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Applying community-based participatory research to better understand and improve kinship care practices: insights from DRC, Nigeria and Sierra Leone

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Abstract

While the principles behind community-based participatory research (CBPR) are firmly established the process of taking CBPR with children and youth to scale and integrating it into the programming of non-governmental organizations has been scarcely documented. This paper reflects on the experiences of Save the Children in implementing a multi-country CBPR program to increase understanding of kinship care in DRC, Nigeria and Sierra Leone. The paper discusses challenges faced, lessons learned and highlights how the research process enabled action and advocacy initiatives at different levels – leading to an increase in support and policy attention for children living in kinship care.

Keywords: NGOs; participatory research; child participation; Kinship care; West Central Africa

Introduction

In recognition of the scale of informal kinship care¹ in the West and Central Africa region, the importance of increasing an understanding of kinship care, especially from the perspectives of children and caregivers, was identified as a priority action area for the region. In West and Central Africa an estimated 15.8% of children do not live with their biological parents.¹ However, only a very small number (0.002%) live in formal alternative care (including institutional care); while the majority live in informal care alternatives, especially with their extended family in kinship care.¹ Kinship care practices have been identified as a traditional coping mechanism, which, if effectively supported, can contribute to resilient communities who are more able to care for and protect children in the face of adversity.²⁻⁵ However, studies have also identified that children living with relatives may face increased risks of discrimination, abuse and exploitation.⁶

There is insufficient data collection and research on kinship in the region, especially in terms of children living in informal care arrangements where there is little documentation or regulatory frameworks.¹ Research to date underscores the major gap in knowledge about kinship care, particularly from the perspectives of children and caregivers.^{7,8}

Recognising the importance of listening to the perspectives of children, caregivers and biological parents', and supporting meaningful participation of children in the process, Save the Children supported countries in the West Central Africa region to undertake community-based participatory research (CBPR) on informal kinship care practices. The research was primarily qualitative, participatory and exploratory designed to enhance the understanding of: kinship care arrangements; positive and negative experiences of kinship care and influencing factors from different perspectives (children, caregivers, others); and recommendations to strengthen programmes and policies that promote the prevention of family separation and family strengthening within a comprehensive care and protection system.

Community-based participatory research was selected as the key approach in order to engage children and caregivers and their communities in a process in which they had something to offer, which facilitated mutual learning, was aligned with local interests and which had the potential to lead to action or social change.⁹ As CBPR involves engaging with marginalised groups of people to learn more about and address some of the social circumstances that cause them harm, it has the potential to help children and young people feel empowered to think and act on the conditions that shape their lives. CBPR is therefore not merely a research orientation to encourage meaningful collaboration between academics and community members; it is an approach to programming that can guide work in development. Whilst CBPR is growing in popularity, many so-called CBPR studies fail to adequately involve children and youth as partners,¹⁰ highlighting the need to map out the specific challenges and opportunities of a child-centered CBPR programme taken to scale by an international NGO.

Against this background, this paper shares key insights and lessons learned by Save the Children concerning the process of community-based participatory research with children, youth and adults on informal kinship care practices in the Democratic Republic of Congo, Nigeria and Sierra Leone- undertaken in 2012 and 2013. To frame the paper, we discuss our experiences from the perspective of three key stages of CBPR:¹¹

¹According to the United Nations'Guidelines on the Alternative Care for Children' (Article 29c), kinship care is defined as "family-based care within the child's extended family or with close friend of the family known to the child, whether formal or informal in nature"

- *Stage 1: Partnership formation and maintenance* – providing an overview of who was involved in the participatory research process, an analysis of various aspects of partnership formation and maintenance, and some of the particular challenges faced when engaging with vulnerable children as researchers.
- *Stage 2: Community assessment and diagnosis with and by children and adults on kinship care experiences* - describing and critically reflecting on the research methods and processes used by the local research teams to gather, document and analyze information on kinship care experiences; and the challenges faced by the community based teams in this documentation and analysis of data.
- *Stage 3: Feedback, interpretation, dissemination, and application of results*-providing an overview of the various materials developed from the research; describing and analyzing how the findings and feedback have been disseminated and used to inform action and advocacy initiatives at different levels.

