Social Workers and Advocacy for De-institutionalization of Children in Kenya

Authors: [1]Phyllis Muraguri, [2]Mary Mutisya and [3]Wilkins Ndege Muhingi
[1 & 2] The Catholic University of Eastern Africa (CUEA), Kenya, [2] Faculty of Arts and Social Sciences
[3] Jomo Kenyatta University of Agriculture and Technology, School of Medicine
Corresponding Author's Email: gacheke09@gmail.com

Chief Editor
Web:
www.ijsdc.org
Email:
info@ijsdc.org

Editing Oversight
Impericals
Consultants
International
Limited

Abstract: *In low- and middle-income countries (LMICs), the implementation of deinstitutionalization (DI) practices is contingent upon several critical elements, such as the presence of a robust family-based alternative care and social protection system, sufficient funding and resources, and the active participation and backing of professionals and other stakeholders. This study assessed the level of involvement of social workers in advocating for care reforms as they could uniquely cement the transition from residential care to community-based support if fully inculcated. The study was anchored on empowerment and strain theories while, elaborating on the importance of giving power through resources, information, and support to accomplish a task; deinstitutionalization. A mixed method approach was preferred because it allowed both qualitative and quantitative data to be gathered and analysed concurrently. Professional social workers including policy formulation officers, research officers and deinstitutionalisation officers were involved in obtaining information on deinstitutionalization success factors. Findings indicated that there was to a little extent involvement of social workers in the implementation processes. The study concluded that social workers were moderately involved in advocating for the deinstitutionalisation policy thus recommending their increased involvement with adequate government backing. With inculcation of professional social workers who are skilled in handling children welfare matters, the de-institutionalization process would be much more effective as the child sector goes through this critical juncture of care reforms in the country. This study was meant to benefit many parties in the field of child care starting with children's homes as well as similarly related institutions in Kenya for implementing effective deinstitutionalization policy.*

Key Words: Social workers, Advocacy, Deinstitutionalization, Children and Kenya

1.1 Introduction

Advocacy has always been a necessary skill for social workers (Maylea, Makregiorgos, Martin, Alvarez-Vasquez, Dale, Hill & Weller, 2020 citing Dalrymple & Boylan, 2013). It includes skills like: communication, active listening, empathy, sense-making, sense-giving, and influencing (Scourfield, 2021). The De-Institutionalisation (DI) leading NGO, Hope and Homes for Children (HHC) in Kenya defines DI as "the process of eradicating institutional care through the development of prevention and family support services and family-based alternative care. (Muraguri, Mustisya & Muhingi (2024),

citing Hope & Homes for Children 2016:1)". Professionals play an important role in making decisions relating to the welfare of a country (Dominelli, 2021). The decisions may be based on their services and are funded or regulated by the national government. Among the many professionals in the country, social work has been significant in promoting social welfare among various states globally (Berg-Weger, 2019). This is evidenced by their diversified roles, such as taking care of the vulnerable members of society, such as the poor, sick, elderly and children (Abdel Aziz, 2022). Additionally, Harris (2018) further indicated that social workers are undertaking increasingly administrative roles in state services on local and national levels and are also employers and employees in non-profit agencies, leaders of advocacy organizations, and members of citizen groups. A study by Bae and Kim (2021) indicates that consultations and involvement of stakeholders in the policy formulation process are to create a sense of policy ownership among stakeholders. In other words, it enables the stakeholders to see the policy reflecting their beliefs or needs. If it is limited or lacks involvement of stakeholders, then the affected stakeholders might regard the policy as unnecessary and hence feel that their ideological inclinations are offensive. The result would be strong opposition to the policy. Eventually, there would be a need to go through the formulation process again to make the policy more effective or to remove portions that appear to be ineffective/offensive.

