



How L'arche Kenya's disability inclusion model moves communities from charity to belonging

Alice N. Gathoni¹
John Kinyua Wachira²
Esther Kalekye³

¹Alichega99@gmail.com
²director@larcheKenya.org
³estherkalekye@gmail.com

¹Tangaza University, ²L'Arche Kenya, ³Independent Development Consultant

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ABSTRACT

This article presents a qualitative impact assessment of L'Arche Kenya's disability inclusion model, situated in Nyahururu, Laikipia County, and organized around two shared-living homes, Effatha and Betania. Guided by the social model of disability and by an interpretive lens drawn from community-of-difference scholarship on shared-living arrangements for adults with intellectual disabilities, the assessment examined how a model built on mutual relationships had shaped the quality of life of adults with developmental disabilities (core members), the experience of day-programme families, and public understanding of developmental disability in the surrounding community. This study is anchored on social model of disability. Data were collected over ten days across two months from twenty-two purposively sampled participants, including core members, house assistants, family caregivers, employers, and a community leader, using key informant interviews, home visits, participant observation, and document analysis, and were analyzed inductively through a modified thematic analysis. Findings across three objectives show that core members reported gains in autonomy, financial literacy, voice, hygiene, and social belonging; that day programme families received practical, relational, and economic support through home visits, modelled inclusion, peer networks, and transport provision; and that employers and community members described meaningful, if uneven, shifts in attitude toward disability, alongside continuing charity-oriented framing. The assessment situates these findings within Kenya's national disability employment gap and within international scholarship on community-of-difference models of intellectual disability care, while foregrounding methodological limitations tied to the commissioned nature of the underlying assessment and the concentration of participant voice in family and staff accounts, not in core members' own first-person testimony. The findings indicate that community-based, relationship-centered models such as L'Arche can advance disability inclusion meaningfully at the relational and attitudinal level even where economic inclusion remains constrained by structural, national-level barriers. The article concludes that sustained progress will depend on separating the relational practices central to the model from its costlier residential infrastructure, and recommends structured employer communication protocols and documented, publicized transition stories as immediate, low-cost steps toward broader replication.

Keywords: Community-based Care; Disability Inclusion; Intellectual and Development Disabilities; L'Arche Kenya; Social Model

I. INTRODUCTION

Disability is a global human condition. The World Health Organization estimates that sixteen percent of the world's population lives with some form of disability, a figure that positions disability inclusion as a matter of mainstream social and economic policy (World Health Organization, 2022, as cited in National Council for Persons with Disabilities [NCPWD], 2024). Sub-Saharan Africa carries a substantial share of this population, and Kenya, alongside its regional neighbors, has made formal commitments to disability rights through ratification of international and regional instruments. Yet formal commitment and everyday reality remain some distance apart. Kenya's 2019 national census recorded a disability prevalence of 2.2 percent of the population, about 993,963 people, a figure so far below the sixteen percent global estimate that United Nations agencies operating in the country have questioned its accuracy and pointed to underlying problems of data quality and representation (NCPWD, 2024). That gap between official measurement and estimated lived reality is itself a marker of how far disability remains from the center of public administration in Kenya.

Within this landscape, people with intellectual and developmental disabilities occupy a particularly precarious position. Cultural framings of disability as a curse, misfortune, or punishment are persistent in parts of rural Kenya and interact with structural barriers in education, employment, and healthcare to compound exclusion for this group

specifically (Mugo et al., 2010). Kenya has responded with a substantial legal and policy architecture: the Persons with Disability Act of 2003, the 2010 constitution's five percent public and private sector employment quota, and ratification of the Convention on the Rights of Persons with Disabilities all signal formal recognition of disability as a rights issue. Implementation has lagged behind these commitments. National data collected between 2019 and 2023 show that unemployment among persons with disabilities remained near 10.4 percent while the national unemployment rate fell to 5.2 percent over the same period, and that formal labor force participation among persons with disabilities reached only 41 percent in 2023 against a national participation rate of 73 percent (NCPWD, 2024). These figures describe a national pattern in which legal entitlement has not yet produced economic parity.