This paper discusses the key opportunities, challenges and problems faced during each of these three stages. It concludes by drawing together lessons learned and recommendations for addressing challenges faced.

Stage 1: Partnership formation and maintenance

Who was involved?

After consulting a regional research protocol, Save the Children teams in DRC, Nigeria and Sierra Leone “opted in” to the research process. The research was not community initiated and some key parameters were proposed in the research protocol. However, a collaborative research processes was supported, enabling children, caregivers, local staff and partners to influence the research design and to determine which tools they wanted to adapt, develop or use in their local contexts. The research was undertaken in 17 communities (3 rural villages, 11 urban and 3 semi-urban) across 7 States/Provinces of these three countries. The study sites were selected based on i) locations where Save the Children had existing child protection programmes in place, and therefore had established community trust and child safeguarding mechanisms; and ii) knowledge or existing data of locations where kinship care practices were more prevalent or perceived to be increasing. Overall, across the three countries more than 1,100 stakeholders were consulted during the research process including more than: 325 children living in kinship care; 375 kinship caregivers; 154 parents; 172 children living with biological parents; and more than 150 other relevant stakeholders (community members, members of child protection committees, traditional chiefs, local and national officials, teachers, police, religious elders, members of NGO and UN agencies). For a summary of country study areas and teams, see Figure 1.

DRC undertook the research in 8 local communes across the two main urban centres of Mbuji Mayi and Mwene Ditu in the province of Kasai Orientale. Local research teams were formed in both of these areas each involving 7-8 children (girls and boys); 2-3 kinship caregivers; and Save the Children staff, and members of community based child protection committees.

The **Nigeria** research was undertaken in 3 Northern States, in 1 rural village in Bauchi State; in a semi-urban ward Katsina State; and in an urban location in Kaduna State. A local research team was formed in each of these areas involving local staff, NGO partners, female and male caregivers and children (1 girl, 1 boy) living in kinship care.

The **Sierra Leone** research was undertaken in 3 provinces (Eastern Province, Southern Province and Western Area). In each province research was undertaken in 2 villages or wards in one district within the province namely: Kailahun, Pujehun and Freetown districts. A local research team involving children 8 – 12 children (girls and boys), caregivers and Save the Children staff was formed in each of these 3 districts.

Figure 1: Summary of country study areas and teams

Aspects of forming and maintaining partnerships

Building on existing relationships and community based structures:

Building upon existing relationships Save the Children and/ or their NGO partners had established in communities through ongoing child protection programs, meetings with village chiefs or other concerned local authority elders were organized to gain permission for the research. In addition, wider community meetings were organized to introduce the research process and to gain support from community elders, community-based child protection committee members, caregivers, parents and children. The wider “buy-in” and support from caregivers, parents and community elders was important to help overcome traditional socio-cultural barriers which tend to reduce opportunities for children’s expression and participation. However, challenges faced in the early stages necessitated further sensitization among caregivers, as described below.

Partnerships with adult members of existing community based child protection committees (CPCs) and existing child clubs were built upon to support the participatory research process. The CPCs were encouraged to nominate and identify interested members to be part of the local research teams, and members of existing child clubs were nominated to be members of the local research team.

Capacity building:

Once the local research teams were recruited, capacity building was conducted through a two day workshop for local research teams including girls, boys, female and male caregivers, biological parents, and local Save the Children staff and partners. A focus on child-friendly communication skills, child safeguarding and ethical considerations (informed consent, confidentiality, anonymity) were integral to the training as well as understanding the research protocols and becoming comfortable with the participatory research tools. Country research teams were encouraged to follow up this initial training workshop by providing on-going mentoring and support to the local research teams to further develop their research skills.

Challenges and opportunities faced when engaging with vulnerable children and communities in research processes

Involving children:

Despite the initial community meetings, concerns were raised by children and adults that children would not be accepted as researchers or listened to by adults in the community due to traditional social and cultural attitudes towards children. In general, children in the three countries were not expected to express their views in public or to ask adults questions. In Sierra Leone, some caregivers selected for interviews also feared that the research was a kind of investigation into the way they were taking care of children. Similarly, in Nigeria some caregivers feared that the children under their care would share negative experiences about their kinship care arrangements. Some caregivers in Nigeria also expressed fear that their “relative children” would benefit more from being actively involved in the research, compared to their own biological children. Further sensitisation was therefore needed with caregivers to clarify the purpose of the research, the anonymity of research findings, and the importance of creating a safe environment for children (biological and relative children) to share their positive and negative experiences, so that recommendations could be identified to better support families caring for relative children. In Sierra Leone, child researchers were paired with trusted adults from the same community to overcome the challenge of children not being listened to, to further support the research and documentation process as well as to ensure safeguarding.

