



Involvement of Social Workers in the Implementation of De-institutionalization of Children in Kenya

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Abstract: Kenya has made significant efforts towards the realization of child rights, especially the protection rights. Specifically, there is a growing need to eliminate violence against children in society more so in childcare institutions. The deinstitutionalisation of children in Kenya has its basis in the Children's Act 2022. In the Act, there is a pointer to children's rights to parental care and regulations regarding residential care, foster care, and adoption. This study aims to benefit many parties in the field of child care starting with children's homes and related institutions in Kenya for effectively implementing de-institutionalization policy. The study assessed the level of involvement of social workers as they could uniquely cement the transition from residential care to community-based support. The study was anchored on empowerment and strain theories while, elaborating on the importance of giving power through resources, information, and support to operationalize deinstitutionalization. A mixed method approach was preferred because it allowed both qualitative and quantitative data to be gathered and analysed concurrently. Professional social workers, policy formulation officers, and deinstitutionalisation officers were involved in obtaining data on deinstitutionalization success factors. Findings indicated that there was to a little extent involvement of social workers in the implementation processes. The study concluded that social workers were least involved in the deinstitutionalisation policy thus recommending their increased involvement with adequate government backing. Inculcation of skilled social workers would ensure a more impactful de-institutionalization as the country goes through this critical juncture of care reforms.

Keywords: Deinstitutionalization, Social Worker, Community care, Foster care, Kinship, re-integration

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1. Introduction

The transition from institutional care to family-based care is called 'De-Institutionalization (DI) of children'. The DI leading NGO, Hope and Homes for Children (HHC) in Kenya defines DI as "the process of eradicating

institutional care through the development of prevention and family support services and family-based alternative care (Hope & Homes for Children 2016:1)". The process includes building a conducive environment for DI to prevent family separation, encourage family strengthening

and promoting alternative family care, kinship care, adoption, foster care, and guardianship.

Professionals play an important role in making decisions relating to the welfare of a country (Dominelli, 2021). The decisions may be based on the services they offer and/or are funded or regulated by the national government. Among the many professionals in the country, social workers, as professionals, have been significant in promoting social welfare among various states globally (Berg-Weger, 2019). This is evidenced by their diversified roles, such as taking care of vulnerable members of society, such as the poor, sick, elderly, and children, among others (Abdel Aziz, 2022). Additionally, Harris (2018) further indicated that social workers are undertaking increasingly administrative roles in state services on local and national levels and are also employers and employees in non-profit agencies, leaders of advocacy organizations, and members of citizen groups.

Recent studies by Bae and Kim (2021) indicate that consultations and involvement of stakeholders in the policy formulation process are to create a sense of policy ownership among stakeholders. In other words, it enables the stakeholders to see the policy as reflecting their beliefs or needs. If it is limited or lacks involvement of stakeholders, then the affected stakeholders might regard the policy as unnecessary and hence feel that their ideological inclinations are offensive. The result would be strong opposition to the policy. Eventually, there would be a need to go through the formulation process again to make the policy more effective or to remove portions that appear to be ineffective/offensive.

The global movement to end child institutionalization and promote family and community-based care is informed by 80 years of research that demonstrates the harm of institutional care. The research shows that meeting children's sanitary and nutritional needs in an institutional setting is not enough. Instead, it harms the physical, psychological, and cognitive development of children, increases the risk of them developing attachment problems, and limits their long-term life chances. High turnovers of institutional staff limit effective relationship building and mean there is insufficient time to provide a basic standard of care. Children in institutions are also at risk of maltreatment by staff or peers and are denied access to kinship networks which have a major role to play in many societies. Children whose needs are provided for in family and community-based care fare much better (National Care Reform Strategy for Children in Kenya 2022 -2032).

Care reform is informed by the United Nations Convention on the Rights of the Child and the UN Guidelines for the Alternative Care of Children, which recognize the rights of children not to be separated from their families, as well as

the harm caused by institutional care and the need to progressively replace it with quality family and community-based alternative care. Over the last few decades, global momentum toward care reform has grown significantly. In December 2019, the United Nations General Assembly passed a new resolution on the Protection and the Rights of the Child. The Resolution reaffirms commitments within the UNCRC and UN Guidelines for the Alternative Care of Children for governments to safely and sustainably replace institutional care with family and community-based care. The Resolution was passed by all 193 UN Member States, including Kenya (National Care Reform Strategy for Children in Kenya (2022 -2032)).

