Alternative Family- and Community-Based **Care**

2023

This user-friendly reference page provides an overview of a type of alternative care available in Kenya, key considerations, and the process followed for placement. It aims to be an easy and quick reference to critical information for alternative family- and community-based care placements. The reference page should not be considered a replacement for the detailed Alternative Family- and Community-based Care Standard Operating Procedures (SOPs). It also accompanies the **Guidelines for the Alternative Care of Children in Kenya** (2014), which also have an accompanying **User Friendly Version**. This information on this page is designed for use by practitioners, community actors, and caregivers. Cognizant that safe, suitable alternative care placements depend on effective case management, see also the **Case Management for Reintegration to Family- or Community-Based Care Guidebook and Toolkit**.

Introduction to Alternative Care

Alternative care is a formal or informal arrangement whereby a child is looked after at least overnight outside their parental home, either by decision of a judicial or administrative authority or duly accredited body, or at the initiative of the child, their parent/s/caregivers, or spontaneously by a care provider in the absence of parents.

In Kenya, the below family- and community-based, and residential alternative care options exist.

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FAMILY SUPPORT SERVICES & PREVENTION OF SEPARATION
BIOLOGICAL PARENTS
KINSHIP CARE
KAFAALAH
GUARDIANSHIP
FOSTER CARE
ADOPTION*

SUPPORTED CHILD-HEADED HOUSEHOLD
SUPPORTED INDEPENDENT LIVING

STATUTORY INSTITUTIONS
PLACES OF SAFETY & TEMPORARY SHELTER**
SPECIALIZED THERAPEUTIC FACILITIES
CHARITABLE CHILDREN'S INSTITUTIONS***

| FAMILY BASED CARE | COMMUNITY BASED CARE | RESIDENTIAL CARE |

* A moratorium has been placed on inter-country adoptions
** This includes group homes
*** A moratorium has been placed on the registration of new CCIs

Placing a child into any alternative care option relies on good gatekeeping and good case management. The tools and forms in the Case Management for Reintegration into Family- and Community-based Care Toolkit, and the Alternative Family- and Community-based Care SOPs, should be utilized to guide and document each step of the process.

Guiding Principles

The below guiding principles, as per the Guidelines for the Alternative Family Care of Children in Kenya and Alternative Family- and Community-based Care SOPs, must be adhered to for all alternative care placements.

Necessity

Is it necessary to separate a child from their biological family and or current care setting? Is it necessary to remove the child from the current family setting or is it necessary for the child to remain there? The below should be considered:

- Poverty is never a justification to separate a child Families should be supported to care for children
- Education is not a reason to separate a child; education support should be provided while the child lives with their family
- Determining necessity is an ongoing process; even though separation was necessary today, it may not still be necessary next month. Family support services should be provided to the child's family of origin in support of reunification.

Suitability/appropriateness

Which is the next most suitable/appropriate option for this child? To reunify the child with their biological families or to plan for another permanent alternative option? Which care option is most likely to be able to meet the unique needs of the child? The below should be considered:

- All decisions should be made on a case-by-case basis and be based on the unique needs of the child; findings from the child and family assessments (using the Case Management for Reintegration SOPs and toolkit) should be used for matching (e.g., matching the needs of the child, with a family who has the protective factors present to meet those needs).
- Family- and community-based options are the most suitable to meet children's needs, and should be prioritized over residential care; residential care should only be considered when all family and community options have been exhausted.

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- Residential care is never suitable for children under three years, and children with disabilities; they should never be placed in residential care.
- Children separated from their parents and living in temporary care (including all forms of residential care), and their parents, should be provided with services aimed at reuniting them.
- When reunification to parental care is not possible, or not in the child's best interest, long-term alternative care options should be explored as the next most suitable options.
- Placements which are close to the child's family of origin should be prioritized, to enable the child to maintain contact with their family, culture, ethnicity, etc.
- All alternative caregivers (e.g. foster parents, guardians, kafiil, etc.) are entitled to family support services, to ensure they are able to meet the family's and child's, basic needs. This includes children in supported independent living and supported child-headed households.
- Siblings should be kept together whenever possible
- Placements should be periodically reviewed to ensure they still meet the child's needs as the child's need and capacity evolve
- Frequent changes in care placements should be avoided

Best interest of the child

Best interests of the child should be the primary consideration in all care decisions. All decisions are made on an individualized basis, and BIOTC is continually assessed as it is a dynamic concept comprised of various elements which are continuously evolving.