Capacity building:

In terms of capacity building, one of the reported limitations from across the three countries was that there was insufficient follow up training on analysis and reporting skills, which hindered the quality of analysis and reporting processes. Whilst we would favour an increase in resources to capacity building, others have argued that it is too much to expect community members to develop research skills for all stages of the process and that it is more efficient for academic partners to conduct the analysis¹².

Transparent information sharing – lack of financial compensation:

A key challenge for researchers and development practitioners is to manage expectations. More often than not, study participants have higher expectations of benefitting from the activity than what the facilitating researchers can live up to¹³, making transparent information sharing and dialogue key to the relationship with local researchers and the community¹⁴. Despite transparent discussions concerning the roles of the local research team members and the fact that lack of financial compensation for local researchers was clearly explained, some initial research volunteers in Sierra Leone dropped out once they realised that there would be no financial compensation. This suggests we cannot assume that an interest in the research and its outcomes, or the fact that local researchers may gain useful skills and knowledge during the process, is enough to motivate their involvement.

Stage 2: Community assessment and diagnosis with and by children and adults on kinship care experiences

Taking into consideration the experience of forming and maintaining partnerships in the process of CBPR of the kinship care research, this paper now discusses a 2nd key stage of CBPR by

describing and critically reflecting on the research methods and processes used by the local research teams, as well as the challenges faced by the community based teams in this documentation and analysis of data.

Use of multiple methods for research:

Over a 3 to 6 month period the country teams used a mix of multiple methods including: interviews, focus group discussions, case stories, observation and child friendly participatory tools including:

1. *Body mapping*: children drew around the shape of a child on flipchart paper to make a body map. The body map was divided into half and the body parts were used to explore positive experiences of living in kinship care on one side, and negative experiences on the other (see Figure 2).

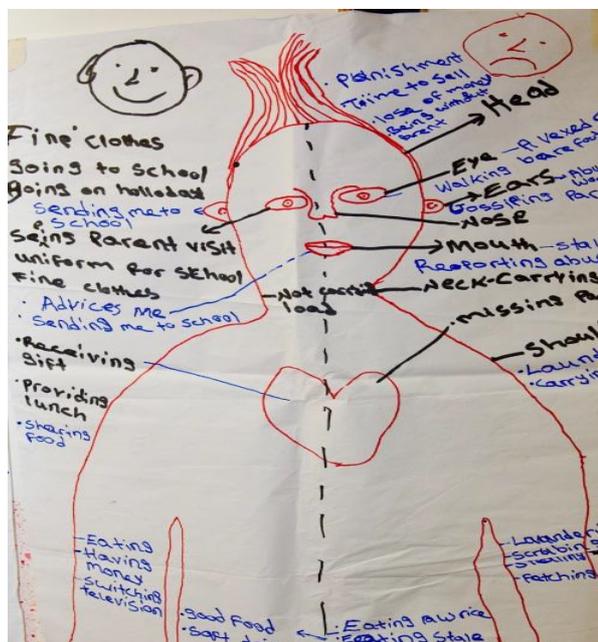


Figure 2: Example of body mapping

2. *Timelines*: to explore trends and changes in kinship care practices over time.
3. *Visual care option mapping*: to explore different care options for a child and the advantages and disadvantages of each.
4. *Resource mapping*: to identify local resources (people, groups, institutions) that could be mobilized to support children living in kinship care.
5. *Visioning tree*: to explore a vision of children’s care and protection in communities, strengths that can be built upon and recommendations (see Figure 3).

to overcome these challenges during the research process as documented below. Lessons learned on this aspect are brought together in the conclusions of this paper.