It is against this background that community-based, faith-affiliated models of disability support such as L'Arche have drawn growing international attention as a possible complement to state and market-based approaches to inclusion. L'Arche, an international federation founded in France in 1964, operates on the principle that adults with and without intellectual disabilities can share ordinary daily life together as a matter of mutual relationship and not a matter of service provision. L'Arche Kenya joined this international federation in 2009 and is based in Nyahururu town, Laikipia County, where it operates two model homes, Effatha and Betania, alongside occupational therapy workshops, production workshops, a gift shop, and a home-based disability outreach programme for day-scholars living with their own families. Table 1 summarizes these programme components:

Table 1
L'Arche Kenya Disability Programme Components

Component	Description
Effatha home	Residential community where core members and assistants share daily life together
Betania home	Second residential community operating on the same shared-living model as Effatha
Occupational therapy workshops	Four workshops providing skills development and structured daytime activity for core members
Production workshops	Four workshops producing goods for sale, linked to the gift shop
Gift shop	Retail outlet selling goods produced through the workshops
Disability outreach programme	Home-based day programme serving core members who live at home with their families, and not in Effatha or Betania
Leadership council	Governance structure in which core members hold representative roles and participate in organizational decision making

Community-based models of this kind sit at the center of the wider, largely Global North, debate in disability studies about whether shared-living and community-of-difference approaches offer a viable alternative to mainstream, integration-first models of inclusion (Bredewold & van der Weele, 2023). That debate has been developed principally through research in the Netherlands and the United Kingdom. Its relevance to sub-Saharan African contexts, where state service capacity for intellectual disability support remains limited, and family and community structures carry proportionally greater responsibility for care, has not been substantially tested. This article addresses that gap directly by examining L'Arche Kenya as a case that speaks to both a specifically Kenyan policy conversation about the practicality of disability inclusion models in rural counties and a broader international conversation about the comparative value of relationship-centred, community-based care.

1.1 Statement of the Problem

Despite Kenya's legal and policy commitments to disability inclusion, people with intellectual and developmental disabilities continue to experience some of the country's most severe patterns of exclusion, and the national labor market data indicates that this exclusion has not narrowed meaningfully over recent years (NCPWD, 2024). Much of the existing Kenyan literature on disability inclusion addresses either macro-level policy and employment data (NCPWD, 2024) or structural barriers within mainstream education systems (Chomba et al., 2014; Gathoni, 2019; Waititu et al., 2023). Comparatively little peer-reviewed attention has been paid to community-based, shared-living models operating outside both the mainstream education and mainstream employment systems, despite the fact that such models, of which L'Arche Kenya is a prominent example, have operated in Kenya for over a decade and are frequently cited by practitioners as promising sites of disability inclusion practice. This represents a specific gap this article addresses, an independent, scholarly examination of whether, and how, L'Arche Kenya's community-based model produces change for core members, their families, and the wider community, and whether that change extends to the economic domain in which national data show the least progress.

The underlying assessment on which this article is based was conducted to evaluate the effectiveness and impact of L'Arche Kenya's disability inclusion on the understanding and integration of people with developmental disabilities in the community surrounding its operations in Laikipia County. A secondary aim was to generate evidence to strengthen



L'Arche Kenya's advocacy and to inform whether the model could be replicated in other Kenyan locations without requiring L'Arche Kenya to establish a physical presence there.

1.2 Research Objectives

- i. To determine how the quality of life of core members in the Effatha and Betania homes had changed since joining L'Arche Kenya.
- ii. To establish what forms of support day-programme members and their families received through L'Arche Kenya's occupational therapy programme.
- iii. To assess the disability inclusion model's impact on public awareness and understanding of developmental disability among employers, neighbors, and the wider community.

II. LITERATURE REVIEW

2.1 Theoretical Review

2.1.1 The Social Model of Disability

This article is anchored in the social model of disability, formalized internationally through the Convention on the Rights of Persons with Disabilities (United Nations, 2006). The social model understands disability as arising from the interaction between an individual's impairment and attitudinal or environmental barriers, and not as an inherent deficit located solely within the individual. Regionally, the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Persons with Disabilities in Africa (African Union, 2018) extends this rights-based framing to the African continental context, situating disability inclusion as a matter of continental human rights obligation and not charitable goodwill. Both instruments provide the normative backdrop against which the persistence of charity-oriented, pity-based language documented later in this article should be judged as a form of unfinished rights realization and not as a neutral cultural variation.

Within the social model tradition, this study draws specifically on scholarship that examines how the model is operationalized in shared-living arrangements for adults with intellectual disabilities. Bredewold and van der Weele (2023), drawing on ethnographic fieldwork in sheltered living institutions in the Netherlands, describe such settings as communities of difference which are places organized deliberately around the needs and capacities of residents themselves, and not around an expectation that residents assimilate into mainstream social norms of independence and self-sufficiency. McKearney (2017), studying L'Arche communities in the United Kingdom specifically, argues that mutual dependence within L'Arche functions as a vehicle for recognition and belonging, positioning it in contrast to normalization-oriented models of disability support that treat individual independence as the primary marker of successful inclusion. Both accounts describe residential and institutional settings in Western Europe, and their application to a Kenyan, community-embedded model such as L'Arche Kenya's is an interpretive extension made in this article, offered as an analytic lens for making sense of the Kenyan data and not as a claim already established by prior research in this specific setting.

