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"The program encourages people not to have a heavy heart": a qualitative study of a family strengthening program in Kenya

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ABSTRACT

There are millions of street-connected children worldwide, with thousands estimated in Kenya. Many child-serving organizations, including Agape Children's Ministry in Kenya, aim to remove children from the streets, and provide rehabilitation and family reintegration. This study aims to elucidate barriers and facilitators of Agape's Family Strengthening Program (FSP) and elicit feedback. Twelve children, 12 caregivers, and 11 staff participated in interviews. Salient child/caregiver themes include: (1) spirituality/religion, (2) reflections on the FSP, (3) reflections on Agape, and (4) family functioning. Staff themes were similar. Results amplify the voices of the participants regarding provision of and participation in the FSP.

For the millions of street-connected children worldwide (Goodman et al., 2016; Woan et al., 2013), interventions aimed at reconnecting them to family can mitigate the adverse outcomes associated with living on the streets (Corcoran & Wakia, 2016; Coren et al., 2013; Goodman et al., 2020). In Kenya, where the street-connected child population is estimated to be in the fifteen thousands (Republic of Kenya, 2020), many child-serving public and private organizations aim to remove children from the streets and provide rehabilitation followed by reintegration. Numbers of street-connected children in Kenya and other countries in the developing world keep growing due to population growth, urbanization, and migration (Republic of Kenya, 2020.

Family reintegration is a highly desirable outcome for street-involved children (Coren et al., 2013; Delap & Wedge, 2016; Jacob et al., 2004) and long-term stability of families is impacted by effective service provision (Frimpong-Manso et al., 2022; Puffer et al., 2021; Schimmel, 2008; Wilke et al., 2022). While a growing body of research points to ongoing family support from local service providers as a key predictor of family stability in low- and middle-income countries (Dybicz, 2005; Frimpong-Manso et al., 2022; Goodman et al., 2020; Knerr et al., 2013), understanding the experiences of service providers and

clients in programs serving recently reintegrated families is an important component of effective program operation. Participants and staff hold – valuable insight regarding revising and improving programming, which is beneficial for sharing knowledge and improvement (Corcoran & Wakia, 2016). Positive evaluations of existing programs can serve as a demonstration for replication.

One such organization in Kenya that works with recently reintegrated families is Agape Children's Ministry (Agape, 2023). Agape's comprehensive services include rescue, rehabilitation, reintegration, and redemption components, with main campus sites located in Kisumu, Kitale, and Nakuru, Kenya. The focus of this evaluation, Agape's Family Strengthening Program,[1] which is one element in a continuum of services, provides time-limited crisis-intervention services to high-risk families who have recently had a child return from the streets in rural Western Kenya. Recognizing the unique nature of the Family Strengthening Program (FSP) and its potential impact on child and family functioning, it is imperative to understand the experiences of the families who participate in the program and the service providers who administer it. We conducted an initial program evaluation to assess the FSP's effectiveness. As part of the evaluation, we also examined perceptions of participants and staff of how the program supports family togetherness and child well-being, with the goal of learning from this program to enhance child and family programming globally

Family strengthening program

Agape Children's Ministry's Family Strengthening Program is a time-limited crisis-intervention program designed to prevent family breakdown after a child is reunified with their family from the streets. Developed in 2021, the FSP utilizes nine Family Strengthening Officers (FSOs) to assist Agape's social workers in the field with particularly challenging families for up to four months. Based on home visits and functioning of the family, a family is deemed in need of the FSP during case consultations between their social worker and the manager, and then are referred to the program. Services are provided to recently reintegrated children and the parents or caregivers in the home. In their impact evaluation study of Agape's Family Strengthening Program, Greeson et al. (2024) examined family functioning and child well-being assessment scores from before to after participant receipt of the FSP intervention. Using analysis of covariance (ANCOVA) models to adjust for participants' baseline scores, Greeson and colleagues found that average change in assessment scores differed significantly by FSO group and by geographic location. These findings suggest that the personalities, educational backgrounds, and/or other individual characteristics of Agape FSOs, as well as local sociocultural, economic, and/or geographic contexts, may have some influence on the score changes observed from baseline to post-intervention. For a detailed description of the Family Strengthening Program, see Greeson et al. (2024).

Family stability programming

Successful family reintegration programs serving populations like the families in Western Kenya attend to multiple domains that impact family functioning, including economic, social, cultural, and health needs, but research is needed to identify successful

interventions in these areas (Goodman et al., 2020). Further indicating a need for holistic family services, Wilke et al. (2022) reported on the needs of 131 families who had experienced government-mandated rapid return of children from residential care during the COVID-19 pandemic in five low- and middle-income nations. The four immediate needs identified were basic, security, relational, and educational, reinforcing the importance of holistic family-based programming.