Kenya has made significant efforts towards the realization of child rights, especially for the protection rights. The efforts made by the government include; the ratification and domestication of some 6 international treaties, key among them, the UN Convention on the Rights of the Child (UNCRC) and the African Charter on the Rights and Welfare of the Child (ACRWC) to Kenyan laws. In 2022, the draft Children's Bill was endorsed by the cabinet and signed into law. The new Children's Act limits the use of residential care for children under three and includes regulations on foster care, adoption, and gatekeeping. Numerous other policies and guidelines are being developed to support the implementation of the new law, including standard operating procedures on alternative family and community-based care and other guidance around aftercare supports, family strengthening, and gatekeeping. This new endorsement of the Act was entrenched via the National Care Reform Strategy for Children in Kenya (2022 -2032). Kenya is therefore in the middle of a transition from overreliance on institutional care to deinstitutionalisation of children, a policy aimed at strengthening family-based care for all children.

1.1 Statement of the Problem

Globally, challenges have emerged in trying to move away from the institutional care of children to family-based approach by implementing the deinstitutionalisation policy. The implementation of deinstitutionalisation policy has so far faced many challenges in Kenya and hence this has meant no respite for children who require transitioning from institutions of care back to their families and communities. A Situation Analysis Study carried out in 5 counties to determine the status of CCIs and SCIs (2020) revealed the low numbers in social workforce hence sabotaging the process of implementation of DI. According to Situational Analysis Report for Children's Institutions in Three Counties; Kiambu, Kilifi, and Kisumu (2020), In Kiambu County where 3,631 children were living in residential care, of the 9 staff employed within institutions only 12% were social workers and 34% were house parents

who are key to overseeing the daily care of children. 12 institutions housing 237 children did not have a social worker on staff. In Kisumu County where 1,734 children were living in residential care, of the 615 staff employed within institutions only 10% were social workers and 17% were house parents who are key to overseeing the daily care of children. 6 institutions housing 297 children did not have a social worker on staff. In Kilifi County where 1,706 children live in residential care, of the 540 staff employed within institutions only 11% were social workers and 28% were house parents who are key to overseeing the daily care of children, 3 institutions housing 220 children did not have a social worker on staff. The study established that the current ratio of social workers per children in care institutions is approximately 1:1000m thus, falling away below the desired standards of 20 children per social worker (National best practice standards for CCIs)

Miseki & Cheney (2018) articulates that a huge challenge facing De-institutionalization in Kenya is a lack of capacity and poor staffing, which she attributes to institutionalization. She also pointed out the lack of social workers in Charitable Children's Institutions as one of the reasons for institutionalization. Following the reviewed studies globally, regionally as well as locally, it becomes evident that indeed there was a widespread shortage of ideal personnel in the DI exercise as it became clear that social workers were in very low numbers across the DI spectrum. This presented a gap to be filled by carrying out the current study. Therefore, this study sought to determine the involvement of social workers in the implementation of de-institutionalization of children in Kenya.

1.2 Study Objective

The study's objective was to establish the extent to which social workers were involved in the implementation of the deinstitutionalisation of children in Kenya.

2. Literature Review

Children who are taken from their parents and placed in institutions is a growing issue in the global South as well as Kenya and has raised significant national and international concerns over the past 20 years (Chege & Ucembe, 2020). The transition from institutional care to family-based care is called 'De-Institutionalization (DI) of children'. The DI leading NGO, Hope and Homes for Children (HHC) defines DI as "the process of eradicating institutional care through the development of prevention and family support services and family-based alternative care (Hope and Homes for Children 2016:1)". The process includes building a conducive environment for DI to prevent family separation, encourage family strengthening and promoting alternative family care, kinship care, adoption, foster care, and guardianship.