A related strand within the social model concerns the sameness-difference debate in intellectual disability studies, which asks whether equality is best achieved by emphasizing sameness to the non-disabled population through integration into mainstream settings, or by accommodating difference through settings organized specifically around particular needs. L'Arche Kenya's model, as described by participants in this assessment, draws on both logics simultaneously: it seeks core members' integration into the surrounding neighborhood and economy while organizing daily life within Effatha and Betania around principles, mutual relationship and shared spirituality, that depart deliberately from mainstream Kenyan household and employment norms. This tension between integration and difference recurs throughout the discussion below and is treated as a productive analytic thread within the social model framework, and not as a contradiction to be resolved.

2.2 Empirical Review

2.2.1 Quality of Life and Personal Outcomes for Core Members

Empirical evidence on personal outcomes for people with intellectual and developmental disabilities in Kenya points consistently to a gap between individual capacity and the opportunities available to develop it. Gathoni (2019), studying youth with disabilities in Kenyan higher education, found that agency and inclusion were closely tied to the presence of supportive social environments, and not to impairment severity alone, a finding that foreshadows the emphasis this article places on relational context.

Waititu et al. (2023), examining self-efficacy among learners with intellectual and developmental disabilities in special units in Kajiado County, found that structured, supportive learning environments were associated with stronger self-efficacy outcomes among learners, a finding that bears directly on how residential and day-programme models such as L'Arche Kenya's might be expected to shape core members' own sense of capability. Kahonde (2023) argues that research across Africa has historically excluded people with intellectual disabilities from speaking for themselves,

calling for inclusive research approaches that give them direct voice; this observation is directly relevant to the methodological limitation, addressed later in this article, that most quotations reported here come from assistants and family members, and not from core members in independently structured interviews. At a more structural level, Groce and Kett (2013) describe a persistent disability and development gap between the socio-economic status of persons with disabilities and the wider population, a pattern this article revisits when interpreting L'Arche Kenya core members' economic outcomes against Kenya's national labor market data.

2.2.2 Family and Caregiver Support for Persons with Intellectual and Developmental Disabilities

Family caregivers occupy a central but under-supported role in the lives of people with intellectual and developmental disabilities across the African continent. Mkabile et al. (2021), synthesizing qualitative studies on African families raising children with intellectual disability, found recurring themes of isolation, unmet information needs, and strained relationships with extended family and community, alongside strong caregiver commitment despite limited external support. These findings frame the significance of the home visits, debriefing, and parent support groups documented among L'Arche Kenya families in this assessment as responses to a documented, continent-wide gap in caregiver support, and not as incidental programme features. Chomba et al. (2014) similarly documented structural and attitudinal obstacles that Kenyan families of children with intellectual disabilities face in navigating the education system, obstacles that recur in this assessment in the form of families' uncertainty about transition pathways once core members complete occupational therapy training.

2.2.3 Public Awareness, Employer Attitudes, and Community Understanding of Disability

Cultural stereotypes and prejudices that view disability as a curse, witchcraft, or a punishment for wrongdoing continue to marginalize people with disabilities, particularly in rural areas, and complicate their inclusion in ordinary social life (Mugo et al., 2010). These cultural framings interact with weak labor market outcomes. Kenya's National Council for Persons with Disabilities (NCPWD, 2024) reports that unemployment among persons with disabilities remained close to 10.4 percent between 2019 and 2023 while the national rate fell from 10.0 percent to 5.2 percent over the same period, and that average wages for persons with disabilities remained substantially below the national average throughout. Table 2 presents the comparative national indicators in full.

Table 2

Disability Inclusion Status Report 2025

Indicator	PWD, 2019	PWD, 2023	National, 2019	National, 2023
Unemployment Rate	10.4%	10.45%	10.0%	5.2%
Poverty Rate	45.7%	38.0%	33.3%	30.0%
Formal Labor Force Participation	39.0%	41.0%	Not available	73.0%

Note. Adapted from NCPWD (2024), Disability Inclusion Status Report 2025.

These national figures matter for interpreting a single-organization assessment such as this one, as they establish the structural backdrop against which any employment gains reported by L'Arche Kenya core members should be read, and they make clear that whatever progress the organization has achieved sits well outside the national norm and not in line with it. At the employer level, Gitonga et al. (2024), studying employer perspectives in rural Tana River County, Kenya, found that awareness of inclusive employment practices among rural employers was generally low and shaped by concerns about productivity, occupational safety, and business reputation, yet most employers expressed willingness to hire and work with persons with disabilities if given appropriate training and support. This pattern of low initial awareness combined with openness once direct experience occurs closely parallels the attitude change reported by employer participants in this assessment.

