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ORPHAN AND VULNERABLE CHILDREN'S INSTITUTIONAL CARE AND THEIR SOCIAL INTEGRATION: A CASE STUDY OF DAGORETTI SOUTH CONSTITUENCY, NAIROBI COUNTY KENYA

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Abstract: *This study explored the type of care given to Orphans and Vulnerable Children in Institutional Care and how it impacts on their social Integration. The Case study compared the various care approaches, facilities and services granted to OVC's in different institutional care centers in Dagoretti South Constituency and how it later impacts on the life of OVC's once they are integrated back into society. The study adopted a case study research design using mixed method approach that focused on the collection, analysis and synthesis of both qualitative and quantitative data. The study targeted and collected data from 4 selected charitable care institutions in Dagoretti North Constituency which have a combined average population of 190 residents. Data was collected using questionnaires, key informant interview guides and focus group discussion guides. Data was collected from children in privately managed and government managed institutions, individuals who had already been discharged from alternative care, social workers, care givers in the institutions and officers from the children's department. The study established that orphaned and vulnerable children living in charitable care institutions received did a wide array of services which were meant to ease their life in the institution as well as prepare them for life after leaving the institutions however privately manned institutions provided better services than their government maned counterparts. Privately maned institutions provided an integrated approach to social integration which helped alleviate the likelihood of vulnerable children struggling with challenges after their integration unlike government institutions which provided rigid full time care. The study recommended that social integration should be put in a policy framework and made part of key policies within all alternative care institutions. The study also recommended that there is need for the development of and implementation of a curriculum and guidelines that provide for relevant precise training, teaching and advancement of talents, skills and gifts of children in charitable care institutions.*

Key terms: *Orphan children, Vulnerable Children, Institutional Care, Social Integration*

1.1 Introduction

Charitable children's institutions should provide a place where vulnerable children deprived of the primary care and protection of their families receive their much needed social and basic needs with the utmost love and attention to ensure that they get an equal chance in life as their counterparts in normal family environments. However, a growing subject of concern for many studies and media exposes globally has been the numerous allegations of grievous child abuses cases, deplorable state of Charitable Care institutions (CCI's) and its impact on the physical and psychosocial development of vulnerable children raised in such environments.

Of recently, a new problem seems to be emerging. Individuals who have been raised in CCIs and newly resettled back into communities have been noted to struggle with detrimental behavioral challenges. Majority of the care leavers register very poor performance in school, associate and involve themselves with violent gangs, engage in substance abuse, isolate themselves from peers and or express signs of depression, escape from caregivers and others even die some as soon as six months after their community integration.

Very little seem to be understood about this whole phenomenon and how the type of care children received in CCIs ultimately impact their ability to be successfully integrated back into back into the normal society and how it impacts on their psychosocial ability to become functional productive members of their communities. What is clear however is that unless an understanding is achieved and a solution is provided these young people will continue to suffer in silence and the society will end up losing a great portion of its future productive workforce hence the need for this study.

1.2 Objective of the Study

The study objective was to assess the type of care given to OVCs within CCI's and the social integration in Dagoretti North Constituency.

