attention provided by a committed adult, carries more weight and is more important than having a nice place to live with plenty of "stuff."* Care leavers suggest the use of resources to support vulnerable families and provide them with services to strengthen their capacity to care for their children, within their family, rather than to separate them and to place children in a CCI.

The best interest of the child, not the CCI, the staff within CCIs, the donors nor the volunteers, should be the primary factor considered in all decisions affecting children.

In many situations, vulnerable families are not given any other option except to separate from their children and place their children in CCIs. Frequently, they are told that this is in the best interest of their child. However, in some situations, children and youth are actively recruited for placement to help a facility stay in business. Sometimes parents are lied to or made promises by the staff of the CCI or someone with a vested interest in having the child placed within the CCI. Separating a child from his/her own family should only happen when a child is in danger and only after all other possibilities have been explored and deemed not in their best interest. Decisions should never be made based on the interests of the CCI itself, its donors, staff or volunteers.

- Key messages that careleavers want you to know and use
- *Just because we didn't live with our parents doesn't mean we are orphans.*
 - *It is better to be in a poor family than in a rich institution.*
 - *Individual attention provided by a committed adult carries more weight and is more important than having a nice place to live with plenty of "stuff."*
 - *Every child and young person needs to know that they matter to someone.*
 - *My story is unique. My situation is unique. My future is unique.*
 - *There can never be a cut and paste approach to working with children and careleavers.*
 - *I tell my story so that you will be empowered to make change, but always remember it is my story to tell.*
 - *Don't give me sympathy. I want empathy.*
 - *Do your research before volunteering.*
 - *Don't take all that you see at face value.*
 - *Engage me in decisions and actions that impact my life.*
 - *Decisions should be made in my interest, not the interest of the CCI, its donors, staff or volunteers.*
 - *Don't be another broken promise.*
 - *Don't use my image to promote your social media.*

Don't take everything you see or hear at face value. When visiting a residential care facility or speaking to children and youth in care, be cautious about the information you are hearing and do not take everything at face value. Children and youth in care are often "coached" to say things, such as telling donors or volunteers what they want to hear. Sometimes they are told what to say or threatened with punishment if they say something deemed inappropriate.

HOW TO SUPPORT CHILDREN AND YOUTH BEFORE THEY LEAVE RESIDENTIAL CARE

The care leavers who participated in the development of this guidance fully concur with research that shows children and young people who grew up in CCIs face particular difficulties as young adults.²⁸ The challenges of homelessness, unemployment, unplanned pregnancies, substance abuse and mental health issues are challenges that have been documented in research and they reflect the real life experiences of those who have lived in care in Kenya and participated in developing this guidance. However, they also stressed, and best practice emphasizes, that every child and every child's situation is unique. Whilst there might be standardized processes involved in aspects of care reform (e.g., case management), the information, the case plan and the outcomes will be different for each and every child. There can never be a cut and paste approach to working with children and care leavers.

I remember how we were all told what we were supposed to say before the volunteers came to our CCI. Whilst I really wanted to say "help, I am miserable in here, all I was allowed to say was, thank you for coming. We love to have visitors."

Female caregiver recounting how she was coached to say certain things to visitors.

Commit adequate time and resources to exit planning. Care leavers want to see care reform succeed such that children are with families and families are supported. They want to be involved in efforts to reintegrate children back into family-based care and to support young people in independent living. However, they want to see this done in a planned and participatory manner; one that puts the needs of children and young people first. Many children and youth have spent years in care, sometimes their whole childhood. As such, leaving the facility should never be spontaneous or without the child/young person's knowledge or without helping them to be ready to leave. Working for children's best interests and in ways that engages them fully in the process and is done carefully takes time and resources!

The period of transition is complex and involves many distinct aspects of a young person's life and requires adequate time to prepare. Care leavers also added that it is important for the CCI staff or case managers to remember that children and young people transitioning out of CCIs need to deal with this transition in addition to other transitions they are going through such as from school to college, from being a child to becoming a man or woman, body changes, social and cultural transitions, amongst others. Exit from the CCIs can therefore be a scary and stressful adjustment for them to make and ongoing attention and support is required to ensure that this process is supported and successful for each and every child or young person. If children and youth are provided with comprehensive support as they transition, they find it easier to overcome challenges and are more likely to become successful in their adult lives.