III. METHODOLOGY

3.1 Research Design

The assessment adopted a qualitative, inclusive research design intended to accommodate participants with diverse communicative abilities and to allow the researchers to build sufficient rapport with participants for meaningful, in-depth engagement. A qualitative approach was selected specifically because it permitted flexibility in how questions were posed and answered, which was considered necessary given the range of communicative styles among core members, family caregivers speaking in Kikuyu or Kiswahili, and English-speaking employer representatives.

3.2 Study Area

The assessment was conducted in Laikipia County, one of Kenya's 47 counties, located on the equator in the former Rift Valley province. Laikipia had a population of 518,560 according to the 2019 Kenya Population and Housing

Census, with more than half of county residents living in the Laikipia West and Nyahururu sub-counties (Kenya National Bureau of Statistics, 2020). The county's main economic activities include pastoralism, mixed farming, horticulture, and tourism. Data collection was centered in and around Nyahururu town, where L'Arche Kenya is based, a highland town known locally for Thomson's Falls and situated at an elevation of over 2,300 meters. The rural and semi-rural character of Laikipia County is directly relevant to the assessment's findings regarding community perceptions of cost and replicability, since much of the county's population lives under the subsistence pressures described by family caregivers in this study.

3.3 Institutional Context

The study was carried out at L'Arche Kenya. L'Arche, an international federation founded in France in 1964, operates on the principle that adults with and without intellectual disabilities can share ordinary daily life together as a matter of mutual relationship and not a matter of service provision. L'Arche Kenya joined this international federation in 2009 and is based in Nyahururu town, Laikipia County, where it operates two model homes, Effatha and Betania, alongside occupational therapy workshops, production workshops, a gift shop, and a home-based disability outreach programme for day-scholars living with their own families.

The underlying assessment was constituted by the Strengthening Organizational Reach, Influence and Impact Project (SORIIP), which is a project mandated by L'Arche Kenya and St. Martin Catholic Social Apostolate.

3.4 Target Population

The target population comprised the full range of stakeholders through whom L'Arche Kenya's disability inclusion model could plausibly be expected to produce change: core members and assistants who are residents in Effatha and Betania; day-programme core members and their families in the surrounding community; and the wider community, including employer organizations that had engaged core members, neighbors, church leaders, and county-level community leadership. Employer organizations eligible for inclusion were those with a documented working relationship with L'Arche Kenya, namely Talitha Kum, Comfort Hotel, and Cheklon Bookshop.

3.5 Sampling and Sample Size

Purposive sampling was used to identify twenty-two participants across three anticipated levels of impact: core members and assistants; day-programme members and their families; and the wider community, including employers, neighbors, and a community leader. Core member profiles, prepared with the support of L'Arche Kenya's human resources office at the start of the assessment, provided a first layer of background data and were used to guide subsequent sampling for home visits and key informant interviews. All planning and data collection was conducted in liaison with L'Arche Kenya staff, and participants were interviewed in their normal workstations or homes where possible, in order to minimize disruption to their daily routines. Table 3 summarizes the fieldwork schedule, and Table 4 presents the breakdown of participants by stakeholder category.

Table 3

Fieldwork Schedule

Respondent Category	Venue
Occupational therapy assistants and volunteers; Effatha house assistant	Maranatha; L'Arche Kenya offices; candle workshop
Family caregivers (mothers, siblings, in-laws) of three core members	Family homes
Family caregivers of four core members; Betania house assistants and volunteers	Family homes; Betania
Employer representatives; community leader	Comfort Hotel; Cheklon Bookshop; Maranatha; Talitha Kum

Table 4

Stakeholder Category

Stakeholder Category	Number of respondents
House assistants and volunteers (Effatha and Betania)	8
Family members and guardians of core members	9
Employer representatives	2
Community leader	1
Core members (engaged through co-attendance at family and workplace interviews, and through direct and participant observation)	Embedded across the above categories
Total	22



3.6 Data Collection Instruments

A semi-structured interview protocol was developed in draft form and shared with L'Arche Kenya project staff ahead of fieldwork for review. The instrument was designed to be accessible and intuitive, incorporating local-language administration in Kikuyu or Kiswahili where participants, particularly family caregivers and some community members, did not use English. Core members were permitted to respond in whatever manner suited their own communicative style, with adequate time allowed and an assistant or volunteer present to provide direct support where needed.