One of the main challenges in CBPR is finding systematic, yet simplified ways to record, store and analyse data^{12,19} Guidance for documentation and analysis was provided from the region to local research teams. It included suggestions for the local research team members to i) keep a reference folder which lists each source of information used or gathered during the research; ii) record interviews and conversations as well as have a note taker at each contact session; iii) keep a research diary to record observations, reflections and key analysis during the research process; iv) have children to either write or to explain to a researcher what a drawing/ photo means to them; v) take digital photos of any visual images (for example, timeline, body maps, drawings etc.); vi) keep research findings safely and securely in cabinet, metal box or password protected computer; vii) meet regularly to reflect on, identify and record emerging research findings.

In Sierra Leone, recorders and a camera were not available at the initial stages of the research. While use of digital voice recorders or video cameras may help capture detailed information, time and resource constraints faced by local research team members often meant that data was not recorded and transcribed, resulting in some reflection workshops relying heavily on memory and brief notes – undermining, to a certain extent, the quality and integrity of the study.

The majority of the local research teams (adults and children) who were involved in the participatory research had never undertaken research before, and had limited experiences in documentation, filing, or research analysis. In addition, all of the research team members had multiple responsibilities in their daily lives to study, work and support their households, and thus they had limited time that could be spent in research processes. Faced with a lot of qualitative information from the various participatory tools that were used, each of the teams faced challenges in ensuring systematic and quality documentation and analysis.

In Nigeria for example, while local research team members were provided with notebooks to write down what people said, along with their observations during group activities or interviews, both adults and children found it difficult to write in detail. Nigeria provided the local research teams with cameras which enhanced some forms of documentation. Local NGO partner staff members of the local research team took more responsibility for typing up the key findings from interviews, FGDs and participatory tools. Therefore, while children were actively involved in the reflection workshop in the latter stage of the research process (see below), they were less meaningfully involved in ongoing documentation and analysis during the research process. Such constraints contributed to weaknesses in the quality and richness of data collected. We learned there is a need for increased mentoring and support for systematic documentation and analysis.

Stage 3: Feedback, interpretation, dissemination, and application of results

The process of inclusive data analysis is rarely documented in the literature.¹⁹ This penultimate section of the paper discusses the reflection workshops which supported children's active participation in analysis and development of recommendations. It also discusses some of the efforts made by the local research teams and Save the Children to apply and act upon key findings from the research to inform action and advocacy.

Reflection workshops supported children's participation in analysis:

In the latter stage of the research process, reflection workshops were organised in each of the local research areas involving members of the local research team (children, caregivers and other adults) and other key stakeholders, such as members of the child protection committees, NGO partner staff, local chiefs, and local officials. These reflection workshops were identified as very helpful in involving different stakeholders (children and adults) in bringing the learning and analysis together in an interactive process. The reflection workshop provided space to discuss diversity, difference and disaggregation of findings in relation to gender, age, care setting, and other factors. During these workshops, stakeholders played an important role in developing recommendations based on the local research findings.

As a culmination of the regional research process a four day regional reflection workshop was also organized for all of the countries involved. This regional-level workshop built on the in-country reflection workshop processes and enabled children and adults to reflect on key findings and to collectively develop recommendations for practice and policy developments. In addition, some short advocacy videos summarizing key findings were collaboratively made with child and adult members of the research team during the workshop.

At each of the reflection workshops complexity between the different contexts were highlighted. However, as we moved from community, national and regional level workshops, it became increasingly challenging to capture and focus on all the complex relationships that emerged, leading to a simplification of some findings. The danger of oversimplifying complex data is a challenge also noted by others who have facilitated CBPR projects in the US.¹²

Materials developed from the research:

A range of materials were developed out of the participatory research including country research reports, 'kinship care albums' that compile a range of stories, drawings, photos, poems and letters written by children during the research process, a regional research report, PowerPoint presentations, short advocacy videos (involving child and adult researchers and Save the Children staff) and online communication and advocacy through social media, such as Pinterest.

The findings (see below) have been most effectively disseminated and followed up at the community level. At this level, children, caregivers, members of CPCs, NGO staff and Save the Children have taken forward practical opportunities to support children living with kin and to prevent and respond to discrimination, abuse or other harmful behaviour through community based protection committees and other community programme initiatives.

