

NATIONAL STANDARDS FOR BEST PRACTICES IN CHARITABLE CHILDREN'S INSTITUTIONS

April 2013



REPUBLIC OF KENYA

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FORWARD

These National Standards for Best Practice in Charitable Children's Institutions recognize the strength of CCIs as places of temporary shelter, care and support for children who have been harmed or who are at risk of being harmed. These standards outline the minimum recommended standards of practice in CCIs, while the accompanying training manual aims to boost the skills and knowledge of CCIs on their expected roles and responsibilities as duty bearers when running these institutions. These standards aim at increasing the level of professionalism in the running of CCIs while providing care and protection to Kenya's most vulnerable children.

Manuals of this nature are often prepared but rarely used due to lack of follow-up mechanisms. This manual begins by recommending the need for Training of Trainers (ToTs) in every county to make it easy to roll out the recommended standards. Different actors have been incorporated in the roll out and it is critical that this stakeholder involvement be optimized to engage all those working with CCIs so that they can all benefit from the process of caring for children in these institutions.

The document provides practice guidelines on the formation and management of CCIs, staffing issues, criteria for admitting children in CCIs, children's programmes as a fulfillment of their rights, preparation of individual child care plans, documentation in CCIs, child exit strategy and leaving the care of CCIs, safety and hazards, working with a child's family and communities among others. There are forms attached as appendix to the main document and these are the templates for the different activities recommended in the various sections.

The Ministry of Gender, Children and Social Development upholds the principles being emphasized in these standards which are in line with the Children Act, 2001. These principles include the placement of children in CCIs as a last resort when all other family based care placements have failed, the need for comprehensive care and protection of children while in CCIs, and the significance of their eventual exit from CCIs within the shortest time possible. CCIs should not become permanent residences for our children. It is best that they grow and develop within the family and community set up.

It is advised that the owners/proprietors, board of trustees, donors, management and staff of all CCIs in Kenya make references to these Standards as they continue to support and run children's institutions.

It is important to mention that the Ministry, through the Department of Children's Services, has developed a Training Manual to accompany these standards. It will be used to train stakeholders in CCIs with the aim of strengthening their capacity to manage and operate CCIs while caring for and protecting vulnerable children.

The Ministry will continue to provide the support required to make the management of CCIs better, more professional, and productive for the child and society at large.



Prof. Jacqueline Oduol, EBS.

**Permanent Secretary,
Ministry of Gender, Children and Social Development**

PREFACE

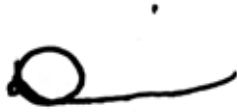
This document has been developed with the aim of assisting Charitable Children's Institutions (CCIs) boost their capacity for determining which children need to be admitted into CCIs, how to provide adequate care and protection to the children and how to plan the eventual exit of the children back to their families and communities. The Department of Children's Services (DCS) appreciates the role of CCIs in meeting the basic needs and rights of children. Over the last 50 years, CCIs have become critical partners in the support of children who have been abandoned or rendered orphans and vulnerable by a host of factors. The department alone cannot manage the care of all these children as has been evident in many rural and urban areas.

Through supervisory and monitoring visits to a number of CCIs, the department has continued to observe widespread malpractice and inadequate care and protection of children admitted in some of these CCIs. In addition, it has been observed that more children are staying in CCIs beyond the recommended maximum three years. These include children aged 18 years and over. In an attempt to address this situation, the government gazetted the Children's (Charitable Children's Institutions) Regulations in 2005 with the objective of achieving better regulation of operations at CCIs and the improved care and protection of children. However, continued monitoring and supervision missions by the Department of Children's Services (DCS) officers and civil societies have revealed that while the situation has improved after the regulations were effected, there is continued malpractice and limited capacities of CCIs to adequately and professionally care for and protect the children admitted in CCIs. In addition, different studies and reports also point to the need for capacity enhancement at CCIs ranging from legal compliance issues to internal management, operational aspects and the facilitation of the eventual exit of children from CCIs. This fact has been further emphasized by the fact that many CCIs have approached the department with requests for information and technical support at the headquarters and field office. The above situation/scenario has helped the department to realize that, like any other institution, CCIs have challenges related to effective delivery of services.

It is in this regard that the department held discussions with Unicef Kenya Office to solicit support in the process of developing standards for best practice in CCIs and an accompanying training manual that would help enhance the CCIs capacities to care for, protect children, and eventually exit them back to their families and communities. The department constituted a technical working group drawn from the department, the National Council of Children's Services (NCCS) secretariat, representatives from civil society organizations, CCIs, care givers, and Unicef Kenya Office to spearhead the design and development of this document and the accompanying training manual. A lot of effort has gone into the development of this document and it is hoped that the trainings based on the guidelines in this manual will assist the CCIs to be more professional in their work of protecting Kenyan children. Even those who are already doing a good job can always improve with the help of this document and the accompanying training manual for Kenya to achieve her stated commitment to operate in the best interest of the child.

The standards will promote the care and protection of children within CCIs while emphasizing the importance of having children grow in a family environment. Children should be in CCIs only as a temporary measure, when it is absolutely necessary and as a last resort. CCIs are therefore urged to first attempt to care and support the children within their families and communities before admitting them in CCIs. The department upholds this virtue and has relevant programmes for family empowerment including the Cash Transfer for Orphans and Vulnerable Children (CT-OVC). Where there are justified reasons for a child to stay outside family and community care such as the risk of being harmed, CCIs can then ensure that children are legally committed to stay in CCIs, are catered for professionally and enabled to leave the institution at the earliest opportunity possible.

The department will continue to undertake its role of providing leadership, coordination, monitoring and supervision of child care practices in Kenya, and providing policy guidelines that will improve the overall wellbeing of the child. CCIs are encouraged to approach the department for assistance. It is critical for all stakeholders to undertake child care and support in ways that promote the best interests of the children and their general wellbeing.

A handwritten signature in black ink, consisting of a large, stylized 'L' followed by a horizontal line.

Lydia Muir, MBS
Secretary for Children Affairs

RATIONALE

The belief that placing a child in institutional care is the best option is one that can be associated with a “rescue mentality.” However, this document has been designed to encourage child reintegration to their families and communities and promote their stay in families. The child who deserves to be in a CCI is one who is being harmed or is at risk of harm and the stay should be for the shortest time possible as family based care arrangements are being sorted out.

Numerous lessons that emerged from CCIs experiences and leadership through children's voices, CCI managers, civil societies, development partners, Department of Children's Services and the National Council for Children's Services are consolidated in these Standards. The document's practical approach, knowledge, and key concepts should prove invaluable to CCIs board of trustees, managers, CCI staff members and donors supporting CCIs.

The Government encourages and promotes the spirit of partnership in children's issues. Hence, a wide consultative process involving stakeholders was used in the development of this document. While the document is intended as a reference for CCI managers, staff, children and other stakeholders, it will also benefit all individuals and organizations across Kenya who seek to improve the lives and opportunities for children and youth.

The National Standards for Best Practice in Charitable Children's Institutions and the accompanying Training Manual for Charitable Children's Institutions are intended to assist in programming for the most vulnerable children who have been harmed or at risk of being harmed and to effectively provide them with temporary shelter, care and protection while permanent solutions are being sought.

A handwritten signature in black ink, appearing to read 'Ahmed', with a large, sweeping horizontal stroke extending to the right.

Ahmed Hussein, MBS, HSC
Director, Department of Children Services



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ACRONYMS AND ABBREVIATIONS

AAC	Area Advisory Council
AIDS	Acquired Immuno Deficiency Syndrome
ANPPCAN	African Network for Prevention and Protection Against Child Abuse and Neglect
CCI	Charitable Children's Institution
CP	Child Participation
CP	Child Protection
CV	Curriculum Vitae
DCO	District Children's Officer
DCS	Department of Children's Services
ECD	Early Childhood Development
HIV	Human Immuno Deficiency Virus
HELB	Higher Education Loans Board
HR	Human Resources
ID	Identification Card
IDP	Individual Development /Care Plan
ILO	International Labour Organisation
NCCS	National Council for Children's Services
NHIF	National Health Insurance Fund
NSSF	National Social Security Fund
PAYE	Pay As You Earn
PCO	Provincial Children's Officer
PEP	Personal Education Plan
STI	Sexually Transmitted Infections
TOTs	Training of Trainers
UNCRC	United Nations Convention on the Rights of the Child
UNICEF	United Nations Children's Education Fund
VIPP	Visual Interactive Participatory Presentations

Glossary:

Abandoned Child: This is a child who is not with parents or guardians or in a safe place.

Agency (agencies): This is a public or private body that offers services that organize alternative care for children

Assessment: The process of building an understanding of the problems, needs and rights of a child and his/her parent(s) or primary caregivers in a wider context of the community. The assessment should cover the physical, intellectual, emotional and social need and development of the child.

An assessment is the dynamic process of gathering and analysing information in order to undertake informed interventions. This includes the individual assessment of a child and family, or a situational analysis if there are large numbers of vulnerable children involved, e.g. in an emergency.

An assessment is an essential first step in providing protection services and its importance should not be underestimated. The recommendations made will have far reaching consequences for the affected families, and will influence how an organisation's resources are used

Behavioral Difficulties: These are an individual's behaviour or conduct related problems. A child with behavioral difficulties will have problems observing rules in a classroom, at school or in care placement.

Care Leaver: A young person, typically over 18 years old who is leaving or has left a children's institution.

Confidentiality Versus Privacy: Confidentiality pertains to information and records while privacy pertains to an individual's space and body.

Family Tree: This is often shown in terms of inter-generational links and is used to map/illustrate the connections between past and current relatives of a child.

Double Orphan: This is a child below 18 years whose biological mother and father have died. A single orphan is a child who has lost one biological parent while a paternal orphan is a child's whose biological father has died while a maternal orphan is one whose biological mother has died.

Hygiene: This is the observance of clean and safe practices and includes among others, washing hands, bathing, care of hair, and brushing teeth.

Individual Child Care Plan: This is a written document which outlines how, when and who will meet a child's developmental needs.

Kinship Care: This is family-based care within the child's extended family or with close friends of the family known to the child. The care can be formal or informal.

Family Based Care: This is the short-term or long-term placement of a child into a family environment with one consistent caregiver and a nurturing family environment where the child is part of the supportive kin and community

Foster Care: This is the placement of a child with a family other than the child's own family. The family will have been selected, qualified, approved and supervised by a competent authority for the purpose of providing alternative care,

Family Mediation: The resolution of a dispute by a third party within a family so as to resolve a problem affecting the child in the family.

Gate Keeping: Having strategic information about an institution, community or a child that will

contribute to the protection and well-being of a child

Children Without Parental Care: This refers to all children not in the overnight care of at least one parent, it does not matter what the reason or circumstances are.

Informal Care: This refers to any private arrangement provided within a family environment, where a child is looked after on an ongoing or indefinite basis by relatives or friends (informal kinship care) or by persons in their individual capacity, at the initiative of the child, his/her parents or any other person. This is an informal arrangement that has not been ordered by an administrative or judicial authority.

Leaving Care: It is the process of exiting the

Life Skills: These are various skills children and young people can learn regarding social development, critical thinking, living and being self reliant that will help them in their daily living.

Life Story Work: This is the process through which a social worker helps children learn about events in their past, present and future in order to make sense of their placement in a CCI or current situation. It involves a series of sessions between a child and a trusted worker, in which they discuss negative and positive events in the child's life and collate facts and information that has led to the placement.

Lost Child: This is a child who is alone and does not know where he/she is or the whereabouts of his/her relatives, parent(s) or guardian.

Psychosocial: This is the relationship between a person's mind and their social circumstances

Psychological: Relating to a person's mental or emotional state that influences a person's mind or thinking processes.

Referral: The formal process of requesting a service for a child, young person, or adult e.g. for psychosocial services, for a placement, for an education place etc. The request is usually made in writing using the referral form in Appendix G.

Sanitation: The disposal of solid and liquid waste in order to maintain good hygiene.

Tracing: Looking for the parents or relatives of a child

Terminal Illness: A state of unwellness that cannot be cured and will therefore lead to death.

Neglect: Failing to provide for, or secure for a child, his/her rights to physical safety and development deliberately, through carelessness or negligence. This includes abandonment, the failure to properly supervise and protect children from harm as much as is feasible, the deliberate failure to carry out important aspects of care which may lead to or is likely to result in harm to the child. Neglect also includes the deliberate failure to provide medical care to a child or carelessly exposing a child to harm.

Primary Care Giver: This person is responsible for all the major care activities for the child such as supervising personal care, the child's meals, homework and participation in recreation activities. In a CCI, this is the person who acts as the 'parent' of the child. An assistant care giver supports the primary care giver and is responsible for all household chores. .

Privacy: Privacy pertains to the personal space of the child and the upholding of the dignity of the child by ensuring that the child is given time and space to do what he/she consider private. This includes when dressing, bathing, and praying. In other instances, a child may consider some material items as being of sentimental value and have an attachment to them. This may be considered as private and therefore may need a place for safe keeping. Such items may include underwear, clothes, letters and photographs. There are also moments when a child may need to be alone and their privacy must be respected.

Physical Development: This involves the various aspects of a child's physical growth. It includes a

child's physiological growth that affects muscles and bone development at different stages. Since the physical growth in children is easily noticeable as it manifests 'physically', progress or the different stages are marked by 'milestones.'

Social Development: This deals with how a child develops socially. It takes into consideration a child's relationship with other people in his/her life at different stages.

Psychologists: These are professionals who assess mind related disorders, study individual, group and social behaviour. They fall under the following categories: Clinical, Counselling and Educational

Mentoring Programme: This is an arrangement in which a person learns and grows in his/her capabilities as a result of being in contact with or having the support of a more experienced and knowledgeable person.

Acknowledgements

The preparation of this document has been made possible with support and input from several stakeholders to whom the Ministry of Gender, Children and Social Services is heavily indebted.

The development partner, Unicef Kenya Office provided the required technical support towards the development of this document from the beginning to the end.

Specific research and writing was done by the Technical Working Group comprising staff from the Department of Children Services (Josephine Oguye, Judy Oduor, Rhoda Misiko, Celestine Nthiani, Constance Muasa, Wanjau Nguiku), representatives from the National Council for Children Services Secretariat (Jacinta Murgor, Paul Mutemi, Mary Goretti Mogaka, Simiyu Kisululia), actors drawn from civil society organizations (Hilda Ouma of Samaritan's Purse International Relief, Irene Muriithi and Daniel Nyanchiri, of Child Welfare Society of Kenya, Mukami K'Owino of KAACR and Charles Gikunda of Save the Children Canada), representatives from CCIs (Tony Wenani of Baptist Children's Centre, David Fedha of SOS Villages, Buru Buru, Hellen Eshiuwa and Protus Lumiti of Nyumbani Children's Home and Stanley Waweru of Mama Ngina Children's Home), representatives of care leavers (Stephen Ucembe and Winnie Kibichu) and UNICEF Kenya Country Office Child Protection Specialist Catherine Kimotho. The team took a year to put together this document.

Stakeholders from selected CCIs in Kajiado, Malindi and Nairobi who included management and board of trustees, directors and managers, social workers, and counsellors provided an opportunity for the Technical Working Group to visit some of their CCIs and to share the initial draft document of these Standards. This made it possible for the Technical Working Group to understand areas that needed critical support or strengthening, and to agree on workable recommendations.

It is important that we also acknowledge the input of 40 children drawn from various CCIs in all the eight provinces and their chaperons who met in December 2009 to give their recommendations to the Technical Working Group. Appreciation goes to Oliver Kantai, Leah Asego and Festo Wangele for facilitating the four day children's workshop where they voiced concerns which were noted.

The Ministry also acknowledges the input from the Association of Care Leavers led by Stephen Ucembe with support from Amici Bi Bambini for taking time to review the draft versions of these Standards, and for providing their input and recommendations.

The Ministry further acknowledges the participation of the members of NCCS (Muthenge Munene) other related ministries and state departments such as the State Law Office, Public Health and Sanitation (Raphael Owako), during the validation of these Standards and the accompanying Training Manual, and for providing peer review inputs and specific technical advice on core areas of concern.

The ministry acknowledges the consultancy services of Veronica Pickering of the UK whose contributions served to benchmark the Standards with international practice, and John Murimi Njoka of University of Nairobi who helped to finalize this document by ensuring that it is consistent with existing legal documents and in harmony with the accompanying training manual for CCIs.

The Ministry reaffirms its commitment, its role as duty bearer on children's issues and upholds its ownership of the process of improving professionalism in the CCIs. This document is therefore owned by the Ministry on behalf of the children and stakeholders of the CCIs. It will be rolled out and disseminated to all these stakeholders with a follow up from the Department of Children's Services.

GUIDING PRINCIPLES

The Charitable Children Institution with all its stakeholders including those supporting CCIs in one way or another, shall be guided by the following principles:

1. **Upholding Family Care:** The family being the fundamental unit of a society and the natural environment for the growth, well-being and protection of children, all efforts should primarily be directed at enabling the child to remain in or return to the care of his/her parents, or when appropriate, other close family members.
2. **Contact with Family and the Community:** All decisions concerning admitting children into CCIs should take full account of the need in principle, to maintain the child as close as possible to his/her habitual place of residence, in order to facilitate contact and potential reintegration with his/her family and to minimize disruption of his/her educational, cultural and social life.
3. **Necessity:** Children should only be in an institution as a matter of necessity. This means that all actors should support children to remain with, and be cared for by, their family. Removing any child from his/her family should be a measure of last resort, and a rigorous participatory assessment is required before any such decision is taken.
4. **Do no Harm:** All CCIs must be conscientious on the possibilities of harming children in their day to day work and decisions. They should therefore be on the lookout not to harm the child and to avoid unintended negative impacts when carrying out their developments and other interventions.
5. **Dignity and Respect for Children:** Children must be treated with dignity and respect at all times and must benefit from effective protection from abuse, neglect, and all forms of exploitation, whether on the part of care providers, peers or third parties interacting with the CCI. CCIs must respect **the contributions, involvement** and voices of children at all times.
6. **Appropriateness:** There is need to establish appropriate and suitable care options for each child from existing alternative care options. In Kenya, alternative care options include kinship foster care, formal foster care, guardianship, adoption and institutional care. Each child in need of alternative care has specific requirements with respect to, for example, short or long-term care or keeping siblings together. The care option chosen has to be tailored to individual needs. The suitability of the placement should be regularly reviewed to assess the continued necessity and appropriateness of providing alternative care, and the viability of eventual reunification with the family.
7. **Poverty Not a Reason:** Financial and material poverty, or conditions directly and uniquely attributed to such poverty, should never be the only justification for the removal of a child from parental care. Instead, such conditions should be seen as a signal for the need to provide appropriate support to the family.
8. **Separation of Siblings:** Siblings with existing bonds should, in principle, not be separated by placements in alternative care unless there is a clear risk of abuse or other justification in the best interests of the child. Every effort should be made to allow siblings to maintain contact with each other, unless this is against their wishes or interests.
9. **Motives for Establishing a CCI:** The establishment of a CCI should never be undertaken with the sole purpose of furthering political, religious or economic goals of the care providers. Instead, it should be for the purpose of offering children short term care and protection while long term solutions on family based care are sought.
10. **Protection:** All CCI programmes within and outside of CCIs should provide adequate protection for children from abduction, trafficking, sale and all other forms of exploitation.