Kenya has made significant efforts towards realizing child rights, especially for the protection of rights. The efforts made by the government include; the ratification and domestication of some 6 international treaties, key among them, the UN Convention on the Rights of the Child (UNCRC) and the African Charter on the Rights and Welfare of the Child (ACRWC) to Kenyan laws. This has been done through the enactment or amendment of different laws on child protection. These are the Children Act 2001, Sexual Offences Act 2006, Employment Act 2007 (Revised 2012), Counter Trafficking in Persons Act 2010, the Constitution of Kenya 2010, and Basic Education Act No. 14 of 2014. Further, Government efforts have included the formulation and development of specific policies, such as the National Children's Policy 2010, and the Child Labour Policy 2016, introduction of programmes to address specific rights, such as the provision of free and compulsory basic education and the elimination of the worst forms of child labour as well as, the most recent one. The care reform strategy 2022-2032. The strategy is anchored on three pillars which are; family strengthening and prevention of family separation, alternative care options for children who are not able to settle in their biological families and the third pillar is De-institutionalization. This is where tracing, re-integration, and transitioning to family and community-based care is done. This study focuses on this third pillar.

> *The GoK and UNICEF conceptualizes DI as: the process of moving children from large institutional care settings into family and community-based alternatives. A deinstitutionalization strategy should include: preventive measures (preventing or at least reducing the number of new placements of children in Charitable Children Institutions (CCIs); monitoring and evaluation of existing CCIs; development of resourced alternative family-based care options (foster care, kinship care, adoption, guardianship); and the development of an individualized care plan for each child residing in a CCI (Government of Kenya and UNICEF 2014:103).*

Generally, advocacy in social work focuses on the highlighting of an issue that concerns people to exhaust any doubt as to the need for the issue at hand (Bae & Kim, 2021). Advocacy normally takes the form of advancing an issue for other people either because they are not able to do it themselves or because they are unaware of factors behind what is being raised in their environment or area of operation as

advocated by social workers Breda, 2018. Compared to other facets of social work practice, advocacy has got less attention in social work research. The current study sought to establish the level of involvement of social workers through the role of advocacy for de-institutionalization. The researchers included indicators of advocacy through the extent of pressure to authorities, power network involvement, dedication of all stakeholders to the cause, and building groups for unity dialogues and discussions.

1.2 Study Background
The global movement to end child institutionalization and promote family and community-based care is informed by 80 years of research which demonstrates the harm of institutional care; GoK; National Care Reform Strategy, NCRS, 2022-2032. Children in institutions are also at risk of maltreatment by staff or peers, and are denied access to kinship networks which have a major role to play in many societies. Children whose needs are provided for in family and community-based care fare much better GoK, (National Care Reform Strategy for Children in Kenya, NCRS, 2022 -2032). Care reform is informed by the UNCRC and the UN Guidelines for the Alternative Care of Children, which recognize the rights of children not to be separated from their families, as well as the harm caused by institutional care and the need to progressively replace it with quality family and community-based alternative care. Over the last few decades, global momentum toward care reform has grown significantly. In December 2019 the United Nations General Assembly passed a new resolution on the Protection and the Rights of the Child. The Resolution reaffirms commitments within the UNCRC and UN Guidelines for the Alternative Care of Children for governments to safely and sustainably replace institutional care with family and community-based care. The Resolution was passed by all 193 UN Member States, including Kenya (GoK, National Care Reform Strategy for Children in Kenya (2022 -2032).

Kenya has made significant efforts towards realizing child rights, especially for the protection of rights. The efforts made by the government include; the ratification and domestication of some 6 international treaties, key among them, the UN Convention on the Rights of the Child (UNCRC) and the African Charter on the Rights and Welfare of the Child (ACRWC) to Kenyan laws. This has been done through the enactment or amendment of different laws on child protection. These are the Children Act 2001, Sexual Offences Act 2006, Employment Act 2007 (Revised 2012), Counter Trafficking in Persons Act 2010, the Constitution of Kenya 2010, and Basic Education Act No. 14 of 2014. Further, Government efforts have included the formulation and development of specific policies, such as the National Children's Policy 2010, and the Child Labour Policy 2016, introduction of programmes to address specific rights, such as the provision of free and compulsory basic education and the elimination of the worst forms of child labour as well as, the most recent one. Recently, Kenya formulated the care reform strategy 2022-2032. The strategy is anchored on three pillars which are; family strengthening and prevention of family separation, alternative care options for children who are not able to settle in their biological families and the third pillar is De-institutionalization. This is where tracing, re-integration, and transitioning to family and community-based care is done. This study focuses on this third pillar and aims particularly at establish the extent to which social workers were involved in advocacy for De-institutionalization of children in Kenya.