1.3 Conceptual Framework

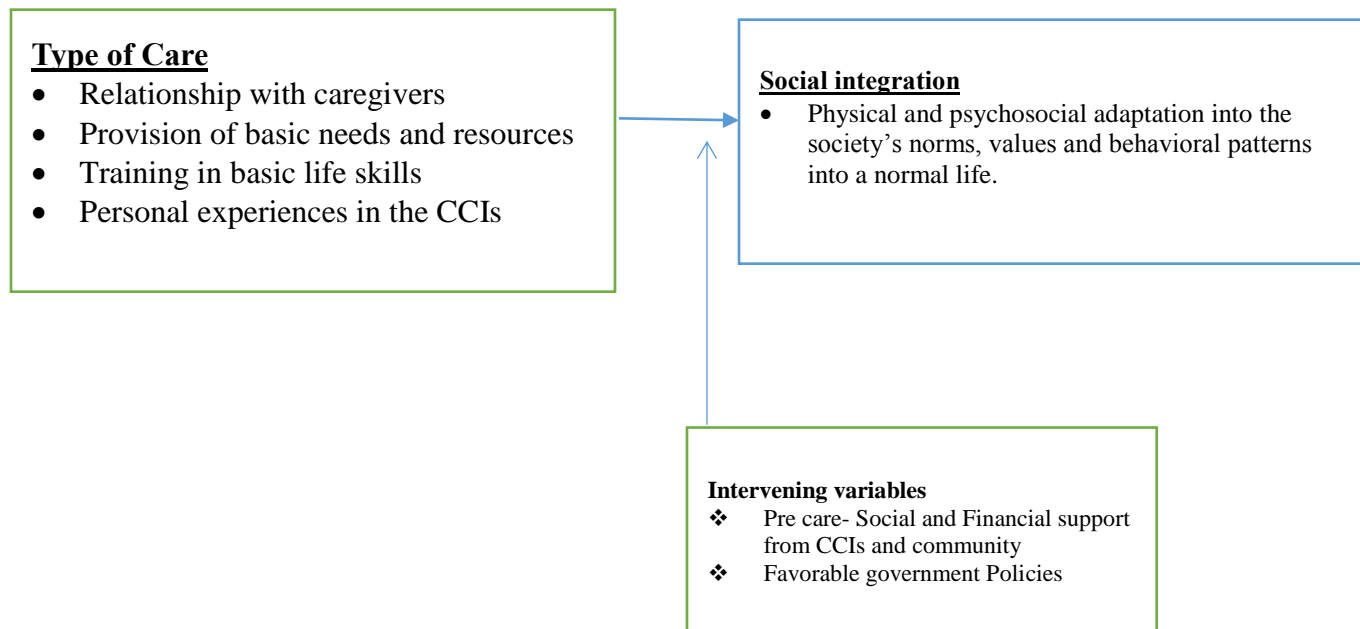


Figure 1 Conceptual Framework

Source: Author, 2019

Figure 1.1 above illustrates the conceptual framework for the study. From the framework, it is easy to link how the independent variables link with the dependent variables. The figure illustrates how the type of care OVCs receive in CCIs, the approach CCIs apply to social integration as well as the challenges care leavers are likely to encounter during this delicate process is likely to impact the success of their physical and psychological amalgamation into a society's norms, values and behavioral patterns into a normal life. However as indicated in Figure 1.1, moderating variables such as favorable government policies that may include ease of acquiring registration documents, business and education grants as well as pre care psychosocial and financial support from the community could influence the relationship between the independent and dependent variables.

1.4 Theoretical Review

This study was anchored upon theory of attachment by John Bowlby which attempts to analyze how community interactions and life experiences influence individual behavior and how communities integrate. The theory of social attachment was developed by John Bowlby and Mary Ainsworth (Ainsworth & Bowlby, 1991). The theory emphasizes the importance of a child's attachment to its mother especially in the first two years of its life and the detrimental impacts separation, bereavement and deprivation of a mother's warmth, and intimate continuous care has in a child's life. Attachment refers to the nature of the relationship between caretaker and a child as well as the resultant personality style demonstrated by the child later in life. Bowlby believed that the quality of attachment a child develops with his/ her caregiver in the infancy stage has a critical effect on the child's future psychological well-being (Kendra, 2017). He believed that individuals deprived of long span continuous care of a care giver has a have higher chances of suffering from hostility, depression, poor IQ, delinquency, psychopathy and sadism.

The basics of this theory of attachment completely fall in line with this study's assumption proposing that the type of care given to OVCs within CCI has an impact on their social integration and future interactive behaviors. For instance, OVC who have experienced long term care in institutions which limits the level of interaction and intimate relationship between children and immediate caregivers have a high chance of struggling with trust, self-confidence and empathy issues. Separation of children from the community and thereafter re-unification leads to personality of avoidance, dismissiveness, resistance, fearfulness and disorganization by the re-united child.

Bowlby's theory of development has however been criticized by fellow scholars such as J. Harris (1998) who believes that parents and caregivers do not necessarily shape their children's personality and behavior. Harris believes that "nature gives parents a baby, the end results depends on how a child is nurtured. As regard to nature, Harris believes that the environmental characteristics and pressure from a child's peers has a greater impact on a child's behaviors than the character of his caregiver. Not all children born of rude disrespectful and delinquent parents end up taking their parents' vile characters and vice versa (Harris, 1998). Harris (1998) sentiments fall in line with Arnold Semaroff transactional theory of development (1974) who believes that both nature and nurture equally contribute towards the development function of individual. Arnold considers that both an infants' caregiver and their environment play a great part in the child's development and behavioral tendencies. For instance, OVC's future experiences could be influenced not only by their relationship with their caregiver in an institution but may also be impacted by the various forms of physical, emotional and or sexual abuse and maltreatment they may suffer in the hands of their peers while in the institution.