11. **Not for Profit:** CCIs must not be established for fundraising, individual gain or personal enrichment. Rather, the best interests of the child should always prevail.
12. **Accountability and Transparency:** CCIs shall be open and explain their actions and operations to both the rights holders and duty bearers.

What is a Charitable Children's Institution?

According to Section 58 of the Children's Act, 2001, a CCI refers to a home or institution which has been established by a person, corporate or, or a religious organization and has been granted approval by the NCCS to manage a programme for the care, protection, rehabilitation or control of children.

A CCI shall not include rehabilitation schools established by the Minister of Gender, Children and Social Services under section 47 of the Children's Act, 2001. This therefore, excludes a school within the meaning of the Education Act, a borstal institution, any health institution, a children's day care centre, nursery or other similar establishment.

The definition applies to privately run children's homes that have been granted approval by the NCCS to manage a programme for the care and support of orphans and other vulnerable children, and includes institutions offering accommodation for any child overnight or on a longer term basis.

STATEMENT OF PURPOSE

Children are the basis upon which a society hopes to survive into the future and their welfare should, therefore, be guarded by all means. While it is best that each child be brought up in the care of loving and caring parents, not all situations allow for this. It is recommended that family based care be sought as a first option for children who cannot be with their biological parents. Such options include: kinship care, foster care, guardianship and adoption. Placing children in CCI should be a last resort when family support and all family- based care options have failed.



Figure 1: A child's basic needs and support are to be met.

Alternatives to CCIs allow for more creative care arrangements for children who are orphaned, abandoned or rendered at risk by a host of factors. All arrangements must ensure that a child's basic needs that include love, food, shelter, clothing, education, protection, psychosocial support and medical care are met. Care providers should provide the support and guidance required to enable the children to develop to their full potential.

It is expected that these Standards will help all those working with children in CCIs to uphold the best practices in caring for children by having explicit care plans on admission, professional management of CCIs, a clear exit strategy and thoroughly monitored integration/referral procedures. In addition, it is envisaged that these Standards will help CCIs realise that they do not have to admit all vulnerable children in CCIs but only those who have been harmed or are at risk of being harmed and to, as fast as possible, exit them out of CCIs back to a family set up. Continuous training on the implementation of these Standards should be a key capacity building strategy for the government, management at CCIs, development, civil society and other partners.

Research and experience on child care suggest that, as much as possible, admission of children below 3 years should be avoided. It has been proved that placing children below three years old in CCIs causes a lot of harm. Under these Standards, tracing of families and foster care placements are advised for abandoned babies of this age and below as opposed to being placed in CCIs.

The Ministry of Gender, Children and Social Development, through the Department of Children's Services as well as the National Council of Children's Services is committed to ensuring that service delivery to children in CCIs, is of the highest quality and addresses the welfare of the children. The coordination role, and in this respect, provision of the leadership required in developing the National Standards for Best Practice for CCIs and the accompanying Training Manual, was done by the NCCS and Department of Children's Services (Institutions Section).

Legal Framework

The National Standards for Best Practice for CCIs have been developed with reference to the Children's (Charitable Children's Institutions) Regulations 2005. The Standards provide a benchmark of good practices upon which children's institutions should be run. They ensure that care providers observe the best interests of the child and respect children's rights as stated in the United Nations Convention on the Rights of the Child (UNCRC), the African Charter on the Welfare and Rights of the Child (ACWRC) and the Children's Act 2001.

Article 9, 10, 20 and 25 of the UNCRC specifies that children need to grow in families and communities. Where temporarily separated, re-unification of the children with their families should be immediately sought. The ACWRC upholds the principles of the UNCRC and contextualises child protection within the African context.

Section 63 of the Children's Act specifies that a child can be in a CCI in case of an emergency or where he or she is harmed or is at risk of harm.

In addition, these Standards are developed in line with the recently released Guidelines for the Alternative Care for Children: A United Nations framework, 2009

Objectives

The aim of these National Standards for Best Practice for CCIs is to ensure that these institutions work towards the reintegration of children with their families or to facilitate alternative family-based care placement. The focus is primarily to ensure that all their needs and rights are best met while they are placed in a CCI. New admissions into CCIs should meet the criteria of 'last resort.'

The Standards encourage CCIs to ensure that a child is reintegrated within the family unit in the shortest time possible, and should always work with the government and other supportive agencies to get alternative family based placements where a child cannot be reintegrated into their biological family.



ESTABLISHING A CCI



THE STANDARDS

Individuals, organizations, religious bodies, private sectors and any other agency should not establish a CCI within any community without first carrying out a community-based assessment on the needs of children, and possible existing interventions within families and communities. The assessment should first explore other family based support options before setting up a CCI. The decision to open a CCI should only be of absolute necessity, appropriate and constructive for the children concerned, and in their best interest.

Anyone intending to open a CCI must get approval from the Ministry in charge of children's affairs through the National Council for Children's Services (NCCS) and AAC.

The agency application must include the requirements contained in the CCI Regulations, 2005 as well as the following:

1. Community Assessment report (feasibility study report) indicating that establishing a CCI is of absolute necessity within the community
2. The constitution of the intended CCI
3. Architectural and site plan for the intended CCI
4. Financial Plan - how the agency intends to fund the CCI and expenditure plan
5. Evidence of property ownership
6. Programme Plan - the vision, the mission, how many children to be admitted, programmes to be supported, Project Agreement Documents which indicate agreement with donor(s), if there are any links with other relevant stakeholders and the programmes that the CCI intends to run.
7. Human Resource Policy
8. A list of potential members of the Board of Trustees

2

MANAGEMENT OF A CCI

Board of Trustees
Management Board
Role of Management Board
Financial Management
Gifts and Donations
Filing and Record Keeping
Recommended Office Equipment
Labeling and Branding Assets
Confidentiality of Child's Information and Records
Access to Personal Records/Data
Closure of a CCI



Board of Trustees

Members of the Board of Trustees are the owners or proprietors of the CCI. They are the administering authority. They have direct responsibility for the existence of the CCI.

All CCIs will have a Board of Trustees which must be legally registered

Every trustee member must provide:

- A Certificate of Good Conduct
- Proof of earnings/ownership of individual assets
- A Curriculum Vitae (CV) with a clear explanation of any gaps

Where the administering authority appoints a Board of Trustees that does not include them, clear criteria for selection must be put in place and the members vetted.

The Board of Trustees shall meet periodically with a minimum of two times a year.

Role and Responsibilities of the Board of Trustees

- To employ the management staff of the CCI, i.e. Manager/Director/Administrator.
- Supervise the management board and ensure that the standards for care and protection of children in the CCI are adhered to.
- Protect the investments and assets of the CCI on behalf of the child.
- Ensure proper structures are put in place in the CCI

Once approved for opening or where a CCI already exists, and as per the requirements of The Children's (Charitable Children's Institution) Regulations, 2005, all CCIs must have:

- i) A management board
- ii) A clear management and staffing structure which is set out on an organogram
- iii) A certificate of registration from the ministry in charge of children's affairs.

Management Board

The Management Board is responsible for the day-to-day running of the CCI and is answerable to the Board of Trustees.

They must meet regularly (at least quarterly) and maintain records of all meetings in the '*Minutes of Management Board Meetings*' file.

The Management Board shall include of the following:

- Director/ manager/administrator
- Donor representative(s)
- Representative(s) of the Board of Trustees who is not among the signatories of the trust deed
- Legal adviser
- Care leaver
- Child representative

Role of Management Board

The Management Board is responsible for:

- i) Planning the day-to-day running of the CCI
- ii) Ensuring the implementation of all policies, standards, and procedures of the CCI, and compliance with all regulations
- iii) Coordination of the implementation of the following key areas:
 - Human resource functions
 - Financial management
 - Children's programmes with active child participation
- iv) Monitoring and reporting on the implementation of the children's programmes and ensuring that there is financial and programme monitoring and reporting.
- v) Employ all CCI staff.
- vi) Fundraise for activities of the CCI and ensure financial sustainability for the CCI.

If an agency is running a CCI and other child-related programmes, they should adhere to all other relevant Acts, such as the Education Act for education programmes, and health laws for health care programmes.

The management of a CCI should clearly be different from that of other programmes.

Financial Management

Every CCI shall:

- Open a bank account. The account should be in the official name of the CCI and should never be in the name of an individual.
- Develop an annual budget which is participatory and indicative of the best interests of the child.
- Conduct annual financial audits by certified auditors. CCIs should provide audited financial reports to the DCS whenever required to do so.
- Employ a qualified accountant who has been trained in accounting as outlined by ICCPAK (Institute of Certified Public Accountants of Kenya). The accountant will handle all accounts of the CCI.
- Establish proper procurement structures and procedures which should include:
 - o Maintaining a vote book which contains the different items that the CCI purchases.
 - o Maintaining a local Purchase Order Book to be used whenever the CCI purchases material items.
 - o Maintaining a local Service Order Book to be used whenever a CCI procures a service such as repair works, maintenance, etc.
- All expenditures of the CCI must be accounted for as per accounting standards and the accounting documents should be stored safely. This will assist in ensuring that there is accountability of expenditure to avoid corruption and misallocation of funds meant for children.

The management staff should learn simple book keeping skills in order to manage the everyday

financial requirements of the CCI.

Gifts and Donations

All gifts and donations for all the children should be clearly documented. The manager should countersign against the donations and ensure that the gifts reach the children promptly.

CCIs should not accept gifts and donations unfit for human consumption and other uses, such as expired food stuff and medicine and unusable clothes and shoes.

Filing and Record Keeping

Each CCI must appoint an officer(s) to maintain all files and ensure safe keeping of the files (See Appendix Q). The Officer(s) should always be accessible.

It is the responsibility of the CCI manager or administrator to ensure that the CCI Monthly Population Return Form (See Appendix N) are completed and forwarded to the District Children's Officer as per the requirements of CCI Regulations.

Every child should have an individual file opened upon admission and the file should be updated regularly as per Filing Policy Appendix Q.

Every staff member should have an individual file that contains documents outlined in Appendix Q on Filing Policy.

All CCIs shall open and maintain files indicated in Appendix Q on Filing Policy.

Recommended Office Equipment

All CCIs shall have the following minimum equipments to facilitate administrative work in the CCI:

- Furniture
- Files
- Lockable filing cabinets
- Computer and printer
- Camera
- Telephone line that is operational on a 24-hour basis
- Office stationery
- Weight and height scales

Labeling and Branding of Assets

All movable and non-movable assets should be branded and labelled with the CCI's name, logo and address.

Confidentiality of Child's Information and Records

All children are entitled to privacy and no written material or files containing a child's information should

be left exposed for all to view.

There should never be any public discussion about a child's sensitive issues, either in the presence of the child or other people who work or do not work within the CCI. Caregivers should be trained on confidentiality and sensitivity of information.

The management will ensure control and restrict access to information about children for confidentiality reasons. However, the CCI shall avail a child's information to any person if it is in the best interest of the child e.g. child welfare, exit purposes and other relevant positive intentions.

Access to Personal Records/Data

- Children have the right to access their files depending on their age and mental condition.
- Children have the right to access their file (s) even after they have exited the CCI. Upon exit of a child from a CCI, the institution shall make a copy of the file and submit it to the DCO for storage.
- A child's file should be stored for a minimum of seven years after a child exits from the CCI. Thereafter, the file should be archived.

Closure of a CCI

A CCI shall be closed *if*:

1. It is unfit for the care, protection and control of children
2. Children admitted into the institution are suffering or are likely to suffer harm
3. The manager of the institution has contravened any of the regulations made under the Children's Act, 2001 and the Charitable Children's Institutions Regulations, 2005.

Upon cancellation, the Director of Children's Services will protect the children by:

1. Removing them from the CCI
2. Procuring the closure of the CCI
3. Instituting disciplinary measures against the manager of the CCI
4. Taking other actions as may be deemed necessary for the protection of the children.

3

STAFF PRACTICE AND PROCEDURES

Minimum Staff in a CCI
Ratio of Care Staff to Children
Staff Qualifications and Competence
Job Application
Documentations Required Before Recruitment
Staff Code of Conduct
Staffing Rules
Staff Induction
Employment Contract
Employment Benefit Programme and Salary Administration
Performance Appraisal System
Medical and Health Benefits
Staff Training and Development Plan
Discipline
Grievance/Complaint Procedure
Whistle Blowing Procedure
Work Condition
Volunteer Policy
Staff and Volunteer Files
First Aid Training



Minimum Staff Requirement in a CCI

Every CCI should ensure that they have minimum qualified staffing levels as follows:

- Manager
- Two social workers
- Nurse(s) and nurse aides for CCIs with babies
- Cook(s)
- Counsellor(s)
- Security guard(s)
- Cleaner (grounds and buildings)
- Housemothers/house fathers
- Accounts officer
- Administrative assistant/officer
- Cateress/nutritionist



Figure 2: A CCI should have a minimum qualified staff

Ratio of Care Staff to Children

Care Staff ratio to the number of children should not exceed 1:10 (i.e. One staff member for every 10 children). This ration includes staff members who have direct contact with children or who are otherwise known as caregivers as explained in the glossary. Below is an example of the ratio of specific staff in a CCI to children. However, the ratio can change depending on special categories of the children but should never be below the ratios recommended below.

Title/section	Number	Number of children	Basic tasks
Social worker	1	20	To ensure case and group assessment and management for all children
Counsellor	1	20	To provide professional support for children and staff in distress or those who are vulnerable
Nurse aides	1	20	To observe the health of the children and respond accordingly
Caregivers (e.g. housemothers, housefathers)	1	6 (for 0-3 years), 8 (for 4-6) and 10 (for 7 years and above)	Day-to-day care of children and supervising to ensure they meet their needs

Staff Qualifications and Competencies

- All CCI's must have written job descriptions for all staff levels of a CCI.
- Required certified academic qualifications, necessary skills and competencies must be spelt out for every job level.
- Management must ensure that potential staff meet all outlined qualifications before they are recruited.
- All staff must have the necessary skills and experience in relation to safeguarding and promoting the welfare of children.

Job Applications

- All jobs must be advertised, applied for and the applicants vetted.
- The job application form must contain all the relevant information required for the job.
- Application forms should contain a section that seeks information on any criminal convictions or allegations of abuse by the applicant
- Any person convicted of a crime or allegation of abuse should not be short-listed for interviews.
- All CCI's must have a recruitment panel formed as a sub-committee of the Board of Trustees.
- This panel will review the applications. The panel must consist of, among others, a human resource specialist and a social worker.
- The panel will select and shortlist qualified applicants for the available post and the same panel will then interview and appoint for the vacancy.
- Applicants must provide 3 referees for any application.

Documentation Required Before Recruitment

The following are mandatory documents needed for any person before they are recruited to work in a CCI.

- Identification card/
- Photographs.
- Certificate of good conduct.
- Medical certificate/fitness to work in a child environment.
- CV's and academic certificates.
- Reference letters from three referees.
- Work permits to be provided by non-Kenyan citizens

In addition, and as much as possible, the CCI management should visit the home of potential recruits to assess their suitability to work with children.

Staff Code of Conduct

- All CCIs must have a staff Code of Conduct.
- The Code of Conduct should set out the expected behaviour of staff
- All staff must read, understand, and then sign at least two copies of the Code of Conduct upon employment. One copy should be kept in the employee's personal file while the staff member keeps the second copy
- The CCI must set an acceptable dress code, prohibit intimate relationships between children and/or staff and intimate relationships between members of staff within the work place
- All CCIs shall communicate in an official language i.e. English and/or Kiswahili between and among children and staff.
- The CCI should have a Drugs and Alcohol Policy within the work place.

Staffing Rules

- CCIs shall define staff shift/working hours as per Kenya's Labour Laws and allow for clear rest days and time off for all staff.
- The employer shall ensure that all statutory requirements are met which includes remittance of contributions such as NSSF, NHIF, PAYE and any other government requirements.
- All staff shall be familiar with and be able to work with the Child Protection Policy.
- All staff documents and other relevant documents shall be stored in individual staff files.

Staff Induction

Every employee, upon employment, shall be taken through an orientation/induction programme which captures an overview of the organisation. This should cover areas on the mission, vision and objective of the CCI, designated staff, introduction to all care policies such as child protection policy, compliance procedures, legal and practice expectations, and how they relate to other staff and children, among other core issues of the CCI. (Refer to schedule 9 of CCI Regulations, 2005)

Employment Contract

Every employee shall sign a contract upon employment. The contract should:

- State clearly the terms of employment such as whether employment is permanent, contractual, casual or volunteer,
- State the employee's job category/level,
- Provide a clear job description,
- Indicate the salary to be paid to the employee,
- Indicate clearly the duration of probation upon employment. This should be at least three months followed by confirmation of employment upon the satisfactory completion of the probation period,
- State the employee's personal and other working relationships including supervisor, chain of command and organisational structure,
- State work ethics,
- State code of conduct,
- Indicate how to handle conflict of interest, outside engagement and job referrals.
- State benefits to the employee during employment and after ceasing to be an employee,
- State how termination of employment by either party should be done, including notification period.
- Include other conditions of employment such as working hours and work schedules, permitted visitors to the work place, use of office phones and internet, use of office equipment, travel and accommodation expenses, meal periods, and prevention of workplace violence,
- Every employee must sign at least two copies of the employment contract. One copy should be filed in the individual staff's file while the staff member retains the second copy.