Always use a strengths-based approach. A strengths-based approach to all work with children and young people (and their families) is a critical part of good practice. A strengths-based approach is also a core principle in social work practice. It can be understood as an intentional way of not seeing the defectiveness or the problems of someone but of focusing on the inherent strengths, competencies, and resiliency that are the building blocks of a better future. It does not ignore pain and suffering but asks how people make it under such difficult times and builds on those amazing capacities. It assumes the expertise of the client and privileges

28 Williamson and Greenberg (2010). *Op cit*.

client knowledge and capabilities. Diversity, self-determination, empowerment, and social justice are inherent in this practice.²⁹

Throughout all stages of the leaving process (including before, during and after), it is important to focus on the child or young person's strengths and not just their risks or challenges. As part of a positive self-esteem building process, adults engaged with children and young people living in CCIs must regularly affirm their strengths, skills and talents, as opposed to focusing on the deficits. The care leavers felt that this strengths-based approach is an important way to help them become aware of the strengths they possess and see themselves as active agents in their development process.

Children and youth should have a say in the process. If the child or young person is going to a family-based placement (biological, kin or other type of family-based care) ensure that the child has a say in the decision-making process. This is one of children's fundamental rights. Decisions should be made together with the child/youth and not for the child/youth. Most countries have child-rights based legal and policy frameworks that include the right of participation. This is also reflected in the Guidelines for the Alternative Care of Children³⁰ and therefore every effort must be made to ensure that children and youth are able to participate according to their age and evolving capacities.³¹

Examples of how children and young people might be involved in this process including working closely with the social worker to discuss the pros and cons of leaving care, having an opportunity to present their opinion in a case review (e.g., when it is discussed at a meeting of the Alternative Care Committee) or visiting a foster family one or more times before providing their opinion on whether or not that is an appropriate placement.

Take time to assess and prepare the family and the child/young person. Whilst family-based care is preferable, time and energy need to be committed to making sure that the family is a safe and healthy environment for the child – the best option for that child. Don't make any assumptions that all families are good families and therefore assessments are not required. Don't make any assumptions that poor families are bad families either. Look for the strengths and the positives that can be found in any family and consider how to build up the family to provide care. Make sure a thorough assessment of the family is done and that they are determined to be safe, prepared and in the best interest of the child. This includes ensuring access to basic quality services like education and health care.

Recognize that the child or young person also needs time to prepare for the transition to family -based care. Living in residential care comes with its own challenges, routines, and expectations. Things will not look the same in a family environment. Children need time and support to understand what these changes will be and how they can best prepare for it.

Promote visitations prior to reintegration. Reintegration or placement into family-based care is an important goal of care reform. However, whenever possible, all efforts should be made to facilitate visits between the child and the family where he or she will be living after leaving the CCI. Ideally this would include visits of the family to the CCI and of the child to the family. This process might begin with short visits and then, if the child feels comfortable, the next visit can be longer. There might be a need for the social worker or another trusted adult to facilitate, oversee and/or accompany the child on the visits. These can be difficult visits and the child should be able to count on the support of an adult that they trust to accompany them before, during and after the visit. Make time to process how the child is feeling and address his/her concerns after each visit. Understand that this is a process. Each child will have a different

29 Strengths-based social work definition retrieved from: <http://socialwork.oxfordre.com/view/10.1093/acrefore/9780199975839.001.0001/acrefore-9780199975839-e-381>

30 United Nations General Assembly (2010). *Op cit.*

31 *Ibid.*

process and it is the role of the adult to listen and be attentive to the process and the child's feelings and plan the visits accordingly. The process should be individualized.

Ensure an exit plan includes referrals or links to

services and ongoing support. As part of the exit plan, the director, staff or case manager at the CCI should work together with the youth/young person and/or family to ensure that he or she is able to access necessary services after leaving. These services can include educational, vocational, health, mental health/counseling, legal or other services. It is important to remember that the case management process (i.e.,

monitoring the placement, including independent living) doesn't end when a child exits a CCI but should continue for a period of time after the child or young person exits, based on the needs of the child or young person. It is not possible to set a standard for how long monitoring and support will be needed. For some children or young people this may need to be a commitment of several months or even years of regular check-ins. Ongoing monitoring does not have to be conducted by the CCI. In some cases, it might be more appropriate to have a trained member of a local authority or even a community member take on this responsibility. This could help facilitate connections to the community and in some cases, the person might be more easily accessible to the child because he or she is located in the community.

If I am to be reintegrated, then you must ensure that I have access to basic services like health and education. This includes vocational training for older children or youth.