1.3 Statement of the Problem
De-institutionalization has left a huge vacuum and confusion among key stakeholders like the Government, Children Institutions and care leavers and even the legal institutions that protect children. This is attributable to the lack of an adequately trained workforce and shortage of social workers who

could effectively lobby and advocate for a clear de-institutionalization process. De-Institutionalisation results in children being pushed out of residential institutions and into family-based settings without enough social worker monitoring and supervision. The areas to which children return frequently lack adequate protection and support services. This circumstance may have unintended repercussions and negatively impact deinstitutionalized children. Many of them face an increased risk of mistreatment and disruptions to their educational and social networks, raising concerns about the quality of care provided to children in family-based care and increasing the risk of re-institutionalisation (Lizarazu, 2018; Nordin, 2015). This is made worse without involving Social Workers which is the focus of this study, to establish the extent to which social workers were involved in advocacy for De-institutionalization of children in Kenya.

1.4 Study Objective

The objective of this study was to establish the extent to which social workers were involved in advocacy for De-institutionalization of children in Kenya

1.5 Literature Review

In this section, critical review of theory guiding this study and empirical review of related literature are presented.

1.5.1 Review of Relevant Theory

Empowerment Theory
Empowerment theory as first proposed by Perkins and Zimmerman (1995) has its roots in the Marxist times intimating that people should have the power both to define and act upon their own needs since they far better understand them than anyone else. According to Cavalieri and Almeida (2018) empowerment refers to a process through which people gain control over their lives, participate democratically in the life of the community, and display critical understanding of their environment. Key assumptions in empowerment theory are that people are able to go through a process with assurance that they are not lost and that there is neither powerlessness feeling nor a sense of lack of influence during such process (Schutz, 2019).

Other modern scholars have emphasised on empowerment for human activity that is directed towards change from passive to active state and as an active process is determined by circumstances and events (Nikku & Rafique, 2019). Additionally, empowerment process integrates self-acceptance and self-confidence, social and political understanding, and a personal capacity to assume a significant role in decision making and in the control over resources in one's environment. On the other hand, Briskman et al. (2020) identified four categories of empowerment which include intrapersonal empowerment (a person's capacities in a given situation), instrumental empowerment (individual capacity to participate and influence a decision making Process) formal empowerment (when institutions present mechanisms for citizens to participate and influence public decisions) and substantive empowerment (capacity to make decisions and produce the desired results).

The overall impression in social work is that empowerment theory supports resource-oriented intervention forums in which the social worker take control in a community to enable caring respect to people as well as minimizing group discrimination in decision making (Christens, 2019). Furthermore, the empowerment theory emphasizes self-sufficiency where there is marginalization of any kind thus

completely falling into the environment of social workers whose major aim by their profession is to get as much involvement of the person in need as possible

Various scholars including Mendes (2020) as well as Hyslop and Keddell (2018) have applied the empowerment theory in the pursuit of social work activities. The scholars pointed out that empowerment was influenced by structural aspects of a work environment which are the ones that provide access to formal and informal power thus offering access to information, support, resources, and opportunity to all employees through a structurally empowered work environment. Structural behavior in organizations is based on three variables which include the opportunity structure, the power structure and the number of people (size and social composition). The hierarchal systems where most people work define the capacity for mobility and opportunity for change as well as a network of power relationships (Teater, 2019).