Employment Benefit Programmes and Salary Administration

Employers should ensure that there are employee benefit programmes which include vocational benefits, public holidays and festive seasons, sick leave, bereavement/compassionate leave, maternity and paternity leave, medical/health insurance covers, end of employment benefits, among other benefits offered by the CCI.

Performance Appraisal System

Every CCI must have a Performance Appraisal System and must set individual work targets to be achieved which should be negotiated with staff members. Performance appraisal for all staff should be conducted annually.

Within this system, the supervisor should identify three key elements of the person to be appraised which should include:

- Exceptional strengths demonstrated in relation to working with children.
- Most critical needs for improvement in working with and for children.
- Most important development needs.

Medical and Health Benefits

Medical and health benefits should be in line with the government requirements as per the Occupational Safety and Health Act 2007 and Work Injury and Benefit Act 2007.

Staff Training and Development Plan

The management should ensure continuous upgrading of its staff core competencies, knowledge, skills and attitudes so as to help the CCI realise its vision and mission and ensure the safeguarding and promotion of the wellbeing of children. This should be done by ensuring a training policy which aims at identifying individual or group performance gaps by conducting training needs assessment and facilitating the staff learning plans is put in place.

The management must ensure that every staff member has a Staff Development Plan. This should include core competencies (child care, social work, behaviour management, and counselling) and exchange visits to other CCIs that are best examples in child protection, care and reintegration to the family/community.

Discipline

The employee will agree to abide by the terms and conditions of service as well as code of conduct and in any other lawful reasonable instructions written or verbal given by authorised officials of the CCI. On being found guilty of misconduct, the employee will be subject to the actions stipulated in the Employment Act, 2007.

Grievance/Complaint Procedure

Every CCI must have a written grievance/complaint procedure for staff which ensures that every staff member is treated fairly and equitably. All staff must have a copy of this procedure.

It is the responsibility of management to ensure that employees understand the grievance procedure, and that they are aware that there will be no reprisal against them for using the procedure and that all officially recorded grievances will be responded to thoroughly and promptly.

When an employee feels aggrieved by the supervisor, colleague or working conditions, he/she is encouraged to follow the laid down grievance/complaint procedure as follows:

- Bring the grievance verbally to the supervisor. If unresolved,
- Bring the grievance in writing to the supervisor stating why he or she feels the issue is still unresolved. If unresolved,
- Bring the grievance in writing to the complaints/grievances/behaviour management committee, copied to the supervisor (having previously verbally informed the supervisor of the intention and reason for doing so).
- The committee will solve the grievance through the hearing of both parties.
- Copies of correspondences and minutes of discussion must be retained in all the parties' personal files.

Whistle Blowing Procedure

All CCIs must have a whistle blowing procedure which can be implemented to address the situation at hand at an early stage, and/or when there is no alternative method available.

The employee should:

- Write to or contact a higher authority (if possible, following the laid down chain of command) confidentially to inform them of the situation.
- Be aware that no reprisal will be taken against him/her for using the procedures.
- All recorded reports should be responded to by a higher authority thoroughly and promptly.

Work Conditions

Every CCI must provide a conducive working environment for its staff and must adhere to all government labour laws and regulations. CCIs shall ensure that staff quarters are provided for staff who have to work overnight.

Volunteer Policy

A volunteer worker in a CCI is one who offers his/her time, skills and resources for the realisation of the best interests and rights of the children, under the guidance of the CCI manager with or without remuneration.

Volunteer Selection Criteria

Volunteer workers are appointed by the CCI recruitment panel upon recommendation from a recognised authority, organisation or persons of good public standing.

Every volunteer must:

- Produce a certificate of Good Conduct from their country of origin
- Apply for the opportunity to be a volunteer.
- Sign a job (volunteer) contract which clearly outlines the tasks to be undertaken by the volunteer
- Sign a code of conduct.
- Be made aware of, and sign the CCI's child protection policy.

All non-Kenyan volunteers must:

- Provide proof that they are in Kenya legally,
- Provide proof of medical insurance cover,
- Provide a certificate of good conduct from their country of residence.

The management should ensure that volunteers are facilitated with travel, meal, and accommodation allowances while on official duty. They should also be provided with office stationery and any other job-related requirements.

Role and Responsibilities of a Volunteer

A volunteer should never act as a primary caregiver to any child in the CCI or be attached to any child.

The responsibilities of a volunteer should be restricted to those of an assistant care giver or to other additional activities in the CCI. Assisting in home visits and household chores such as cleaning and cooking. A volunteer should not be directly in charge of children, but should assist staff who are employed by the CCI.

The employer should communicate to a volunteer his/her role and responsibilities while at the CCI. Duties may also include:

- Ensuring that the rights of children in the CCI are protected.
- Providing guidance for children in need of care and protection at the CCI.
- Assisting in rehabilitating and reintegrating children in the CCI back into their families and communities.

Staff and Volunteer Files

All CCIs must open an individual staff file for all staff which should include personal documents as stipulated in Appendix Q No. 9.

First Aid Training

All staff must be trained on First Aid as part of the induction programme. Staff should be given periodic refresher courses on first Aid. Training should take into consideration children with special needs and include (but not be limited to) training on choking and choking hazards (toys, food size, texture and consistency), seizures and Cardio-pulmonary resuscitation (CPR).

4

CHILDREN'S PROGRAMME

4.1 Admission of Children Into a CCI

Pre-Admission Assessment
Non-Emergency Admission
Emergency Admission
Naming of a Child
Length of a Child's Stay in a CCI
Death of a Child in a CCI

4.2 Documentations in a Child's File

4.3 Child and Family Assessments

4.4 Individual Child Care Plan (ICCP)

4.5 Child's Health Rights

Health Screening
Sexual Health Policy
Control of Outbreaks of Diseases and Spread of Infections Diseases

4.6 Right to Nutritious and Adequate Food

4.7 Access to Water, Sanitation and Promotion of Hygiene

4.8 Right to Quality Education

4.9 Leisure Activities

4.10 Children's Right to Information and Training on Life Skills

4.11 Right to Psychosocial Care and Support

4.12 Child Protection

Child Protection Policy
Child Protection Focal Person
Guidance on Behaviour Management
Complaint Procedure
Response to Child Abuse and Exploitation
Overnight Stay
Missing from CCI
Personal Care of Young Children
When a Child Gets Pregnant in a CCI
Room Searches and Child's Individual Privacy

4.13 Child's Legal Rights and Access to Legal Aid

Police Involvement When a Child Commits an Offence

4.14 Physical Safety of Children

Disaster Prevention, Preparedness and Mitigation
Risk Assessment Policy

Emergency Focal Person

Risk Assessment

Fire Risk Assessment and Fire Breakouts

Electricity, Gas and Glass Safety

Security at Work

First Aid Kits

Premises in CCIs

Natural Disaster/Incidence Reporting

4.15 Children's Accommodation

Premises

Personal Care Facilities

Privacy and Security of a Child's Personal

Belongings

Petty Cash/ Pocket Money for Children

4.16 Child Participation

Rules for Child Participation

Selection Criteria for Child Participation

Recommended Accommodation and

Welfare Facilities for Child Participation

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Age Consideration

Parent/Guardian Consent

Inclusiveness

Chaperons

Child's Contact with Friends

4.17 Leaving Care of CCI/EXIT

Exit Strategy/Leaving Care

Definition

Circumstances Under Which a Child Should

Exit a CCI

Different Forms of Exit Strategies

Preparing a Child for Reintegration

Preparing the Parent/Caregiver for

Reintegration

Types of Alternate Family Based Care

Supervised Independent Living

Arrangement

Discharge Arrangements

Final Assessment

Support and Assistance for Older Children

Leaving Care

After Care Supervision Strategy



4.1. ADMISSION OF A CHILD INTO A CCI

Any child in an institution must have their needs assessed and planned for to enable them to return to their families as soon as possible. If a child has become separated from his/her family in an emergency, documentation, tracing and reunification activities should begin urgently. If a child has been removed from parental care for his/her safety, support services should be provided to the parents in order to facilitate the return of the child. Children must be kept fully informed and involved in any plans that involves their care, and encouraged to maintain contact with known relatives where possible.

A CCI shall make all efforts not to separate a child from any form of family care, either in the form of birth parents, relatives/kinship care or other legally recognized family-based care such as foster care, guardianship or adoption.

As much as possible, CCIs should support children within their families and as a guiding principle, should never separate children with family unless it is absolute necessary and in the best interest of the child.

Pre-Admission Assessment

As a measure of responding to emergency (described below), assessment of a child and her/his family situation must be undertaken before a decision to admit the child in a CCI is reached.

Assessment must be done by a qualified and professional trained person such as a social worker.

During pre-admission assessment, the CCI must explore all family-based placement options, before reaching the decision to admit the child in a CCI. These options should include:

- Exploring the possibility of supporting the biological family so that they can care for the child,
- Finding an alternative family within the kinship ties to take in the child and care for them.
- Finding a family within the community to take the child in and care for him/her.

Non -Emergency Admissions,

- CCIs must inform the DCO in writing of their intention to admit a child and must provide reasons why admitting a child to the CCI is the best option and is in the best interest of the child.
- The DCO must endorse all non-emergency admissions before any child is admitted to a CCI.
- A CCI must get a court committal order for each child before admission
- If the child has one or both parents alive, or guardian, the CCI must obtain consent from them.

When admission has been authorized through a court committal order, the CCI will:

- Ensure the child is accompanied by a copy of the court committal order and the Children Officer's social enquiry report
- Fill Admission Form (Appendix A)
- Record all the child's personal belongings in a Private Property Register Form (See Appendix O) and any monies should be recorded in the Private Property (Money) Register part of the form.
- Take a photo of the child
- Open a file for the child and store all documents concerning the child including the photo in the file.

Emergency Admissions

Emergency admissions are those that are not planned in advance. These include admissions for:

- Abandoned babies (0- 5 years)
- Lost child
- A child separated from his/her parents or primary caregivers during man-made or natural disasters
- A child of tender age, i.e. below 10 years of age, found loitering in the streets alone
- Any child in need of rescue

The persons responsible for placing children into a CCI during emergencies should be:

- Children's Officers,
- Police, or
- Social workers, emergency rescue teams, and other staff from government and non-governmental organisations and other actors to work in consultation with authorized officers
- Child helpline 116

Where the above persons have been involved in referring a child to the CCI, the CCI must:

- Notify the Children's Department within 24 hours
- Record the name and contact, including physical address of the person who brought the child



Figure 3: Children exposed to excessive punishment need urgent rescue

for admission

- Record how and where the child was found
- Record a list of belongings and description of clothes and condition of the child
- Record of all identifiable features such as birth marks, scars, any disabilities, skin colour,
- Record language spoken by the child and any names of persons the child may mention.
- Take photograph of the child
- For children below age 7, and in addition to the above, make a record of all significant words and language used by the child
- Where a police officer is involved, note his/her Police Force Number, Occurrence Book (OB) number and any other police letter.
- Where the DCO was involved, the DCO should give a report on the circumstances around the case and the way forward including how to obtain Court Committal Orders.

It is important to note that, sometimes, a child viewed as 'emergency admission' may not be necessarily as a result of referral by any of the above officers, but by well-wishers or by the staff of CCIs finding an abandoned child at their gate or within their neighbourhood. In such instances, the CCI must;

- Notify the children's department within 24 hours
- Record the name and contact, including the physical address of the person who brought the child for admission
- Record how and where the child was found
- Record a list of belongings and description of clothes in the Private Property Register form (See Appendix O)
- Record the condition of child including all identified features
- Take photograph of the child
- For children below age 7, and in addition to the above, make a record of all significant words and language used by the child.
- Report the admission to the DCO within 24 hours
- Report to the police about the found child within 24 hours

Once a child has been rescued or received based and the above emergency procedures undertaken, the CCI will:

- Work with the DCO to initiate tracing of the child's family and eventual reunification;
- Start the process of obtaining an interim care order within 14 days;
- Fill Admission Form (Appendix A);
- Open a file for the child and store all recorded information including the child's photo;
- Process the court committal order as appropriate upon expiry of the interim care order and subsequent renewals where necessary.

Categories of Children Eligible for Admission in a CCI

Situations that call for admission may include:

- Where the child is being physically, sexually or emotionally abused
- Where the child's caregiver is ailing or terminally ill and is therefore unable to provide adequate care to the child
- Where the child's caregiver is of unsound mind (explore if there are other family members).
- Where the child is staying in a child-headed household and especially when the oldest child is less than 10 years old.
- Where the child is a double orphan and has no adult care.
- Where the child faces the dangers of undergoing harmful cultural practices such as Female Genital Mutilation (FGM), early marriage, or when he or she is a taboo child.
- Children who have been rescued from the streets (and need to be rehabilitated before going back to their families)

Poverty should never be a reason for separating a child from family care and placing them in a CCI. Efforts should be made to design and implement programmes that address poverty-related issues.



Figure 4: A child headed household with no adult to take care of their needs.

Role of the CCI in the Acquisition of Care/Committal Order (Ref. Sec 63-64 of the Children's Act)

- Receive children into the institution from an authorized officer
- Demand for a written document from the authorized officer
- Get documented evidence for children who are said to be orphans (such as death certificate, burial permit)
- Seek clarification from the DCO and or the Registrar of Births for immediate birth registration for abandoned babies before court committals
- Make available relevant documents incase of late registration of births.
- Make available detailed case histories of the children under their care to the DCO for compilation and presentation to court.
- Provide the children with adequate care and protection for the period provided for in the Care Order.

Naming of a Child

Every child has a right to a name and:

- Where the name of the child is known, this should never be changed.
- Where the name of a child is not known, the CCI has the discretion to name the child.
- The CCI should inform the DCO about all the abandoned children admitted into the CCI and the names given to these children.
- The CCI should attach a list of the names of abandoned children to the Population Return Form (Appendix N) which is forwarded to the DCO every month.
- A CCI should never name a child after any of the personnel of the CCI or give a surname similar to that of a CCI employee.
- A child should be given a name that promotes his/her dignity and respect for their socio-cultural context and well-being.

Length of a Child's Stay in a CCI

The length of a child's stay in a CCI should be captured at the point of admission and factored in the child's individual care plan.

The CCIs should make every effort to reintegrate children back to their families immediately or find alternative family-based care arrangements such as adoption, foster care, guardianship and kinship.

Children should stay in a CCI for a maximum of 3 (three) years. Under very special circumstances, a CCI may apply for extension of stay before a court of law. CCIs should not use education as a reason for admitting or extending a child's stay as a child's education can be supported while the child is in family set up.

Death of a Child in a CCI

In the event of death of a child in a CCI:

- The CCI shall complete a Death Notification Form within twelve hours of the death and report the death to the nearest Police Station and to the DCO or Director of Children's Services office within the twelve hours.
- Notify Parents/family and all other contacts in the child's file within 24 hours.
- No child should be buried within the CCI and the CCI shall therefore consult the DCO on the proper burial place and related arrangements.
- Authorisation of any post mortem examination should be given by either the next of kin, and where this is not possible, by the officer in charge of the CCI in conjunction with the DCS.
- Grief counselling must be offered to the family and children in the CCI to help them manage the bereavement.
- If appropriate, make arrangements for other children to attend the funeral/burial of the child.
- Circumstances surrounding the death and what happened thereafter must be recorded and filed in the Child's File, the Major Incidence File and other necessary records such as the CCI population file.

Referral to other CCIs/Agencies with specialized services

During the initial assessment exercise, or at the point of admission or during the review of the care plan, the CCI may realise that some children have special needs that the CCI may not be able to address. It is recommended that such children be referred to other CCIs with facilities and expertise in caring and protecting them. Such children may include those with:

- o Mental and learning disabilities
- o Chronic and terminal illnesses
- o Physical disabilities
- o Children with the special needs listed above and are in conflict with the law (child offenders).

A CCI shall not rotate/transfer a child from one of its branches or associated CCIs without fresh assessments and court committals.

4.2. DOCUMENTS IN A CHILD'S FILE

The following documents should be filed in each child's file (Appendix Q):

- Birth Certificate
- Photograph of child
- Death Certificate/Burial notification of parents (where applicable)
- Parent /Guardian's letter of consent for admission. (Appendix B)
- Copy of parents/guardian's national identification card, where applicable
- Police letter for abandoned children, including OB Number and the Force Number of the police

officer handling the case

- Court Committal Order (mandatory for all children who are admitted into the institution)
- Children officer's social enquiry report
- Letter from a chief or authorised person supporting the admission
- Map of the child's home location or place where the child was abandoned – this is necessary where nomadic lifestyles prevail and also for the purpose of tracing the child's place of origin.
- Initial assessment report
- Individual Child Care Plan (ICCP) whose format is presented as Appendix E.
- All review assessment reports

Where a child does not have a birth certificate, the CCI in liaison with the DCO shall facilitate the acquisition of the document.

4.3. CHILD AND FAMILY ASSESSMENTS

As stated above and except during emergency admission as described above, assessment of the child and his/her family situation must be carried out for every child in the CCI by a qualified trained professional, and where possible, by a multi-disciplinary team.

Assessments should identify and build upon the child and the family's strengths, as well as areas for development and for the purpose of addressing the needs of the child on short and long-term basis with the eventual objective of returning the child back to their families or seeking alternative family care arrangements as soon as possible. A comprehensive assessment should include the causes of the child's situation, areas of concern, the needs of the child and family, the action needed to safeguard the child, the desired resources, and a specific timescale. It should include an overview of the child's developmental needs, such as health, education and relationships; the parent's capacity to provide for the child, e.g. safety, warmth, stability; and important family and environmental factors such as relationships, housing, and available resources (Appendix C & H)

All assessments must be carried out on a case-by-case basis.

Review assessment must be planned during admission and should be carried out no longer than three to four months after admission and initial assessment.

All consultations, initial assessments and general information gathering should include the child's participation and the child's views and wishes should be seriously considered.