Experiences of clients, caregivers, and children in family support programs

Intervention with street connected children and their families is urgently needed to bring and keep children at home. Obimakinde and Shabir (2023) conducted 53 in-depth interviews of street children, caregivers, and professionals in Nigeria, finding that children overwhelmingly reported negative experiences that outweigh any benefits of street involvement. There is ample qualitative research across African nations, and even Kenya specifically, on the predominantly negative experiences of children while residing on the streets (Moshood et al., 2021, Ongowo et al., 2023; Oppong Asante, 2016) and during the rescue or service receipt process (Morgan, 2016; Obimakinde & Shabir, 2023). But there is limited research available on the perceptions of children and families receiving in-home services following reintegration from the streets.

In a study of a similar population, Potgieter and Hoosain (2018) conducted 10 semi-structured interviews with parents receiving family reunification services just prior to the return of children from residential care in South Africa. Parents reported feeling like their assigned social workers were unavailable and inaccessible and that they had inadequate information about their children. Focusing on community health workers, Laurenzi et al. (2021) interviewed 26 mothers receiving maternal and child health home visiting services in rural South Africa. Respondents spoke about the importance of both instruction and support that they received from their workers, although there was variation in the perceived skill and commitment of program staff. Our study of Family Strengthening workers in Kenya fills an important gap in the literature on the perceptions and experiences of families receiving reintegration programming.

Experiences of service providers in family support programming

Understanding the experiences of service providers working with street connected children and their families is an important component of program maintenance, evaluation, and improvement. Much of the previous research with social workers in Kenya includes those working with children still on the streets. Studies show varied levels of satisfaction among participants. Onwong'a (2015) conducted focus group discussions with five social workers doing intervention work with street children in Eldoret, Kenya. The focus group data revealed that service providers find their work challenging, dangerous, under-resourced, and under-valued, often resulting in low motivation to continue. However, Kaime-Atterhög et al. (2017) interviewed 70 staff members from 35 organizations working with street children in Kenya, including direct service staff and managers. Respondents were dedicated and committed to making a difference despite the limitations, which included desiring staff skill-building and assisting families with concrete resources like school uniforms and fees.

Our evaluation study seeks to build on the existing literature with a unique focus on service providers working following the return of children from the streets and provide insight into successful approaches for effective family reintegration work.

Research objective

The objective of this qualitative evaluation study is to elucidate barriers and facilitators of program completion and elicit participant and provider feedback. In this way, our goal is to give voice to the lived experience of the children, caregivers, and service providers who participate in and deliver the FSP, allowing us to examine the sensitive and complex issue of street children and family functioning in detail. We also intend to provide important context to the issue of providing services to street-connected children and their families, so that providers like Agape may gain a better understanding and have a template for replication of how best to intervene with this population.

Research design

Our evaluation of the FSP (Greeson et al., 2024) used a stratified random subsample of 12 children and their caregivers who were interviewed at program completion by non-Agape Kenyans from the consulting organization WezaCare Solutions. A semi-structured interview guide, developed in consultation with Agape leadership was used. Interviews were digitally recorded, transcribed, and analyzed using a traditional content analysis approach. We also interviewed all Agape FSP clinicians who delivered the intervention during our in-person site visit in October 2022. To contextualize the data, the qualitative component included several program observations during the site visit. We also spent time during the site visit to train WezaCare staff on the interview protocol. Informed consent and assent were obtained from all study participants, and they were given the option to not participate with no impact on service receipt or employment. The study was approved (#851622) by the University of Pennsylvania's Institutional Review Board.

Sampling approach

Participants in this study comprised a stratified random subsample of 12 families who were enrolled in the Family Strengthening Program between 1 September 2022, and 31 October 2022, and were already participating in the Evaluation of Agape Children's Ministry Family Strengthening Program ($n = 30$; Greeson et al., 2024). All families who were enrolled in the evaluation study during this time frame were included in the random selection made by Managers to participate in the qualitative component. Random selection was accomplished by assigning each family a number and drawing these numbers from a hat. All families had the ability to decline participation in the semi-structured interview process, and still receive services from Agape. All nine Family Strengthening Officers who administer the FSP and two Managers were invited to complete and voluntarily participated in individual interviews about the program.

Table 1. Characteristics of child participants (*n* = 12)

Measure	n	%
Sex		
Female	3	*25.0*
Male	9	*75.0*
Tribe		
Luo	11	*91.7*
Luhya	1	*8.3*
Location		
Kisumu	12	*100*
Rescue source		
Government	6	*50.0*
Partner	3	*25.0*
Streets	3	*25.0*
Age at initial rescue (*M* = 12.3 ± 3.0 years, *Mdn* = 12.5)		
8 years	1	*8.3*
9 years	2	*16.7*
10 years	1	*8.3*
11 years	1	*8.3*
12 years	1	*8.3*
13 years	2	*16.7*
14 years	0	*0.0*
15 years	2	*16.7*
16 years	1	*8.3*
17 years	1	*8.3*
Length of service receipt (*M* = 49.1 ± 34.8 days, *Mdn* = 49)		
0 to 20 days	3	*25.0*
21 to 40 days	2	*16.7*
41 to 60 days	2	*16.7*
61 to 80 days	2	*16.7*
81 days or more	3	*25.0*
County of reintegration		
Kisumu	7	*58.3*
Siaya	3	*25.0*
Homa Bay	1	*8.3*
Kakamega	1	*8.3*

Note. Table summarizes the demographic characteristics of children only, excluding 12 family members who were also interviewed for this study. *Length of service receipt*, a discrete numeric measure representing the number of days of Agape rehabilitation services received by the child, was converted to the ordinal level for table display. *M* = mean ± standard deviation; *Mdn* = median. Percentages are rounded to the nearest tenth.