3.7 Data Collection Procedures

Four methods were used. Document analysis drew on core member profiles and L'Arche Kenya's medium-term plan (2025 to 2028), together with the organization's website, providing baseline data used for comparison against subsequently collected material. Key informant interviews were conducted one-on-one with participants from each stakeholder category, beginning with assistants and the core members they supported, followed by families during home visits coordinated by L'Arche Kenya's community outreach social worker, and concluding with three employer organizations: Talitha Kum, Comfort Hotel, and Cheklon Bookshop. Direct observation during home visits captured how core members were received within their family and neighborhood settings. Participant observation took place principally in the evenings at Effatha home, where the researchers were hosted for part of the fieldwork period, with attention to routines around mealtimes and communal life.

3.8 Ethical Considerations

Participants were briefed on the study's objectives, expected involvement, and intended use of findings, with assurances of confidentiality and the right to withdraw at any stage without consequence. A distinct assent procedure for core members with intellectual or developmental disabilities was followed, such as allowing extended response time and the presence of a familiar assistant.

3.9 Reflexivity and Positionality

Several features of the fieldwork context bear directly on how the findings should be read. The assessment was commissioned by L'Arche Kenya for its own advocacy purposes, and sampling was coordinated with the support of L'Arche Kenya's HR office and community outreach social worker, who identified and scheduled participants. Assistants were interviewed alongside the core members they supported, and family home visits were arranged by L'Arche Kenya staff. The lead researcher was hosted at Effatha home for part of the data collection period, which supported the participant observation reported below but also placed the researcher in a position of some social proximity to staff and core members whose accounts she was simultaneously assessing. These arrangements create a plausible risk that participants selected for interview, and the accounts they gave, were shaped toward favorable representation of the organization. Research ethics were followed throughout data collection and analysis, and this ensured that the arrangements, participants, and accounts given were treated with appropriate objectivity during interpretation.

3.10 Trustworthiness

The assessment drew on four data sources: document analysis, key informant interviews, direct observation, and participant observation, which provided a degree of triangulation across independent lines of evidence. Member checking was conducted, in which participants reviewed and confirmed the researcher's interpretation of their accounts. An independent audit of the coding process was also conducted. These are recognized practices for establishing trustworthiness in qualitative research.

3.11 Data Analysis

Data were analyzed inductively using a modified thematic analysis, beginning at the onset of data collection and proceeding through familiarization with the data, generation of initial codes and interview-level themes, and subsequent review, definition, and naming of cross-cutting themes reported below.

IV. FINDINGS & DISCUSSION

4.1 Findings

Most of the quotations reported below come from assistants, family caregivers, employers, and neighbors describing core members, and not from core members speaking for themselves in independently structured interviews. Core members are present throughout as participants in home visits, as co-interviewees alongside assistants, and as subjects of direct and participant observation, but the assessment did not use a separate, adapted self-report instrument



for core members. The findings should therefore be read as a picture of core members' lives built substantially through the perspectives of the people who support them, a common feature of research involving people with intellectual and developmental disabilities but one that Kahonde (2023) identifies as a limitation African disability research as a field needs to address directly. Table 5 summarizes the three objectives and the domains reported under each before the detailed findings are presented.

Table 5

Domains Reported for the Research Objectives

Objective	Domains reported by participants	Predominant direction of change reported
1. Quality of life in Effatha and Betania	Autonomy and independence; financial literacy; voice and self-direction; hygiene and health; social and spiritual connection; sense of belonging	Improvement, reported consistently by family members, assistants, and through direct observation
2. Support for day-programme families	Modelled inclusion; home visits and debriefing; peer friendships; parent support groups; economic training; transport; identity documentation	Reduced caregiver isolation; increased caregiver confidence and core member employability
3. Public awareness and understanding	Employer attitude change; neighbour and church relationships; persistence of charity-oriented framing; weak employer communication; cost perceptions; limited advocacy visibility	Mixed: genuine attitude change reported alongside continuing stereotype and communication gaps

4.1.1 Objective One: Quality of Life in the Effatha and Betania Homes

Core members' quality of life was assessed across dimensions of autonomy, financial literacy, voice, hygiene, and social and spiritual growth, drawing on core member profiles, direct observation, and key informant interviews. Growth in independence and autonomy: Family members and guardians repeatedly identified growth in core members' capacity to complete daily tasks with minimal supervision as a significant marker of change. One guardian described a marked improvement in a core member's independent completion of household chores during a home visit, remarking that she no longer had reservations about hosting him in future. A Betania assistant contrasted L'Arche Kenya's approach with a previous employer in the disability sector, noting that visitors were often surprised to see core members independently preparing meals, cleaning, and leading prayers, which challenged prevailing assumptions about their capabilities.