Prioritization of family-based care

Biological family is prioritized, followed by alternative families before community-based care options are considered. Residential care should only be used as a last resort, when absolutely necessary and appropriate. Separated children should be supported to stay in contact with their family, and all efforts should be made to reunify children with their family of origin.

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Permanency

Though temporary forms of alternative family are necessary and suitable in many situations, permanency must always be the ultimate goal for all children in care. Permanency should be considered even before placement and must be built into all case planning as soon as a child is placed into care.

Child participation

Child participation in care decision-making increases the likelihood that decisions will be based on a holistic and accurate analysis of the child's strengths, needs and conditions and that the placement will be in their best interest. Children must be supported to sufficiently understand matters that affect them according to their evolving capacity and maturity, to be able to form their point of view.

This includes ensuring that:

- The child is made aware of all available options;
- The conditions under which they will be asked to express their views and the possible impacts of decisions made is explained in a child-friendly manner; and
- Where children are not able to verbally express their views, all efforts must be made to facilitate their expression in a form that is most comfortable to them. There must be full recognition of non-verbal forms of communication (e.g., play, body language, facial expressions, drawing, etc.)

1 KINSHIP CARE

Involves a child being looked after on a temporary or long-term basis by relatives (e.g., grandparents, aunts, uncles, older siblings/cousins, etc.); it should always be the first option considered for children separated from parental care. It can be privately arranged by family members (informal) as well as through an authority (formal).

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A child is eligible for kinship care where they are unable to live with their biological parents for any reason; kinship care should be first option considered

Child assessment

Where not already known, trace and assess parent/s

Tracing and assessment of relatives

Conduct a separate assessment for each household of relatives identified; include all members of each household in the assessment

- Is this relative willing to care for the child?
- Is the relative equipped with the skills and resources needed to care for the child?
- What support might be needed?
- Could the child maintain contact with parent/s if placed with this relative?
- Can sibling groups stay together if placed with this relative?

Matching child with most suitable relative

Choose the most suitable household from among those assessed; DCS to guide

Develop case plans for the kinship placement and the child's parent/s (where known) to facilitate reunification.

Family group conference can help to build buy-in and refine responsibilities.

Develop / revise case plan

Placement approval & preparation

Care Reform Sub-Committee or Children's Officer approves and registers in CPIMS.

Ensure kin has required competencies to meet child's needs. Ensure child has realistic expectations and feels ready to transition.

Placement

Monitoring & case review

See minimum schedule in CM SOPs.

Maintain contact between child and parent/s

Case closure if/ when placement is permanent

Duration can be temporary or long-term; the duration of placement will vary based on the needs of the child and family. There is no minimum or maximum duration.