Farmer et al. (2018) note that in the US, social workers are crucial child welfare specialists endowed with the welfare of children to act in the best interests of children. They frequently make important decisions that have a significant effect on children and their families, and thus should have the professionalism to do so because such choices could affect both short- and long-term outcomes for children. As highlighted by Hope & Wyk (2018), children in need of protection receive insufficient care from professionals around the world and continue to have poor results. All this emphasizes the need for qualified professional social workers to interact with children. An important role assumed by the social worker is that of preparing these young people for autonomous independent life. The social worker takes part in educating through educational programmes, more or less formal, while the family represents the natural environment of informal education. Education thus becomes a slow incremental process that permanently adjusts itself to each 's needs and abilities (Dragu, 2019).

Some African countries such as Sudan, South Africa, Ghana, Uganda, Rwanda, and Liberia have started DI programmes (Better Care Network and UNICEF 2015a, Transform Alliance Africa 2018). Within these countries, Rwanda has shown the most prominent progress in DI implementation. After the genocide of 1994, the size of institutional care increased from 37 institutions with 4,800 children to 77 institutions with 12,704 children. However, family tracing and reunification, and strengthening foster care successfully reduced this number to 5,343 children in 37 institutions in 1998 (Better Care Network and UNICEF 2015b). Although it had shifted towards the trend of institutionalization during and after the genocide, Rwanda has robust traditional family care, and according to a 2015 Rwanda Demographic and Health Survey, 16.8 per cent of households consist of children who do not live with their parents (Nsabimana 2016:63).

Locally, a study by Chege and Ucembe (2020) has noted the overreliance on policy for the care of homeless and destitute children, concluding that it would require collaborative efforts from various stakeholders to make it work at the national level. The Chege and Ucembe (2020) study used a root-cause approach in identifying key reasons for the poor implementation of child welfare programmes citing political, cultural, structural, and legal complexities. Additionally, Chege and Ucembe (2020) recommended that more social workers were needed for sensitization and aiding in the implementation of child welfare programmes, not just in the major cities as was normally the case, but in the rural areas as well. The social systems across various Kenyan ethnic backgrounds were also found to play a key role in the difficulty of implementing various child welfare policy programs

On the status of Care Reforms Implementation in Kenya today, a National Stakeholders, Reflection, And Learning Forum was organized by DCS on September 26th – 27th, 2023, Safari Park Hotel, Nairobi. It was reported that care reforms have taken shape in 15 counties namely; Kisumu, Nyamira, Kilifi, Siaya, Mombasa, Embu, Kiambu, Muranga, Kirinyaga, Nakuru, Kajiado, Turkana, Garissa, Nairobi and Meru. Partners supporting include UNICEF, Changing the Way We Care, SOS, FADV, Lumos, Legatum, Stahili, Hope and Homes. According to the conference, the following are some of the major achievements of Care Reforms at the National level one year on; the Prevalence of institutionalization of children in institutions have reduced to 30%, Sensitization on care reforms to staff in 220 CCIs and charitable institutions, strengthened data collection through CPIMS, Data published in the household economic survey for 2020 through 2022.

Challenges include; Low levels of awareness on importance of family based care and the harmful effect of institutional care, Lack of comprehensive data on children in Alternative care, Effects of COVID 19 and their influence on care reform like teenage pregnancies, increased unemployment at the family level, High number of children with special needs without proper care, Inadequate financial resources to support the process of care reforms, Competing priorities in other CCIs and other partners supporting child care activities hence slow implementation of support activities, Incomplete/inadequate documentation of the care reform implementation process among others.

3. Methodology

3.1 Study Location

The research collected data from 4 main professional bodies registered in Kenya. Focusing on the Nairobi City County area as majority of the social workers in the professional bodies were based in the capital city or had their headquarters within Nairobi. These professional

bodies specially were Kenya National Association of Social Workers (KNASW), Kenyan Medical Social Workers Association (KEMSWA), Kenya Institute of Social Work and Community Development (KISWCD), as well as Association of Social Work Educators in Kenya (ASWEK).