Case history providing background information of each child should be recorded and placed in the child's file – this information will provide a guide for future interventions, including family contact and reintegration of the child back into his/her family.

After admission, regular visits to the child's home should be undertaken in order to get a clearer picture of a child's background and family circumstances. The location map (for the child's home) which is in the child's file, should be used to locate his/her home.

4.4. INDIVIDUAL CHILD CARE PLAN (ICCP)

A care plan is a systematic and detailed plan describing how a child is supposed to be taken care of in a holistic manner while in an institution right from the point of admission to the time of exit.

The plan should be developed within 30 days of admission of a child. The plan should be developed on the completion of the child's needs assessment and shall involve the child's participation depending on his/ her age and maturity. The ICCP will describe the CCI's short and long-term plans for the child and outline how, when and who will meet the child's survival, development and protection needs.

The purpose of an ICCP is to ensure the promotion of each child's care and eventual reintegration with his/her family or placement into alternative family care.

The ICCP shall be reviewed two months after the child's admission and every three months thereafter.

Review reports must be kept in the child's file.

The ICCP should include the following;

- How the child will be cared for and how his/her welfare will be enhanced on a day-to-day basis;
- Healthcare and education arrangements for the child;
- Arrangements for psychological and emotional support for the child;
- Spiritually nourishing/religious observations for the child;
- How a child's contact with his/her parents, relatives and friends will be enhanced;
- Action that will be taken to ensure that the child leaves/exits the CCI in the shortest time possible;
- Monitoring plan for the child after he/she leaves the institution (after care follow up). This should include his/her home environment adjustment plan.
- If a child has special needs that are identified during assessment, the ICCP should be clear on how to deal with these needs including the physical, emotional and mental challenges related to feeding.

4.5. CHILD'S HEALTH RIGHTS

CA, Part 11, Section 9 states that every child has a right to health and medical care. The CCI shall ensure that this right is observed.

Health Screening

As part of the assessment, a child should receive a full medical screening/examination by a qualified medical practitioner on admission to a CCI. The examination must include audio (hearing), sight and emotional needs assessment. The child's medical and vaccination history should be recorded and placed in the child's file.

Health Policy for Children in a CCI

All children below 5 years are provided with free medical care by the Government of Kenya. The same case applies to HIV care and management, and tuberculosis treatment for children as well as adults.

CCIs are responsible for ensuring that:

- All children have medical cover, including those with terminal illnesses or chronic health conditions.
- All children below 5 years receive mandatory vaccinations and growth monitoring as required by the Ministry of Health.
- All children sleep under treated mosquito nets.
- A nurse is available in every CCI - either stationed at the CCI or on call.
- A paediatrician is identified and is available at all times (on call).
- Clear guidelines are in place on the safekeeping of and access to medication.
- If a CCI admits children with disabilities, that there is provision of appropriate appliances, assistive devices and services for the care of the children.
- There is a training programme for parents and caregivers and rehabilitation of children with disabilities or any other child with a special health need, such as terminal illness or chronic health conditions.
- There are clear referral arrangements to medical institutions/hospitals as appropriate.
- Next of kin and, or legal custodian are identified on each child's file and made aware that they could be required to give consent for any major operation or hospital admission.
- One or more staff are given the authority to make decisions on emergency medical operations



Figure 5: Children below five years to receive mandatory vaccinations

and treatment

- No child in CCI is ever be involved in any medical research
- All children in the CCI receive periodical/regular health reviews

Sexual Health Policy

A CCI shall ensure that:

- Children have access to relevant and up-to-date health information and access to child-friendly health services.
- Develop a strategy and guidelines to deal with rape and pregnancy in collaboration with health workers who are trained to deal with children.
- Children and families have access to sexual abuse reporting mechanisms.
- Children have educational support and information on sexuality and adolescent health especially STDs and HIV-related issues.
- Children have access to an HIV/AIDS trained officer, access to HIV/AIDS support, drug, and nutrition monitoring services.

Control of Disease Outbreak and Spread of Infectious Diseases in CCIs

As a preventive measure, all CCIs shall ensure that they adhere to proper hygiene and sanitation protocol such as:

- Not having overcrowded rooms;
- Having well lit-ventilated rooms;
- Making available running water;
- Ensuring that children do not share inner garments such as underwear, or petticoats;
- Develop emergency response procedures for disease outbreaks;
- Ensuring all staff receive basic health education training
- Ensuring children are taught personal hygiene through training that enables them to understand their own bodies.

4.6. RIGHT TO NUTRITIOUS AND ADEQUATE FOOD

All CCIs must:

- Ensure the availability and accessibility of food for all children including those with special dietary needs.
- Provide children with adequate food of a balanced diet.
- Develop a food menu for all days and ensure that food is provided as per the menu.
- Review the food menu periodically to ensure that there is variety in the food.
- Provide proper and safe storage of food as well as disposal of expired and unfit foods. (CCIs should not accept food gifts and donations unfit for human consumption.)

- Ensure the food is prepared and cooked hygienically.
- Employ or outsource at least one person who is trained on food and nutrition to work with the teams that plan, budget, procure and cook for the children.



Figure 6: A balanced and nutritious food has to be served hygienically

4.7. ACCESS TO WATER, SANITATION AND PROMOTION OF HYGIENE

Access to clean water, sanitation and promotion of hygiene will ensure that children grow in a healthy environment and that infections, disease outbreaks and spread are controlled.

CCIs must ensure that:

- There is clean and safe drinking water that is sufficient to meet the needs of both the staff and children.
- Hand washing water and soap are provided in/near all the toilets and eating places.
- Toilets are proportionate to the number of children in the CCI with the maximum ratio of one toilet for 30 boys and one toilet for 25 girls. The toilets should be easily accessible and boys' toilets should be separate from girls' toilets. Staff should not share toilets with children.
- All toilets are safe, secure and ensure privacy.
- Children are taught and acquire good general and personal hygiene habits.
- Children are provided with personal effects such as underwear, towels, toothbrushes and combs and that they do not share them with other children.

- Girls who have started their menstrual period are provided with sanitary towels and taught how to use them.
- In case of an infectious disease outbreak, those infected should be isolated so as to prevent its spread. This should, however, be done with the advice of a doctor.
- The entire CCI compound is kept clean with short, trimmed grass and no stagnant water.
- The CCI waste disposal and sewerage plan and functionality meet the recommended standards stipulated in *Occupational, Safety and Health Act, 2007 and Public Health Policy*.

4.8. RIGHT TO QUALITY EDUCATION

In Kenya, every child is entitled to free primary education. The management of the CCI should ensure that all children are given equal opportunities to access primary education regardless of the child's sex, religion, tribe, health condition or the child's academic performance.

Although education at the Early Childhood Development (ECD) level is not free in Kenya, CCIs have the responsibility of ensuring that children under their care access ECD education.

Children should attend community schools near the CCI so as to promote interaction with the community.

In addition:

- All children must have a Personal Educational Plan (PEP) which outlines the child's special educational needs, if any, including talents and achievements. When developing the child's educational plan, the learning and homework environment must be considered. This plan forms part of the child's Individual Development Plan.
- Each child's education plan must be reviewed jointly by the CCI and the school the child will attend.
- All issues related to the child's discipline while in school must be reported by the school to the CCI and discussed at liaison/review meetings.
- Reference should be made to the ECD policy and CCI responsibilities for ECD education.
- CCIs must devise a plan for post-primary education, secondary, college, vocational training or university education. It is however not expected that children in be in CCI while going through all these stages of education

CCI Education Liaison Officer

All CCIs shall appoint one member of staff to act as an Education Liaison Officer. The officer will be the link between the CCI and all the schools where children from the CCI go to school. The officer will encourage children to attend community-based schools and monitor the child's performance in school and act as the child's guardian..

Running a School

- As good practice, CCIs are discouraged from running schools within their premises. Those running schools should adhere to the Education Act and notify the AAC as required by CCI Regulation 4 (1).
- If an agency is running both a CCI and a school, the management of a CCI shall be separate from

that of the school.

- Children should be encouraged to attend educational tours and these should be budgeted for by CCIs.
- The safety of children on all educational trips to and from school is of paramount concern and the responsibility should be shared equally by both the CCI' and the school.

4.9. RIGHT TO LEISURE ACTIVITIES

All children have a right to leisure and recreation. A monthly leisure plan for all the children in the CCI should be drawn by staff and agreed on by CCI management. Experienced and qualified supervisors should always be present during leisure activities that may be risky such as swimming.

The CCI should make plans to recognise and celebrate children's birthdays. Such celebrations should not be pegged on any condition. During such events, photographs of the event should be taken and a copy(ies) placed in the child's album.

Children should always be consulted regarding their participation in activities and their talents acknowledged and rewarded.

CCIs shall:

- Provide adequate space, facilities and equipment for indoor and outdoor games and sports.
- Promote children's leisure activities such as clubs, dancing, singing, scouts, swimming, and drama among others.
- Promote a reading culture as a means of entertainment e.g. through book reading clubs.
- Supervise children during all leisure activities including when watching television.
- Promote individual talents through exposure to artistic activities that include theatre, drawing, painting, music, and creative writing.
- Promote community integration through sports activities and competitions and through visits from other children and school friends.
- Make time and space for children to be alone for quiet time and meditation.

4.10. RIGHT TO INFORMATION AND TRAINING ON LIFE SKILLS

CCIs must ensure that:

- Children have access to information on their rights and responsibilities.
- Children have guided access to computers and telephones with restrictions to harmful internet sites. An adult should be present in the room with children when they are using computers.
- A children's club or council is established, managed and chaired by the children and a member of staff designated to oversee the activities.
- Children and CCI staff should be given a chance to access child rights agencies and participate in local, national, regional and international children's forums.
- In instances where there are plans to move a child to another form of arrangement such as foster care, adoption or another CCI, the child will be informed and prepared for the change and the

child's family, relatives, siblings, friends and other children in the CCI will also be informed of the intention.

4.11. RIGHT TO PSYCHOSOCIAL CARE AND SUPPORT

The notion "Psychosocial" refers to the dynamic relationship that exists between psychological and social effects, each continually interacting with, and influencing the other.

According to Kenya's Ministry of Health (2008) National Guidelines on Emergency Post Disaster Psychosocial Principles and Response, "Psychological effects" are those, which affect different levels of mental functions including cognitive (perception and memory as a basis for thoughts and learning), affective (emotions), and behavioural functions. "Social effects" on the other hand pertain to altered relationships, family and community networks, and economic status.

To promote the esteem and psychosocial wellbeing of children, security, physical and emotional care should be provided in an environment that encourages their general development. Every child should be made to feel valued and respected.

Every CCI should focus on the provision of high quality and accessible services to support children and their families in meeting their psychosocial needs.

Psychosocial Assessment

Psychosocial assessment should be included in the initial and follow-up assessments. During the initial assessment at the point of admission and immediately after, every CCI should make an effort to conduct psychosocial assessments. The assessments will help in clarifying and identifying the psychosocial needs of the children.

Psychosocial Interventions

On the social aspects of psychosocial support, CCI's should:

- Promote and support interventions which preserve and reinforce the cohesion of the family and discourage any risks of further separating and disorientating children from their families;
- Promote community and family-based care of children in CCIs with the eventual objective being to return them to their families and communities.
- Reconnect children with friends and neighbours, through continuous contact visits and other forms of communication.
- Initiate and continuously support activities that normalize the lives of children, giving them a sense of safety, structure and predictability especially as relates to their future with their families and/or outside the CCI. Possible activities: free drawing, puppet-making and play, drama, singing and dancing, story-telling, and non-formal education such as those related to life skills. These activities also allow for the release of stress.
- Empower the child's family to fulfill its role in meeting the social and emotional needs of their child. This would involve the CCIs facilitating the involvement of parents in caregiver-led support groups and training them on knowledge, attitudes and skills that promote these.
- Work with other agencies to implement life skills and mentoring programmes that will promote the children's social, emotional and intellectual development and help them to acquire relevant social skills that will help them cope, interact with and adapt to society.

For the psychological aspect of psychosocial support, CCIs should:

- Ensure the provision of high quality and easily accessible psychological services for the children in their care, at individual and group level.
- Engage/recruit the services of professional psychologists – clinical, counselling, educational - who work with children and families and are well-placed to contribute to core assessments and to offer a range of services to support children in need and their families. They should also be able to provide debriefing support for staff to enable them deal with psychosocial issues arising from handling different needs and situations in the CCI.
- Assess levels of expertise, experience, knowledge and professional confidence of the staff entrusted with the care of children in a CCI to ensure that they have the relevant qualifications to handle the psychosocial needs of the children.
- After professional assessments have been carried out, CCIs should ensure that children and staff have access to counselling services from the above qualified personnel.
- Every CCI should also invest in the continuous training and development of staff by ensuring that they are trained in all aspects of psychosocial care, are alert to children's vulnerabilities and harmful risks, and are knowledgeable about how to handle the socio-emotional developmental needs of children in their care.
- Have access to updated psychosocial information
- Access to psychosocial therapies including play therapy and specialist bereavement counselling should be made available to children in CCIs.

Life Story Work

This should begin with each child within the first week of admission into a CCI. Life story work is the process through which workers, preferably a social worker, helps a child to learn about their past, present and future in order to make sense of their placement into a CCI.

Life story work must be done by a worker who is trusted by the child and should be on a one-on-one session. They should discuss both positive and negative events in the child's life and collate factual information relating to the child's placement in the CCI.

Life story work must include developing a family tree so as to provide the child with a picture of his/her networks and experiences before admission into the institution. The life story work must continue while the child is in the CCI and must be updated regularly by a social worker.

Photographs marking the child's milestones and important events should be taken and kept in the child's file. The CCI should maintain two albums for each child and keep the child in the know of those photographs. At the point of exit, a child should be given one set of the album.

4.12. RIGHT TO PROTECTION FROM ABUSE, VIOLENCE, EXPLOITATION AND NEGLEGENCY

Child Protection encompasses measures and structures that are set up to prevent and respond to abuse, neglect, exploitation, discrimination and violence against children. Children should be able to grow up in circumstances where they are safe and supported, so that they can achieve their optimal outcomes throughout their childhood, teenage years and adulthood. The Children Act Part 11 Sections 10, 13, 14, 15, 16 and 18, provides for protection of children from child labour and involvement in

armed conflict, harmful cultural practices, sexual exploitation, drug abuse, torture, deprivation of liberty and other forms of child abuse and violence.

Child Protection Policy

CCIs shall develop a Child Protection Policy and Child Protection Procedures in line with the provisions of the Children's Act, 2001. The policy and procedures should be clear on how to prevent children from violence, neglect, abuse, exploitation, child trafficking and discrimination. The policy and procedure shall have clear mechanisms on the prevention of these abuses and clear response mechanisms and procedures that address cases of child abuse, exploitation and discrimination. The tenets of a child protection policy are provided in Appendix Q no. 20.

All staff working in the home, either directly or indirectly with children must be trained in child protection and have a copy of or access to the child protection policy.

Children aged 4 and above shall be instructed in understanding child protection and must be made aware of child protection/staying safe strategies.

Children aged 4 and above must be instructed on the Complaints/Reporting Procedure which must be openly available and accessible at all times

Child Protection Focal Person

Every CCI shall appoint one of the staff members to be a Child Protection Focal Person whose role will be:

- To check that every staff member has received orientation on Child Protection (CP) practice upon employment.
- To check that all children aged 4 and above have received instructions on and understand child protection, how to stay safe and procedures on how to report abuse and neglect cases.
- To receive information on cases of child abuse, exploitation and discrimination and ensure that additional information is sought as appropriate.
- To follow up and ensure that formal referrals are completed appropriately for each case.
- To assess child protection risks and bring these to the attention of management.
- To ensure all child protection concerns are recorded on the Incident Record Form (Appendix Q no. 13) and filed in the Child's File or Staff File as appropriate and in the Major Incidence File.
- To maintain contact with relevant persons in the district that are concerned with child protection issues e.g. DCO, Police Service, Child Protection Centres (CPC) among others.

The child protection focal person of each CCI should be known to the DCO in their district.

Guidance on Behaviour Management

CCI shall:

- Endeavour to promote positive values and behaviour in children.
- Have rules that govern children's behaviour in the CCI and a Behaviour Management Procedure that clearly outlines steps to be followed in handling a child with behavioural difficulties. Children must be involved in making the rules and must be made aware of these rules and the Behaviour Management Procedure.

- Have a multi disciplinary team that deliberates and makes decisions on how to handle a child with behavioural difficulties.

All staff must be trained on different possible behaviours to help them maintain positive attitudes and approaches when handling the behaviours.

Caning, corporal punishment or any form of bodily harm shall not be used to discipline any child in a CCI.

Priority will be given to the guidance and counselling of the child before any other forms of discipline are handed out. Other forms of discipline may include:

- Time-out;
- Peer dialogue and counselling;
- Giving the child responsibilities. This may include appointing the child to be a prefect, head of certain clubs in the CCI etc. This will help the child develop self esteem and therefore strive to be a disciplined child due to the position/ responsibility assigned to them.

Management should reward children who behave and observe rules including problematic children who have changed their negative behaviour so as to encourage others to change.

The management shall supervise all staff disciplinary actions on children.

Difficult and unmanageable behaviour shall be referred to a District's/Area Multi-Disciplinary Team set up by the DCO and whose members will include the DCO, a CCI representative who understands the child, a school representative, a child psychologist, and a representative from probation office.

Major behaviour management incidences of a child and disciplinary measures taken should be recorded and filed in the child's file.

Complaints Procedure

All CCIs shall have a complaints procedure which will include designating a different focal person for boys, girls and staff. As provided for in Section 16 of CCIs Regulations, the procedures shall provide opportunity for the informal resolution of complaints at an early stage, for dealing with complaints about a person in charge or in a position of authority, and for handling complaints made by a person on behalf of a child.

