







Understanding caregiver protective factors and child well-being amongst families in Kenya: Results from the Year Five Household Survey Report Changing the Way We Care, Kenya

Summary

This concept note intends to explore the **interconnectedness** between early childhood development and impact of placing young children in residential care, explain existing **gaps around local evidence** on the impact of placing children in residential care, and how our family-strengthening interventions play a critical role in **creating an enabling environmental** for nurturing care. It will also provide an opportunity for the practitioners, service providers, researchers, and policymakers to gain insights into the situation of children and families, and the perceived difference these interventions are making to their lives. Finally, jointly explore the role ECD **interventions play in supporting recovery and reversal** of effects of placing children in residential care, including the role the ECD fraternity could play towards **building local evidence** on innovation around ECD interventions for scale up.

Brief excerpt of the side event

Why, you as an ECD practitioner, service provider, policy maker or researcher should consider signing up for our side event.

The side event intends to showcase the connection between early child development and placement in residential care (e.g., Charitable Children Institution – CCIs in Kenya). We will provide information on the a) impact of placement in residential care on child development, b) benefits of ECD interventions e.g., positive parenting as drivers of family strengthening, c) the roles of ECD practitioners in advocating for inclusive policies and interventions and building local evidence for scale, and d) role of ECD in supporting recovery and reversal of negative impacts of institutionalization.

Background

Changing The Way We Caresm (CTWWC) is an initiative designed to promote safe, nurturing family care for children, including those reunifying from residential care facilities (sometimes referred to as "orphanages") and those at risk of child-family separation. CTWWC strengthens families and reforms national systems of care for children while focusing on safe and nurturing family reintegration and the development of alternative family-based care (such as kinship or foster care). In Kenya, CTWWC is working in four demonstration counties in lockstep with the Government of Kenya to reform the system of care for children.

Nurturing care framework recognized that in the first years of life, parents, intimate family members and caregivers are the closest to the young child and thus the best providers of nurturing care and that secure family environments are important for young children¹. However, 45,000 children² reported to be out parental care, thus, unable to reach their full potential. Residential care, though well meaning, has limitations in providing good health, adequate nutrition, safety and security, responsive caregiving and opportunities for learning due to the limited number of staff, their capacity, and high staff turnover.

Evidence has also shown that entering residential care, in and of itself, can be an adverse childhood experience (ACEs). Separation from familiar surroundings and relationships can cause stress and/or distress to a child, even if the child is leaving distressing circumstances. ACEs can take a child off their

¹ Nurturing care for early childhood development: <u>9789241514064-eng.pdf (who.int)</u>

² Kenya COVID pandemic data on children placed in residential care facilities





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developmental course, diminish their resilience and impede their life chances via the negative coping skills they have had to adopt or by negatively affecting a child's physical, emotional and mental health.³

The situational analysis conducted in 2019 in five demonstration areas in Kenya showed that up to 80-90 % of children in residential care facilities (known as charitable children's institutions (CCIs) in Kenya) have a living parent who would raise them at home if they had the needed social services and support.

Increasing research shows that children's physical, cognitive, emotional, and social development are positively influenced by growing up in a supportive family environment. Being raised in residential care has been shown to negatively impact all areas of a child's development: cognitive, physical, emotional, life skills, and social development. According to experts, alternative care for young children, especially those under the age of 3 years, should be provided in family-based settings. International child rights instruments such as the Guidelines for the Alternative Care of Children also reflect this premise. Research also shows institutional care has a negative impact on a child's development. Harmful experiences in residential care are worse for young children, as the brain architecture is in a time of rapid development. Furthermore, family-based care is more cost-effective than residential care⁶.

Our Approach

Care reform, and the model utilized by CTWWC, is government-led and community-owned. CTWWC works in partnership with national and local government, careleavers, and civil society to support children who returned to their families from CCIs by using a case management approach. Investment has focused on family-strengthening interventions to address the drivers of family separation such as poverty, violence, and disability that provide an enabling environment for nurturing care for children. CTWWC employs a Model of Protective Factors to help determine if a placement of a child into family-and-or —community-based care is considered successful. These include the following domains: caregiver resilience, social and emotional competence of children, social support and connections, access to concrete support in times of need, and responsive caregiving.