The empowerment structural theory is significant to this study because it elaborates clearly the importance of giving power through resources, information and support to accomplish the task at hand. For a start, the shift in paradigm from institutional care to community collaborative care falls within the tenets of intervention, a core responsibility of professional social workers in their daily activities. Further more, apart from being independent as a community, the need to be educated on the real meaning of empowerment plus its application in the deinstitutionalisation era falls on the shoulders of professional social workers thus proving the neeed for embracing empowerment theory. Studies regionally in Zimbwabwe and globally in Northern Ireland indicate that advocacy and needs assessment are anchored on a spine of empowerment theory as practised by professional social workers in the various regions (Mugumbate & Chereni, 2019; Das et al., 2018). Elsewhere in Asia, deinstitutionalisation has been linked to the tenets of empowerment theory and specifically strategy planning and implementation were pointed out as the main variables whose success is reliant on empowerment theory (Nikku & Rafique, 2019; Wagle, 2022; Karim, 2021).

Locally, the empowerment theory has been applied in studies on social work, policy making and implementation of plans. Mwariri (2021) pointed out that when it comes to the policy making process it was important to avoid monopoly and instead offer access to information, support, resources as well as opportunity to all through a structurally empowered environment.

Additionally, both Kililo et al., (2021) and Chege, (2018) studies concluded that Kenya general public need to be informed about the implications of policies to their lives and their families hence policy making process and their roles in policy development would require a backup of empowerment theory for their assured commitment or government commitment too. This aspect of getting informed directly falls on the involvement of social workers in advocacy for the benefit of community, care institutions and to the general public even though there are few forums where this takes place (Chege, 2018).

1.5.2 Review of related literature

The transition from institutional care to family-based care is called 'De-Institutionalization (DI) of children'. The DI leading NGO, Hope and Homes for Children (HHC) defines DI as "the process of eradicating institutional care through the development of prevention and family support services and family-based alternative care (Hope and Homes for Children 2016:1)". The process includes building a conducive environment for DI with the aim of preventing family separation, encouraging family

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

Advocacy is an integral component of social work practice and is consistent with the ethical guidelines for the profession. Social work in Romania is a recently revitalized profession. Social workers are challenged to address and remedy population needs while simultaneously confronting infrastructural deficiencies. Nevertheless, through a conscious use of self and a judicious use of resources on the individual and agency levels, social workers may be better equipped to address the needs of individual clients and to effect change on a systemic level. In social work, advocacy is viewed as a task whose primary goal is to make persuasive arguments on behalf of others and to portray clients' social problems in the best possible light by using specific facts. A request that is made specifically for the benefit of the clients of social work is also considered advocacy in this context.

Nevertheless, social work does have a long tradition of engagement in policy, program, and practice development in this subject. Social workers collaborate with other experts from government and non-government organizations to formulate policies, as well as develop and offer support for children in the child welfare system. This could entail offering alternative, child-centered, and home care to families that seek assistance in caring for their children. It may also entail providing and facilitating alternative support for children who are unable to securely stay in or return to their families' custody (Harris, 2018).

Advocacy has been studied elsewhere with the context of child welfare in the deinstitutionalization policy globally with Dragu (2019) focusing on the impact that economic and political factors had on the success of this policy, with a conclusion that there was lack of commitment and inadequate funding for social worker involvement. The study covered 70 children's home randomly selected and linked to the receiving families of children being deinstitutionalization, but stratified into urban and rural family settings. Dragu (2019) recommended for the introduction of incentives to the social workers and more advocacy in the wake of children's home losing their society importance as child protectors.

Regionally, studies on advocacy in the deinstitutionalisation policy have taken place in Zimbabwe in which Mugumbate and Chereni (2019) explored the application of Ubuntu an African cry of unity to examine the working of deinstitutionalisation policy. The key methodology was a cross-sectional study in which children's homes, overseer institutions in the children welfare and the children's court were examined. A total of 56 respondents from all the institutions were interview based on different themes of social worker roles. Thematic analysis of the interviews resulted into conclusions that indeed without adequate advocacy people developed resistance to the idea of deinstitutionalisation. A similar study by Aziz 2022, in Egypt on children without parents and requiring foster care indicated that social workers were indeed overstretched in trying to link the children to the appropriate families that would accommodate them. The study used both purposive and snowballing approached in getting the respondents at homes, the children care centers and the children needing foster care In conclusion, the study indicated that there was need to have a holistic approach with adequate advocacy in Egypt for the implementation of such policy as deinstitutionalisation.