The procedure shall state clearly the channel to be used by the various groups when reporting complaints

A child will be informed that they may report any complaints to a persons they feel free with. This can be:

- A social worker
- A manager
- Any staff with whom the child is confident or trusts
- Members of the management
- The child forum/council
- The child protection focal person
- A parent/guardian

- The Child Helpline (116)
- The Police
- The DCO

CCI Management shall:

- Establish forums for open discussions
- Have a complaints box that is easily accessible and with a designated key holder (preferably an older child nominated by other children or an AAC member).
- Have clear reporting procedures that all children are aware of and they should be informed that they can report any complaints, even against the manager
- Ensure that all the children have access to Child Line (116) and reporting channels as detailed in this section of the manual.
- Encourage children to evaluate staff performance periodically and anonymously especially on how they deal with them and their complaints.

Prevention and Response to Child Abuse and Exploitation

CCIs shall not engage or use any child under their care in any form of abuse including exploitation for financial gain.

All children of age 4 and above shall be sensitized on all forms of abuse and how to report them.

The DCO and AAC members will be on the lookout to ensure that no CCI within their jurisdiction exposes children to any form of abuse and exploitation.

Child abuse is defined as the deliberate act of ill treatment that can harm or is likely to cause harm to a child's safety, well-being, dignity and development. Abuse includes all forms of physical, sexual, psychological or emotional ill-treatment.

Child exploitation is defined as the use of children for someone else's advantage, gratification or profit that often results in the unjust, cruel and harmful treatment of the child. These activities are to the detriment of the child's physical and mental health, education, and moral or social-emotional development.

Sexual abuse is defined as all forms of sexual violence including incest, child marriage, rape/defilement, involvement in child pornography, and sexual slavery. Child sexual abuse also includes indecent touching or exposure, using sexually explicit language towards a child, and showing children pornographic material.



Figure 7: Children should not be taken advantage of in profit making activities

When a child has been sexual abused/defiled, the CCI management must ensure that;

- The child is taken to a health facility for medical care within less than 72 hours after the abuse.
- Investigations are initiated within 24 hours of the reported abuse and that all legal actions are taken against the abuser as stipulated in the Sexual Offences Act, 2007.
- The District Children Officer and Board of Trustees are informed about the incident.
- The child is protected to prevent further contact with the alleged abuser.
- All details of the abuse and action taken are recorded and filed in 'child's file' and also in the 'major incidence file'.

Sexual exploitation of children is the abuse of a position of vulnerability, differential power, or trust, for sexual purposes. This is usually done for the purposes of profiting monetarily, socially or politically as well as for personal gratification. Examples include child prostitution, trafficking of children for sexual purposes, sexual slavery, child pornography which include use of children for the production and sale of pornographic materials or placing their images on pornographic websites.

Child trafficking is defined as the giving out of children for monetary gain and a CCI may be used by traffickers as a conduit for children en-route to other countries or destinations. Children who are trafficked may be used for child labour, to traffic drugs, for commercial sexual activities, pornography production and for scientific experimentation. In some instances, trafficked children are offered for adoption to unsuspecting adoptive parents.

To counter child trafficking, CCI management shall ensure that:

- Details of every child who is admitted in the CCI, even for an overnight stay are recorded in the 'Entry and Exit Register Book'. The book shall be stored in a secure place by a designated person.
- Every entry and exit of a child in a CCI is reported to the DCO in the Monthly/Population Return Form (Appendix N).
- No CCI shall pre-select children for admission with the aim of offering them for adoption to generate income.
- No child shall be given a name similar (especially surname) to that of CCI personnel or board of trustee members and their birth certificates, should not bear the name of any employees, member of board of trustee or any other person who is not the biological parent of the child. The CCI should be aware that in cases of adoption, an adoption certificate and not a birth certificate, is issued by Registrar of Births and Deaths.
- All transfers/movements of children from one CCI to another must be formally reported to the DCO. When the transfer/movement is from one district to another, DCO from both districts shall be formally informed on the number of children, their details that include the original CCI and those of the final destination.
- All children know what child trafficking is, how and why it happens, and how to avoid and report child trafficking when it happens.

Bullying is any action or statement that causes psychological or physical displeasure to a child.

To counter bullying, all staff must be trained to recognise and prevent bullying behaviours. Those children found to be bullying others must be subjected to Behaviour Management Procedures.

All children shall be sensitized on issues of bullying and instructed on procedures of reporting (as stated above) when they are bullied.

Protection measures must be put in place to protect children and staff who report bullying.

Child labour refers to work that is mentally, physically, socially or morally dangerous and harmful to children; and interferes with their growth and schooling. CCIs should familiarise themselves with the draft National Child Labour Policy so as to recognize and help eliminate child labour especially in its worst forms such as slavery, sexual exploitation, forced labour, hard work and other tasks that are beyond the mental and physical stages of the child.

Child labour for economic gain is the involvement of children in work for the purposes of bringing an income to a CCI or as a way of a CCI avoiding spending money on certain activities by using children to perform such activities. Child labour should be differentiated from life skills training where children are taught to undertake activities that will improve their ability to care for themselves and their surroundings. These types of life skill activities should be appropriate to a child's age and their individual abilities.

Examples of child labour may include; *use of children for fund raising activities such as begging in the streets, appearing on the website as destitute children, involvement in farm activities that bring commercial gain to the CCI among other exploitive activities.*

To counter child labour, information and training must be provided to all staff to ensure that they are aware of the concerns related to child labour and how to avoid the vice. Links should be made with relevant NGO's working to prevent child labour. Children should be made aware of what child labour is and how and why it happens including how they can avoid and report it.

Harmful cultural practices are cultural activities that impact negatively on a child's physical, emotional and behavioral development, their general health, his/her family and social relationships, self-esteem, educational achievements and aspirations.

A CCI shall protect all children in their care against harmful cultural practices. In Kenya, such activities include child marriages, female genital mutilation and cutting, traditional circumcision rites for boys that exposes them to unhygienic and health risks including death, and sexual relationships with adults or other children.

Where the CCI management has information that a child's family or relatives intend to expose a child to such practices, the management will report this to the DCO and the police. In addition, the CCI shall not release the child to the family unless his/her safety is assured.

Response to Child Abuse and Exploitation

In response and in treatment and handling of children who have been abused or at risk of being abused, the Management of the CCI shall:

- Follow Child Protection policy and procedures;
- Depending on the type of abuse, remove child from the source of abuse to avoid any possible repeat of the abuse or intimidation;
- Use existing reporting channels to inform the police and DCO about the abuse.

Overnight Stays

All overnight contact must be fully assessed and approved by senior management of a CCI in line with the Child Protection Policy. Overnight stays should only be agreed to once it is clear that the child has a good and trusting relationship with the overnight carer. The caregiver must be informed of the Child Protection Policy and made aware that the child should not be harmed or ill treated whilst in their

care. Any injuries occurring during an overnight stay must be treated by a doctor or at a hospital and reported to the CCI immediately. All overnight stays must be recorded and filed in the child's file.

Missing from CCI

All CCIs will ensure that there is enough security to ensure the children's safety and protect them from intruders. This will include having parameter walls around the facility and having qualified security personnel on patrol at night and during the day

When a child goes missing from the CCI, the CCI Management shall:

- Report to the DCO within 24 hours and provide a photograph of the missing child.
- Report to the Police within 24 hours and also provide them with the child's photograph.
- Inform all the child's family, relatives and friends.
- Record the details of the incident and actions taken to trace the child and this report must be filed in the child's file and the Major Incidence File

Personal Care of Young Children

Children should only receive personal care from staff of the same sex so as to avoid possible abuse. Staff of opposite sex from that of the child must never be involved in the personal care of any child. Children

When a Child Gets Pregnant in a CCI:

While sex education is offered in schools, all CCIs shall ensure that there are efforts to provide children with extra sex and life skills education appropriate to their age. This should include education on the consequences of early sex, sexually transmitted diseases, and self awareness.

If a child gets pregnant while in a CCI, the Management will ensure that:

- The case is reported to the DCO for appropriate advice to be given
- The child is treated in a humane, dignified and respectful way(best interest of the child and the other child)
- The pregnant child attends to all antenatal and post natal services
- That the safety of both the mother and the baby are assured and that their rights as children are guaranteed
- If the CCI knows of another CCI or agency dealing with young mothers, the child and her baby should be referred there.
- The child mother should continue with her education after giving birth.

If the child got pregnant by an adult in the CCI or in the



Figure 8: The child mother's rights are to be guarded.

community, the CCI should initiate the normal legal procedure including reporting the case to the DCO and the police.

If the child got impregnated by a fellow child, both the boy and the girl should be counselled or rehabilitated as appropriate in consultation with the DCO.

Circumstances surrounding the pregnancy and what takes place thereafter must be recorded and filed in the child's file and Major Incidence Report File

Room Searches and Child's Privacy

Children are entitled to a level of privacy and this should be respected by staff and the adults around them. All room searches, if necessary, should be conducted by staff of the same sex as the child and in a dignified manner.

4.13. CHILD'S LEGAL RIGHTS AND ACCESS TO LEGAL AID

There are many ways in which a child may be involved in a legal system. These include:

- As a child offender.
- As a witness.
- As a victim of crime e.g. in instances where a child has been abused.
- As a 'subject' of a legal process such as a custody case, adoption case, family inheritance dispute, or child neglect case.

The State may provide legal representation for the child as per Section 77 (1 and 2) of the Children Act.

A CCI shall work with other relevant actors to counsel and prepare children to appear in court and cope with the related trauma.

The CCI shall work with family and communities to ensure the legal rights of children under their care are protected. These rights include:

- Right to birth registration. The CCI shall work together with the DCO and Registrar of Persons to facilitate the acquisition of birth certificates for children who do not have one.
- Right to inherit family property.
- Right to a national identification card for children aged 18 and over.
- Right to legal representation.

Police Involvement When a Child Commits an Offence

According to the Fifth Schedule 4(1) of the Children Act, 2001, no child shall be in police custody for more than 24 hours. Even when in police custody children should not be held in the same room with adults or with children of the opposite sex.

The Management of a CCI shall inform the DCO of all cases that involve the police. The DCO will provide guidance on all action to be taken from the moment he/she is informed.

If a child is already in police custody, the police should immediately inform the DCO and the CCI Management of the situation. Depending on the nature of the child's case, if the child is returned to CCI a record of the events shall be prepared and filed in child's file and Major Incidence Report File

respectively. Future care and management of behaviour, or any other concerns related to the child shall be reviewed by staff at this point.

If there are on-going behaviour management problems of an individual child that poses a risk to the other children or staff in a CCI, then the district Multi-Disciplinary Committee will meet to discuss the issue and agree on a way forward. The DCO and the Manager of the concerned CCI must attend this meeting.

Parents and/or guardians must be involved in any police/court process.



Figure 9: The management to involve the DCO in matters concerning police.

4.14. PHYSICAL SAFETY OF CHILDREN

Disaster Prevention, Preparedness and Mitigation

Section 25 of CCI regulations requires that the management ensures that the CCI premises are safe and secure and suitable for child habitation.

CCIs should not be established in areas that are prone to natural and man made disasters such as:

- Floods, severe drought, mud and land slides,
- Riverbanks,

- Road reserves,
- Regions with enhanced insecurity due to, among other factors, civil and political power struggles, Garbage dumps, wastelands or close to industrial waste.

Risk Assessment Policy

Every CCI shall have a risk assessment policy which clearly stipulates:

- The intervals at which risk assessment exercises will be undertaken.
- The trainings to be provided to every staff and children on disaster prevention, preparedness and response. All staff should be aware of possible emergencies relating to acute food shortages, disease outbreak, fire, floods, earthquake or tremors, landslides and the collapse of buildings.
- The need to designate an emergency focal person.

Emergency Focal Person

Every CCI shall designate an emergency focal person, whose roles will include:

- Ensuring that all staff receive training on disaster prevention and preparedness.
- Ensuring that all staff and children receive fire rehearsal drills.
- Ensuring that children of age 4 and above are sensitized on how to prevent disasters from happening and what they should do if a disaster occurs.
- Ensuring that emergency services telephone numbers are displayed in conspicuous places around the CCI.

Risk Assessment

Risk is defined as a situation of vulnerability with a high potential and likelihood of incidents occurring. Every CCI shall undertake a periodic risk assessment to determine the possibilities of a disaster happening in the CCI. After the assessment, preventive measures and responses to be taken should a disaster occur must be discussed. The assessment should include assessing the:

- buildings in CCI including the design, furnishings and layout of the building taking into account specific use, and if there is provision for disability access;
- lighting, ventilation, heating and cooling systems;
- disposal of general and clinical waste and clean environment issues.

Fire Risk Assessment and Fire Breakouts

As per requirements of Section 26 of the CCI Regulations:

- Regular fire drills must held in all CCIs and a register of residents must be taken and everyone accounted for when everyone is in a safe place (that has been identified in advance and is known to all).
- Fire evacuation procedures for children with disabilities and staff responsibilities must be clearly outlined.
- All CCIs must have suitable fire fighting equipment including fire extinguishers).

- Clearly identifiable and adequate fire escapes to be labelled for immediate and safe escape to agreed meeting point (safe area).
- All CCIs must make arrangements for detecting and containing fires and reviewing possible outbreaks.
- CCI should be knowledgeable on how to respond immediately when a fire breaks, e.g. besides exiting all staff and children, use available materials to put off the fire including extinguishers, sand, and blankets.

Note: It is recommended smoke detectors be installed in every room and batteries changed every 12 months and fire drills be held every four months and recorded. Where possible, two 'fire marshalls' from among the older children will be appointed from every dormitory, room or building to assist staff during a fire outbreak. The fire marshalls will ensure among other things that all children evacuate the rooms/ building and congregate at an appointed safe area far from danger.

Electricity, Gas and Glass Safety

- All electrical work must be undertaken by a qualified electrician and power surge controls should be fitted on all equipment such as refrigerators, television and computers.
- All power switches to be turned off when not in use.
- All live wires to be reported to the manager and recorded as a risk and repaired immediately.
- Gas cylinders to be installed outside of the building and switched off when not in use.
- The piping from the gas cylinder to the cooker should be checked periodically for breakage or leaks.
- Gas leaks to be reported and repaired immediately.
- Broken glass should be collected and disposed of in a pit latrine or an alternative deep pit dug within the CCI compound.



Figure 10: Children to be protected against any endangering situations.

Security at Work

- An anti-violence statement is to be issued by all CCIs stating clearly that violence will not be tolerated by adults or children.
- All CCIs should have both day and night security and surveillance to ensure the safety and well-being of all children.

First Aid Kits

- All CCIs must have several accessible and fully equipped First Aid Kits.
- First Aid Kits should be placed in conspicuous points and checked regularly to ensure that medicine and other items in the kit do not run out or expire and are adequate to address any kind of emergency
- All staff must be fully trained in basic First Aid skills and this should be part of the induction / orientation process upon employment.

Premises in CCI

All premises must adhere to safety standards as provided for under the Architects and Quantity Surveyors Act Cap. 525, Laws of Kenya and other relevant statutory legislation. Examples include:

- All doors and windows must open outward
- Having no slippery floors
- Other building planning requirements

Natural Disaster/Incidence Reporting

When a disaster happens in a CCI, the Management shall report to the DCO and include details such as how it happened, number of deaths, injuries, damage to property, action taken and any other important incidences observed during the disaster

- A copy of this report shall be filed in the 'Major Incidence Report File'

4.15 CHILDREN'S ACCOMMODATION

Premises

CCI management shall ensure that all premises used by children are:

- Well lit, ventilated and are adequately warmed or cooled as necessary
- Secure from unauthorized persons
- Kept clean and decorated in a child friendly manner and reasonably maintained
- Well constructed and kept in good structural repair
- Useable and accessible to children with disabilities and other special needs.

Personal Care Facilities

Every CCI shall ensure that it has:

- Adequate washing facilities, wash basins and showers
- Suitable numbers of toilets for both boys and girls. These should be separate for boys and girls and staff should never share toilets with children
- Adequate sleeping place for all children with each child having his/her own bed
- Safe play spaces and sitting, dining and general recreational space

Privacy and Security of a Child's Personal Belongings

Each child of age 6 and above must have their own place for safe keeping and privacy. This may be a lockable and secure box or drawer.

The child's box should be accessible to the Management for supervision.

Petty Cash/Pocket Money for Children

- Children shall be given pocket money in appropriate to the child's age and level of education. All children attending primary and secondary, boarding school, colleges and university must be provided with pocket money.
- Children should be offered practical training in budgeting and financial management.

4.16. CHILD PARTICIPATION

Child participation encompasses allowing a child the opportunity to express his/her views, involving, being part of, and taking a lead in order to influence decision making and achieve a change in all matters affecting their lives (Refer to the Child Participation Guidelines).

Children can participate in matters that affect them to different degrees, depending on their evolving capacities.

It is important that children be:

- Involved in giving their background information at the point of admission (this will depend on the age of the child).
- Involved in developing rules for running CCIs.
- Involved in evaluating the performance of all staff.
- Given a chance to discuss menus and their nutritional value, with the guidance of relevant staff.
- Given an opportunity to suggest places to visit during educational and leisure trips. Child representatives should be involved in the planning of such trips.
- Given a chance to participate in community activities within the CCI's neighbourhood. Such activities may include religious activities, environmental protection campaigns, functions to mark national public holidays, among others.
- Given opportunities to speak for themselves on their hopes and fears, their achievements, dreams, the impact of adult behaviours on their lives among others. This can be achieved through working with child rights agencies and participating in public speaking fora.
- Be encouraged to participate in media through radio, television, print and the Internet by getting involved in activities such as quizzes, drama, letter writing, internet chats, and essay competitions among others.
- Involved in the decision making process that will determine where and with whom they will live with after exiting the CCI.



Figure 10: There should be adult supervision whenever children are allowed internet access.

Rules for Child Participation

As provided for in the guidelines for child participation, the rules include:

- Mutual respect
- Access to information
- Protecting children
- Equal rights to participate
- Appropriate methods
- Selecting which children participate
- Giving feedback to the other children after meeting/event

Child participation does not involve:

- Suggesting to children what they should think or say;
- Thinking adults have nothing to learn;
- Devaluing adults' experience and expertise;
- Using children to do adults' work;
- No rights for adults and no duties for children;
- Handing over all power to children;
- Keeping things the way they are now.