Financial literacy and autonomy: Weekly payment for work undertaken through L'Arche Kenya's workshops was identified as a substantial contributor to core members' sense of adult status and dignity, particularly among male core members, for whom financial contribution carries specific cultural weight within Kenyan family and community structures. One core member described constructing his own house and contributing to village gatherings as evidence of having attained the social status of manhood through his own earnings; a mother described her son's regular contribution of household goods, purchased with his own income, as something the wider community now openly acknowledged and respected. Observed instances of core members asserting control over spending decisions, including one core member's insistence on his right to decide how to spend money set aside for a gift, were interpreted as evidence of developing self-determination.

Growth in voice: Core members' participation in L'Arche Kenya's governance council was cited as evidence of growing capacity for voice and influence, including examples of core member input shaping disciplinary decisions and modifications to organizational transport. Individual assertions of preference, for example regarding clothing choices, were described by an Effatha assistant as prompting a shift in her own practice toward deference to core members' stated wishes. Family members observed similar developments during home visits: one mother described her daughter's decision to request her father's blessing using money she had earned herself, a gesture traditionally reserved for women recognized as independent and self-directed within Kikuyu custom, as evidence of newfound self-possession.

Improved hygiene and health: Family members, neighbors, and house assistants consistently identified improvements in personal hygiene as significant, particularly for core members whose prior experiences of neglect had made grooming routines difficult to establish. A Betania house assistant described substantial change in one core member's hygiene practices as among the team's proudest achievements, while a grandmother described the same core member's earlier condition, prior to joining L'Arche, in terms that underscored the severity of prior neglect. A neighbor credited L'Arche Kenya's consistent, patient support with modelling standards of care that the family itself had struggled to sustain.

Social and spiritual growth: forming genuine connections: Participants across categories described core members as capable of authentic relationship. A community leader described a core member's habit of sitting quietly in his office as a meaningful gesture of connection and not an absence of purpose. A Betania assistant emphasized that another core member, frequently assumed by outsiders to lack understanding, demonstrated clear relational authenticity

once trust was established. An Effatha assistant described reciprocal affection from core members following her return from leave as evidence that the relationship was mutual and not purely custodial. The term mutual relationship, used throughout L'Arche's own mission language, recurred across interviews as the term participants themselves used to characterize these bonds.

Growth in participating in social life with others: Reductions in behaviors associated with sensory overwhelm, including improved capacity to remain calm during communal prayer, were described by both core members and house assistants as significant markers of growth, particularly for core members within the autism spectrum. A Betania house assistant, reflecting on initial doubts about the feasibility of supporting a particular core member, expressed conviction that the milestones achieved demonstrated that disability inclusion in Kenya is achievable given sufficient patience and accommodation.

Awareness of belonging to L'Arche and the community: Core members consistently described both Effatha and Betania, and by extension L'Arche Kenya as a whole, as home, independent of which specific house they resided in. Family members observed corresponding shifts in mood and disposition, including reduced anger and increased cheerfulness following core members' integration into L'Arche life, alongside expressions of eagerness to return to L'Arche after family visits. Neighbors and community members described reciprocal relationships involving shared celebrations, church attendance, and everyday social contact, framing L'Arche Kenya's homes as embedded within the surrounding neighborhood and not separate from it.

4.1.2 Support for Day-Programme Members and their Families

Families of day-programme members identified five principal forms of support received from L'Arche Kenya: modelled inclusion, home visits and debriefing, opportunities for genuine peer friendship, parent support groups, and economic training.

Modelling inclusion was described by family members as the most consequential form of support, in that it visibly demonstrated respectful, autonomy-supporting interaction with a family member with developmental disability and thereby shifted family members' own practice. One relative described L'Arche's approach as having changed how the family viewed and related to a family member across both domestic and, in one case, professional contexts. Home visits and the accompanying conversations were credited with reducing social isolation and providing practical guidance for caregivers who otherwise had few sources of advice; several caregivers noted that neighbours' attitudes toward their households improved once L'Arche Kenya visits became a visible pattern. Parent support groups were described as an important source of shared understanding and practical reassurance, particularly regarding sensitive topics such as marriage and relationships among core members. Economic training and the experience of employment were described by families as transformative for core members' confidence, decision-making, and standing within the community, exemplified by accounts of core members marrying, acquiring property, and taking on family and civic responsibilities previously considered unlikely.

Transport to and from occupational therapy workshops was identified as a practical precondition for sustained participation, without which caregivers reported that engagement would not be feasible given competing subsistence demands. Support for acquiring national identification documents and passports, historically difficult to obtain because of disability-related stigma within local administrative processes, was also noted as a valued form of assistance.

4.1.3 Impact on Public Awareness and Understanding of Developmental Disability

Employers, neighbors, and community members described measurable shifts in attitude resulting from direct interaction with L'Arche Kenya and its core members. An assistant manager at a hotel employing a core member described initial hesitation rooted in assumptions about competitiveness and standards, followed by a marked change in perspective once direct experience contradicted those assumptions. A supervisor at a partner bookshop described similar attitude change following direct working experience with a core member employee.