3.2 Research Design

In this study, a descriptive survey research design was adopted to examine the social workers' contribution to child protection policy development in Kenya. Descriptive study design utilizes both quantitative and qualitative methodologies (Cooper & Schindler, 2019). The design was appropriate because it gives a depth and comprehensive search needed to have a description of the subject under examination. The other underlying logic of using mixed methods was that neither qualitative nor quantitative methods are adequate in themselves to capture quality and informative data on their own and therefore mixing the two complements each other hence bringing a better understanding of the phenomena under study.

3.3 Sample Size

The study's target population was 9,629 professionally registered social workers with a stratified random sample of 385 from the 4 associations that is Kenya National Association of Social Workers (KNASW), Kenyan Medical Social Workers Association (KEMSWA), Kenya Institute of Social Work and Community Development (KISWCD), as well as Association of Social Work Educators in Kenya (ASWEK). Field data collection recorded a response rate of 72%. To arrive at the sample size of social workers to participate in the study, Yamane's (1967) sampling formula was adopted. From the formula, the sample size of this study was 385 professional social workers. To arrive at this sample size and to get a proportionate sample from each professional body, a stratified proportionate formula was applied. The relative size of each sample from each of the four organizations was determined by a stratified proportionate formula adapted from Stat Trek (2013).

Table 1: Sampling Size

S/No.	Category	Population	Sample
1	KNASW	329	13
2	ASWEK	100	4
3	KEMSWA	200	8
4	KISWCD	9000	359
Totals		9629	384

Source: Researcher, 2024

3.4 Study Instrument

The main data collection instruments for this study were questionnaires for the social workers and an interview guide for the government officials. Methodological triangulation was utilized to combine the 2 sets of research instruments. This design allowed the researcher to use both quantitative as well as rich qualitative data from key informants.

In terms of structuring, the questionnaire comprised five sections as follows; Section A: Demographic Information, Section B: Social Workers and Needs Identification, Section C: Social Workers Advocacy towards Child Protection Policy, Section D: Social Workers and Implementation of Child Protection Policy, Section E: Social Workers and Formulation of Child Protection Policy.

The overall measurement tool for the instrument on the variables of the study had a 5-point Likert scale where 5=SA-Strongly Agree, 4=A-Agree, 3=UD-Undecided, 2=D-Disagree, 1=SD-Strongly Disagree. Likert scale was preferred because it enabled the researcher to convert responses into a quantitative format for ease of data analysis using computer-based software.

3.5 Data Collection Procedure

The research procedure included obtaining permission to carry out the research, testing of research instruments to determine their reliability and validity, administering the research instruments, and ethical considerations that had to be observed during data collection. The first step was to seek for permission to conduct research from study

supervisors at the Catholic University of Eastern Africa (CUEA). The second step was to register and obtain approval from the National Commission for Science, Technology, and Innovation (NACOSTI), from the Directorate of Children Services (DCS), and then from the Nairobi County Directorate of Education at City Hall, Nairobi. Finally, respondents from the professional field of social workers were contacted and questionnaires were delivered for later collection by research assistants, while key informants were directly interviewed.

3.6 Data Analysis

Data collected from the field was cleaned and coded for entry into the computer system via the SPSS package. When quantitative data was cleaned for common error occurrences, coding as well as pre-tests were conducted followed by analysis run using descriptive statistics and inferential analysis based on the Statistical Package for Social Sciences (SPSS) software. These comprised frequency, percentages, mean and standard deviation, and coefficient of variation as well as use of inferential statistics. Additionally, qualitative data was analysed by thematic content analysis matching patterns of interview responses and coming up with common themes that fitted into the study objectives. Analysis involved both descriptive and inferential statistics in which ANOVA, R-square and parameter estimates were used to explain the study findings.

3.6 Ethical Considerations

The field exercise observed all possible research ethics including observation of the confidentiality clause, and informed consent by respondents as well as displaying all research letters of authorization including the Licence from the national research body whenever requested of the research assistants to all professional social workers

4. Results and Discussion

The study performed both descriptive and inferential statistics. Specifically, this took the form of descriptive statistics followed by inferential statistics linking all the study variables independent as well as dependent. The data was plotted using a Likert scale of 1 to 5 where 5- SA-

Strongly Agree, 4- A-Agree, 3- UD-Undecided, 2- D-Disagree, 1-SD-Strongly Disagree

4.1 Descriptive of the study constructs

The study sought to establish the role of social workers' involvement in the implementation of deinstitutionalization policy. Results in Table 1 shows the frequencies, mean score and standard deviation for the 6 statements used as indicators to measure involvement of social workers in the implementation of deinstitutionalisation processes. The final composite mean was 2.49 whereas the standard deviation was 0.998. This result implied that the majority of the respondents (mean = 2.49) thought that the level of social worker involvement in the implementation of de-institutionalization was at 20 to 30 percent which can be translated to show that social worker involvement in the implementation of the policy was indeed low. In addition, the variation was low (standard deviation = 0.998).