2 GUARDIANSHIP

A legal relationship created when a child's biological parents appoint a person/s through a will/ deed, or upon application, a person is appointed by the court to take care 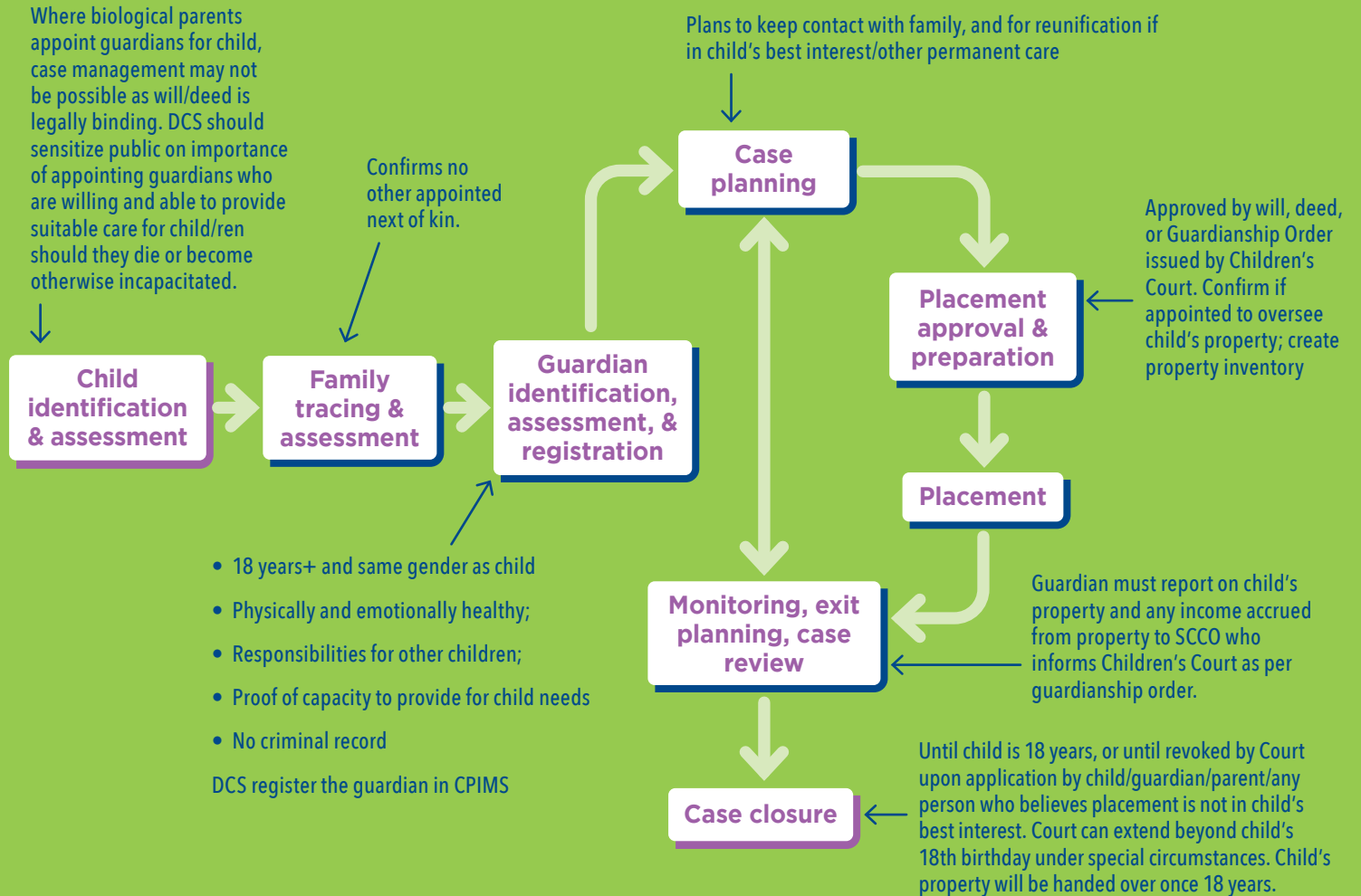of a child either alone (i.e. assume parental responsibility) or to act together with a living parent or another guardian. Guardianship can involve the child, their parent's property, or both the child and property.

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Where biological parents appoint guardians for child, case management may not be possible as will/deed is legally binding. DCS should sensitize public on importance of appointing guardians who are willing and able to provide suitable care for child/ren should they die or become otherwise incapacitated.

Confirms no other appointed next of kin.

Plans to keep contact with family, and for reunification if in child's best interest/other permanent care

Approved by will, deed, or Guardianship Order issued by Children's Court. Confirm if appointed to oversee child's property; create property inventory

Child identification & assessment → **Family tracing & assessment** → **Guardian identification, assessment, & registration** → **Case planning** → **Placement approval & preparation** → **Placement** → **Monitoring, exit planning, case review** → **Case closure**

- 18 years+ and same gender as child
- Physically and emotionally healthy;
- Responsibilities for other children;
- Proof of capacity to provide for child needs
- No criminal record

DCS register the guardian in CPIMS

Guardian must report on child's property and any income accrued from property to SCCO who informs Children's Court as per guardianship order.