To inform our approach, CTWWC Kenya conducted a situation analysis and household survey with the following results:

Situational analysis of CCI's: Results showed that: a) Young children (below 8 years) were entering CCIs and spending over four years in the facility. At the time of data collection, there were 184 children under the age of three living in CCIs in Kiambu⁷ and 110⁸ in Kilifi Counties, representing five and six percent of the total population of children included in the exercise respectively; b) Approximately 51% of children living in CCIs⁹ had resided there for three years or more at the time of data collection. Further, approximately 68%¹⁰ of children living in CCIs in Kilifi had resided there for three years of more; and c) The presence of volunteering and challenges of childcare within CCIs impact children's attachment, bonding, and development. The average volunteer would engage in a CCI was three to six months. Multiple rotating

³ Promoting Resilience-Informed Care: A practical guidance resource for frontline workers in family based care | Better Care Network

⁴ https://www.thelancet.com/commissions/deinstitutionalisation

⁵ https://www.thelancet.com/commissions/deinstitutionalisation

⁶ https://bettercarenetwork.org/sites/default/files/011. 2016 Vol 15 2 Bhuvaneswari Efficacy of Family based Care.pdf. https://bettercarenetwork.org/sites/default/files/Guidelines%20for%20the%20Alternative%20Family%20Care%20of%20Childre n%20in%20Kenya.pdf

⁷ Situational Analysis Report for Children's Institutions in Kiambu County | Better Care Network

⁸ Situational Analysis Report for Children's Institutions in Kilifi County | Better Care Network

⁹ Situational Analysis Report for Children's Institutions in Kiambu County | Better Care Network

¹⁰ Situational Analysis Report for Children's Institutions in Kilifi County | Better Care Network





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caregivers who are often untrained impact the attachment and bonding processes with children. Negative caregiving practices have been noted in many CCIs.

Household Survey: CTWWC held its Year 3 review in 2021. This was the first opportunity for in-depth data collection, analysis, and reflection on child and family experiences. In 2023, CTWWC conducted its second household survey with the aim of better understanding caregiver protective factors and child well-being among families served.

Summary of the results:

Age entry to CCI and placement - The mean age at which children entered care in Kenya was 7 years old (SD3.8) and the mean age at their most recent placement in family care was 11 years old (SD3.6) meaning that children in Kenya spent an average of 4.3 years in care.

Multiple caregivers - Nearly a quarter (24%) of the children who had been reunified lived with someone other than their current primary caregiver before they entered residential care. Children had lived in a variety of settings before entering residential care, including with their biological parents (66% of children) and in other relatives' homes (29%).

Parenting- almost three-quarters (73%) of caregivers were frequently involved with their children and 61% were frequently practicing positive parenting techniques.

Education - caregivers of 2–4-year-olds were asked if their child was enrolled in any sort of early childhood education (ECE) program. Half of children aged 2-4 were enrolled in ECE (n=10) and 80% of them were receiving at least two types of stimulation. In addition, 90% of children 5yrs+ were enrolled in school (n=348), consistent across the four counties.

Child wellbeing - the survey assessed the overall health of children aged 2-10 years (n=80). Caregivers responded on behalf of children aged 2-10 years, giving an average score of 2.56, indicating good health. Conclusion: There is weak local evidence on the types of ECD interventions that can support the recovery and reversal of effects of placing children in residential care. To create innovations on these ECD interventions, there is need to build local evidence for making nurturing care part of all systems through deliberate partnerships, collaboration, and greater coordination between the ECD and care reform actors. The positive acknowledgment by caregivers on our family strengthening support confirms that families' capacity to provide care and to access services as needed is essential for child development. CTWWC's work in supporting the government in the rollout of the national positive parenting program is an example of a feasible, acceptable, and effective implementation approaches for possible scale up. Finally, in order to provide caregivers with time and resources to provide nurturing care, policies, services and community support need to be in place.









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Changing the Way We Care, Kenya Draft Side Event Agenda

Theme

"Interconnectedness between Early Childhood Development and Placement in Residential Care"

Duration: Two Hours

Objectives:

- To understand the impact of placement in residential care (CCIs) on growth and development of all children, especially the younger children.
- To share the family strengthening intervention in promoting family preservation, preventing separation, and resilience.
- To acknowledge the role of ECD practitioners in promoting family-and-community -based care for young children (ECD)
- To acknowledge the role of ECD interventions in supporting recovery and reversal of effects of placement into residential care

Time	Session	Moderator
08:30 – 09:00 am	Registration and Networking	Bernard K
09:00 – 09:15 am	Activity: The nexus between ECD and Care Reform	Fidelis M
09:15 – 09:25 am	Presentation: Overview CTWWC Global Initiative Overview CTWWC Kenya	Khadija K
09:25 – 10:00 am	 Presentation: Baseline data on all children (especially younger children) in Kenyan residential care (CCIs) Impact of residential care on all children (especially younger children) Bridging gaps through family strengthening interventions 	Khadija K and Fidelis M
10:00 – 10:30 am	Plenary: Q&A	Fidelis M
10:30 – 10:40 am	 Interactive sessions: How and what ECD interventions you consider supportive in the recovery and reversal of effects on placement in residential care? What are three priority areas you would consider for more partnership and collaboration in building local evidence for scale? 	Khadija K
10:40 – 10:50 am	Plenary: Q&A	Fidelis M
10:50 – 11:00 am	Wrap-up, Side Event Evaluation, and Closure	Khadija K