Relationships of mutual respect and belonging, formed through geographic proximity, shared church attendance, and community celebrations, were described by several neighbors as central to their experience of L'Arche Kenya. An interdenominational church elder described the warm reception given to L'Arche Kenya members participating in worship, despite L'Arche Kenya's own Catholic institutional affiliation, as evidence of the model's capacity to build relationships across religious lines. Parents also reported that community treatment of core members improved following their association with L'Arche, in some cases making it easier for other families raising children with disabilities to participate openly in community life.

Alongside these positive shifts, this assessment identified persistent charity-oriented framings of disability among some community members, in which core members were described in language emphasizing pity and obligation and not rights and contribution, indicating that attitude change, while reported by several participants, remained uneven across the wider community. Areas L'Arche Kenya Needs to Improve: Employers described inconsistent communication from L'Arche Kenya, particularly regarding core member absences, as a source of frustration that risked undermining otherwise valued partnerships; both employer informants stressed that their businesses, unlike a charity, could not



readily absorb unexplained absence. A recurring perception among both community members and some house assistants was that L'Arche Kenya's living standards, and by extension its model, are prohibitively resource-intensive to replicate, particularly in rural households facing basic subsistence pressures. A related perception, that L'Arche Kenya is well funded and therefore no longer requires community support or advocacy, was identified as a further obstacle to sustained community buy-in and fundraising.

This assessment identified a need for more targeted advocacy highlighting successful employment transitions, such as a core member's employment at a partner hotel, as a route to demonstrating the feasibility of workplace disability inclusion to other prospective employers. It further identified a need for clearer strategies to transition core members who have attained relevant skills out of rotating occupational therapy placements and into sustained employment, both to support individual core members' progression and to improve accountability within the workshop programme. Table 6 summarizes these areas alongside possible organizational responses; the responses themselves are interpretive suggestions arising from this assessment and not tested interventions. The left column reports what participants said. The right column is an interpretive synthesis offered for further testing and piloting, and not a validated set of interventions.

Table 6

Areas of Improvement and Organizational Response

Area identified by participants	Possible organizational response (interpretive, for testing and piloting)
Inconsistent communication with employer partners regarding absences	Structured, agreed communication protocol between L'Arche Kenya and employer partners
Perception that the model is too costly to replicate	Piloting whether relational practices (mutual relationship, shared spirituality, modelled inclusion) can be adapted without the full residential infrastructure
Perception that L'Arche Kenya is well funded and no longer needs community support	Targeted, ongoing communication with community members and donors distinguishing operational funding from advocacy and outreach needs
Persistence of charity-oriented and pity-based language	Continued modelling of rights-based, relationship-centred language in community engagement and media
Rotation of core members through workshops without clear transition into employment	Clearer transition pathways from occupational therapy workshops into supported or open employment
Limited public visibility of successful employment transitions	Documentation and dissemination of specific transition stories, such as the core member employed at Comfort Hotel

4.2 Discussion

The findings suggest that L'Arche Kenya's model is associated with change at the level of individual autonomy, family relationship, and community attitude, consistent with the model's stated emphasis on mutual relationship over service delivery. The gains in independence, voice, and hygiene reported by core members' families and support staff align with what Bredewold and van der Weele (2023) describe as the deliberate crafting of community around residents' own needs and capacities, and not around an expectation that residents conform to external standards of normalcy. McKearney's (2017) account of L'Arche communities in the United Kingdom connects to the mutual relationships described by Kenyan assistants and core members alike. It suggests that dependence can operate as a vehicle for recognition and belonging, not simply as a deficit to be managed. This interpretation extends beyond what the underlying assessment itself claims and should be read as an analytic frame, since it borrows concepts developed in Dutch and British institutional settings that differ from Laikipia County in resourcing, culture, and family structure.

At the same time, the persistence of charity-oriented language among some community members, alongside continuing perceptions that the model is too costly to replicate, corroborates a wider pattern documented in Kenyan national data and consistent with Groce and Kett's (2013) account of a persistent gap between the socio-economic status of persons with disabilities and the wider population. Kenya's unemployment rate for persons with disabilities remained near 10.4 percent from 2019 to 2023 while the national rate fell to 5.2 percent, and formal labour force participation for persons with disabilities reached only 41 percent in 2023 against a national rate of 73 percent (NCPWD, 2024). Against this backdrop, the transition into paid employment achieved by a small number of L'Arche Kenya core members represents a genuine departure from prevailing national trends, but the scale of that success remains constrained by the same structural and attitudinal barriers documented at the national level.