Until child is 18 years, or until revoked by Court upon application by child/guardian/parent/any person who believes placement is not in child's best interest. Court can extend beyond child's 18th birthday under special circumstances. Child's property will be handed over once 18 years.
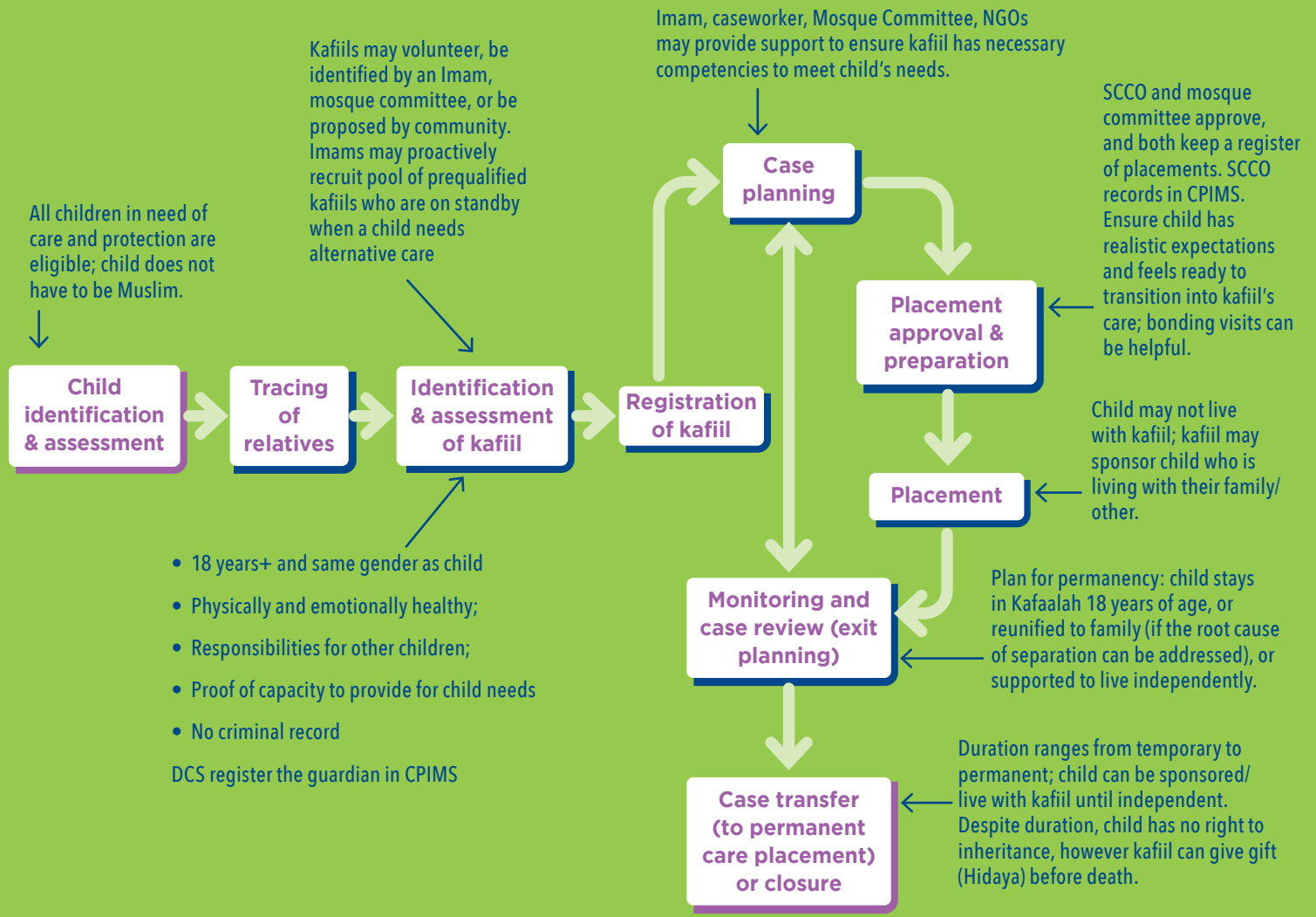
3 KAFAALAH

When a child is cared for by a Muslim caregiver (*kafiil*).
Kafaalah can include physical or financial care.

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Kafiils may volunteer, be identified by an Imam, mosque committee, or be proposed by community. Imams may proactively recruit pool of prequalified kafiils who are on standby when a child needs alternative care

Imam, caseworker, Mosque Committee, NGOs may provide support to ensure kafiil has necessary competencies to meet child's needs.