Table 2:Extent of SW Involvement in the Implementation of Deinstitutionalization Policy

Statements of Implementation	Level of Involvement (Percent)					M	STDv
	1	2	3	4	5		
Disseminating information to the public and stakeholders on De-institutionalization of children in Kenya.	1.7	60.9	5.2	30.5	1.7	2.47	0.815
Helping stakeholders to access information on the new policy	2.1	65.2	6.4	21.9	4.3	3.44	0.945
Encouraging and motivating children's officers and volunteers to implement the new policy	2.1	51.9	13.3	28.3	4.3	3.24	0.983
Attend meetings to learn more about De-institutionalization of children	3.9	50.2	11.6	31.3	3.0	3.21	1.023
Influence the stakeholders to affect the new legislation	1.3	50.2	10.7	2.1	35.6	3.17	0.8
Supervise children's officers especially para professionals on use of the reviewed children's Act 2022 or the Alternative Care Guidelines	2.6	46.4	12.0	34.3	4.7	3.14	0.989
Composite score						2.49	0.998

Specifically using Table 1 results, the implementation involvement statements with the low extent of involvement between 20 to 30 percent were public and stakeholder (mean = 2.47, standard deviation = 0.815); accessing information (mean = 3.44, standard deviation = 0.945); Encouraging and motivating children (mean = 3.24, standard deviation = 0.983); and attending meetings (mean = 3.21, standard deviation = 1.023). Other least implementation processes were influencing stakeholders (M=3.17, Stdv=.80) and supervision (M= 3.14; Stdv=.989). This affirmed low involvement of social workers in the implementation processes for deinstitutionalisation was clearly insufficient in the Deinstitutionalisation of Children in Kenya.

According to the above findings above, overwhelming majority of respondents indicated that they DISAGREE on them being involved in the care reforms currently taking place in the country. A weak mean of 2.5 clearly demonstrates lack of involvement of the professionals in the activities that contribute to the implementation of the DI processes. Looking at the researcher's one-on-one interactions with DCS senior DI staff, the ideal social worker should have the following roles and responsibilities: They identify and address factors that tear families apart, such as teenage pregnancy, community workers identify especially at-risk families and conduct home visits and refer them to other professionals, when necessary, they also raise awareness about the importance

of family care. Volunteers help recruit caregivers. There are many advantages to using community volunteers. Because they are local, they can report community concerns immediately. They get to know local communities and learn about families; For example, it may know whether the family is experiencing financial hardship, physical or mental health problems, domestic violence, substance abuse or other physical health problems. Make it easy for them. Using community volunteers drastically minimizes workload, allowing them to continue focusing on complex cases that require professional support...

This study finding firmly concluded that social workers are not being actively involved in this key process. There are lessons from the Rwandan DI success story that the country can adopt such as making deliberate efforts to

engage professional social welfare workforce who possess intellectual competence, significant capacity for professional judgement, effective communication skills and confident proficiency.

4.2 Correlation Analysis for Study Variables

Pearson's correlation analysis test was conducted to determine the relationship between implementation and deinstitutionalization of social worker involvement. As indicated in Table 3, there was a significant correlation between the independent variable and dependent variable deinstitutionalization $r(277) = .314, p < .05$. Implementation activities and processes were significantly related to the deinstitutionalization of children.