Kenyan studies by Wandia et al., (2022) as well as Ongowo et al., (2021) have both pointed towards Mixed reception of the deinstitutionalisation policy especially since there was resistance from many stakeholders indicating lack of adequate advocacy during and after the policy came into place. In both studies, purposive sampling was used to select social workers and children's homes that had experience in the deinstitutionalization policy programmes.

The current study expands upon the existing research to examine advocacy communications, resources, and agendas of social workers in addressing the child protection policy development in the country. Hence, the study would be able to contribute to the empirical knowledge base for understanding advocacy activities of social workers in child protection policy development in Kenya.

1.6 Materials and Methods

Study Location

The research collected data from 4 main professional bodies registered in Kenya. Focusing on the Nairobi City county area as majority of the social workers in the professional bodies were based in the capital city or had their headquarters within Nairobi. These professional bodies specially were Kenya National Association of Social Workers (KNASW), Kenyan Medical Social Workers Association (KEMSWA), Kenya Institute of Social Work and Community Development (KISWCD), as well as Association of Social Work Educators in Kenya (ASWEK)

Research Design

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

Sample Size and Size

The study's target population was 9,629 professionally registered social workers with a stratified random sample of 385 from the 4 associations that is Kenya National Association of Social Workers (KNASW), Kenyan Medical Social Workers Association (KEMSWA), Kenya Institute of Social Work and Community Development (KISWCD), as well as Association of Social Work Educators in Kenya (ASWEK). Field data collection recorded a response rate of 72%.

Study Instrument

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

In terms of structuring, the questionnaire comprised five sections as follows; Section A: Demographic Information, Section B: Social Workers and Needs Identification, Section C: Social Workers Advocacy towards Child Protection Policy, Section D: Social Workers and Implementation of Child Protection Policy, Section E: Social Workers and Formulation of Child Protection Policy.
The overall measurement tool for the instrument on the variables of study had a 5-point Likert scale where 5=SA-Strongly Agree, 4=A-Agree, 3=UD-Undecided, 2=D-Disagree, 1=SD-Strongly Disagree
Likert scale was preferred because it enabled the researchers to convert responses into a quantitative format for ease of data analysis using computer-based software.

Data Collection Procedure

The research procedure included obtaining permission to carry out the research, testing of research instruments to determine their reliability and validity, administering of the research instruments, and ethical considerations that had to be observed during data collection. The first step was to seek permission to conduct research from study supervisors at the Catholic University of Eastern Africa (CUEA). The second step was to register and obtain approval from the National Commission for Science, Technology and Innovation (NACOSTI), from the Directorate of Children Services (DCS) and then from the Nairobi County Directorate of Education at City Hall, Nairobi Finally, responding persons from the professional field of social workers were contacted and questionnaires delivered for later collection by research assistants, while key informants were directly interviewed.

Data Analysis

Data collected from the field was cleaned and coded for entry into the computer system via the SPSS package. The analysis involved both descriptive and inferential statistics in which ANOVA, R-square, and parameter estimates were used to explain the study findings.

Ethical Considerations

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

1.7 Study findings

The study investigated advocacy as an instrumental variable for social workers to the deinstitutionalization of children in Kenya. The involvement of social workers was tested as an independent variable against Deinstitutionalisation policy. Findings stipulated in Table 1 below presents the mean scores and standard deviation for the seven indicators that were used to measure Advocacy involvement. The overall score of the mean is 3.39 whereas the standard deviation is 1.071. The Cronbach Alpha Coefficient for the 7 items that were used to measure Advocacy in Deinstitutionalisation was 0.86. This level of reliability shows that the item had a high internal consistency. This further implies that the result is that at mean = 3.39 and standard deviation = 1.071, majority of the SW respondents supported the idea that advocacy by social workers in the deinstitutionalisation policy has relatively received an average rating.