1.5 Review of Empirical Studies

There are multiple forms of alternative care arrangements for children, either as a result of interruptions in normative patterns or variations of culture and background (Fluke et al., 2012) Such flexibility of approach includes foster care, child headed households, adoption or independent supported living and institutional care having evolved either formally or informally.

Charitable children's institutions (CCIs) or children's orphanages have been used to provide alternative care for OVCs worldwide for many decades (Dozier, 2012). Although it is not easy to put a figure on to the exact number of CCI's worldwide and their total population, it is estimated that an average of 2 to 8 million orphans are currently living in CCI's worldwide (Save the Children, 2009). Most of them have found their way in such institutions due to poverty, family instability, abandonment, or in rare occasions where they were physically withdrawn from parental care by state appointed social service agencies (Dozier, 2012). Other drivers including illness, poverty, culture, politics or societal challenges such as war, conflict, disaster and displacement/migration (Williamson & Greenberg, 2010).

Although all children are bound to face different hurdles in their transition to adulthood, children in institutional care systems experience significant challenges more than their counterpart's in family based care. Such result from their susceptible exposure to harm, neglect, abuse and separation from parents (Cocker & Allain, 2013). Growing up in institutional care is further complicated painful hardships and lack of adequate support. Unlike children in the general population who receive most of their care support from a single source (families), those from

institutions have to navigate complex service systems to access services and support to meet their developmental needs (Osgood, Foster & Courtney, 2010). This process is not always easy and often results in some of them missing out the much-needed opportunities to acquire even the most basic skills and developmental milestones.

Depending on availability of resources and competency of management, different institutions offer different forms and levels of care to OVC. Such may include a varied range of facilities, skills, resources, and social amenities however this is often very rare. A study conducted by Guma (2012) in four European countries of Albania, Czech Republic, Poland and Finland that focused on life skills training for children in institutional care discovered that most CCIs in the four countries were not keen to offer basic life skills to the children. The study findings revealed only 22% of the children had been taught basic cooking skills (Guma, 2012). The study also cited that only 20% had basic shopping skills with only 15% able to make a simple budget. Guma (2012) research further established that majority of the children had not received any information on basic sexual wellbeing or how to handle sexual relationships (Guma, 2012). Institutional care tends to segregate children and adolescents by sex and age from other young people and adults in the communities. Instead of age encouraging independence and creative thinking, it tends to promote dependency and discourages autonomy (Muthoni, 2007). For many adolescents, the transition from institutions to positive integration and self-support as young adults with the social-cultural skills and networks of connections in the community become very difficult (Muthoni, 2007).

The quality of care for OVCs is not only limited to life skills training but also include the environment provided within the institution and care-relationship offered by the basic care givers. A study conducted by Groark et al (2011) in conjunction with the Whole Child International Team to study the characteristics of the environments, caregivers and Children in three South American countries discovered that although the environment in most CCIs were clean, the researcher noticed that the caregivers provided routine caregiving with limited emotion, responsiveness, support, empathy, or guidance (Groark et al, 2011). The study noticed that there was very little stability in the care of the children since most caregivers worked longer shifts then were off for 3 days and children intermittently changed to new quarters. Consequentially the study attributed the high level of aggression, indiscriminate friendliness and poor IQ scores to the unfavorable care and environment the children are exposed to Groark et al (2011).

Another aspect of adequate care also includes provision of adequate resources to OVC, especially ones living in resource communities. A research conducted in Malawi to compare the living situations of children in orphanages and children living in foster within Malawi surprisingly uncovered that children in orphanages were more privileged than counterparts in ordinary family care in relation to gaining adequate access to education, health, food quality and school supplies. (Zimmerman, 2005). Similar sentiments were reported by a study conducted by UNICEF (2011) in the same country. Children were happy to receive items such as clothes, toys, shelter, body lotion, blankets, shoes, slippers, soap and suitcases. Some also slept on good beds and mattresses, which were not available at home because of poverty. The study cites children in institutions who attended school were exceedingly glad to receive free writing materials, uniforms and text books. Their school fees were also paid, medical services provided to sick children and children were assured of three meals a day meaning they could therefore concentrate on their studies, because they did not feel hungry all the time UNICEF (2011).