Measures

Demographics. We collected an array of demographics (see Tables 1–3) of the participating families and staff members from Agape's data management system.

Semi-Structured Interview Guide (Agape Staff; Appendix A). See Appendix A for the complete list of interview questions.

Semi-Structured Interview Guide (Parents/Children; Appendix B). See Appendix B for the complete list of interview questions.

Data collection

Data collection was accomplished by several different parties. We collected all the qualitative staff interview data during our site visit. These interviews were conducted in English by a trained MSW-level researcher. We used a cross-language data collection process for the child and caregiver interviews. A third-party Kenyan consulting

organization (WezaCare Solutions) collected the qualitative interview data from the participating children and their caregivers in their homes post-intervention. These professionals all held the equivalent of a bachelor's degree, with most also holding a master's degree. These interviews were conducted in Swahili or the family's tribal language and then translated and transcribed to English. Child and caregiver demographics were extracted from Agape's data management system. Staff demographics were provided by Agape leadership.

Data analysis

Qualitative interview data were managed using Excel. We analyzed the interviews using thematic analysis (Braun & Clarke, 2012). An initial set of codes and definitions were developed and refined as needed to achieve satisfactory interrelated agreement using a small subsample of transcripts. Each transcript was then coded independently by two evaluation team members, allowing for additional codes and more refined sub codes to be added; any coding disagreements were settled by conference. Analytic rigor was maintained through assessment of inter-rater agreement, triangulation (i.e. examination of the extent of support for a theme within and across informant group), searches for disconfirming evidence and exceptions, memoing, and audit trails to capture emergent ideas and the team's decision-making process, and peer review by Agape staff to draw upon their practitioner insights and program knowledge. After identifying themes, each theme was considered in light of the corresponding quantitative findings to: a) emphasize refinement and deepening of interpretation of quantitative findings where there is alignment with qualitative themes; b) develop higher-order understandings where there is apparent conflict between the two types of data; and c) identify avenues for further research where qualitative data raise possibilities not addressed by quantitative findings (e.g. a novel mechanism of influence).

While 11 caregiver interview transcripts were coded and analyzed for emerging patterns/themes, a total of 12 family members were interviewed for this study. (See Table 2 for a demographic summary of all family member interviewees.) Two of the

Table 2. Characteristics of family member participants (*n* = 12)

Measure	n	%
Sex		
Female	9	*75.0*
Male	3	*25.0*
Location		
Kisumu	12	*100*
Family relation		
Mother	7	*58.3*
Father	3	*25.0*
Aunt	2	*16.7*

Note. Table summarizes the demographic characteristics of family members only, excluding 12 children who were also interviewed for this study. *Family relation* conveys the relational identity of interviewees within their respective family groups. Percentages are rounded to the nearest tenth.

Table 3. Characteristics of agape workers (*n* = 11)

Measure	n	%
Staff title		
Family Strengthening Officer	9	*81.8*
Manager	2	*18.2*
Sex		
Female	7	*63.6*
Male	4	*36.4*
Age (*M* = 45 ± 6.6 years; *Mdn* = 46 years) [a]		
36 to 40 years	3	*27.3*
41 to 45 years	1	*9.1*
46 to 50 years	5	*45.5*
51+ years	2	*18.2*
Length of employment (*M* = 6.5 ± 6.2 years; *Mdn* = 4 years) [b]		
1 to 5 years	7	*63.6*
6 to 10 years	2	*18.2*
11+ years	2	*18.2*
Education		
Counseling	4	*36.4*
Pastoral [c]	3	*27.3*
Counseling and pastoral [d]	3	*27.3*
Social work	1	*9.1*
Agape site		
Kisumu	7	*63.6*
Kitale	3	*27.3*
Nakuru	1	*9.1*

Note. Age and *length of employment* describe the age (in years) and employment tenure (in years), respectively, of Agape workers at the time of their interview. We converted these discrete numeric measures to the ordinal level for table display. *Education* describes the type of certification or degree held by Agape workers at the time of their interview. *Agape site* conveys the geographic location of the Agape facility where interviewed staffers were based. *M* = mean ± standard deviation; *Mdn* = median. Percentages are rounded to the nearest tenth.
[a] Agape workers ranged in age from 36 to 57 years. [b] Length of employment ranged from 1 to 22 years. [c] Certificates/degrees in theology, divinity, pastoral care, etc. [d] Includes staffers who held a counseling certificate/degree as well as a pastoral certificate/degree.

participating family members were interviewed together and provided joint responses, which were transcribed and coded as a single interview session.