In relation to the individual statements, Table 1 continues to indicate that Advocacy statements with higher ratings were: shared via social media (mean =3.58, SD=1.023); working in alternative care reforms (mean =3.51, SD =1.091); and chairing forums (mean =3.46, SD =0.96). The other three advocacy statements were effective at an average rating and include: defending services (mean =3.28, SD =1.112); criticising policy makers (mean=3.22, SD =1.0820); petitioning (mean=3.29, SD =1.16); and public debate (mean =3.17, SD =1.078). Findings stipulates that majority of the respondents rated at a mean of 3.39 supported the idea of advocacy for deinstitutionalisation policy by social workers.
The data was plotted using a Likert scale of 1 to 5 where 5- SA-Strongly Agree, 4- A-Agree, 3- UD-Undecided, 2- D-Disagree, 1-SD-Strongly Disagree. The mean refers to Likert mean that was adopted

between 1 to 5 while the row values are percentages for each Likert score from the respondents all adding up to 100% per row. The composite score is the overall mean for all the questions or statements of the objective.

Table 1: *Advocacy in the Deinstitutionalisation Policy*

Advocacy Statements	1	2	3	4	5	M	S.Dev
Defended service users or spoke on their behalf to policy makers or government officials on need for de-institutionalization of children in Kenya	9	13.7	28.3	38.2	10.7	3.28	1.112
Criticized administrators or policymakers about failures or problems faced in the implementation of the child welfare reforms in Kenya	6.4	20.2	28.8	34.3	10.3	3.22	1.082
Chaired a forum working to review the children's Act 2001 issue	7.3	7.7	20.2	60.9	3.9	3.46	0.96
Posted or shared anything about the De-institutionalization online, for example on blogs, via email or on social media such as Facebook or Twitter.	4.3	7.3	34.3	34.3	19.7	3.58	1.023
Worked with an organization or association that advocated for alternative care reforms	6	12.9	21.5	43.8	15.9	3.51	1.091
I have signed a petition on child protection policy in Kenya	10.7	13.3	23.2	41.6	11.2	3.29	1.16
Participated in a public debate on the challenges facing implementation of the De-institutionalization of children in Kenya.	4.3	9.9	16.7	42.9	26.2	3.17	1.078
Composite score						3.39	1.071

Source *(Field Data, 2023)*

Social work professionals are known for their powerful tool called advocacy in fighting for social justice and human rights. From the above findings, social work professionals seem to have been fairly involved in advocating for DI. Majority registered that they are in agreement with the statements for involvement in advocacy for DI. Chaired a forum working to review the Children's Act 2001 issue scored 60.9%, having worked with an organization or association that advocated for alternative care reforms scored 43%, Participated in a public debate on the challenges facing the implementation of the De-institutionalization of children in Kenya scored 43%, all of them indicating AGREE on the Likert scale. Now, this shows a high level of involvement of social workers in advocating and lobbying for DI.

Social workers are obligated to perform policy activists' roles. It is almost impossible for social workers who are expected to be active in human service delivery roles to be lukewarm about policy. If social workers only receive policy instructions and implementing rules in accordance to policy expectations, then they are acting to fulfil political and government sponsored objectives and simply endorsing them. Instead, social workers should negotiate, question, or challenge those policy directives and objectives before endorsing or implementing them.

In this context of DI, social workers are expected to be actively involved in interpreting the policy guidelines to all stakeholders, and educate and sensitize them on the most effective ways and strategies to achieve and realize DI objectives. They are expected to cascade the spirit of DI from government and

pass it down to all levels. This should be done with an aim of influencing the success of care reforms and consequently create progressive change and impact on the lives of the care leavers.