In Kenya, residential care the most visible, accessible and readily available form of care is the absence of primary child care at times used to address immediately a child's need for shelter, care and education (SOS Children Villages, 2014). According to recently rolled out guidelines on alternative care in Kenya, it is estimated that 30-45% of the 2.4 million OVCs in the country end up in CCIs (GOK and UNICEF, 2014:4). The country is estimated to have 700 formal CCIs with a total population of around 50,000 OVCs (Stuckenbruck, 2013). In a report citing his 13 years' experience in institutional care in Kenya Ucembe (2016) cites that the institutions were rigid with a predictable routine. Children live in a documentary setup with one or two caregivers who hardly expressed genuine love and care. Ucembe (2016) expressed that he was subjected to strict rules with very little room for freedom of expression. He experienced physical, verbal and sexual abuse perpetrated by caregivers and older children with no channel to report. The children in the situations were only considered as part of a statistics to impress donors and philanthropic well-wishers (Ucembe, 2016)

The National Standards for Best Practices in Charitable Children Institutions recognizes the strengths of CCIs as places of temporary shelter and care and support children (NCCS, 2013). Despite the children programs that CCIs are expected to run to ensure OVC basic needs are met as well as their protection needs and well-being, the ultimate reason for existence of CCIs as prescribed by the standards is to make sure that children under care are provided for their personal needs and also, collaborate with their families to ensure that proper care is provided to the children (NCCS, 2013). This is to actually mean that CCIs are responsible to ensure that OVCs access the right standards of education, are well trained and prepared on opportunities that will enhance their chances to secure jobs and generate income and make a living once they transition from the care institutions, have well nurtured values and interpersonal skills that will enhance relationships with themselves and the outside world as well as good decision making skills to avoid negative peer influence.

1.6 Methodology

This particular study adopted a case study research design using mixed method approach that focused on the collection, analysis and synthesis of both qualitative and quantitative data. The sample size for this study was determined using Krejcie & Morgan (1970) sample size determinant table. Accordingly, the sample size corresponding the population size of 190 inhabitants is 107 respondents. The study employed non-probability sampling techniques including purposive sampling and snowball sampling due to the sensitivity of the study and the need for the researcher to focus on the unique characteristics of the target population.

Table 1: Sample size

Respondent	Number	Percentage
OVC in government CCIs	30	31%
OVC in privately managed CCIs	30	31%
Case workers/ social workers in Government CCIs	10	10%
Case workers/ social workers in private CCIs	10	10%
Children who have already left CCIs	20	10%
Children's welfare officers and child protection officers	7	8%
Total	107	100%

Source: Author, 2019

Data collection instruments

The study made use of two types of data; secondary data collected from books, journals and project reports as well as primary data collected through questionnaires, interviews and focus group discussions. The choice of the above tools was considered based on the sensitivity of the topic of study and their ability to allow room for the respondents to adequately describe their thoughts towards the questions. Key interviews and focus group discussions yielded qualitative data while most parts of questionnaires yielded quantitative data.

1.7 Study Findings

It is worth noting that the study realized a very high return rate despite the fact that the key population under study is a vulnerable and sensitive population. Among the children living in Charitable Care Institutions, against a sample of 60 children, the study realized a return rate of 92% with 55 children being reached and data collected from them. Additionally, a total of 12 social workers and care givers were reached and data collected from them indicating a 71% return rate. Furthermore, valid data was collected from a total of 4 children's welfare and child protection officers. Valid data was also collected from a total of 18 children who had already left alternative care and integrated into the community.

Type of services given to children within Charitable Care Institutions

One of the key objectives of this study was to establish the type of services given to children living in charitable care institutions. From the perspective of both the children living in alternative care, those who have already left alternative care, care givers and social workers as well as officers from children's services, the following are the services offered to children in alternative care.

Table 2: Range of services given to children in alternative care institutions

<ul style="list-style-type: none"> a) A place to call home b) Formal education- both primary and secondary level education c) Professional training and skills such as tailoring, hairdressing, barbering, baking, entrepreneurship training d) Guidance and counselling e) Facilitation of initiation/transition from childhood to adulthood for both boys and girls. For boys it includes arrangement for and facilitation of circumcision. f) Life skills training, coaching and motivation g) Medical and health services h) Food and nutrition provisions i) Spiritual growth j) Motivational talks k) Facilitation of linkages with family and relatives who live in the community l) Facilitation of vital information, documents and registration with the government for instance birth certificates, identity cards and registration with the department of children services and children protection m) Protection of human rights n) Discipline

Source: Researcher, 2019

The study noted with concern that unlike in privately managed alternative care institutions,

children in government institutions did not receive some of the services or in cases where the services were offered, they were not of the desired quality or able to produce the intended effect. One of the children in one of the institutions noted;

“We are in class eight, we have KCPE, but we are taught two subjects a day. We know we will fail already.”