Male careleaver, age 27

Where possible, facilitate at least one positive mentoring relationship prior to transition to independent living.

Care leavers stated that *'every child and young person needs to know that they matter to someone.'* Many are dealing with issues of abandonment and broken relationships. As such, there needs to be a concerted effort to identify and facilitate a safe and positive mentoring relationship with another person. This could be inside or outside of the facility. It could be a parent, a teacher, or coach, an employer, another care leaver with experience in transitioning, or a friend from church. The most important thing is that the person should be safe, trustworthy and committed to providing emotional support to the young person. Where possible they should have been trained or otherwise prepared as a mentor and have someone supervising and supporting them. Ideally, the child or young person should participate in the process of identifying a mentor and the adults should ensure that it is a safe and reliable option. Sometimes they may need to change mentors before the right match is found. Care leavers felt that having such a mentor was a critical part of building self-esteem and having a positive role model to support their own personal development.

Prepare young people for independent living. If the youth or young person is leaving the CCI to live independently, providing life skills training is critical. This includes information and training about and around employment, housing, financial management skills, cooking, cleaning, taking care of oneself, and relationships. Many care leavers feel unprepared for life outside of the CCI and can become especially vulnerable to abusive relationships, drug abuse or exploitive work environments. This is not because they want to be involved in these issues, but because they often lack any basic information or skills as to how to protect themselves from these risks and are at-risk out of need to earn income and be independent. Generally, CCIs do everything for children like cooking, laundry, etc. and so young people can be ill-prepared to live on their own. Providing training on self-esteem, protective measures, intimate relationships, reproductive health, gender issues and other cultural topics that might impact their lives will help them be better prepared for life outside the CCI.

Related to this, care leavers mentioned the importance of obtaining a national Identification (ID) card and other key documents like birth certificates, death certificates for the orphans

and passport before they leave the CCI. Without family connections these documents can be difficult to obtain. Ensuring that they have the proper ID required to live independently is critical if they wish to apply for employment, rent houses or access government related services, including health insurance.

Care leavers should also have a say in where they will live, what work they will do, and who they will have relationships with as they prepare for independent living. Just like moving to family-based care, moving to independent living should include the care leaver in all decision-making. There should be opportunities to visit employment and housing choices whenever possible.

Ensure care leavers right to personal belongings. Children living in care and care leavers must be provided with personal belongings and moments prior to exiting the CCI. Take time to collect photographs, copies of relevant documentation, including case files, personal items like clothing or special toys, and any other items deemed important by the child or young person. Having these things upon exiting is important and can help with the transition.

SUPPORTING CARE LEAVERS AFTER EXITING RESIDENTIAL CARE

Facilitate positive peer engagement between care leavers. Although most care leavers said that if given the opportunity they would like to reintegrate with family or move to independent living, they also said that having access to their peers still living in CCIs or others with whom they lived is of critical importance. Even though their experiences are not always positive, they do have important bonds that have formed from living with other children. In many cases, these children and young people are the closest thing to family that care leavers have. Therefore, it is a must that the facility provides opportunities for care leavers to maintain contact with other care leavers and/or children in care. This should include all efforts to maintain relationships between siblings.

The care leaver experience is unique and only shared by other children and youth that have lived in similar circumstances. Providing a link to or introduction between the care leaver and a care leaver group outside the facility is an important part of preparing for exit and living outside of the CCI. The CCI should actively seek out connections to care leaver groups and provide this information to the care leaver prior to or at the point of exit. This can include inviting care leaver representatives, such as those from KESCA, to make presentations within the CCIs, especially targeting young people who are preparing to transition to independent living. It is important for young people starting the exit process to know that there are others like them with whom they can connect.

Facilitate connections to a faith-based community, if desired. As part of a comprehensive approach to leaving and reintegrating in the community, it is important to support care leavers in making a connection to a faith-based community (such as a church or mosque) if that is something that is deemed important by the care leaver. In the absence of a family, the community provided by a church or mosque can provide a useful safety net or sense of community and aid the young person's spiritual, emotional and social development.