The educational and transition-related barriers reported by families in this assessment resonate with earlier Kenyan research. Chomba et al. (2014) documented structural and attitudinal barriers to inclusive schooling for students with intellectual disabilities that closely parallel the transition difficulties described by L'Arche Kenya families regarding the rotation of core members through occupational therapy placements without sustained transition into employment. Waititu et al. (2023), examining self-efficacy among learners with intellectual and developmental disabilities in Kajiado County, similarly found that structured, supportive environments were associated with stronger self-efficacy outcomes,

a pattern broadly consistent with the growth in voice and self-direction reported by L'Arche Kenya core members in this assessment.

The employer-side barriers identified in this assessment, including concerns about productivity and unpredictability, also mirror those documented by Gitonga et al. (2024) among rural Kenyan employers more broadly, suggesting that the attitude change achieved by L'Arche Kenya's employer partners is a genuine departure from the low baseline awareness typical of rural Kenyan workplaces. The findings suggest that community-of-difference models such as L'Arche Kenya's may be more effective at producing relational and attitudinal inclusion than at producing economic inclusion, a distinction with direct implications for how the organization frames future advocacy and replication efforts, and one that speaks to the broader international debate about the comparative strengths of relationship-centered and integration-centered models of intellectual disability support.

V. CONCLUSION & RECOMMENDATIONS

5.1 Conclusion

This assessment offers evidence that L'Arche Kenya's disability inclusion model is associated with relational and attitudinal change among core members, their families, and the employers and neighbours who interact with them, most clearly in domains of autonomy, voice, hygiene, and belonging. Economic inclusion remains the area of least progress, constrained by structural barriers that mirror national patterns of disability-related labour market exclusion. The perception that the model is too resource-intensive to replicate, communication gaps with employer partners, and the persistence of charity-based framings within parts of the wider community stand out as the main obstacles to extending these outcomes beyond Laikipia County. Positioned within the wider international literature on community-based intellectual disability care, L'Arche Kenya's experience suggests that the relational logic documented in Global North institutional settings may travel to a sub-Saharan African, community-embedded context, a proposition this research treats as a hypothesis generated for future testing.

5.2 Recommendations

For Kenyan disability policy, the findings are consistent with arguments already embedded in national and regional rights frameworks that disability inclusion is framed most durably as a matter of relationship and rights, and not charity. The reported change in employer attitude at Comfort Hotel and Cheklon Bookshop, drawn from two employer accounts in this assessment, suggests that structured, relationship-based employer engagement may complement compliance-driven quota enforcement, which on its own has not narrowed Kenya's persistent disability employment gap; this remains a single-site observation and would need testing across more employers before being treated as a general policy lesson.

Given the fears expressed by community members and some house assistants regarding the cost of replicating L'Arche's residential model, one possibility worth testing in future work is whether the relational and attitudinal practices associated with community-of-difference approaches, such as mutual relationship, shared spirituality, and modelled inclusion, can be separated from the full residential infrastructure of the Effatha and Betania homes, which participants identified as the main driver of perceived cost. This is offered as a hypothesis for further research and organizational piloting. Structured communication protocols with employer partners, and documentation of successful employment transitions such as that of the core member employed at Comfort Hotel, are identified as concrete, low-cost steps the organization could pursue in the near term.

Several limitations qualify these findings. Some interview excerpts were conducted in Kikuyu or Kiswahili and translated into English for reporting; nuances of meaning may not be fully preserved in translation. The researcher was hosted within Effatha home during part of the fieldwork, which may have shaped both access to informal observation and participants' willingness to disclose critical views. Also, core members' perspectives entered the assessment primarily through observation and co-attendance at interviews with assistants and family members, and not through independently structured self-report, which may understate core members' own first-person assessment of the model's impact on their lives.

Future research could usefully compare outcomes across a larger number of L'Arche communities, or comparable community-of-difference models, operating in different African national and cultural contexts, to test whether the relational gains observed in Laikipia County generalize beyond this specific setting. Longitudinal research following core members over multiple years would help establish whether the economic inclusion gap identified in this assessment narrows over time or represents a structural ceiling within the current model. Research employing accessible, core-member-led methods, such as supported self-report or participatory photo-elicitation, would strengthen the evidentiary base regarding core members' own first-person experience of quality of life, complementing the family- and assistant-mediated accounts that dominate the present findings. Finally, comparative cost analysis, disaggregating the relational practices of the L'Arche model from its residential infrastructure costs, would directly address community and



organizational perceptions that the model is too expensive to replicate and could inform more precise Kenyan replication strategies.

Declaration of Interest

The authors declare that they do not have any known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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