Discussion

The second objective of the study sought to establish the significance of social worker involvement in advocacy for deinstitutionalisation of children in Kenya. Initial results indicated that majority of the respondents rated at mean of 3.29 in the descriptive results supported the idea of advocacy for deinstitutionalisation policy by social workers, but the low mean implied that this was not taking place. Further findings indicated that indeed involvement for advocacy had a significant effect with beta coefficient $\beta=.222$ (p<.05). Thus, whereas the descriptive results indicated low advocacy involvement, the inferential statistics proved that the involvement in advocacy was significant.

The current results are in line with other studies from previous empirical evidence with Lloyd and Firmin (2020) concluding that social workers have always been relied upon to speak for the "voiceless" in order to fulfil the profession's social justice purpose. Additionally, the two scholars identified advocacy as one of the fundamental pillars on which social work is built. In Egypt, the need for social worker advocacy role has been emphasised through a study by Abdel Aziz (2022) on children without parents and requiring foster care. The study concluded that social workers were indeed overstretched in trying to link the children to the appropriate families that would accommodate them thus highlighting their critical advocacy role in rehabilitating such destitute children. However, other studies have pointed towards contrary findings to the current results in which the value of social worker involvement has been shown to diminish or fail to be recognized. Hudson et al., (2019) concluded that the social worker profession has been swallowed by a wave of managerialism and state control, which has primarily resulted in advocacy's diminished position, if not outright abandonment. In an earlier research, Daly and Lewis (2018) concluded that, the current wave of managerialism has overburdened many social workers with administrative chores, leaving them with little opportunity to conduct social work in its purest form thus lacking the opportunity to carry out the key function of advocacy for the deinstitutionalization wave.

Another scholar to fault the social work profession in advocacy drive is Harris (2018) who emphasised that social work does have a long tradition of engagement in policy, program, and practice development clearly suggesting that in such status, the chance for advocacy drive would be minimal. In agreement with Harris (2018) were other scholars Kaushik and Walsh (2019) who observed that although providing services to disadvantaged people and advocating on their behalf are distinctive aspects and hallmarks of the social work profession, there appears to have been a significant departure from this purpose, since advocacy practice is rapidly diminishing.

More importantly, a study conducted by Uhnáková and Levická (2017) in Slovakia concluded that although social workers view their support activities in terms of personal work that is necessary and affects social work, they tend to focus on other roles (especially the roles of counsellor and therapist). The study concludes that the support role of social workers in Slovakia is still in its infancy. More so, Dragu (2019) focusing on the impact that economic and political factors had on the success of deinstitutionalization policy, with a conclusion that there was lack of commitment and inadequate funding for social worker involvement for advocacy. This is a case of indicating that advocacy role was yet to be enhanced in the social worker professional critical responsibilities. Locally, studies by both

Wandia et al., (2022) as well as Ongowo et al., (2021) have highlighted Mixed reception of the deinstitutionalisation policy especially since there was resistance from many stakeholders indicating lack of adequate advocacy during and after the policy came into place.

1.8 Conclusion

The study firmly concluded that social workers were fairly involved but that in most cases they did not have the opportunity to fully participate in the key advocacy activities of deinstitutionalisation process.

1.9 Recommendations for Policy Change

The government to consider engaging professional social workers in every stage of the development of DI policies and, strategies and guidelines. This can be achieved by partnering with social work professional bodies already existing in the country. If they were not involved in the initial formulation of these guidelines, they can be involved in review of the same as well as proposing new ones that are more responsive to effective child protection. Social workers can also be very strategic in interrogating the existing legislations that could be a barrier to effective reintegration of children. This is part of advocacy for policy change.

It is also suggested that the government should speed up the formation of social workers Council that shall be obligated to vet, train and build the capacity of all professionals involved in the care reforms. In liaison with all children agencies like NCCS and DCS while giving them proper support.