Provide regular follow and support up after exiting. Most care leavers exit care after reaching the age of majority i.e. 18 years, and this is often a challenging period of life. Building relationships and adapting to unfamiliar life in the community takes time. Part of good practice of residential care is providing regular follow up, ideally as part of case management, for a period of time after a child or young person leaves care and providing the necessary support

and follow up. It is important to remember that the case management process (i.e., monitoring the placement, including independent living) doesn't end when a child exits a CCI but should continue for a period of time after the child or young person exits, based on the needs of the child or young person. It is not possible to set a standard for how long monitoring and support will be needed. For some children or young people this may need to be a commitment of several months or even years of regular check-ins. The Guidelines for Alternative Family Care of Children in Kenya provide excellent guidance on how to do conduct exit planning at all stages of the transition (exit) process.³²

HOW TO SPEAK ABOUT CARE LEAVERS IN PUBLIC FORA, MASS MEDIA AND SOCIAL MEDIA

NEVER use his/her story without consent. Care leavers have an important story and life experience to share and a unique perspective on the issue given their life experience. However, at all times, it should be the care leaver that decides whether or not to share his or her personal story. Furthermore, it should always be the care leaver who decides which part of his/her story to share and with whom it is shared. This includes written, audio and visual stories – and any photography or video that goes with it.

Care leavers mentioned that they recognize that their stories are powerful and provide a unique view of the topic – one that can make a difference in care reform planning and success. However, they also recognized that even though they share their story, it does not automatically mean that it is easy to share. Many mentioned that sharing aspects of their story opens up old wounds and brings up trauma and emotion. Therefore, many recommended that whenever possible, psychological support should be planned for or at least readily accessible if needed. Whilst this might be a rare occurrence, the stories are traumatic and preparing for any potential fallout from this requires having a plan in place beforehand. Ask yourself, to whom will the young person turn to if telling the story ends up being upsetting?

Consent to use the story is a must. If a care leaver decides to share his or her story, they determine with whom they would like to share it. If the story is used for communications material (social media, print, movies, etc.) a consent form should be provided and the care leaver must sign that they wish to have their story used and agree (including to use of their photograph and/or voice). If they do not sign the consent, then the story **cannot and should not** be utilized by the second party. The consent form should clearly describe how the information will be provided, for what purpose and to what target audience. The information provided by a care leaver must only be used for the purpose to which the care leaver agreed.

Care leavers have the right to review the material prior to it being shared with the target audience or being made public. It is highly recommended that the second party using the story or information about the care leaver provides an opportunity for the care leaver to review the material and/or photos or film footage prior to it being made public. This includes using it after time has gone by or using it again after its original release. Care leavers demand and deserve the right to withdraw consent if they are not happy with the story or the photo and the message that is being conveyed.

Care leavers have powerful testimonies that they share to help bring about change. Many care leavers have lived through traumatic events including being separated from family and community, being exposed to neglect or abuse, being asked to lie about their situation, making and breaking friendships (such as those with volunteers), being turned away from care once

32 Government of Kenya and UNICEF (2014). *Op cit.*

they are returned to family, or being required to leave care before they are ready. Whilst these stories are often laden with emotion, care leavers don't want pity. They are not sharing their stories to elicit tears or sympathy but to create change and empower people to do better. They want empathy and a listening ear!

Care leavers don't want to be called orphans. Many of them have parents or family or connection to kin or community – don't stick this or any other label on them. Each and every child, young person and care leaver is unique – labels strip individuality. Many care leavers have one or both parents alive. Assuming that all children and youth in residential care facilities are “orphans” is a misnomer, shows a lack of understanding of the situation, and can be disempowering or worse. Care leavers want to be recognized. They ask to be called, first by their own names, and then referred to as young people who have lived in care or care leavers. The latter is a term that the authors of this document are comfortable with and use when referring to themselves and others with the same life experience. They also want children and youth living in residential care to be called by their names and referred to as children and youth living in residential care.

Be intentional about being inclusive and capturing the experiences of care leavers with disabilities. Disability is often a reason that children and youth are placed in CCIs when families struggle to access services needed. Children and young people with disabilities might have diverse ways of communicating – not always the same as you and me. This does not make their story less important or less relevant. This does not make them any less valuable as young people in need of community connections, employment, housing, services, friends, mentors, etc. Care leavers who also have disabilities want to be heard and they want their stories told. However, because of their disability, it is not always easy for them to share their stories in the same way as their colleagues. Similarly, disability should not be the focus of the story rather it is a specific issue that impacts their story. It is the responsibility of the person speaking with the care leaver to find ways to engage with collect his or her stories. Be intentional and creative about finding ways to ensure that care leavers with disabilities are able to share their stories. They have the right to share their story and it is one that needs to be heard.