This was a point of concern bearing in mind that education is a basic right and further, education is very vital for the success of the children once they are integrated into the community. Inadequacy of services provided to children leaves them at the mercy of suffering within alternative care institutions as well as once they leave the institution.

Roles played by social workers and care givers in relation to services offered by Charitable Care Institution

The study also sought to understand the roles played by social workers and care givers in relation to the services offered by charitable care institutions. It was noted that social workers were mostly involved in following up on children who had already left alternative care while at the same time, keeping tabs on the progress of those who had been placed in alternative care but under. They were further involved in facilitation of guidance and counselling and ensuring that children maintain and identify their linkages to their families in the community.

Care givers were directly involved in taking care of all the basic needs and provision of services to children, teaching and training, imparting skills and monitoring the progress of the children. They were also involved in maintaining accurate records and information of the children and ensuring that the rights of the children are respected and upheld. Care givers were also responsible for facilitating integration of children within the community by identifying families and ensuring a smooth transition for children leaving alternative care.

Orphaned and Vulnerable Children’s perspective on life in Charitable Care Institutions

It was important for the perspective of the children who were living in alternative care to be examined. This was important for the study in gaining first hand experiences of life in alternative care with a view of supporting the recommendations to be made by the study. The following were the responses regarding this enquiry.

Adequacy of preparedness for life outside the Charitable Care Institution

The study enquired from the participants in the study whether they were adequately prepared for life outside charitable care institutions. Most of the children asserted that they were ready and fit to better lives once discharged from alternative care since they were well prepared. However, when asked to support their answer on how they were adequately prepared, most of the participants could hardly substantiate the adequacy of preparedness. The researcher noted that unlike children in privately managed charitable care institutions, children in government managed institutions could not clearly point out how they are adequately prepared, suggesting that they were just tired of living in alternative care and wanted out.

Additionally, among children who were placed in privately managed institutions, the study noted that despite them being adequately prepared in terms of training on life skills, education and life out of alternative care, these children were still not able to conduct basic house-keeping and self-

management. The researcher observed that most of the children were not adequately prepared in terms of being prepared for exit from alternative care. Inadequacy was further noted in terms of lack of a place where the children could be placed as well as lack of information on how the children were expected to socially integrate in the community.

Children's feeling about the life outside the Charitable Care Institution they live in

It was also important for the study to allow the participants to express their feelings or views concerning how they felt about life outside alternative care. This was as a means of understanding how the children in alternative care felt about social integration into the community. The results are presented in Figure below.