Results

The present study assesses the experiences, beliefs, and attitudes regarding participation in the Family Strengthening Program in a sample of 12 families (including 12 children and 12 family members of participating children) who received in-home crisis intervention services from Agape Children's Ministry. Study participants were enrolled in Agape's Family Strengthening Program and received crisis intervention services for varying lengths of time during the period from September 2022 through February 2023. The study also assesses the experiences, beliefs, and attitudes regarding the provision of the Family Strengthening Program in a sample of 11 staff members who were employed at Agape Children's Ministry in October 2022.

Sample characteristics

Table 1 summarizes characteristics of the 12 children who were interviewed for this study. Three-quarters of the children were male. All children were residing in Kisumu

when interviewed, and nearly all identified their tribe as Luo. The average child was 12.3 years old when rescued by Agape, and children on average received 49 days of residential rehabilitation with Agape prior to reintegration with family.

Table 2 summarizes the demographic characteristics of the 12 family members who were interviewed for the present study. Three-quarters of these participants were female. In terms of their relationships with child participants, roughly 60% of the family members identified themselves as mothers, with the remaining family members identifying as fathers (25%) or aunts (17%). All family members were residing in Kisumu County when interviewed.

Table 3 summarizes the demographic characteristics of Agape staff members ($n = 11$) who were interviewed for the present study. Most of the Agape staff participants were female ($n = 7$, 63.6%). At the time of their interviews, staffers ranged in age from 36 to 57 years, with an average age of 45 ± 6.6 years ($Mdn = 46$ years). In terms of the length of their employment (counting from their initial hire date to the date of their interview), the average staffer had worked at Agape for 6.5 ± 6.2 years ($Mdn = 4$ years). The minimum and maximum lengths of employment were reported as 1 year and 22 years, respectively. In terms of formal education and training, a plurality of staffers ($n = 4$, 36.4%) held a counseling certificate or degree only. Three staffers held a religious certification or degree (e.g. in pastoral care, theology, divinity, etc.) only, and three held a religious certification/degree as well as a counseling certification/degree. One staffer had a certification or degree in social work. Most staffers ($n = 7$, 63.6%) worked at the Agape facility in Kisumu, Kenya.

Semi-structured interviews (children & families)

We conducted interviews with 12 families participating in the Family Strengthening Program. One caregiver and one child were interviewed for each family, except for one family where the caregiver was not available, and one family where two caregivers participated in the interview together. Clients were asked to reflect on what works well with the program and how the program might be improved. Major themes, axial codes, open codes, and relevant quotes to support them are highlighted in Table 4 (Supplemental Material). While we documented all codes in the Table, we primarily, unless otherwise indicated, elaborate on codes reported by at least 4 participants. The major themes include: 1) spirituality/religion, 2) assessing the FSP, 3) assessing Agape, and 4) family functioning. Selected quotations are presented here for each theme, with the evaluation's full documentation including a quotation to highlight each individual code.

Theme 1: spirituality/religion

During the semi-structured interviews, eight caregivers and nine children indicated that religion was a key component of the program and in their lives. Clients reported that the Family Strengthening Officers spread the Gospel and taught them about Christianity (parent/caregiver = 8, child = 8), personally turned to the Bible for wisdom (caregiver = 5, child = 3), and that they prayed with their FSO (parent/caregiver = 3, child = 4). Clients remarked:

Even if you are poor in this world, you are rich in heaven. (caregiver)

She comes and tells me the word of God and it always encourages me and I become safe by that word. (child)

Theme 2: family strengthening program

Caregivers and children discussed the Family Strengthening Program during the semi-structured interviews, with conversations addressing not only the program's concrete activities but reflections on how it is impacting their families. Among the positive responses received, clients shared:

Ever since [I received the FSP], I noticed a significant difference in the way I feel towards life and family. (caregiver)

The program encourages people not to have a heavy heart. Through the program I get more reasons to stay away from the streets. (child)

Client feelings

When asked about the Family Strengthening Program, clients shared positive feelings about their participation. Five caregivers and four children were happy to be in the program. Nine caregivers and five children said the program is high quality, and eight caregivers and seven children said the program is helping their family. Notably, parents/caregivers were more likely than children to feel direct emotional benefits from the program, such as relief (parents/caregivers = 7, child = 1), hopefulness (parents/caregivers = 5, child = 1), and peacefulness (parents/caregivers = 4, child = 1).

Program activities

Clients spoke about the program activities, which mainly comprised of home visits (parents/caregivers = 8, child = 9), having regular contact with the FSO (parents/caregiver = 9, child = 6), assessing family problems (parents/caregivers = 5, child = 6) and goal setting (parents/caregivers = 4, child = 5). Seven children noted the direct teaching of the program while only four caregivers focused on this aspect.