SCCO and mosque committee approve, and both keep a register of placements. SCCO records in CPIMS. Ensure child has realistic expectations and feels ready to transition into kafiil's care; bonding visits can be helpful.

All children in need of care and protection are eligible; child does not have to be Muslim.

Child may not live with kafiil; kafiil may sponsor child who is living with their family/other.

Child identification & assessment → **Tracing of relatives** → **Identification & assessment of kafiil** → **Registration of kafiil**

Case planning → **Placement approval & preparation** → **Placement**

Monitoring and case review (exit planning)

Case transfer (to permanent care placement) or closure

- 18 years+ and same gender as child
- Physically and emotionally healthy;
- Responsibilities for other children;
- Proof of capacity to provide for child needs
- No criminal record

DCS register the guardian in CPIMS

Plan for permanency: child stays in Kafaalah 18 years of age, or reunified to family (if the root cause of separation can be addressed), or supported to live independently.

Duration ranges from temporary to permanent; child can be sponsored/live with kafiil until independent. Despite duration, child has no right to inheritance, however kafiil can give gift (Hidaya) before death.

4 FOSTER CARE

An arrangement where a child is temporarily cared for by a non-relative on an emergency or short-term basis.

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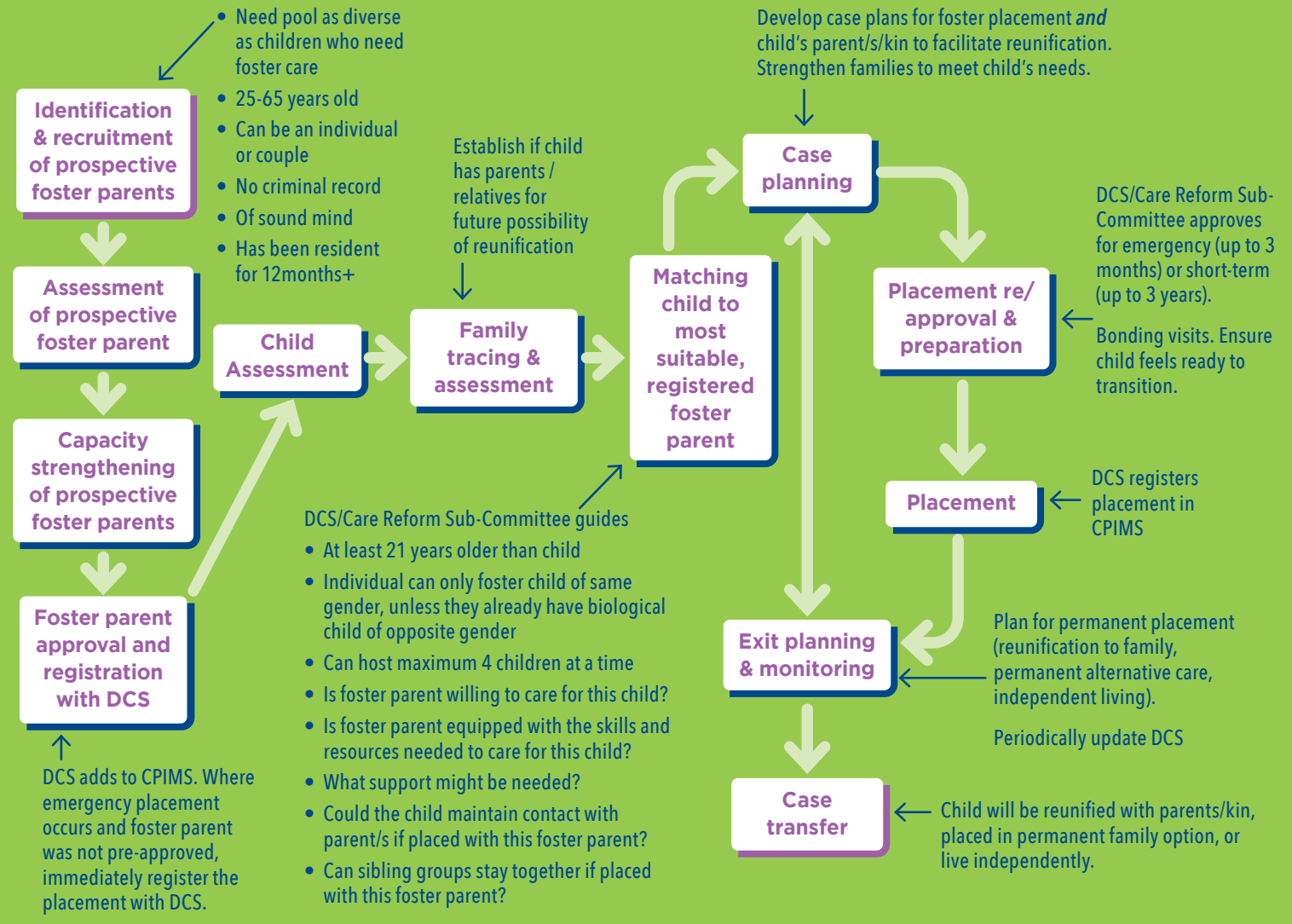
Process flow