Table 3: Correlations Among Study Variables

Variables		ID	Adv	Imp	For	DI
Identification (ID)	Pearson Correlation	1				
	Sig. (2-tailed)	.138				
	N	279				
Advocacy (Adv)	Pearson Correlation	.621	1			
	Sig. (2-tailed)	.002				
	N	279	279			
Implementation (Imp)	Pearson Correlation	.519	.050	1		
	Sig. (2-tailed)	.602	.437			
	N	279	279	279		
Formulation (For)	Pearson Correlation	.634	.419	.274	1	
	Sig. (2-tailed)	.001	.022	.010		
	N	279	279	279	279	
De-institutionalization (DI)	Pearson Correlation	.576	.176	.314	.196	1
	Sig. (2-tailed)	.001	.000	.003	.004	
	N	279	279	279	279	279

Source: Field Data, 2024

From the researchers one on one-on-one interaction with senior DI officers at the DCS, the social workers in an ideal situation would have very clear-cut roles and responsibilities as follows; Instigating the transformation of institutions, persuading managers to transform facilities to provide support to families and communities rather than residential care, Supporting the reintegration of separated children and young people, recruiting, assessing and monitoring foster carers, Working to identify and address factors that lead to family separation, such as teenage

pregnancy, Professional social workers identify vulnerable families and carry out home visits, making referrals to other professionals where necessary, they also carry out awareness raising on the importance of family-based care.

Volunteer social workers support the recruitment of foster carers. Using community-based volunteers has several advantages. Since they are locally based, they can report issues of concern in the community immediately. They

understand the local context of the community and are familiar with the circumstances of the particular households involved, for example, they would be aware if the family is experiencing economic stress, physical or mental health issues, domestic violence, substance abuse, or other factors that make them more vulnerable. Using community-based volunteers also helps alleviate the workload of caseworkers so they can focus their efforts on

more challenging cases that need continued and consistent professional support.

Respondents were further asked about the extent to which social workers' involvement in the implementation of De-institutionalization policy affect its progress. The findings were as shown below:

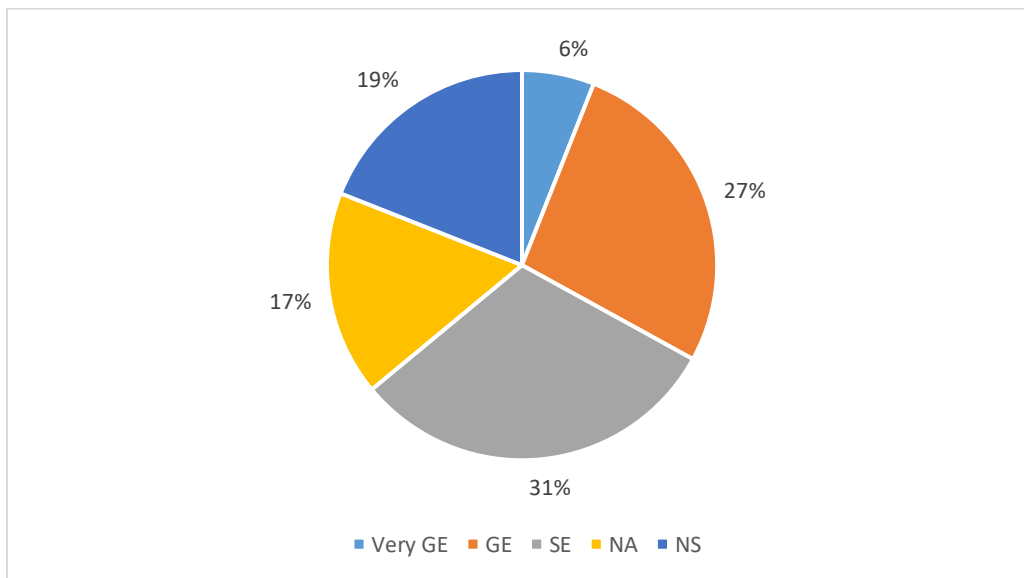


Figure 1: The Extent to which Social Worker Involvement in the Implementation of DI affects the Process

Source: Field Data, 2024

From the findings, 54% responded on positively that social workers' involvement in the implementation of the DI process would affect it to a great or some extent. This finding posits that half of the total respondents support that the DI processes would be heavily impacted by the involvement of social workers. The other half is a worrying finding to the researcher. It is not understandable that a professional social worker would not see their involvement in implementation as likely to have a great impact. There is a likelihood that the majority of those who shared this perspective may not be the social sciences disciplines.