Program benefits

Every parent/caregiver and all but one child reported a direct benefit from the program, including improved family relationships (parent/caregiver = 8, child = 7), improved communication (parent/caregiver = 8, child = 5), family stability (parent/caregiver = 7, child = 6), an increase in feeling and showing love (parent/caregiver = 6, child = 3), and self-improvement (parent/caregiver = 4, child = 4).

Worker-Family Dynamics

Nine caregivers and seven children felt encouraged by their Family Strengthening Officer. Four caregivers and five children reported that a shared faith was a key component in the relationship. Familial terms, such as referring to the FSO as 'Aunt' or 'Uncle' were used by four caregivers and four children.

Theme 3: reflections on agape

Program participants had the chance to share recommendations for enhancing the Family Strengthening Program and reflect on other supports that they might need to support their families. Recognizing the vast challenges facing their families, clients commented:

> I wonder if [the FSO] can spend more time with us. (caregiver)

> I would like if my mother would be provided with a business. (child)

Support needed for clients

Clients reported significant material and concrete needs, such as paying for education fees (parent/caregiver = 8, child = 5), general financial stress (parent/caregiver = 5, child = 5), and obtaining food (parent/caregiver = 3, child = 5). Seven caregivers and three children wished that Agape would provide more help securing a job or income and five caregivers and seven children requested more counseling, teaching, and interaction with their FSO. Six caregivers but only one child noted that there is a need to help more children in the community that are not currently being served.

Theme 4: family functioning

Finally, clients were asked to discuss family functioning broadly, with an opportunity to reflect on why children run to the streets and what dynamics might prevent family separation. While clients recognized some of their past or ongoing challenges, there was hopefulness for improvement in family functioning overall:

> There were times I would be very hostile towards [my child] but now I know how to handle the situation. (caregiver)

> Agape came in to help settle the differences we had between me and my parents. Right now, I feel the dust has already settled, unlike before. Right now, we can talk things through. (child)

Root cause of separation

Eight caregivers and eight children noted that poverty heavily contributes to family breakdown, with four caregivers and seven children specifically indicating that food insecurity causes children to go to the streets. Hostility in the family was discussed by six caregivers and six children, but children were more likely than caregivers to perceive

violence as a driver of disruption, with not a single caregiver mentioning violence and three children noting it. Likewise, punishment was viewed as a cause of disruption by only one caregiver, but four children.

Internal/Ongoing family dynamics

Families mentioned working on numerous domains to maintain stability and stay together, including parenting (parent/caregiver = 5, child = 4), resolving conflict (parent/caregiver = 3, child = 6), and reducing risk (parent/caregiver = 4, child = 6). Five caregivers, and notably zero children, reported feeling consistently overwhelmed.

Community interactions

Five caregivers and one child mentioned that interaction with the larger community such as school and church are important to family functioning.

Semi-structured interviews (agape staff)

We conducted interviews with all nine of the Family Strengthening Officers and two managers to better understand the activities of their position and what they believe is working well with the program and what might be improved. Major themes, axial codes, open codes and relevant quotes to support them are highlighted in Table 5 (Supplemental Material). While we documented all codes in the Table, we primarily, unless otherwise indicated, elaborate on codes reported by at least 4 participants. The major themes include: 1) spirituality/religion, 2) assessing the FSP, 3) Agape organizational dynamics, and 4) family functioning. Selected quotations are presented here for each theme, with the evaluation's full documentation including a quotation to highlight each individual code.

Theme 1: Spirituality/Religion

During the semi-structured interviews, nine of the eleven total interviewees discussed the importance of religion in their lives and their work. One staff member simply explained how faith guides their professional activities:

> Now before I start anything with the family, we pray.

Personal faith

Family Strengthening Officers and their Managers display a strong sense of faith as a guiding factor in their own lives, which helps them become effective professionals. Eight staff report feeling guided by their own faith and placing their trust in God, while four turn to prayer as a form of self-care when the work is challenging.

Biblically informed social work

Staff in the Family Strengthening Program view religion as a core component of the program activities, with eight interviewees describing teaching the families about Christ and 4 reporting regularly praying with the families.

Theme 2: family strengthening program

Each of the Family Strengthening Officers and Managers were asked about various aspects of their work in the Family Strengthening Program at Agape. Staff members described both the logistical and emotional components of their employment, taking the responsibility of working with vulnerable families seriously. One FSO commented:

> What I like in my job most is seeing the family coming together and growing together.

Another FSO highlighted how challenging the work can be given the obstacles facing their clients:

> You feel bad sometimes. Your heart is broken. You feel demoralized.

Program goals

When asked directly about their positions, Agape staff clearly stated the goals of the Family Strengthening Program as family reintegration ($n = 10$), family cohesion ($n = 8$) and child and family redemption ($n = 6$).