Identification & recruitment of prospective foster parents

- Need pool as diverse as children who need foster care
- 25-65 years old
- Can be an individual or couple
- No criminal record
- Of sound mind
- Has been resident for 12months+

↓

Assessment of prospective foster parent

↓

Capacity strengthening of prospective foster parents

↓

Foster parent approval and registration with DCS

DCS adds to CPIMS. Where emergency placement occurs and foster parent was not pre-approved, immediately register the placement with DCS.

Child Assessment

→

Family tracing & assessment

Establish if child has parents / relatives for future possibility of reunification

→

Matching child to most suitable, registered foster parent

DCS/Care Reform Sub-Committee guides

- At least 21 years older than child
- Individual can only foster child of same gender, unless they already have biological child of opposite gender
- Can host maximum 4 children at a time
- Is foster parent willing to care for this child?
- Is foster parent equipped with the skills and resources needed to care for this child?
- What support might be needed?
- Could the child maintain contact with parent/s if placed with this foster parent?
- Can sibling groups stay together if placed with this foster parent?

→

Case planning

Develop case plans for foster placement *and* child's parent/s/kin to facilitate reunification. Strengthen families to meet child's needs.

→

Placement re/approval & preparation

DCS/Care Reform Sub-Committee approves for emergency (up to 3 months) or short-term (up to 3 years).

Bonding visits. Ensure child feels ready to transition.

↓

Placement

DCS registers placement in CPIMS

↓

Exit planning & monitoring

Plan for permanent placement (reunification to family, permanent alternative care, independent living).

Periodically update DCS

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Case transfer

Child will be reunified with parents/kin, placed in permanent family option, or live independently.