Discussion

From the current study findings on implementation involvement by social workers, the average or mean of the respondents was at 3.18 implying that the social workers did not agree or disagree with their role in the implementation process of deinstitutionalisation policy. On further analysis using inferential statistics, the role in implementation was found to attract a high beta coefficient

of $\beta=.663$ ($p<.05$) indicating that there was high significance for implementation involvement by social workers. The results reflect to a large extent what previous scholars have established in their studies with Hall (2021) observing that, a community-based informal child protection approaches play an important role in the prevention and early identification of cases of child abuse, neglect, and other forms of ill treatment. Additionally, Hall (2021) concluded that social workers played a key role in the actual promotion of child rights by supporting family and kinship involvement, which is an approach in deinstitutionalisation. Regionally, Nsabimana et al., (2021) have concluded that the role of social workers as implementers of child protection policy in sub-Saharan countries meant that social workers could liaise with existing community organizations such as churches, mosques, teachers, and traditional leaders for lobbying, awareness-raising, and community sensitization on issues that are deemed to harm children. Elsewhere in the African region too, the importance of social worker involvement has been emphasized with Nnama-Okechukwu and Okoye

(2019) indicating that many functions of policy implementation would be best carried out by professional social workers who are able to provide updates on the child's growth while also establishing a positive relationship and communication between the parents and the institution from where deinstitutionalisation commences. In effect, this means that social workers often come in to bridge gap by enhancing collaboration between informal community institutions and formal systems to ensure that the rights of children are adequately protected.

To the contrary, there were many cases in the previous studies showing that there was very little involvement of social workers in the implementation of child welfare policies across many countries with the role of social workers largely ignored. van Breda (2018) in examining the Kenya case on deinstitutionalisation pinpointed out that, the implementation exercise has created an imbalance that leaves many children exposed, particularly in rural areas where official child protection mechanisms are mainly absent with no social worker whether professional or semi-professional being available. van Breda (2018) specifically mentions key challenges that lock out social workers as financial constraints, weak collaboration among different governmental offices looking after children, and staff shortages as well as poor collaboration between official government institutions with the local stakeholders implying that social workers can hardly be accommodated in the already strained environment.

5. Conclusion and Recommendations

5.1 Conclusion

The role of social work in deinstitutionalization is an important one. Its mission is profoundly against institutional care and it values working within the community, and practicing self-determination of the people and working on their own terms. Social work has advantages in working with people from all settings, putting people first, working in the community, mobilizing community based resources and advocating for the users. Therefore, deinstitutionalization needs social work and social work needs deinstitutionalization to actualize the goals of the process and profession.

5.2 Recommendations

The study proposes to government to speed up the formation of social workers Council that shall be obligated to vet, train and build the capacity of all professionals involved in the care reforms. This to be done in liaison with all children agencies like NCCS and DCS while giving them proper support. The establishment of clear rank and system of communication and reporting among stakeholders.

The Government should also utilize evidence and experiences of other countries in regard to DI to inform advocacy and implementation. This is essential to gain support and buy-in of all stakeholders around the care reform process. The Rwandan success story is a good starting point on best practices for social welfare workforce strengthening. This study recommends the following on workforce strengthening:

Staff must be responsible and accountable.

1. To ensure stability, workers must be integrated or connected with civil society.
2. There must be sufficient staff to handle the case in a manageable manner.
3. Staff shortages can impact children's health and lead to staff burnout.
4. To ensure social impact and be deployed in real-life situations, both volunteers and professionals must receive special training
5. To protect children from abuse, it is important that appropriate screening of employees is in place across the workforce, including reporting procedures and systems, and that there are adequate reporting standards so that children can report abuse.
6. The study also recommends to the DCS to allocate adequate funds for care reform strategy 2022-2032 in order to train and develop the government social work force. Understanding of the family context before reunification or family placement, monitoring and support is important. This should be emphasized and prioritized during case management and tracing to avoid recidivism back to the CCIs. Professional bodies for social workers in Kenya should lobby more aggressively for inclusion and more involvement of their members in the DI processes.

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