Job description

Agape staff described myriad activities that comprise the work in the Family Strengthening Program. Providing family counseling was a key component mentioned by nine interviewees. Other notable activities include conducting assessments ($n = 5$), engaging the community ($n = 5$) and coaching and problem solving ($n = 4$). Seven staff indicated the importance of planning ahead and being organized to do the job well. When asked about their own education, seven mentioned having formal training in counseling and four have formal training in religion. Ten of the eleven interviewees mentioned their professional experience and tenure at Agape, with responses ranging from months to decades. Eight staff described their caseload, with wide variation in that area as well.

Worker-Family Dynamics

Staff touched on how they interacted with children and families and noted that they must use a family-centered approach ($n = 6$) and build trust and relationships with their clients ($n = 6$).

Rewarding work

Ten of the eleven total staff spoke about the work with children and families as a positive experience or rewarding. Eight respondents feel fulfilled and happy when they see families functioning well, and seven directly noted the process of reintegration as rewarding.

Stressors

Working with vulnerable families is also stressful work, as noted by every staff member. The domains that are the most stressful to staff in continuing to provide high quality services are children returning to the streets ($n = 8$), food insecurity in families ($n = 8$), parental apathy ($n = 4$) and family violence ($n = 4$).

Theme 3: agape organizational dynamics

The semi-structured interviews also allowed staff members to share their reflections about Agape as an organization and provide feedback on their experiences as employees. Staff members value the support they receive at work, while recognizing that working with recently reunified families requires significant efforts. Employees remarked:

> [There is] teamwork with us, my manager and my colleagues and the family.

> Sometimes it is hard to accomplish much. The time is small; the time that you have with the child, it is limited. It's not enough to accomplish everything that you want to do.

Agape support for workers

Employees overwhelmingly enjoy working at Agape. Nine staff report the professional development and training provided by Agape as beneficial. Seven mentioned the system of providing transportation as important, and six described being able to grow with the organization and be promoted. Eight staff wished that the workforce could be increased so that more families could receive help or more time could be spent with families in need.

Agape support for clients

Seven staff discussed the importance of teaching the families self-sufficiency, with five describing how Agape engages in empowerment (teaching families about business and income generation) and four noting that Agape should do more empowerment work. Only three total staff noted the importance of providing concrete provisions, like food or school fees.

Theme 4: family functioning

Finally, Agape staff were asked to think broadly about the needs of the children and families that they work with. Staff were adept at recognizing challenges and supporting solutions. One FSO noted that:]

> One of the things that make the people [end up in the situations] I've seen is the poverty level.

Another highlighted how the FSP works to improve family functioning broadly:

> We try not also to encourage dependency, so that at least we play our role and the parents and family also plays their role.

Root cause of separation

When asked to reflect on why children run to the streets in the first place, staff described poverty ($n = 9$) and food insecurity ($n = 8$) as a driving factor in family separation. Problems such as parental separation ($n = 5$) and alcohol/substance use ($n = 4$) were also seen as contributing to family breakdown.

Ongoing family dynamics

Following reintegration of the children from the streets to their families, Agape staff address numerous issues with their clients, including the marital relationship ($n = 7$), family violence ($n = 5$) children's behavior ($n = 4$), and alcohol/substance use ($n = 4$).

Family-community dynamics

Recognizing that family-functioning is tied to how families operate in their local communities, Agape staff noted the importance of ensuring that the children are accepted back in the communities and families ($n = 8$) and working directly with the community at large ($n = 4$).

Family challenges

Despite the support of Agape, families remain in need of additional resources. Eight interviewees discussed the need for families to develop their own businesses and become empowered and five directly discussed gardening and planting as an ongoing challenge for families. Five staff feel that families need to become more self-sufficient.

Discussion

We conducted interviews with 12 families, nine Family Strengthening Officers, and two Managers at Agape Children's Ministry to learn about their experiences as providers or recipients of the Family Strengthening Program. Four major themes emerged as key areas of reflection: 1) Spirituality/Religion, 2) Family Strengthening Program, 3) Agape

Children's Ministry, and 4) Family Functioning. These themes reveal important insight into how the FSP impacts the lives of children and families.

Findings from the semi-structured interviews reveal high employee satisfaction, high client satisfaction, and the formation of positive protective relationships between staff and families. These findings can inform program growth and/or replication and should be used to continually refine program services to best meet the needs of recently reintegrated families.

Agape staff reported enjoying their work personally, spiritually, and logistically. The support that Agape provides for staff was noted and appreciated, and staff felt grateful to be employed with the organization. Staff are skilled in their professions, with strong knowledge of counseling, social work, and theology. This contradicts earlier studies highlighting the concerns of similar professionals, including reports of feeling poorly remunerated and inadequately trained (Onwong'a, 2015), but validates Kaime-Atterhög et al'.s (Kaime-Atterhög et al., 2017) findings of service providers finding their work rewarding.

Caregivers and children receiving services through the Family Strengthening Program nearly universally found benefits from participation. Clients reported both direct benefits to themselves as individuals and noticeable improvements in overall family functioning. Support and teaching (in-home education) were important, as with earlier studies (Laurenzi et al., 2021). These are similar findings to Morgan's (2016) qualitative study of 71 street connected children in sub-Saharan Africa, where respondents reported positive outcomes from programming.