An indication of key findings and 12 key areas for programming and advocacy:

The research findings indicated that there are: different reasons for sending children to live in kinship care; diverse positive and negative outcomes for children; and a number of factors influencing such outcomes.²⁰ Girls and boys experiences of kinship care are diverse and outcomes for children are mixed. Kinship care is a positive experience for some children enabling them to be cared for and loved by family members. Some children have increased access to education, health care and other resources when living with kin caregivers. However, for other children, kinship care is characterised by discrimination which can adversely affect their access to quality education, nutrition, protection and unfair distribution of household tasks.²¹ Some children also face stigma and discrimination in the wider community. In many scenarios the situation is complex where

caregivers are striving to support kin children in their care, but financial struggles place constraints and stresses on the family.

The research findings informed the identification of 12 key areas for increasing programming and advocacy:

1. Improve data collection on kinship care
2. Apply the Guidelines for the Alternative Care of Children²² to improve legislation policy and guidance on all forms of alternative care, recognising the significant importance of informal kinship care
3. Increase child sensitive social protection, especially for vulnerable single parents and elderly caregivers
4. Increase access to free primary and secondary education, especially in rural areas
5. Increase budget and capacity for social services and social workers
6. Ensure better understanding of cultural practices to inform decision making in the best interests of the child
7. Strengthen child protection systems, including informal mechanisms to increase oversight of informal kinship care
8. Increase active participation of female and male caregivers, mothers, fathers and children in care decision making
9. Increase opportunities for children's participation in families, communities, and practice and policy developments affecting them
10. Address stigma and discrimination of children living in kinship care
11. Increase positive parenting for fathers, mothers and diverse caregivers
12. Increase fathers and mothers on-going communication and responsibilities for child rearing.

Dissemination and application of results at the community level:

At a *community level* the research findings have been disseminated, discussed and responded to through community meetings involving adults and children, particularly among members of existing community-based child protection committees and child groups in each of the countries. At the regional workshop, it was reported that this process was seen to have increased collaboration between the child protection committees and the Child Clubs as CPC members have seen and acknowledged the increased value of the skills and contributions that children can bring to the analysis of situations. Similar observations have been made in Kenya, where adult recognition of the skills and contributions made by children in child clubs, improved their relations with children.²³ Representatives from the study in Nigeria claimed that the research had led to increased awareness and home visits by child protection committee members to visit children living with relatives. In Sierra Leone, efforts are now under way to increase efforts to involve relative caregivers in parenting sessions. Plans are also in place to use community radio programs to inform and improve adult understanding on the positive and negative effects of alternative care, especially kinship care.

Dissemination at district and national levels:

Findings have been disseminated at *district and national levels* to influence practice and policy developments. In Sierra Leone for example, the research findings have been shared and discussed with the Ministry of Social Welfare, Gender and Children's Affairs (MSWGCA), with

community based organization (CBO) partners and Child Welfare Committee (CWC) members. Considering the absence of a legal framework regulating this type of care arrangement advocacy is underway with paramount chiefs and other stakeholders at the chieftdom level to ensure that some form of documentation is carried out and provided to the local authorities if a child is going into kinship care.

In Nigeria, Save the Children launched the research during an external dissemination workshop in Abuja in May 2014 that brought together key government agencies, UN and international NGOs, donors, and civil society organizations. One of the key commitments was to work towards greater collaboration to raise the visibility of child protection work in Nigeria and to enhance programming and advocacy in order to achieve change at scale, shift fundamental attitudes and behaviour and, address the culture of violence.

In DRC, staff changes have led to a delay in undertaking dissemination and advocacy at district or national levels around the research findings. The final country report has been translated into French and there are now plans to share the French version with the concerned authorities and to ensure more systematic follow up.

Dissemination at regional and global levels:

At the *regional level* child and adult researchers presented key findings to Save the Children country and regional directors in a West Central Africa regional strategy meeting in September 2013. The research was further highlighted during an inter-agency briefing to the African Committee of Experts on the Rights and Welfare of the Child during its April 2014 session. At the *global level* the research findings and one of the advocacy videos were presented in a high level inter-agency side event at the United Nations in New York in October 2013 calling for increased investments in family strengthening and providing appropriate alternative care for children in the 2014 United Nations General Assembly resolution on the rights of the child. The findings will also input into a Save the Children Program Learning Event for Africa on Children without Appropriate Care which is being held in early November 2014 and which is designed to shape and move forward the organization's care reform work across Africa.