Selection Criteria for Child Participation

The selection criteria for child participation should be based on age, non discrimination, and evolving capacities of the children. They should be based on:

- Ability to fully understand the nature of participation and be able to voluntarily agree to participate.
- Experience and knowledge of issues to be discussed.
- Confidence and ability to express themselves clearly in English, Kiswahili, or any medium or language that may be used for the process. Where this is not possible, all efforts should be taken to address the communication problem.
- Knowledgeable on children issues.
- Respectful to both fellow children and adults.
- Aged less than 18 years.
- Active and able to interact with children from different backgrounds.
- Ready and willing to take up any responsibilities that may be assigned to them.

Recommended Accommodation and Welfare Facilities for Child Participants

- For a venue to be considered child-friendly under these guidelines, it should:
- Be in a clean environment with proper sanitation.
- Be close to an appropriate health facility or have emergency First Aid kits.
- The organizers of the event shall also ensure that the children have an appropriate health insurance cover or appropriate medical cover for the duration of the event for children traveling out of the country.

Recommended Transportation

- During the transportation of children from one place to another, the following issues shall be considered:
- Children shall be provided with the safest, most comfortable and secure transport as stated in the Traffic Act Cap 403.

- Every vehicle used for carrying children shall be insured appropriately and meet all legal requirements.
- In the case of Public Service Vehicles (PSVs), they shall be from transport companies which are duly authorized by the law to transport passengers.

Age Consideration

Age should be considered when engaging children in the various and different levels of activities.

- under 5s (require special care and attention)
- 6-9 years (require special care and attention)
- 10-12 years (pre-teen category)
- 13-16 years (adolescents)
- above 17 years

Parental/Guardian Consent

Parent's/guardian's consent should be sought before involving children in activities.

Inclusiveness

In order to ensure maximum representation and participation, the selection of children should be all inclusive and provide equal opportunities for all children.

Chaperons

A chaperon is an adult who accompanies a child or young person to an event for the purposes of guiding and taking care of the child.

Children going out of a CCI for activities, tours, or travel shall be accompanied by chaperons. Girls should have a female chaperon, and boys a male chaperon.

Child's Contact With Friends

CCIs shall support children in maintaining contact with friends who live outside the CCI. Contact should be guided and supervised by relevant staff to avoid the possibility of the contact jeopardizing a child's behaviour or the running of the CCI.

4.17. EXIT STRATEGY/LEAVING CCI CARE

Definition

An exit strategy is the systematic and detailed plan describing how a child will eventually leave the care of a CCI. A child's exit strategy/plan states the short term and long term activities to be undertaken throughout their stay in CCI. The strategy and plan ensures that the child leaves/exits the CCI in the shortest time possible.

The implementation of an exit strategy is the process in which a child leaves or transits from a CCI in an explained, planned and sensitive manner. The Management of a CCI is responsible for the preparation, transitional arrangements, and after care follow up of each child.

An exit strategy or plan is developed at the point of developing an ICCP after taking into account the child's individual needs as identified during the initial assessment of the child on admission as per Appendix C and D.

The strategy shall have a clear timeline and deadlines and will identify (by name) the person who will be responsible for the implementation and follow up.

Depending on their age, maturity and the understanding of a child, they must be informed of preparations, efforts and progress being made towards their exit from the CCI. Children shall be consulted on all care decisions and arrangements being made for them.

Circumstances Under Which a Child Should Exit a CCI

A child shall exit a CCI when:

- Returning to family after successful family reintegration initiatives
- CCI has successfully identified alternative family based care
- A child's committal period has expired
- A child has attained the age of 18 years
- A referral has been made to enable child to receive specialised services outside the CCI.

Different forms of Exit Strategies

Based on the UN Guidelines for Alternative Care of Children, 2009, the CRC and the Children's Act 2001, the family is recognized as being a fundamental group of society and the natural environment for the growth, well-being and protection of children. Therefore, efforts should primarily be directed at enabling the child to remain in or return to the care of his/her parents, or when appropriate, other close family members. This implies that CCI's should strengthen the system and capacity for reintegration of children into their family and communities.

Where a child cannot be with their biological parents and other relatives, it is recommended that alternative family based care arrangements be sort, especially adoption, which offers a child a permanent family.

i) Family Re-integration

This is the process where efforts primarily focus on returning a child back to their biological parents or relatives. Depending on the child's circumstances, the process entails:

- a. Tracing the child's family and relatives if their whereabouts are unknown. This includes cases of abandoned children, lost children or in some instances, double orphans.
- b. Family mediation. This is a situation where the social worker engages family members in a process that highlights the importance of family members living with their child. It may also involve talking to the child especially when the child is unwilling to go back to his/her family.
- c. Undertaking social and economic assessments to determine causes that may have led to the separation from parents/family in the first place and finding ways of addressing the causes.

Preparing the child for reintegration

The child should be involved in the entire family re-integration process.

- The staff should conduct child assessments that are based on a thorough understanding of the developmental needs of children, the capacities of parents/caregivers to respond appropriately to the needs and the impact of wider family and environmental factors on parenting capacity and the child's development.
- Assessments should be followed by the development of the child's care/treatment plans that match the needs of the child and that of their parent/caregiver.

Preparing the Parent/Caregiver for reintegration

Staff should also conduct family assessments to ascertain the ability of parents/caregivers to ensure that the child's developmental needs are being appropriately and adequately responded to, and adapted to meet his or her changing needs over time.

- Interventions to build the parenting capacity of parents/caregivers should be put in place and should include the provision of psychosocial care and support, parental education and the use of parent/caregiver support groups.

ii) Alternative Family Based Care Arrangements

This can be explained as the short-term or long-term placement of a child into a family environment with one consistent parent/caregiver, a nurturing family environment where children are part of a supportive kin and community.

Alternative family based care can be provided in the different situations listed below when the child cannot be with birth parents due to various reasons. Alternative family based care is foster care which is organised by the DCO, in liaison with the management of the CCI or rehabilitation school. Adoption is ordered by the High Court and guardianship by a lower court.

It is highly recommended that children below 3 years be placed with a family rather than CCIs.

- a) **Foster care:** Foster care is the temporary placement of a child with a person who is not a child's parent, relative or guardian who is willing to undertake the care and maintenance of the child. Foster care is provided for in Part XI and Fourth Schedule of the Children Act and is done by the Director of Department of Children Services (or his designated officer - the DCO) jointly with the Manager of a CCI or rehabilitation school in which the child was committed by the court. The District Children Officer is charged with the responsibility of monitoring a child's welfare while the child is in foster care.

This formal foster care is meant to be a short term solution while permanent family care arrangements are being sort. Foster care must cease when the child attains 18 years.

- b) **Kinship foster care:** This is a family based care arrangement where one of the relatives (or kin) of the child offers to stay with the child. Kinship foster care is widely practiced in Kenya especially

with double orphans. There are no legal requirements in this form of arrangement. In some instance, the family members agree on whom among them will stay with a child who cannot be with his/her biological parent(s).

It is recommended that CCIs work with a child's immediate and extended family/relatives in identifying which one of them will be the kinship foster parent.

- c) **Guardianship:** A guardian is a person appointed by the will or deed of the parent of a child or by a court order to assume the parental responsibility for a child upon the death of the parent. A guardian can be appointed either alone or in conjunction with the surviving parent of the child, or the father of a child born out of wedlock who has acquired parental responsibility in accordance to Children Act. A guardian can be appointed for the child or for both the child and the parent's estate.

While planning the exit strategy for a child whose parents are still alive but are terminally ill, the CCI must encourage such parents to appoint guardians for their children through a will. Such wills should include a list of family property that the child is entitled to inherit. The CCI should seek legal advice on wills and deeds and other matters of succession relating to the child.

- d) **Adoption:** This is considered to be a permanent and long term family based care arrangement in which a child is given the opportunity to acquire new parents who will be his/her life-time parents. When a child is adopted, he/she is the same as one who is born of the adoptive parent(s).

Adoption is the complete severance of all legal relationships between a child and his/her biological parent(s) and the establishment of a new legal relationship between the child and his/her adoptive parent(s). Adoption is final and irrevocable and cannot be reversed once ordered by the High Court.

All adoptions are should be arranged by a registered Adoption Society. The society has the responsibility of assessing the suitability of prospective adoptive parents, declaring that a child free for adoption, and matching the child with prospective adoptive parents. All adoption cases must be heard by the High Court which issues an Adoption Order after being satisfied that all requirements and procedures have been fully followed as per the provisions of Children Act, Part XII and The Children (Adoption) Regulations, 2005.

Adoption can either be local or international. In a local adoption a child is adopted by adoptive parents who are of the same nationality as the child. In a local adoption, a child does not change his/her nationality after adoption orders have been issued. An adoption is considered to be an international adoption when a child is adopted by parents who are of a different nationality. In such cases, when an adoption order is issued by the High Court, the child's nationality changes to that of the adoptive parents and he/she ceases to be a Kenyan citizen.

Before a child is offered or declared free for adoption, there must be proof to show that:

- o his/her biological parents are dead,
- o if the child was abandoned or lost, that all efforts to trace his/her parents or relatives were unsuccessful,
- o if one or both biological parents are alive, consent from them offering their child for adoption must be obtained in writing. Refer to consent Form in Appendix B.

In order of preference, the following is recommended:

- o adoption by their parent if one of them is alive,
- o adoption by one of his/her biological parents' relatives, hence kinship adoption,
- o adoption within the community that the child came from,

- o adoption by a citizen of the same country as the child,
- o adoption by an international adoptive parent.

CCIs are not authorized to make any adoption arrangements and must therefore work with registered adoption societies to implement adoption as a form of exit strategy. The adoption societies are required to renew registration every year to enable them engage in the adoption process. It is therefore important to confirm that an adoption society is registered before working with them. See Appendix M for the contacts of registered adoption societies (2010).

iii) Community based care arrangements

Supervised independent living arrangement: This is an arrangement where children stay within the community in one homestead supervised regularly by an adult in the community. This form of arrangement helps children to live in a family-like arrangement with the older children taking care of the younger ones. It helps children bond together and feel a sense of identity and belonging and also gives them a chance to live in a normal community environment where they can enhance their life skills and interactions.

CCIs shall work with neighbouring communities to set up such programmes especially for older children who have missed out on opportunities for family reintegration or alternative family based care placements.

Discharge Arrangements

To ensure that every child's exit plan is handled in a professional, humane and dignified manner, every CCI shall establish an Exit Review Committee which shall meet at least once a month and whose membership shall include:

- Manager of CCI
- A social worker
- One administrator (for purposes of recording and filing)
- Parent/Guardian
- CCI care giver, i.e. housemother/housefather

The role of this committee is to:

- Monitor trends on the overall performance of the CCI on the implementation of the exit strategy for children under their care.
- Keep track of the number of successful cases, and those that have not been concluded on time.
- Ensure that the best choice of exit strategy for each individual child has been made.
- Ensure that the opinion of each child, depending on age, maturity and their ability to understand, regarding his/her alternative care arrangements, is taken into consideration.
- Ensure that all arrangements for placement have been fully completed and that the new care arrangement is suitable and protective of the child.
- Review all follow up reports of all exited children from the CCI for at least 18 months after they exit the CCI; and determine whether the child should still stay in their new care arrangement or if they should be withdrawn from the care. The Committee shall use the After Care Follow up Form (Appendix K) and the Child Status Index Tools (Appendix L) including listening to the officer who

undertook the follow up visit to determine the case. Should there be a decision to remove the child from the new care arrangement, the DCO shall be informed of this decision before the child is removed from such care.

- Ensure that the CCI maintains and updates every exit in the Admission and Exit Register (Appendix Q no. 19).
- Ensure that an Exit Certificate (Appendix J) is issued for every child and a copy filed in the child's file.

In the event that the child requires an extension or revocation of the care/committal order, this should be based on a review of their needs.

Final Assessment

A full assessment and report of the new home and its suitability for reintegration must be completed by a social worker or key staff assigned to the child. The result of this assessment must be shared with the Exit Review Committee at least four weeks before the child's placement so as to allow for any adjustments or key decisions to be made.

Aftercare Supervision Strategy

All CCIs must develop programmes for the aftercare services for each child leaving their institution. This is to ensure that the child is adjusting well to the new placement arrangement and that their welfare is well taken care of.

Before a child leaves a CCI, a written aftercare follow up plan indicating the dates and frequency of visits to the new home must be developed and endorsed by the Exit Review Committee. An individual CCI officer, preferably a social worker or a key worker assigned to the child will be responsible for implementation of the aftercare follow up plan.

The officer carrying out the follow up visits to the child's new home will use the Child Status Index Tool (Appendix L) to assess the care and development of the child. This tool will help them fill the After Care Follow Up Form (Appendix K) which summarizes the findings of the follow up visit.

The Exit Review Committee will review all follow up reports and:

- Ensure CCI's also develop follow up mechanisms and community support structures for children and families which will include ongoing home and school visits to provide support to children as well as their families. This will provide an opportunity for the staff to assess the cohesiveness and adaptability of the families and put in place interventions if necessary.
- Oversee the progress and resettlement of children and make the necessary adjustments.
- Engage in resource mobilisation and the overall awareness of the community reintegration process.
- Ensure CCIs provide information to the DCO on all child exits.
- Give a timescale on the monitoring period of those exited to the community (depending on individual child's situation). The minimum period should be six months.
- Ensure all details are added to the DCS Form and that the report to the DCS indicates the number of children that have been exited.
- Ensure that CCIs have revoked care/committal orders once a child is exited from a CCI before the expiry of the orders.

Support and Assistance for Older Children

It is recommended that a CCI starts and strengthens programmes to support children, especially older children, as they prepare to exit the CCI. Support may include:

- Preparation and counselling of the child on the new arrangement.
- Supporting educational and vocational training.
- Facilitating the acquisition of national Identification Cards (ID) for exiting children.
- Support the improvement of life skills and employment skills.
- Provide, whenever possible, financial and material support and training e.g. advice on starting a business and financial management.
- Initiating the opening of a bank account, and support in saving money in the same.

5

MAINSTREAMING AND CROSSCUTTING ISSUES

5.1 Children With Disabilities

5.2 Gender Issues

5.3 Working With a Childs Family



5.1. CHILDREN WITH DISABILITIES

In this manual, a child with a disability will be regarded as a child who has certain restrictions or lack of abilities to perform an activity in a manner considered normal for children of a similar age, or age-group as a result of physical, mental, emotional or other health conditions and environmental factors (Refer to the Disability Act, 2003)

It is important that the users of this guideline consider the following factors which influence or determine social constructs of disabilities and special needs in all children.

- Underlying cause of disability in the child if known,
- Degree of severity and nature (how severe and continuous) and estimated duration of disability or impairment,
- The specific needs of each child with disabilities in terms of the following:
 - o Assistive and supportive devices
 - o Other aids and equipments
 - o Personal/individual aide/assistance
 - o Services needed
 - o Met and unmet needs
- Quality of life for each child and comparisons such as:
 - o Health conditions (living)
 - o Prevailing social economic conditions
- Barriers to a child's full and equal participation in society in areas such as:
 - o Education
- Full access and inclusion in education system
- Informal education
- Vocational training
 - o Social integration in communities and schools
 - o Access to a transport system, community, environment and service facilities

5.2. GENDER ISSUES

Gender refers to the socially constructed images, roles and schemas for men, women, boys and girls. Gender constructs may differ based on age, social class, religion, culture and geographical location.

CCIs must familiarise themselves with the National Policy on Gender and Development and the Sessional Paper No. 2 of 2006 on Gender Equality and Development available in the Department of Gender and Social Development, Ministry of Gender, Children and Social Development.

The key areas CCIs must pay attention to:

- Ensure at all times that their institutions observe gender specific needs, priorities and other issues.
- Carry out gender analysis of their children and staff to determine the areas that require attention.
- Avoid all forms of gender based violence, discrimination and exploitation. Where this occurs, appropriate action must be taken.
- Undertake gender disaggregation of data and other information so as to capture issues relating to boys and girls.

5.3. WORKING WITH THE CHILD'S FAMILY

CCIs must encourage bonding (if it is in the best interest of the child), between children and their parents if they are alive, with their siblings and extended family, through among others, regular face to face contact.

Parents, if and when they are found, should fully participate in the care of their child/children and be involved in the decision making process concerning the child.

The CCI will have clear mechanism of ensuring that the child and parents/family are in regular contact with a minimum of a face-to-face meeting once every 2 (two) months. This is essential for a successful environmental adjustment and as a strategy for reintegration. A record of such contact visits should be recorded in the Record of Visits and Correspondence (See Appendix P).

Each child should have a life story book which contains the 'life story work' and 'family tree', maintained and updated through family contact. Regular family photographs should be taken and copies kept in the child's photo album.

The parents must be made to understand that they have the primary responsibility of the child.

If the child is not at risk of any harm or abuse while in the parents/family home and there is not enough reason why the child should not stay with the parents. The CCI shall ensure that the child visits and stays with his/her parents/family at least thrice a year (during school holidays).

Where parents/family members are reluctant to take in their child, the CCI must initiate a mediation process to persuade the family on the benefits of taking back their child.

In cases where a CCI is offering specialized care and it is not deemed appropriate or in the best interest of the child to visit his/her parents'/family home, the CCI must put in place mechanisms where the parents visit the CCI and spend quality time with their child.

If a child was rescued from his/her parents/family due to abuse by the parents or other family members, a different approach must be taken by the CCI before and during family contact. This will include:

- Assessing and ascertaining the safety of the child while with his/her parents or other family members.
- Establishing the wishes of the child and his/her willingness to meet with the said parent or family member according to their age and maturity. The CCI should assess if the child is old enough to express such a wish.
- Ensuring the presence of a CCI staff, preferably the primary care giver, social worker or counsellor, during all meetings between the child and the parent or family member.
- Providing psychosocial support to families.

Where the whereabouts of a child's parent/family are not known, the CCI shall:

- Have a family tracing plan for each child.
- Include the tracing plan in the child's Individual Development Plan.
- Actively initiate the tracing process immediately after the admission of the child and no later than one month after the admission date.
- Work closely with the relevant authorities (i.e. police, children's officer) and network with relevant agencies and communities in tracing the child's parents or relatives.

6

NETWORKING WITH COMMUNITIES, GOVERNMENT AND OTHER AGENCIES



Networking with Communities

CCIs shall work with neighbouring communities to promote the welfare of children.