Behind every welfare change, there must be an advocacy effort agitating for improvement, and those efforts contribute in shaping the actual reforms. Social workers direct or indirect advocacy efforts can impact the process of de-institutionalization through increasing pressure for change or challenging the current approach for DI whereby very little awareness is being created on re-integration of children back to their families. If more social workers are engaged in advocacy for DI, that would create grounds for change, or challenge the DI strategies in a way that brings pressure upon stakeholders to own up the process.

1.10 Suggestions for Further Studies
Based on the study findings and conclusions, there appears several gaps that could be filled by other scholars engaging in further studies. Specifically, the study recommends that a study on the children welfare institutions to establish their operationalisation of children welfare policies thus finding how critical professional workers should be in the whole process. Another area of study could involve examination of how Kenya laws are applied in children welfare issues in order to establish how and when professional workers get engaged. Finally, a similar study based on different variables could be triggered to establish what factors are responsible for the success of children welfare policies.

References
Abdel Aziz, A. H. (2022). *Deinstitutionalization and Alternative Care Systems: A Case Study of Children Without Parental Care in Egypt. In Institutional Reforms, Governance, and Services Delivery in the Global Sout*h (pp. 75-99). Palgrave Macmillan, Cham.
Bae, N. R., & Kim, J. W. (2021). Study on Experience of Prospective Social Workers Participated in Social Welfare Field Practice during COVID-19 Pandemic. *Journal of the Korea Convergence Society, 12*(11), 301-310.

Berg-Weger, M. (2019). *Social work and social welfare: An invitation*. Routledge, New York

Chaturvedi, R., & von Schnitzler, A. (2019). Introduction: Political Society and Popular Politics in Africa. *Comparative Studies of South Asia, Africa and the Middle East, 39*(1), 3-7.

Ciobanu, M. (2020). Aspects of the public spending policy on the social protection of children in difficulty in the republic of moldova. *REVISTA ECONOMIA CONTEMPORANĂ, 5*(4), 45-53.

Dominelli, L. (2021). A green social work perspective on social work during the time of COVID-19. *International journal of social welfare, 30*(1), 7-16.

El-Khoury, J., Haidar, R., & Charara, R. (2020). Community mental healthcare in Lebanon. *Consortium Psychiatricum, 1*(1), 71-77.

Hall, A. S. (2021). *The point of entry: a study of client reception in the social services*. Routledge

Harris, A. (2018). Introduction: African Street Literatures and the Global Publishing Go-Slow. *English Studies in Africa, 61*(2), 1-8.

Muraguri, P., Mutisya, M. & Muhingi, W. N. (2024). Involvement of social workers in the implementation of de-institutionalization of children in Kenya. Journal of Research Innovation and Implications in Education, 8(2), 90 – 99 https://doi.org/10.59765/mkgr2537

Mwale, A., Libati, M., & Khan, Z. (2019). Motivation for Union formation: A Case of Zambia. *Journal of Sociology and Anthropology, 3*(1), 11-14.

Nnama-Okechukwu, C. U., & Okoye, U. O. (2019). Rethinking institutional care using family-based alternative child care system for orphans and vulnerable children in Nigeria. *Journal of Social Work in Developing Societies, 1*(3), 7-11.

Nsabimana, E., Rutembesa, E., Gishoma, D., Uwineza, J., Fasseur, F., Herczog, M., & Martin-Soelch, C. (2021). Does residential care system orphanizes children? Perceived pathways to self-adjustment following institutionalization in Rwanda. *Children and Youth Services Review, 2*(3) 122-135.

Scourfield, P. (2021). Using advocacy in social work practice: A guide for students and professionals. Routledge.

Spitzer, H. (2019). Social work in East Africa: A mzungu perspective. *International Social Work, 62*(2), 567-580

Van Breda, A. D. (2018). A critical review of resilience theory and its relevance for social work. *Social Work, 54*(1), 1-18.

Wade, P., & Moreno-Figueroa, M. (2022). Alternative grammars of anti-racism in Latin America. Interface: *a journal for and about social movements, 13*(2), 20-50.