The relationship between Agape staff and clients is a uniquely positive one. Families look forward to, and desire more time with, their assigned FSO. Staff are skilled in building productive helping relationships and clients are appreciative of the intervention. Differing from earlier work indicating that caregivers may feel disconnected from their workers (Potgieter & Hoosain, 2018), these findings reinforce that attending to not just the material needs but the psychological needs of street-involved children is key to promoting successful reintegration into society (Schimmel, 2008).

Staff and families alike recognize that the Family Strengthening Program in its current form cannot singlehandedly meet the diverse needs of caregivers and children. Additional staff, more time, access to more concrete resources, and ongoing discussion about empowerment and income generation were desired by both groups of respondents. However, we also note that no social service program will be sufficient to tackle broad societal inequality, and that structural and institutional change (Morgan, 2016) is required to support the most effective family strengthening goals.

Findings from the present study align with Greeson et al'.s (Greeson et al., 2024) prior research. Thematic analysis revealed that children and family members viewed Agape worker characteristics as key factors influencing their relationships with FSOs. For example, multiple caregiver and child participants reported that shared faith was an important component of the client-FSO relationship. As well, one third of caregivers and one third of children used familial terms such as 'Aunt' or 'Uncle' when referring to the FSOs. These findings suggest that certain FSO characteristics, such as religious affiliation, may have considerable impact on child and family engagement in services, and may shape client perceptions of the quality and efficacy of the FSP intervention. Further research is warranted to investigate the extent to which client outcomes vary depending on social, cultural, economic, and/or other contextual factors that differ across locales, and to explore interaction effects between contextual factors and FSO characteristics.

Recommendations for programming

Based on the promising results of this exploratory evaluation, we recommend not only that Agape continue to provide the FSP with the following considerations, but that any service provider working with recently reintegrated families consider the following elements:

Concrete Resource Provision

Most staff indicate that poverty and food insecurity are driving factors in family separation, but very few report directly providing concrete goods to families. Lack of resources was frequently a major concern discussed by clients. Service providers should consider mechanisms for providing families with food, school fees, or other essential items to prevent future family separation if financial needs are a primary factor pushing a child to the streets, echoing earlier research showing that attention to families' basic needs and children's educational needs were a key predictor of successful reintegration (Wilke et al., 2022).

Development of Professional Role

Investment in family functioning is a major strength of the Agape staff, a quality that should be aspired to by all service providers. Staff skill building should be further developed and enhanced through ongoing training, which is requested by staff both in this evaluation and in earlier research (Onwong'a, 2015). Family Strengthening Program staff had difficulty articulating their core job descriptions, particularly around the initial reunification and engaging in family empowerment. Caregivers and children moderately reported working on set goals with the FSO, indicating that additional concrete goal-setting objectives might be beneficial. A job description for anyone working with street-connected children and their families should be developed and revised as needed. Further, to augment existing services, organizations may wish to pair well-established staff with new hires to supplement training and model effective service provision.

Enhanced Caregiver Programming

Caregivers in this evaluation study rarely indicated violence and punishment as antecedents of family breakdown, despite children's perception of these domains as problematic. Additionally, children reported food-seeking as a push factor to the streets in greater numbers than their respective caregivers, supporting the view that circumstances in the household were a greater driver of children to the streets than the respective pull of the streets related to individual child or street peer characteristics (Kaime-Atterhög & Ahlberg, 2008; Seidel et al., 2018). Focused work with caregivers only might help to address some of the unmet physiological and developmental needs that children are experiencing, while addressing the feeling of being overwhelmed reported by nearly half of the caregivers. Obimakinde and Shabir (2023) emphasize the necessity of reinforcing the awareness and recognition of dangers to keep children off the streets.

Empowerment

Income-generation, financial security, and self-sufficiency were pressing concerns for both program staff and clients. Direct service in this area should be attended to and enhanced, either through expansion of the family service provider role, collaboration with other professionals who work directly on financial empowerment, or ongoing work with additional social workers/child welfare workers. Attention to the ability of the family to meet basic needs and ensure adequate living conditions can mitigate recidivism or desire to return to the care of an agency (Frimpong-Manso & Bugyei, 2019).

Create Community Connections

Caregivers who receive the Family Strengthening Program overwhelmingly enjoyed working with the assigned FSO, feeling relief, encouragement, and hopefulness when this individual meets with their families. Building on previous research indicating the protective nature of community support networks for recently reintegrated families (Potgieter & Hoosain, 2018), service providers in low-income countries and regions should work to empower caregivers and families to develop sources of social capital in their own communities, either through Churches, nearby residents, or even other families who have already benefitted from local programming.