Using research to inform policy and practice is notoriously difficult²⁴. We also cannot assume that the dissemination strategies listed above, many of which are mostly linked to information and knowledge sharing, will lead to any significant change. However, while it is too early to evaluate the change impact of the research, the power of 'user voice' (as enabled by CBPR) to spark strategic work within Save the Children, combined with strong links with policy actors (a virtue of large NGOs like Save the Children), are likely to facilitate positive outcomes at least at some levels.²⁵

Recommendations for addressing the challenges and improving the CBPR process

During the research, local teams generally struggled with the need to systematically and accurately document and analyze the amount of rich qualitative data collected. Mobilizing sufficient funds to hire national consultants and/or researchers to mentor and support local research teams' engagement in systematic documentation and participatory analysis during the research process goes some way to addressing this problem. Adding another layer to this: namely, a mentoring process between the national consultants/researchers and a university or researchers abroad who specialize in community approaches would make this a learning and empowering process for the consultants and local teams.

In addition to the increased guidance and capacity building on coding research themes and analyzing data mentioned as some of the valuable lessons below, we also need to look more closely at tools and materials we can develop and use to empower local research teams to conduct a more systematic analysis of their findings. Such tools should help to simplify the analysis process and aid local research teams to see emerging trends more clearly which are more aligned to the local realities – in this case what the children are saying, thinking and experiencing.

The process therefore identified a number of valuable lessons which are being used to inform and strengthen similar research processes in the East Africa region. We learned about: the importance of sensitizing adults in the community (community elders, caregivers, parents); the value of children’s participation and the importance of listening to the views of girls and boys; recognition that sensitization requires regular communication over a period of time as traditional socio-cultural attitudes are deep rooted. We also learned about the importance of communicating with, gaining permission from, and actively engaging the local, district (and if possible national) government authorities in the research process from the early stages, both to ensure necessary permission and to increase their receptiveness to act upon the research findings.

CBPR is not a cheap alternative to quantitative surveys. As above, the process requires sustained funding to appoint national consultants linked to academic institutions or fellow academics to mentor and further support the capacity of local research teams in documentation, analysis and reporting and to ensure mutual learning as a key guiding premise of a CBPR approach. We believe that the rigor of the process, and our findings, could have been strengthened if the initial training workshops had placed greater emphasis on the analysis of data, including guidance for coding of emerging research themes, analysis and reporting. The process of encouraging creative child-led documentation such as the “Kinship Care” album which enabled children and young people to develop and compile their drawings (with descriptions), photos, poems, and stories was very successful. In the future, we will place greater emphasis on Photovoice²⁶, draw-and-write, poetry and essay writing by children as research methods which enable children to reflect, discuss, document and analyze their thoughts.

Concluding comments on CBPR

The practice of children living in kinship care is a deep rooted tradition in Sierra Leone, Nigeria and DRC. In order to build upon good practice in family based care and to mitigate harmful practices (such as discrimination and risks of increased violence and exploitation), sustained awareness raising and advocacy efforts are needed. CBPR has helped Save the Children to understand both the protective mechanisms of kinship care and also the potential risks to children. Save the Children is committed to strategic work to support family-based care and protection and is therefore investing in on-going efforts to take forward the 12 recommendations identified by the research to inform its own child protection and care programming at global, regional, national and local levels. It is also undertaking advocacy work to strengthen government policies and plans which prevent family separation and support family-based care and protection.

To improve the care and protection of girls and boys it is crucial to listen to and to act upon their views in families, communities, and in practice and policy developments. Support for children’s participation in community-based participatory research has provided important opportunities to listen to the perspectives of girls and boys living with kin so that action and advocacy initiatives at a range of levels can be taken forwards to prevent parental separation and to strengthen support to kinship care families.

Our experiences suggest that CBPR can be taken to scale and still stay true to its principles, including the process of inclusive data analysis. We have discussed how CBPR enabled action and advocacy initiatives at different levels leading to an increase in support and policy attention within Save the Children, and its partners, for children living in kinship care. We strongly recommend the use of CBPR to initiate and guide future development programming for vulnerable children and youth. However we recognize that much more effort, attention, funding and time needs to be devoted to analysis to make the research even more rigorous and ensure that the voices of children and caregivers are accurately captured and documented.

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