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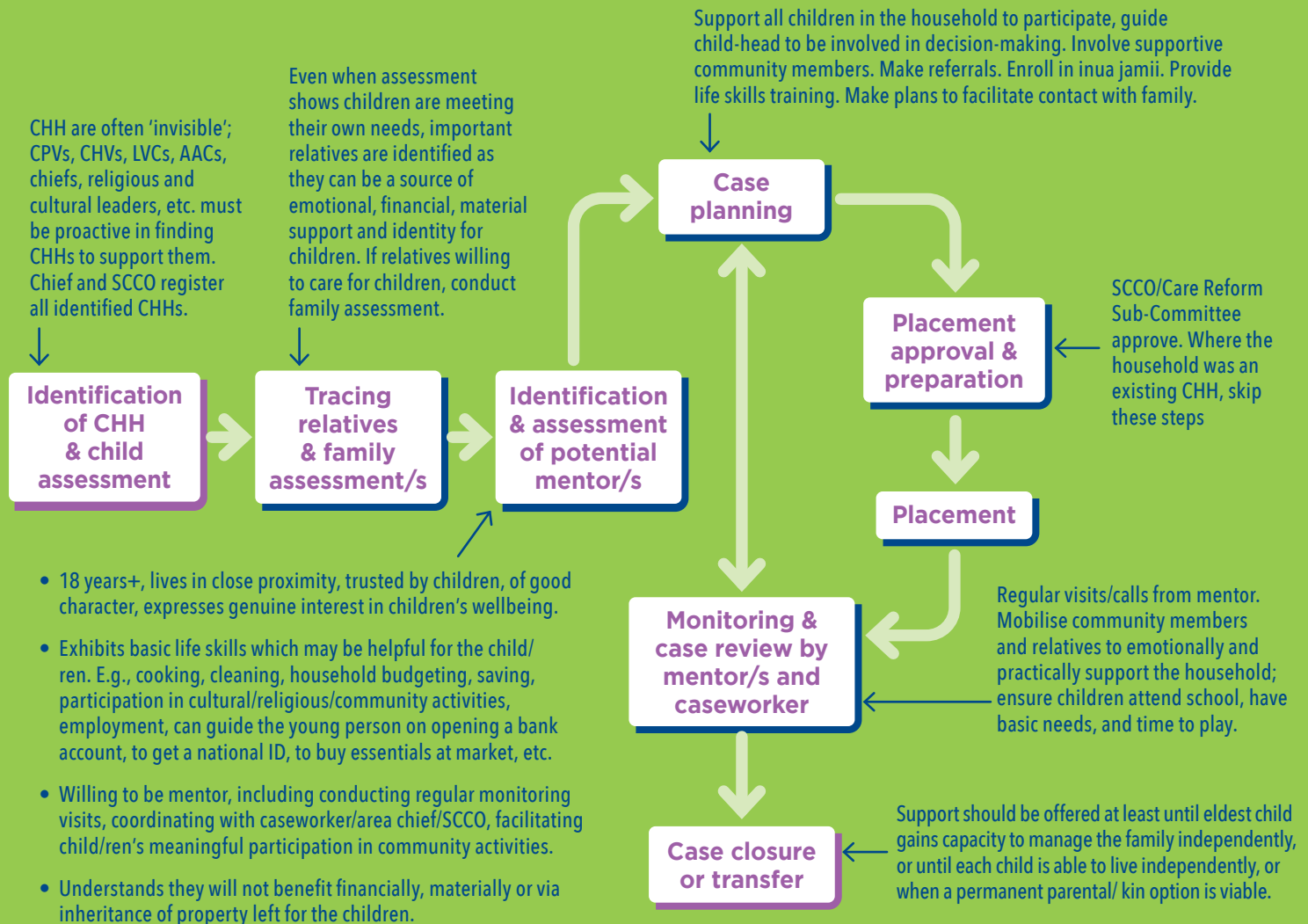
5 SUPPORTED CHILD-HEADED HOUSEHOLDS

A child who is 14 years or older assumes primary responsibility for the day-to-day running of a home, caring for other children. Children may be living with an ailing adult caregiver/s, but a child has assumed caregiver responsibilities due to the incapacitation of the caregiver/s. The children may or may not be related to each other. Children are matched with an adult mentor, who support them.

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CHH are often 'invisible'; CPVs, CHVs, LVCs, AACs, chiefs, religious and cultural leaders, etc. must be proactive in finding CHHs to support them. Chief and SCCO register all identified CHHs.

Even when assessment shows children are meeting their own needs, important relatives are identified as they can be a source of emotional, financial, material support and identity for children. If relatives willing to care for children, conduct family assessment.

Support all children in the household to participate, guide child-head to be involved in decision-making. Involve supportive community members. Make referrals. Enroll in inua jamii. Provide life skills training. Make plans to facilitate contact with family.

Identification of CHH & child assessment → **Tracing relatives & family assessment/s** → **Identification & assessment of potential mentor/s** → **Case planning** → **Placement approval & preparation** → **Placement** → **Monitoring & case review by mentor/s and caseworker** → **Case closure or transfer**

SCCO/Care Reform Sub-Committee approve. Where the household was an existing CHH, skip these steps

Regular visits/calls from mentor. Mobilise community members and relatives to emotionally and practically support the household; ensure children attend school, have basic needs, and time to play.

Support should be offered at least until eldest child gains capacity to manage the family independently, or until each child is able to live independently, or when a permanent parental/ kin option is viable.

- 18 years+, lives in close proximity, trusted by children, of good character, expresses genuine interest in children's wellbeing.
- Exhibits basic life skills which may be helpful for the child/ren. E.g., cooking, cleaning, household budgeting, saving, participation in cultural/religious/community activities, employment, can guide the young person on opening a bank account, to get a national ID, to buy essentials at market, etc.
- Willing to be mentor, including conducting regular monitoring visits, coordinating with caseworker/area chief/SCCO, facilitating child/ren's meaningful participation in community activities.
- Understands they will not benefit financially, materially or via inheritance of property left for the children.