WHAT FAITH-BASED ACTORS AND VOLUNTEERS SHOULD KNOW

Faith-based organizations like churches and mosques (both local and foreign) can and should play a significant role in supporting care leavers after they exit care. The faith-based community can provide a critical safety net and sense of community for care leavers that might not have a family to be part of. Being part of a faith-based community can also help provide a sense of belonging to care leavers acting as a critical barrier to other negative influences. Faith based communities can also offer mentors to support care leavers helping to build spiritual, social and emotional development.

Churches and mosques have important platforms that should be utilized to strengthen families not build residential care. The role of the faith-based community in Kenya is powerful and far-reaching. They have critical platforms that can be utilized to inform people about the negative effects of CCIs and the importance of family-based care. They can use their Sunday sermon, or bible study groups or Friday calls to prayer. They can use scripture or quotes from the Koran that emphasize the importance of family or that promote caring for those without by helping to find families for them. These are opportunities that can and should be used to promote family strengthening initiatives as well as kinship and foster care.

As part of preventing family separation, faith-based communities like churches and mosques have a vital role to play in terms of providing services and support to vulnerable families.

Important resources can be used to provide social services, offer parenting support and education, providing spiritual development and opportunities for support, offering education bursaries and other services and support that aim to build families up and not tear them apart. Many separated families are also isolated – bringing families into faith community builds up social support around the family and this helps them to face risks and challenges.

Churches and mosques can be invaluable platforms for spreading information about the importance of care reform, the role of family-based care and the negative impact of CCIs. Church and mosque leaders should be recognized and fostered as critical actors in this effort and provided with key messages that speak to their faith as well as support care reform. They should also make concerted efforts to engage care leavers in spreading this information to their faith communities. Find opportunities for a care leaver to present to members of a church or mosque, a bible group, a men’s or women’s forum, youth groups, etc.

Churches should walk their talk by caring for orphans within their community not outside of it. Use your platform to help identify foster and adoptive families. Use your resources to help keep struggling families together and not pull them apart.

Male careleaver, age 28

Do your research before volunteering. Volunteers, although well meaning, need to understand what they are getting into before they volunteer with CCIs. This means understanding the negative effects of CCIs on children and youth. Read the research. Don’t take everything at face value. Ask questions. Take time to look on the Internet and find resources and information that highlight the negative effects of voluntourism³³ on children.

I don’t want to be 18 and looking through Facebook sometime and see my own face on someone else’s post.

Female careleaver, age 24

Don’t use photos of children in care or care leavers to increase “likes” on social media. Volunteers must understand and respect the privacy of children and care leavers. Understand that you are coming into their lives and that taking their photo and posting it is not only disrespectful, it is exploitive. Care leavers don’t want their photos on social media without our permission.

Children often don’t even have the opportunity to give permission. If volunteer motives are true, then they don’t need to prove it by posting photos of their efforts. Care leavers right to privacy comes first before boosting a social media profile.

Understand how volunteering might not promote the best interest of children and youth but does encourage the CCI. Care leavers often share stories about volunteers coming to the CCI and being made to sing and dance and perform for volunteers or donors. This should be a sign that it is not really about what is best for children and youth but is about what helps the CCI

stay in business. Ask questions of the CCI. Don’t be afraid to ask where your money goes, what it gets used for.³⁴ Think about how far that same money could go to help struggling families stay together. Simple math shows that the money spent on an international flight from the UK to Kenya (approximately 800 USD) could provide educational scholarships for 10 children.

³³ Voluntourism is a form of travel linked to volunteering or “doing good work.” In recent years this has included volunteering in orphanages (orphanage voluntourism).

³⁴ For more information on voluntourism please see this recent film that includes the stories of Kenyan Care leavers: <https://bet-tercarenetwork.org/resource/the-love-you-give>

Access to education is one of the main reasons children get pulled into CCIs. Your donations will go much further to support children in families than keeping children and youth in CCIs.

Don't be another broken promise or ruptured attachment. Care leavers have a history of broken attachments. This means relationships formed that are then broken. Attachment is a very important part of a child developing well. Think about your attachment to your own mother, parents and family. This is the first broken attachment that children and young people in CCIs have experienced. Then come volunteers. Volunteers share time and create relationships with children and youth in CCIs, but then leave. This is another experience of broken attachment. Building these contacts, sharing time together and making new friends might seem positive in the short-term to the volunteer. The child might even look and act happy. But a volunteer leaving is another incident of loss and rupture for the child. Think about the longer-term consequences of your actions before you volunteer in CCIs. Ask yourself if this is really about the children and youth in care or is it more about you.