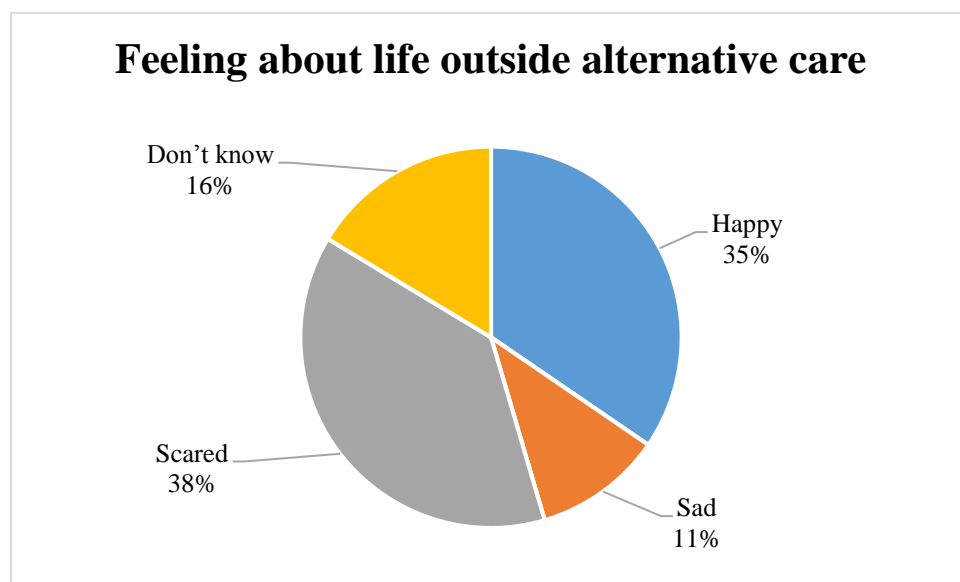


Figure 2: Feeling about life outside alternative care

Source: Researcher, 2019

From the data collected in this study, it was established that most of the children were scared when they thought about life outside alternative care. This was noted in 38% of the participants with 35% noting that they felt happy, 11% felt sad while 16% did not know. These responses clearly indicated the kind of results that discharging the children from alternative care and integrating them into the community would be. Among those who noted that they were scared, it is a clear indication of uncertainty of life outside alternative care. Among those who were sad, it was a clear indication of disapproval of discharge and social integration as they would either miss life in alternative care or would go to suffer after leaving alternative care.

Next step after leaving alternative care

Every child within an alternative care arrangement has plans of what they would like to do once discharged from alternative care. The study sought to know what plans these children had once they alternative care and presented the results in Table 3.

Table 3: Next step after leaving alternative care

	Move back home/went back home	Move in with a relative/moved in with a relative	Have nowhere to go/had nowhere to go	Settle alone/settled alone
Children living in CCIs	32 (58%)	15 (25%)	7 (11%)	3 (6%)
Children already left CCIs	9 (50%)	4 (22%)	2 (11%)	3 (17%)
Total	41 (55%)	19 (25%)	9 (12%)	6 (8%)

Source: Researcher, 2019

It was established that among those children who were still living in alternative care, 58% planned to move back home, 25% planned to move in with a relative, 11% had nowhere to go while 6% planned to settle alone. Among those who had already left alternative care, 50% had moved back home, 22% had moved in with a relative, 12% did not have anywhere to go while 8% settled alone. In general, the study observed that 55% of all the participants thought of moving back into their homes, 25% thought of moving in with a relative, 12% had nowhere to go while 8% had planned to settle alone.

These findings were also noted among the key informants in the study. One of the social workers interviewed quipped;

“Most of these children here really want to go back to their homes. They usually dream about that a lot. The only challenge is when they think of the harsh living conditions back at home, it demoralizes them”.

One of the case workers interviewed also noted that;

“Some of these boys and girls are really independent and some even want to go and live alone. They say they have skills in running their own business so they can manage living on their own”.

It was noted in high regard the number of children who showed independence by citing that they plan to go live alone. This showed that they are confident of themselves and are well prepared for life outside alternative care. Furthermore, it was noted with concern the number of children who had nowhere to go.

Reasons for choosing the above next step

When asked why they had chosen the plan on what next after leaving alternative care, most of the children noted that they were aware of the presence of their families and they knew that they loved them and that is why they planned on going back home. One of the children asserted;

“I know my parents and family, I know they love me and when I go back to them they will accept me.”

Others noted that moving in with a relative was their only plan as their parents and immediate family would not accept them, while for others, moving back to their homes would be a step back in life. One of the children state;

“I will go and live with my grandparents, they love me more than my mother loves me”

It was noted that relatives were a soft landing and could accommodate children after leaving

alternative care, providing support for their development unlike their immediate family. Those who planned on settling alone reiterated the fact that they were mature, had the right skills, knowledge, and training and were ready to start life afresh on their own. This was a show of independence.

Elements learnt in alternative care that are beneficial for life after leaving the CCI

As part of living in alternative care, children go through a learning process to prepare them for life outside alternative care. They are usually equipped with life skills and survival skills that are expected to make their lives better. The study sought to understand what exactly the children had learnt and experienced that would be beneficial to them once they are discharged from alternative care. The results are presented in Table 2

Table 4: Beneficial aspect learnt while in alternative care

<ul style="list-style-type: none"> i. Cooking and baking skills ii. Interpersonal relations and togetherness iii. Tailoring and dress making iv. Praying v. Living with different people from different backgrounds vi. Playing football vii. Honesty and being kind to others and helping others the way I have been helped viii. Reading and writing ix. Business skills x. Education in both primary and secondary school xi. Hairdressing and beauty skills xii. Taking care of my younger brothers and sisters xiii. Housekeeping, cleaning and washing xiv. Respect and obedience

Source: Researcher, 2019

Key informants in the study also noted that children placed in alternative care acquire some beneficial elements through the learning process. One of the officers from the children's department noted;

"You find most of the children learn skills in things like dressmaking and hairdressing among girls and when they leave alternative care, they become successful I salon business and make their lives better."