CCIs shall initiate and maintain contact with community opinion leaders, faith-based organisations, women groups, youth groups and civil societies working for children.

As much as possible, CCIs should find ways of exposing children to and engaging them in community activities. This will help children experience 'normal' community life and in building social interactions between themselves and the 'outside' world. Such activities may include:

- Attending community worship in churches, mosques, and temples - as appropriate to each child's religious affiliation.
- Learning in schools within the community.
- Admitting children from the community into schools being run by CCIs - where the schools exist legally.
- Attending social events in the community such as weddings, public meetings, agricultural shows and community sports functions.

CCIs must work with their communities especially in tracing a child's family, relatives and origins.

Networking With Other Child Rights Agencies, Committees and Child Related Initiatives

CCIs should maximise the utilization of resources available to them by opening up and networking with structures and committees that may exist within their neighbourhood. These may include:

- Area Advisory Councils (AACs)
- Volunteer Children Officers
- Volunteer Probation Officers
- Probation Case Committees
- Child Protection Committees
- Care Leavers Committees/Associations
- Children's Assembly
- Child Protection Units in Police Stations
- Child Protection Centres
- Court Users Committees (Judiciary)
- Special Needs Offenders Committees (Ministry of Home Affairs)
- Adoption Societies
- Civil Society Organizations including Community Based Organizations, Non-Governmental Organizations, Faith Based Organizations, private sector and other non-state actors working with children
- Local Authorities

Networking With Government

As per CCI Regulations, it is mandatory for CCIs to be in constant contact with Government Officers from ministries and line departments working with children. These include officers from the Ministries of Gender, Children and Social Development through the Department of Children Services, Health, Education, Judiciary, and Probation Departments among others.

CCIs shall respect and comply with all the legal government requirements as listed below:

- Registration of CCIs by DCS.
- Obtain court committal orders for all children in CCIs.
- Obtain a certificate of good health from the Public Health Officer.
- Comply with labour laws, including remittance of staff statutory contributions such as NSSF, NHIF and taxes.
- Comply with the Ministry of Education requirements if the CCI is running a school.
- Submit the Population Return Form (Appendix N) to the District Children Officer.



RESPONSIBILITIES OF DEPARTMENT OF CHILDREN SERVICES, NCCS AND AAC TO CCI



The DCO shall work with the AAC to ensure that the following tasks are carried out and support is given to all CCIs within their districts (or area of jurisdiction). As per CCI Regulations, the AAC shall:

- Review applications for opening new CCIs from agencies, organizations or individuals and if satisfied with the application, recommend establishment and registration.
- Submit application for registration from CCI to DCS headquarters for onward submission to NCCS for consideration and approval.
- Supervise and monitor all CCIs to ensure that every child has court committal orders.
- Monitor the care and protection of children in CCIs and determine if they conform to recommended CCI Standards and Regulations.
- Establish a District Multi-disciplinary Behaviour Management Team to deal with difficult behaviour cases that CCIs are unable to deal with.
- Provide guidance to CCs on relevant action to be taken when a child's case involves the police.
- Liaise and work with the police when they have taken a child from a CCI. This may include advising the police on the relevant action to be taken for that particular child.
- Receive each CCI's monthly return form and provide feed back to the CCI.
- Receive child protection concerns from CCIs and take appropriate action.
- Maintain and update regularly a list of all CCI Child Protection Focal Persons
- Assign a person to sit in a CCI's Exit Review Committee
- Provide advice on individual cases where the after care arrangements are found not to be suitable for the child's welfare.
- Build capacity of CCIs and provide other support which must maintain the principle of CCIs as a last resort and where everything is done in the best interest of the child.
- Provide supportive supervision and monitor funds to ensure the proper allocation for the various programmes.

REFERENCE DOCUMENTS

Children Act, 2001

Child Status Index :A Tool for Assessing the Well-Being of Orphans
and Vulnerable Children — MANUAL, 2009

The Children (Charitable Children Institutions) Regulations, 2005

The Children (Adoption) Regulations, 2005

Guidelines for the Alternative Care for Children, A United Nations Guideline. November 2009

United Nations Convention on the Rights of the Child

Better Care Network (www.bettercare.com)

UNICEF, Child Protection Strategy (2009)

The National Plan of Action for Orphans and Vulnerable Children 2008-2010(Kenya)

The USAID Document on Standards for Orphans and Vulnerable Children

APPENDIX A

ADMISSION FORM

OFFICE USE ONLY

REF. No.:

Date received:

1. DETAILS OF THE CHILD

Name: Nickname.....Sex:.....Date of Birth.....Age:.....

Date of Admission to the CCI:..... Current Year of School:.....

Most Recent School Attended:.....

2. FAMILY DETAILS

Mother's Name:.....Address TelephoneAlive? Yes..... No.....

Father's Name:.....Address TelephoneAlive? Yes..... No.....

Guardian's Name (if different):.....Address and telephone

Other Adults Interested in the Child:

Name	Relationship	Address and telephone

Known Siblings:

Name	Sex	Age	Address and telephone

Are there any persons not permitted to have contact with or supervise the child? Tick YES / NO

If YES, specify the names and relationship to the child:

3. REFERRAL (Tick what is applicable)

Child referred to CCI by:

Type of Entry	Was identified, Was referred, Came of own will.	
Referral Source	Category of Child (TICK AS MANY APPLICABLE)	Name, address, telephone & identification details of the person referring
Parent	Abandoned child	
Family member	Neglected child	
Guardian	Destitute child	
Members of the public	Street child	
Local leader	Refugee child	
Police	Lost child	
Lawyer	Abused child (specify)	
Court	Victim of harmful cultural practices	
Children's Department	Victim of harmful religious practices.	
Local Administration Office		
Other (Specify.....)		

Current health situation:

Any special needs and circumstances:

Has the parent/guardian signed the parental consent form? Yes.....No.....

Does the child have a care/committal court order? Yes.....No.....

Remember to promptly do the following:

- Prepare a File record for the child and keep it confidential
- Draw up a Child Care Plan within 14 days of the child's entry to the CCI.

Name of Officer completing this form:.....Position:.....

Telephone:.....

Signature:..... Date:.....

Appendix B

PARENTAL CONSENT FORM

Name of the Child:

First:.....Second:.....Family/Surname:.....Age:.....Sex:.....

Father's Name:.....

I/D Number:.....Occupation:

Mother's Name.....

I/DNumber:.....Occupation:

Guardian Name.....

I/D Number:.....Occupation:

Re: Agreement

The above mentioned parties were in this office and without coercion or threats have discussed and agreed by consent to the following in the Best Interest of the Child:

1.
.....

2.
.....

3.
.....

4.
.....

Father:.....Date:..... Sign:

Mother:Date: Sign:

Guardian:Date: Sign:

Witnessing Officer: Sign: Date:

Designation:.....Telephone:.....

Appendix C

INITIAL ASSESSMENT FORM

This form must be completed during admission of the child and not later than 14 days after admission.

Name of the child:

First: Middle: Family name:

Sex: Male: Female: Date of birth:

Date of admission: dd/ mm/yy: Admission number:

Does the child have siblings? If yes, indicate number of Sisters: Brothers:

What position is the child in the family?

What is the marital status of the parents, of the child? (if any):

Married: Divorced: Single: Separated: Co-habiting:

Is the father alive? Yes: No:

Is the mother alive? Yes: No:

PHYSICAL ASSESSMENT

Height of child:

Weight of child:

General appearance of child:

Any visible marks:

Any physical/mental disability:

INTELLECTUAL ASSESSMENT

Assess the:

Ability of the child to communicate: Yes No

Explain:

Ability of the child to comprehend: Yes No

Explain:

Ability of the child to accomplish simple intellectual tasks: Yes No

Explain:

Ability of the child to remember: Yes No

Explain:

Is referral to a professional required?: Yes No

Please comment on any specific strengths and weaknesses:
.....

EMOTIONAL ASSESSMENT

How confident is the child in words and action?:

What is the observation of the assessor on the emotional status of the child?

Are there any signs of anxiety? Please specify:.....

SOCIAL ASSESSMENT

(Assessment of family circumstances)

Please note that the information in this section will be generated through interviews with the child, guardian/family member and by visiting the child's home.

Give a statement of the home, family and community circumstances of the child:.....

.....
.....

Is the child's mother alive? Yes.....No.....

Is the child's father alive? Yes.....No.....

If the parents are alive, has the child been staying with them? Yes.....No.....

What kind of relationship exists between the child and the parents? Please
comment.....

.....

If parents are alive and the child is not staying with them, what are the reasons for the separation?

Please comment:.....

.....
.....

If the child is not staying with parents or if parents are dead, who is the child staying with and where?

Please comment:

.....
.....

.....

How is the relationship between the child and current caregiver? Please comment:.....

.....
.....

Are there threats/risks to the child from home/family?

Please comment below:

Are there threats/risks to the child from the people the child associates with (friends, neighbours, schoolmates)? Please comment:

.....
.....

Are there threats/risks to the child from community? Please comment:

.....
.....

Give any other additional comments:.....

.....
.....

SPIRITUAL ASSESSMENT

What is the child's religion?

Comment on any spiritual needs:
.....

Form filled by:

Name: Position:.....Signature:.....Date:.....

Telephone:.....

Appendix D

MEDICAL ASSESSMENT FORM

Name of the child:

First: Middle: Family name:

Sex: Male.....Female.....

Date of birth:.....

Weight:

Height:.....

Ensure the child receives a comprehensive medical check up by a qualified medical practitioner.
Children with special needs should receive additional assessments to determine the extent of their
challenges among other things (attach a medical report).

Medical history:.....

.....
.....
.....

Recommendations:

.....
.....
.....

Report prepared by:

Name:.....Position:.....Telephone:.....

Signature:..... Date:.....

Appendix E

INDIVIDUAL CHILD CARE PLAN

SECTION I

Name of child: Sex: Date of birth:.....
 Date of admission to CCI:..... Admission Number:.....
 Parent/guardian's name: Relationship to the child:
 Parents'/guardian ID number:.....
 Postal address:
 Parents/guardian's telephone :.....

SECTION 2: CHILD'S DEVELOPMENTAL NEEDS

FOOD AND NUTRITION				
GOAL: Child has sufficient food to eat at all times of the year and is growing well compared to others of his/her age.				
IDENTIFIED NEED	PROPOSED INTERVENTION	TIME FRAME	RESOURCES REQUIRED	PERSON RESPONSIBLE

SHELTER				
GOAL: Child has stable shelter that is adequate, dry and safe.				
IDENTIFIED NEED	PROPOSED INTERVENTION	TIME FRAME	RESOURCES REQUIRED	PERSON RESPONSIBLE

CARE				
GOAL: Child has at least one adult (aged over 18) who provides consistent care, attention and support.				
IDENTIFIED NEED	PROPOSED INTERVENTION	TIME FRAME	RESOURCES REQUIRED	PERSON RESPONSIBLE

ABUSE AND EXPLOITATION				
GOAL: Child is safe from any abuse, neglect or exploitation.				
IDENTIFIED NEED	PROPOSED INTERVENTION	TIME FRAME	RESOURCES REQUIRED	PERSON RESPONSIBLE

LEGAL PROTECTION				
GOAL: Child has access to legal protection services when necessary..				
IDENTIFIED NEED	PROPOSED INTERVENTION	TIME FRAME	RESOURCES REQUIRED	PERSON RESPONSIBLE

WELLNESS				
GOAL: Child is physically healthy.				
IDENTIFIED NEED	PROPOSED INTERVENTION	TIME FRAME	RESOURCES REQUIRED	PERSON RESPONSIBLE

HEALTH CARE SERVICES				
GOAL: Child can access health care services including preventive care and medical treatment when ill.				
IDENTIFIED NEED	PROPOSED INTERVENTION	TIME FRAME	RESOURCES REQUIRED	PERSON RESPONSIBLE

EMOTIONAL HEALTH				
GOAL: Child is happy and content with a generally positive mood and hopeful outlook.				
IDENTIFIED NEED	PROPOSED INTERVENTION	TIME FRAME	RESOURCES REQUIRED	PERSON RESPONSIBLE

SOCIAL BEHAVIOR				
GOAL: Child is cooperative and enjoys participating in activities with adults and other children.				
IDENTIFIED NEED	PROPOSED INTERVENTION	TIME FRAME	RESOURCES REQUIRED	PERSON RESPONSIBLE

PERFORMANCE				
GOAL: Child is progressing well in acquiring knowledge and life skills at home, school, job training and other appropriate productive activities..				
IDENTIFIED NEED	PROPOSED INTERVENTION	TIME FRAME	RESOURCES REQUIRED	PERSON RESPONSIBLE

EDUCATION AND WORK				
GOAL: Child is enrolled at and attends school or vocational skills training or is engaged in age appropriate play, learning activities or job.				
IDENTIFIED NEED	PROPOSED INTERVENTION	TIME FRAME	RESOURCES REQUIRED	PERSON RESPONSIBLE

SPIRITUAL DEVELOPMENT				
GOAL: Child is receiving spiritual nourishment and is growing spiritually.				
IDENTIFIED NEED	PROPOSED INTERVENTION	TIME FRAME	RESOURCES REQUIRED	PERSON RESPONSIBLE

SECTION 3: PARENTING CAPACITY

BASIC CARE				
GOAL: Child's physical needs are met, including dental and appropriate medical care which includes the provision of food, drink, warmth, shelter, clean and appropriate clothing and adequate personal hygiene.				
IDENTIFIED NEED	PROPOSED INTERVENTION	TIME FRAME	RESOURCES REQUIRED	PERSON RESPONSIBLE

SAFETY				
GOAL: Child is adequately protected from harm or danger which includes protection from significant harm or danger, and from contact with unsafe adults/other children and from self-harm.				
IDENTIFIED NEED	PROPOSED INTERVENTION	TIME FRAME	RESOURCES REQUIRED	PERSON RESPONSIBLE

EMOTIONAL WARMTH				
GOAL: Ensuring the child's emotional needs are met and giving the child a sense of being specially valued and a positive sense of own racial and cultural identity.				
IDENTIFIED NEED	PROPOSED INTERVENTION	TIME FRAME	RESOURCES REQUIRED	PERSON RESPONSIBLE

STIMULATION				
GOAL: Promoting child's learning and intellectual development through encouragement and cognitive stimulation and promoting social opportunities.				
IDENTIFIED NEED	PROPOSED INTERVENTION	TIME FRAME	RESOURCES REQUIRED	PERSON RESPONSIBLE

GUIDANCE AND BOUNDARIES				
GOAL: Enabling the child to regulate their own emotions and behavior.				
IDENTIFIED NEED	PROPOSED INTERVENTION	TIME FRAME	RESOURCES REQUIRED	PERSON RESPONSIBLE

STABILITY				
GOAL: Providing a sufficiently stable family environment to enable a child to develop and maintain a secure attachment to the primary caregiver(s) in order to ensure optimal development.				
IDENTIFIED NEED	PROPOSED INTERVENTION	TIME FRAME	RESOURCES REQUIRED	PERSON RESPONSIBLE

SECTION 4: FAMILY AND ENVIRONMENTAL FACTORS

Family and environmental factors.				
IDENTIFIED NEED	PROPOSED INTERVENTION	TIME FRAME	RESOURCES REQUIRED	PERSON RESPONSIBLE

SECTION 5: SUMMARY OF SERVICES TO BE PROVIDED

Types of support/services to be provided:	What needs to be provided?	Who will provide this service?
Food and nutrition support (food rations, supplemental foods, etc.)		
Shelter and other material support (house repair, clothes, bedding, etc.)		
Care (caregiver has received training, child placed with family, etc.)		
Protection from abuse (education on abuse provided to child or caregiver, etc.)		
Legal support (birth certificate, legal services, succession plans prepared, etc.)		
Health care services (vaccinations, medicine, ARV, HIV education, etc.)		
Psychosocial support (clubs, group support, individual child and staff counselling, etc.)		
Educational support (fees waived, provision of uniforms, school supplies, etc.)		
Livelihood support (vocational training, microfinance for family, etc.)		
Other		

SECTION 6: PLACEMENT OF CHILD

TYPE OF PLACEMENT	ACTION TO BE TAKEN	WHEN
Reunited with biological parents		
Guardianship		
Foster care		
Kinship foster care		
Adoption		

Notes (can be annexed):

.....
.....
.....
.....
.....

Name of officer completing form:.....

Position/title:.....Telephone:.....

Signature:..... Date:.....

Appendix F

REVIEW OF CARE PLAN FORM

Child's name:
Age:.....
Gender:Admission number:.....
Caregiver's name:
Relationship to the child:
Date:
.....

SECTION 1

CHILD'S DEVELOPMENTAL NEEDS:			
DOMAIN	IDENTIFIED NEED	ACTION TAKEN	COMMENTS ON CHILD'S PROGRESS
1.Food and nutrition			
• Food security			
• Nutrition and growth			
2.Shelter			
3.Care			
4.Child protection			
• Abuse, exploitation, neglect			
• Legal protection			

DOMAIN	IDENTIFIED NEED	ACTION TAKEN	COMMENTS ON CHILD'S PROGRESS
5.Health			
• Wellness			
• Health care services			
6.Psychosocial			
• Emotional health			
• Social behavior			
7.Education and skills training			
• Performance			
• Education and work			
8.Spiritual development			

SECTION 2

PARENTING CAPACITY

DOMAIN	IDENTIFIED NEED	ACTION TAKEN	COMMENTS ON CHILD'S PROGRESS
Basic care			
Safety			
Emotional warmth			
Stimulation			
Guidance and boundaries			
Stability			

SECTION 3

FAMILY AND ENVIRONMENTAL FACTORS

DOMAIN	IDENTIFIED NEED	ACTION TAKEN	COMMENTS ON CHILD'S & FAMILY'S PROGRESS

SECTION 4

CHILD'S SITUATION (CARE)

TYPE OF PLACEMENT	ACTION TAKEN	COMMENTS ON PROGRESS MADE
Child reunited with biological parent/s		
Child given out for guardianship		
Child given out for foster care		
Child given out for adoption		
Other kind of placement		

SECTION 5

OTHER SERVICES TO BE PROVIDED

Types of support/ services to be provided:	What was provided?	Who provided the services?	Comments on impact of the services on child and family
Food and nutrition support (food rations, supplemental foods, etc.)			
Shelter and other material support (house repair, clothes, bedding, etc.)			
Care (caregiver received training, child placed with family, etc.)			
Protection from abuse (education on abuse provided to child or caregiver, etc.)			
Legal support (birth certificate, legal services, succession plans prepared, etc.)			
Health care services (vaccinations, medicine, ARV, HIV education, etc.)			
Psychosocial support (clubs, life skills training, group support, individual counselling, etc.)			
Educational support (fees waived, provision of uniforms, school supplies, fees paid etc.)			
Livelihood support (vocational training, microfinance support for family, etc.)			
Other			

Name of officer completing form:.....Telephone:.....