Limitations

While interpreting this study's findings, we must call attention to some limitations. This study's main limitation is the non-representative sample of Kenyan street-children, caregivers, and professionals who participated, which limits the generalizability of findings to other child- and family-serving organizations. As with any interview study, there is also risk for bias, as participants may feel pressure to respond in one way or another. Additionally, the child and caregiver interviews were conducted in Swahili or the family's tribal language and then translated to English for analysis. There is some possibility this process compromised the rigor of findings. It's possible that the cross-language process produced poorly translated concepts or phrases. Themes that emerged from the analysis could potentially not reflect what children and caregivers said. Finally, as with any qualitative study, the data analysis, our interpretations, and conclusions drawn are subjective.

Conclusion

Agape Children's Ministry in Kenya reunites at-risk street children with their families while preparing and empowering their caregivers to care for and love them. The Family Strengthening Program provides intensive time-limited crisis-intervention services to highly vulnerable families following reintegration. As part of the Christian Alliance for Orphans' research challenge grant program, we partnered with Agape to understand the experiences of the service providers and service recipients of this relatively new program. We conducted semi-structured interviews with families who had participated in the program and the staff who administer the program. Results showed positive connections with participation in the FSP. Caregivers and children reported relational and spiritual

benefits from program participation, while staff reported high satisfaction with their professional roles. We recommend that Agape continue to provide the FSP and that human service organizations serving similar populations consider replicating programming, taking into consideration the experiences and recommendations provided by the staff and families who participated in this research. We note that the work of the FSP cannot address the full hierarchy of needs challenging families in Kenya and that broader governmental attention to community support or partnership with other service providers would enhance family functioning. We also suggest that in-home family reintegration services regularly seek and respond to feedback from program participants to ensure that programming is addressing the needs identified by families.

Note

1. Family Strengthening Program refers to a crisis intervention program offered by Agape Children's Ministry in Western Kenya. It is not related to the Strengthening Families Program, an evidence-based parenting skills, children's social skills, and family life skills training program specifically designed for high-risk families in the United States.

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Disclosure statement

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Data availability statement

The data that support the findings of this study are available on request from the corresponding author.

Ethics approval statement

The study was approved (#851622) by the University of Pennsylvania's Institutional Review Board.

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Appendices

Appendix A Qualitative Interview Guide: Staff

Introduction

This is an interview about your experience with the Family Counseling Program and Agape Children's Ministry. Please be as honest as you can in answering questions. Everything you say during the interview will be kept confidential, and nothing you say here will impact your relationship with Agape. By participating in this interview, you are helping us better understand the benefits and challenges of this program. We hope to provide recommendations to improve this program, and others like it.

STAFF:

(1) Tell me about Field Counselor major responsibilities and objectives. Walk me through a - typical day for you in this role.
(2) Tell me about what you like about your current job.
(3) Tell me about the types of stressors Field Counselors commonly experience.
(4) Tell me about what factors help you achieve your responsibilities and objectives.
(5) What are the biggest challenges that families have in sustaining reintegration?
(6) What resources and services do families need to successfully remain reintegrated?
(7) What additional supports do you need to best support families? What could be changed in your organization to better support families after reintegration?
(8) Do you have any other thoughts, suggestions, or recommendations to prevent family breakup after reintegration?

That concludes today's interview. I want to thank you for participating and being as honest as you were in answering these questions. Your participation is helping us improve services to families in Kenya and around the world.

Appendix B Qualitative Interview Guide: Parents & Children

Introduction

This is an interview about your experience with the Family Counseling Program and Agape Children's Ministry. Please be as honest as you can in answering questions. Everything you say during the interview will be kept confidential, and nothing you say here will impact your

relationship with Agape. By participating in this interview, you are helping us better understand the benefits and challenges of this program. We hope to provide recommendations to improve this program, and others like it.

CLIENT - PARENT:

(1) Tell me about the Field Counseling program. Walk me through a typical week for you as a member of this program.
(2) Tell me about what you like about the Field Counseling Program.
(3) Tell me about anything that the Field Counselors and/or the Field Counseling Program could improve upon.
(4) Tell me about what factors are most important to keeping your family together.
(5) What, if any, are the biggest challenges that your family is having in sustaining reintegration?
(6) What additional resources and services does your family need to successfully remain reintegrated?
(7) Do you have any other thoughts, suggestions, or recommendations to prevent family breakup after reintegration?

CLIENT – CHILD:

(1) Tell me about the Field Counseling program. What is your interaction with the staff and program like?
(2) Tell me about what you like about the Field Counseling Program.
(3) Tell me about anything that the Field Counselors and/or the Field Counseling Program could improve upon.
(4) Tell me about what factors are most important to keeping your family together.
(5) What, if any, are the biggest challenges that your family is having in sustaining reintegration/ staying together?
(6) What additional resources and services does your family need to successfully remain reintegrated?
(7) Do you have any other thoughts, suggestions, or recommendations to prevent family breakup after reintegration?

That concludes today's interview. I want to thank you for participating and being as honest as you were in answering these questions. Your participation is helping us improve services to families in Kenya and around the world.