One other care giver noted;

"We try as much as possible to impart useful and beneficial skills in all our children. From personal survival skills, to general knowledge of how the world out there is, technical business skills and even formal education, we believe all these can and will be beneficial and make them great people."

This wide range of beneficial elements learnt were surely very vital to survival. The study noted that despite the inadequacies noted earlier in terms of preparedness to leave alternative care, most of the children had acquired important skills that if well utilized, would be beneficial to the children once they leave alternative care.

Experiences and elements learnt in alternative care that are not beneficial for life after leaving the CCI

In the same vein, the study sought to understand the experiences and elements learnt in alternative care that would not be beneficial to the children once they leave alternative care. This was in view of drafting recommendations and helping charitable care institutions to better align their services to include what is beneficial only. It was noted that there were very few elements which were not beneficial. In one of the institutions, most of the children noted that group punishment was not fair and just at all, rather individual responsibility and punishment would be fairer, respectful and would yield better results. Otherwise, group punishment of those who were innocent created antagonism among the children, resentment and care-free attitude.

Furthermore, it was noted that some elements like formal education was not valid and beneficial for all. Some of the children noted that they would rather be given the opportunity to nurture and grow their talents and skills of trade as these would be more beneficial unlike formal education. Despite the fact that education is important, the researcher noted that alternative forms of success in life of children need to be pursued such as the development of talents, gifts and unique skills.

Life after leaving alternative care

The study sought to understand how life has been for the children who had already left alternative care and integrated into the community. This was achieved through interrogating the following elements:

Acquisition of livelihood support, income generating activity, skills, training or employment opportunities after resettlement

It was established that most of the children who had left alternative care after discharge were doing well. Most of them had acquired income generating activities that they used to support their own livelihoods as well as those of their families and siblings. Activities that these participants engaged in included business like salon, barber shops, welding shops and food vending businesses. Others were employed in the informal sector while others were still pursuing higher learning while being supported by their families.

Social workers who were interviewed noted that most of the care leavers had found footing and were supporting themselves. One of the social workers noted;

“A good number of these children are doing well. They have small businesses, others have jobs and to us when we do follow-ups and find them doing well we are happy. Some have ended up being the bread-earners for their families”.

Therefore, the study noted that there was the possibility of children surviving on their own and supporting their livelihoods adequately once they leave alternative care. However, the researcher noted the few cases where the children who had left alternative care were unable to individually support their livelihoods on their own. One of the care givers noted;

“We have one child who we discharged, he was employed but later, deserted work since he said he was not used to formal employment and thus, we went back to support him in paying rent and food”.

Therefore, the study noted that as much as there are few cases of failure on the part of the care leavers to support themselves, there is a huge success story among those who have made in post-alternative care.

Receiving assistance during resettlement

During social integration, it is usually expected that the care leavers receive support from family, friends and the support system that is the community. The study established that very few of the care leavers had received support from their family and friends during resettlement. Most of the support they received was from the charitable care institutions they were living in before. This assistance came mostly in form of money to facilitate the purchase of household items, food and pay rent. In some cases, support was also in form of capital to start businesses.

It was also noted from the key informants in the study that support was made available in non-monetary and non-material things such as introductions to the community leaders, village elders and other social workers, motivation, guidance and counselling as well as prayers.

Experiences in alternative care having significant contribution to current status in life

In understanding how life in alternative care affects life outside alternative care, the study sought from the participant's information on whether experiences in alternative care had significant contribution to the current status of life of the care leavers. It was established that all experiences in alternative care had an impact on the current life of the children but in different ways. One of the participants stated;

"I experienced love, care and support, they taught and trained me, now I have my own life that is successful. So that experience contributed to my life right now".

In a rejoinder, one other participant noted;

"I used to love church a lot, prayers and worshipping. God heard my prayers and blessed me, now am a junior pastor in my church here".

It is therefore evident that experiences within alternative care have positive impacts on the lives of care leavers. However, the study singled out one negative impact. One of the participants noted;

"In our center, there was use of beating by the teachers and the children also used violence and fighting. That really affected me negatively since I was once beaten and my hand broken, it can't work well. So after leaving the center, am not independent, I depend on my brother."