Signature:..... Date:.....

Appendix G

REFERRAL FORM

Name of the child:

First:.....Middle:.....Family/surname:.....

Admission number:

Date of Birth: Sex: Male:.....Female:.....

Needs of the child:.....

.....

.....

.....

.....

.....

Potential risks to the child:

.....

.....

Reasons for referral:.....

.....

.....

.....

.....

Referring authority/institution:

Name:

Address:.....

Telephone:.....

Contact person:

Referring person (if different from contact person):

Name:Signature:..... Date:.....

Child referred to:

Name of institution/authority/agency:.....

Address:.....

Telephone:.....

Contact person:.....

Child received by: Name:

Signature:.....Telephone:.....Date:.....

Remarks:
.....
.....

Appendix H

FAMILY ASSESSMENT FORM

Name of Child Age:..... Male Female	Name of Charitable Children's Institution
	Committal Date: / /
Address of Parent/Guardian:	Expiry Date: / /
	Name of Social Worker:
<p>Family/Guardian</p> <p>(1) Name: _____ Age: _____</p> <p>(2) Address: _____</p> <p>(3) Relationship with the child: _____</p> <p>(4) Occupation: _____</p>	
<p>(2) Is Family/Guardian ready for re-integration?</p> <p>Please explain: _____</p>	
<p>(4) Child development needs (emotional, physical, educational, spiritual): _____</p>	
<p>(5) Family dynamics (parenting capacity, family and environmental factors): _____</p>	
<p>(6) Means of livelihood: _____</p>	
<p>(7) Housing condition: _____</p>	
<p>8) Relevant information about family/guardian/other relatives</p> <p>Do members of family/guardian or relatives have:</p> <p>a. Mental illnesses b. Deviant behaviours c. Alcohol addiction d. Drug addiction e. Criminal convictions f. Others (specify.....)</p> <p>If applicable, give the name, relationship with the child and other relevant information.</p>	
<p>9) Community environment: _____</p>	

Appendix I

Request for Revocation of Committal Order

Date:

REQUEST FOR REVOCATION OF COMMITTAL ORDER

District Children's Officer.....(insert district name)

We are seeking permission to revoke the committal order for the following child:

1. Name of the child:

2. Name of committing court/court case number/date
(Name of Court) (Court Case Number) (Committal Date)

3. Date of birth of child:

4. Person in charge of the aftercare of the child and the address the child is to be released to:

5. Requested release date:

6. Expiry date of Committal Order:

7. Reasons for revocation:

8. Attached documents:
(a) Copy of committal order
(b) Copy of Individual Child Care Plan (as of the request date)
(c) Copy of the most recent Family Contact Form
(d) Other reference materials (specify:)
ManagerCharitable Children Institution

Signature:.....official stamp

Appendix J

CERTIFICATE OF EXIT FOR CHILDREN IN CCIs

Child's Details:

Name:Admission No:.....

Sex: Age:.....

Date of admission:.....

Date of committal order:.....Expiry date:.....

Date of exit:

Reason(s) for exit:

.....

.....

Date of follow up:..... Name of person who will do the follow up:.....

Exit destination:

Name of organization/person(s):.....

Relationship to child:.....

Address:.....

Telephone:.....

Sign:.....

Date:.....

Person authorizing exit:

Name:.....

Designation/position:.....

Sign:

Official stamp:

Date:.....

Comments/remarks:

.....

.....

Appendix K

After Care Form

Date	Name of social worker	The DCO addressed
Name of child:		Age:
Name of parent/guardian:		Age:
Relationship with guardian:		
Occupation of parent/guardian:		
Start date for placement with guardian:		
Length of placement:		
Current circumstances/progress:		
Further Action needed or concerns:		
Child's views on the current arrangements and description of the child's progress		
Any other remarks:		

Appendix L

Child Status Index Tool

DOMAIN	1- FOOD AND NUTRITION		2- SHELTER AND CARE		3- PROTECTION	
	1A. Food Security	1B. Nutrition and Growth	2A. Shelter	2B. Care	3A. Abuse and Exploitation	3B. Legal protection
GOAL	<i>Child has sufficient food at all times of the year</i>	<i>Child is grow well compared to others of his/her age in the community.</i>	<i>Child has stable shelter that is adequate, dry and safe.</i>	<i>Child has at least one adult (age 18 or over) who provides consistent care, attention and support.</i>	<i>child is safe from any abuse, neglect, or exploitation.</i>	<i>Child has access to legal protection services as needed.</i>
Good = 4	Child is well fed, eats regularly.	Child is well grown with good height, weight and energy level for his/her age.	Child lives in a place that is adequate, dry and safe.	Child has primary adult caregiver who is involved in his/her life and who protects and nurtures him/her.	Child does not seem to be abused, neglected, do inappropriate work, or be exploited in other ways.	Child has access to legal protection as needed.
Fair = 3	Child has enough to eat some of the time, depending on season or food supply.	Child seems to be growing well but is less active compared to others of same age in community.	Child lives in a place that needs some repairs but is fairly adequate, dry, and safe.	Child has an adult that provides care but who is limited by illness, age, or seems indifferent to this child.	There is some suspicion that child may be neglected, over-worked, not treated well, or otherwise maltreated.	Child has no access to legal protection services, but no protection is needed at this time.
Bad = 2	Child frequently has less food to eat than needed, complains of hunger.	Child has low weight, looks shorter and/or is less energetic compared to others of same age in the community.	Child lives in a place that needs major repairs, is overcrowded, inadequate and/or does not protect him/her from weather.	Child has no consistent adult in his/her life that provides love, attention, and support.	Child is neglected, given inappropriate work for his or her age, or is clearly not treated well in household or institution.	Child has no access to any legal protection services and may be at risk of exploitation.
Very Bad=1	Child rarely has food to eat and goes to bed hungry most nights.	Child has very low weight (wasted) or is too short (stunted) for his/her age (malnourished).	Child has no stable, adequate, or safe place to live.	Child is completely without the care of an adult and must fend for him or herself or lives in a child-headed household.	Child is abused, sexually or physically, and/ or is being subjected to child labor or otherwise exploited.	Child has no access to legal protection services and is being legally exploited.

DOMAIN	4-HEALTH		5-PSYCHOSOCIAL		6-EDUCATION AND SKILLS TRAINING	
	4A. Wellness	4B. Health Care Services	5A. Emotional Health	5B. Social Behavior	6A. Performance	6B. Education and Work
GOAL	<i>Child is physically healthy.</i>	<i>Child can access health care services, including medical treatment when ill and preventive care.</i>	<i>Child is happy and content with a generally positive mood and hopeful outlook.</i>	<i>child is cooperative and enjoys participating in activities with adults and other children.</i>	<i>Child is progressing well in acquiring knowledge and life skills and home, school job training or an age-appropriate productive activity.</i>	<i>Child is enrolled and attends school or skills training or is engaged in age-appropriate play, learning activity, or job.</i>
Good = 4	In past month, child has been healthy and active, with no fever, diarrhea, or other illnesses.	Child has received all or almost all necessary health care treatment and preventive services.	Child seems happy, hopeful and content.	Child likes to play with peers and participates in group or family activities.	Child is learning well, developing life skills, and progressing as expected by caregivers, teachers, or other leaders.	Child is enrolled in and attending school/training regularly. Infants or preschoolers play with caregiver. Older child has appropriate job.
Fair = 3	In past month, child was ill and less active for a few days (1 to 3 days), but he/she participated in some activities.	Child received medical treatment when ill, but some health services (e.g. immunization) are not received.	Child is mostly happy but occasionally he/she is anxious, or withdrawn. Infant may be crying, irritable, or not sleeping well some of the time.	Child has minor problems getting along with others and argues or gets into fights sometimes.	Child is learning well and developing life skills moderately well, but caregivers, teachers, or other leaders have some concerns about progress.	Child enrolled in school/training but attends irregularly or shows up inconsistently for productive activity/job. Younger child played with sometimes but not daily.
Bad = 2	In past month, child was often (more than 3 days) too ill for school, work or play.	Child only sometimes, or inconsistently receives needed health care services (treatment or preventive).	Child is often withdrawn, irritable, anxious, unhappy, or sad. Infant may cry frequently or often be inactive.	Child is disobedient to adults and frequently does not interact well with peers, guardian, or others at home or school.	Child is learning and gaining skills poorly or falling behind, Infant and preschool child is gaining skills more slowly than peers.	Child enrolled in school or has a job but he/she rarely attends. Infant of preschool child is rarely played with.
Very Bad= 1	In past month, child has been ill most of the time (chronically ill).	Child rarely or never receives the necessary health care services.	Child seems hopeless, sad, withdrawn, wishes could die, or wants to be left alone. Infant may refuse to eat, sleep poorly, or cry a lot.	Child has behavioral problems, including stealing, early sexual activity, and / or other risky or disruptive behavior.	Child has serious problems with learning and performing in life or developmental skills.	Child is not enrolled , not attending training, or not involved in age appropriate productive activity or job. Infant or preschooler is not played with.

Public Domain: Developed by the support from the U.S President's Emergency Fund for AIDS Relief through USAID to MEASURE Evaluation and Duke University. O'Donnell K., Nyangara F., Murphy R., & Nyberg B., 2008

Appendix M

List of Registered Adoption Societies (2012)

1. Child Welfare Society of Kenya	Child Welfare Building, Langata Road. P.O Box 43982, 00100, Nairobi, Kenya. Tel; 603301/606391 Fax: 605854 Email cwsktoto@yahoo.com
2. Little Angels Network	P.O Box 43092 GPO, Nairobi, Kenya. Kindaruma/Wood Avenue Junction Tel; +254-020) 3866442/3 Cell: 0724 941326 E-mail: info@ littleangelsnetwork.org Website:www.littleangelsnetwork.org
3. Kenya Children's Home	P.O Box 44261 – 00100 Langata Road, Nairobi, Kenya Tel; 601922/602002 Fax: 020 603605 www.thomasbarnardohouse.org
4. Kenyan to Kenyan Peace Initiative	Kenyans to Kenyans Peace Initiative. Kogo Star Plaza, Upper Ground floor, Nairobi, Off Langata Road P.O. Box 3096 00100 Nairobi, Kenya Tel: 604461; 0722833145; 0722752582
5. Buckner Kenya Adoption Services	Buckner Kenya Adoption Services P.O. Box 2171 - 00100 Nairobi, Kenya Lenana Road Number 11 Email: adoptions@bucknerkenya.org

Appendix N

Population Return Form

The District Children Officer:.....

Date of compilation:.....

MONTHLY POPULATION RETURN FOR THE MONTH OF..... YEAR..... .

New Admissions during the month

No.	Name of child	Admission number	Age	Sex (tick)		Date of admission
				M	F	
	Total					

Deaths during the month

No.	Name of child	Admission number	Age	Sex (tick)		Date of death
				M	F	
	Total					

Discharge during the month

No	Name of Child	Admission No.	Age	Sex	Date of discharge	Discharge to: (indicate if reunification with parents or immediate caregivers, fostercare, adoption, guardianship, others)

Summary of type of discharge/exits during the month;

	Discharge/exit arrangement	M	F	Total
	Re-unification with biological parents			
	Re-unification with immediate caregiver before admission to CCI			
	Reintegration with a relative (kinship fostercare)			
	Adoption			
	Fostercare placement			
	Guardianship placement			
	Total			

SUMMARY of the Month

Sex	Total Children By End Of Previous Month	New Admission During The Month	Discharges During The Month	Deaths During The Month	Total Children In CCI By End Of Month
GIRLS					
BOYS					
TOTAL					

AGE BRACKET of children in CCI by end of month

SEX	AGE 0-6	7-10	11-14	15-17	TOTAL
GIRLS					
BOYS					
TOTAL					

REMARKS:.....

Submitted by:.....Designation:.....

Name of CCI:.....

Address:.....

Telephone: Mobile.....Land line:.....Email:.....

Date:.....Sign:.....

CCI Stamp:

N.B. (Death reports should be sent with a brief case history and copies of death notification/certificate and other relevant official documents).

Cc. Director of Children Services

Appendix O

Child’s Private Property Register

Child’s Name: Admission Number _____

Date	Item Registered	Quantity of Items Registered	Signature of Officer	Signature of Child	Items released		Signature of Officer	Signature of Child
					Date	Number		

Private Property (Money) Register

Name:

Admission Number:

Date	Total Amount Registered	Signature of Officer	Signature of Child	Date	Returned Amount	Balance	Signature of Officer	Signature of Child

100

Record of Visits and Correspondence

[illegible]

Filing Policy

All CCIs should open and maintain the following files:

1. Child's File

The child's file should contain the following documents:

i .Admission documents

- Application/referral letter for admission
- Dully filled admission forms
- Photograph of child
- Copy of birth certificate
- Copy of parent's death certificates/burial notifications
- Parental consent form
- Court committal order
- Letter from the Chief
- Child's private property form
- Copy of medical report including clinic or vaccination card
- Letter from any other authority e.g. religious leader
- Map showing child's home location or place of abandonment
- Case history from Children's Officer if the child is referred by DCO
- Court documents
- Police report in the case of abandonment
- Follow up form
- Any other relevant documents which could be useful in processing the case e.g. baptism card, school reports etc.

ii. Assessment forms and reports which contain the following

- Social assessment
- Emotional assessment
- Intellectual assessment
- Physical assessment
- Spiritual assessment

iii. Individual Child Care Plan.

iv. Family Assessment Form.

v. Record of visits and correspondence.

- vi. Request for revocation of court committal order.
- vii. Exit Form.

2. Correspondence File

All CCIs should keep a correspondence file for incoming and outgoing correspondence.

3. Inventories

- Permanent assets ledger e.g. tool and equipment, fixed assets etc.
- Consumable ledgers e.g. stationery, foodstuff, drugs, household cleaning items etc.

4. Maintenance Records File

- Logs of repair of movable and fixed assets e.g. vehicles, play facilities, washroom facilities, children's rooms, disposal of garbage, fire, gas, electric equipment etc
- Bills for the following: electricity, water, postage, Internet usage, telephone, garbage collection, hire of tools and equipment

5. Legal Documents File

- Public health official's inspection documents, Department of Children's Services and any other government authority documents.
- CCI registration certificate and other registration documents.
- Fines and penalties e.g. traffic offences, late payment of bills
- Land ownership documents e.g. Title Deeds, architectural documents, leases etc
- Vehicle log books and property insurance documents among others.

6. Visitors' Record Book

All visitors to the CCI must record their names and contacts in the visitors' book and state the purpose of their visit.

7. Monthly Narrative and Financial Reports File

Explanation of the operations and financial status of the CCI

8. Population Return File

This should contain copies of official monthly forms submitted to the government

9. Individual Staff File

Every CCI should open a file for every staff member. The file should contain the following documents:

- Application letter (employment)
- Curriculum vitae
- Copies of academic credentials
- Certificate of good conduct
- Appointment/deployment letter

- Terms and conditions of employment
- Staff photograph
- Leave records
- Behaviour management records (both reward and sanction)
- Copy of all statutory deductions (NSSF, NHIF, etc)
- Copies of the staff benefits (insurance, medical, bonuses, payslips, etc)
- Declaration form on staff next of kin
- Other details, e.g. PIN, HELB payments, etc.

10. Development Partners File:

CCIs should open a file for each donor. The file should contain:

- Name of donor
- Donor contacts
- Nature of donation(s)
- All correspondence with the development partner (donor)
- Memorandum of Understanding (MoU) or partnership agreement (if any)
- Minutes of meetings with development partners
- Any other document related to the development partners.

12. Policies File:

The CCI should have a policy file that contains copies of the following:

- HR policy
- Volunteer policy
- Admission policy
- Exit policy
- Procurement policy
- Emergency/fire policy
- Food, nutrition and dietary policy
- Child protection policy
- Health policy
- Filing policy
- Education policy (which should be in line with Ministry of Education)
- Other relevant policies

13. General Register Incidence File

This file should contain information of important functions that have happened in the CCI such as:

- Special visitors
- Children functions such as parties, open days, trips, prize giving
- Record of any emergencies e.g. fire outbreaks
- Theft/loses

14. Finance File

This file will contain:

- CCI bank account details (name of bank, account name, account number)
- Bank statements
- Audit reports
- Banking slips

15. Management Board Files

This file contains:

- Copies of all Board Meetings (monthly, quarterly , annual and others)
- Records of meetings between Management Board and visitors/partners

16. Board of Trustees File

This file contains:

- Copies of all Board of Trustees meetings (monthly, quarterly , annual and others)
- Records of meetings between Board of Trustees and visitors/partners

17. Minutes File

This file contains:

- Copies of the minutes of all board and staff meetings (monthly, quarterly, annual and others)

18. Children Council/House Meetings File

This file contains:

- Record of children's feedback to manager after children's council meetings
- Minutes of all house meetings

19. Admission and Exit Register

- Each CCI should have an admission and exit register book. This is a book where every child's admission and exit are recorded
- The book should consist of the following:

Admission Number	Name	Male/ female	Date of Birth	Date of Admission	Date of Exit

20. Tenets of Child Protection Policy

There is no standard format for writing child protection policies but the key components of a child protection policy include:

- Definitions
- Introduction – about the CCI and reasons for the policy
- Policy statements (summarizing the key statements)
- Policy aims
- Policy objectives
- Scope of the policy
- The policy itself – detailed point by point explanation of the positions taken on the various issues, e.g. admission of a child, care planning, contact with children, programming for children, etc.
- References
- Appendices, e.g. summary for signing by all stakeholders, parent/guardian consent form, incident reporting form, etc.