If volunteers do spend time in CCIs, they should be held to background checks and child protection policies. Any CCI should, at a minimum, ask for background checks of any volunteer that comes to the CCI. If you are a volunteer and the CCI does not ask for a background check this should be an immediate red flag. Would you allow anyone in your house to play with your children without knowing who they are?

HOW TO ENGAGE CARE LEAVERS IN PROGRAM DESIGN, IMPLEMENTATION AND MONITORING OF CARE REFORM

Be intentional and genuine about the engagement of care leavers from the beginning. Child participation is a core principle and a right as outlined in many international and national legal and policy instruments.³⁵ Care leavers felt that invitations for them to participate were often one-off and not systematic. Because of their lived experiences around issues faced by vulnerable families, life within CCIs and transition or reintegration out of care, they provide a unique perspective on the development of programs, projects and services. Those engaged in developing care reform policy and programming, including family strengthening, alternative care and deinstitutionalization, should be intentional about creating meaningful space for care leavers in the care reform process. Examples of how government institutions, donors, civil society organizations and individuals engaged in care reform activities might engage care leavers include the following:

- Invite care leavers to provide information to inform a proposal.
- Have them be part of a proposal review committee focusing on whether or not the information in the proposal reflects their experience and whether the solutions proposed are child and youth friendly and really what is needed.
- Ask care leavers to contribute to monitoring frameworks and develop relevant indicators. Ask care leavers what “success” of care reform would look like to them and use that information to develop relevant outcome indicators.

³⁵ Including the Convention on the Rights of the Child (1989), the African Charter on the Rights and Welfare of the Child (1991), and the Guidelines for the Alternative Care of Children. For more information on how to be intentional about child participation, please see these links: <https://www.unicef.org/eu/crtoolkit/toolkit-module3.html>; <https://resourcecentre.savethechildren.net/our-thematic-areas/cross-thematic-areas/child-participation>; and <https://bettercarenetwork.org/sites/default/files/Effective%20Participation%20of%20Children%20and%20Young%20People%20in%20Alternate%20Care%20Settings%20-%20Guidance%20for%20Policy%20Makers.pdf>

- When collecting data, invite care leavers to interview or conduct focus group discussions with children in care or others involved in care reform (following proper ethical procedures).
- Engage a care leaver as part of a monitoring and evaluation team.
- Support the formation of care leaver service monitoring teams.
- Ask care leavers to present their experience or share their opinions at staff meetings or trainings. Recognize the unique perspective that they bring to the topic and find opportunities for them to share it in a safe and respectful environment and as means of informing practice.
- Ask a care leaver to review job descriptions or profiles of key actors engaged in care reform. For example, what skills, attributes and experience do they feel a social worker engaged in reintegration should possess? What profile would they like to see in a foster mother?
- Have care leavers participate on interview panels. This is especially useful for positions that will engage directly with children, youth and care leavers.
- Engage care leavers in the development of various training and capacity building aspects of the program – where possible train care leavers as trainers.
- Support opportunities for care leavers to engage with government policy makers, including representation on national or sub-national working groups.
- Utilize care leaver networks to share relevant vacancies and be intentional about trying to identify care leavers who are working in the care sector. Make an effort to support care leavers who are working within or want to work within the sector by including them in training or providing opportunities for them to learn more about the sector. For example, design an internship program within your organization and be intentional about identifying potential applicants who might also be care leavers and encourage them to apply and, if qualified, hire them.
- Have a care leaver on the Alternative Care Committees³⁶ to bring their unique perspective to the process. Have care leavers help to train Alternative Care Committees around talking to and considering children’s perspectives in decision-making.
- Have care leavers on advisory boards to ensure that their voice, their experience and their perspective informs an organization working with and for children.

³⁶ Alternative Care Committees are a multi-sectoral representative body mandated with reviewing and making decisions about alternative care placements.

CONCLUSION

It is the hope of the care leavers engaged in developing this guidance that it is used to inform care reform, promote positive engagement with care leavers, put an end to stereotypes and assumptions about care leavers and children in residential care, and most important, motivate the changemakers who can create a world where children live with a safe and nurturing family. To all involved in this effort, please remember: **Our voices matter. Our stories must bring change. We need to be engaged so we can shape the solution.**

For more information about Changing The Way We Care, contact us at info@ctwwc.org.

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care

  