This clearly highlights a serious significant negative influence of the experiences in alternative care on the current life of children after leaving alternative care. In a comparison of interaction in private institutions and government institutions, the study noted that children in private institutions attended schools that are in the community hence had the opportunity to interact with other children including those who were not in alternative care. On the other hand, children in government care institutions attended school within the institutions where they had no single chance of interacting with other children in the community. Such experiences of isolation have a negative impact on social integration. One of the care givers from one of the privately managed institutions interviewed noted;

"When children do not interact with others in the community while they are still in our care, when they are integrated, they find it had to even make friends and interact with other people. A case of one of our recently integrated leaver, the boy could not make friends out there, he stays indoor whole day and cannot even go for social events like church camps".

One other care giver from one of the privately managed institutions asserted;

"Some of the children are not exposed to some of the things present in the outside world like money. One of our care leavers was given money to be buying food stuffs where he lived, he used to go to a shop, pay and leave without asking for balance for the money he

had given. This was so absurd to hear.”

The experiences of living in the two different set ups are a clear indication of the priorities that care givers and the institutions give while offering services to the children and preparing them for life outside alternative care. These experiences definitely affect the lives of these children once they are integrated into the community.

Suggestions for the betterment of alternative care for orphaned and vulnerable children

In obtaining opinions on what charitable care institutions should improve on, the study sought from the children opinions on what they would want to be changed about the life and experiences of living in alternative care. The following are some of the prominent changes that the children proposed.

Table 5. Propositions on what should be changed in alternative care

<ul style="list-style-type: none"> a) Language used when talking to the children b) The diet should be balanced diet c) Education should also factor in talents and gifts development d) Primary school education should be like the one in other ordinary primary schools e) More skilled teachers should be employed f) Male social workers for male children and female social workers for female children g) Stop negative comparison of children in alternative care with children outside alternative care h) Improve learning and training facilities and materials in government institutions i) Ensure children either visit their families or are visited by the families on holidays j) Stop beating children as a form of punishment k) Improve on guidance and counseling services l) Bring in more trainings not only tailoring and baking
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Source: Researcher, 2019

From this foregoing, the study noted that there is a lot that is needed to be done as far as the perspective of children in alternative care is concerned. Without victimization, the researcher noted that there were many cases of beating as a form of punishment that the children felt that this should be changed. As a matter of human rights and children's rights, it was noted that there was need to find alternative means of disciplining children in alternative care.

1.8 Recommendations

As a way of forging recommendations that would enhance service delivery within alternative care and making social integration works, the study sought to find out the possible ways through which social reintegration of children after institutional care could be improved. The following are some of the prominent recommendations put forward by the respondents in the study.

Table 6: Recommendations on how to improve social integration

<ol style="list-style-type: none"> i. Case by case of integrating children without lumping all children together since they are of different backgrounds and have different situations ii. Make use of guidance and counselling of both the child and the family in which they are re-integrated into. iii. Never force a child into a family, never force a family to take up a child, it should be on mutual agreement. iv. Making families and relatives aware that children can never grow and live in charitable care institutions forever, they will at some point leave and be enjoined in the community and as such, should be ready to receive and support them v. Social integration should be part and parcel of the lives of children in alternative care vi. The use of the strategy of visitation is effective and efficient. Children in alternative care should visit their families often and should be visited in the institution as well. This makes the bonding and interaction stronger. vii. When children are mistreated in the homes and families where they are placed, they should not be rejected or coerced to stay in those families. They should be placed in families where they find comfort. viii. Social integration is not a thing of charitable care institutions alone, it should be made a concern for the entire community.
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Source: Field data, 2019

It was concluded that care leavers faced challenges with social integration. These challenges limited their ability to fully and smoothly integrate into the community. They included lack of adequate preparedness for life out of alternative care, lack of financial and other physical resources, lack of family and community support and acceptance, lack of vital documentation, lack of employment opportunities and culture and language barrier. The challenges in some instances led to lapse and failure of the integration process.

Social integration should be put in a policy framework and made part of key policies within alternative care for orphaned and vulnerable children in charitable care institutions. This will ensure that all charitable care institutions adopt and implement social integration since it has been cited to be bringing out successful care leavers.

Charitable care institutions should be aligned to strictly follow the code of conduct for charitable care institutions for orphaned and vulnerable children, sticking closely to human rights, children's rights and adherence to the full development of a child.

There is need for the development of and implementation of a curriculum and guidelines that provide for the precise training, teaching and advancement of talents, skills and gifts of children in charitable care institutions. This will ensure that they enjoy life and develop the same way other children in ordinary families develop.

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