Menu

SUPPORTED INDEPENDENT LIVING

A living arrangement whereby a young person aged 15-23 years is supported in their own home, a group home, hostel, or other accommodation, to become independent.

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Young person who is unwilling or unable to reintegrate with their biological family or an alternative family, or who has aged out of alternative care and expresses desire to live independently. Assess risks and types of support needed to live independently.

Support young person to participate. Involve mentor, supportive community members. Conduct referrals. Make plans to facilitate contact with family if in young person's best interest. Agree to post-placement monitoring schedule.

Visit accommodation and community so young person has realistic expectations. Enroll in education / employment.

Assessment of child / young person

Identification & assessment of potential mentor/s

Case planning

Placement approval & preparation

Use "Minimum Preparation for Young People Transitioning Into SIL" checklist in Case Mgmt for Reintegration SOPs. Give emergency contacts for safe people in community.

Placement

- 18 years+, lives in close proximity, trusted by child, of good character, expresses genuine interest in child's wellbeing.

- Exhibits basic life skills which may be helpful for child; e.g. cooking, cleaning, household budgeting, saving, participation in cultural/ religious/community activities, employment, can guide the young person on opening a bank account, to get a national ID, to buy essentials, etc.

- Willing to be mentor, including conducting regular monitoring visits, coordinating with caseworker, area chief or SCCO and facilitating the child/ren's meaningful participation in community activities.

- Understands they will not benefit financially or materially.

Monitoring & case review

Led by the young person; they identify types of support needed and frequency. Caseworker and mentor assist young person to become independent; not supervise.

Case closure once sustainable reintegration benchmarks met

Case management should continue for as long as the young person needs, until they achieve sustainable reintegration benchmarks. Duration of mentorship varies based on young person's needs; no minimum or maximum duration. Young person and mentor ideally continue their relationship after case management ceases.

7 ADOPTION

Adoption sees the permanent severance of the child's biological parents' parental rights, and full legal parental rights granted to the adoptive parent/s by adoption order issued by the High Court. There are three kinds of adoption: kinship, local, and foreign.

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Kinship adoption: adoption of a child by a person who is a relative of the child.

Local adoption: the adopting parent/s are Kenyan nationals who live in Kenya.

Foreign adoption:

(i) the adopting parent/s are Kenyan nationals with dual citizenship;

(ii) the adopting parent/s are foreign nationals whether or not resident in Kenya;

(iii) the adopting parent/s are not Kenyan nationals but are biologically related to the child; or

(iv) the adopting parent/s were once Kenyan nationals but have lost their nationality.

Children who are eligible:

- Any child under 8 years of age, who is resident within Kenya, whether or not the child is a Kenyan citizen (i.e. their nationality may be unknown or unverifiable), or was born in Kenya

- The child has attained age of 6 weeks old (if parent/s are consenting to adoption).

- An orphaned child, who has no known relatives, or if there are known relatives, they are unwilling, deemed unable or not suitable to provide care for the child (consent or affidavit from unwilling relatives may be sought).

- An abandoned or lost child where tracing of biological parents and relatives has been conducted for a minimum of one year (while the child resides in temporary alternative care), with supporting documentation to evidence all tracing processes, and has failed. Tracing documentation must be accompanied by two police letters to show that all tracing options were pursued for minimum six months and prove futile.

- Children who are willingly offered by their biological parents and/or extended family through a written consent to the child being adopted.

- If the child has attained 10 years of age, they must give their own consent in writing to the Adoption Society, who will avail it to the court.27

- Child must have been declared free for adoption by the National Adoption Committee.

Prospective adoption parents who are eligible:

- Must be aged between 25 years and 65 years

- Must be at least 21 years older than the adoptee child (except for kinship adoption where age restrictions do not apply).

- Couple applicants must be married.

- Single applicants may only adopt a child of the same gender (except for kinship adoption where gender restrictions do not apply).

- Is of sound mind

- Is capable of exercising proper care and guardianship of the child.