



Challenges Facing Children Reintegration in Uasin Gishu County, Kenya

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Abstract: This study sought to establish challenges facing children reintegration in Uasin Gishu County, Kenya. The study used a sequential mixed method approach. The population included reintegrated children and community members within the Uasin Gishu County. The sample included 32 respondents from Ainabkoi, 46 from Kapseret, 36 from Kesses, 42 from Moiben and 54 from Soy sub-counties. Instruments for data collection were questionnaire Focus Group Discussion guide and an in-depth interview guide. The quantitative data was analysed through descriptive statistics. Qualitative data was transcribed, categorized into themes and then analysed through content analysis approach. The study concludes that lack of prior reintegration visits and non-adherence to government guidelines on children reintegration inhibited warmer reception to the returning children. Cultural-related challenges, settling in a new environment and protection and safety-related concerns existed as challenges but in low intensity. Some of the recommendations are that CCIs/CBOs be encouraged to follow the guidelines set out by the government of Kenya. Following the guidelines will guarantee meaningful participation of children, families and the community in the reintegration process. Finally, the Government of Kenyan should re-examine its social safety initiatives towards vulnerable households.

Keywords: CCIs; children reintegration; challenges; children reintegration; community acceptability.

Introduction

There are about 210 million orphans worldwide, with eight million of these orphans residing in institutional care (UNICEF 2004, as cited by Murungi, 2019). Majority (about 153M) of these orphans are found in developing countries (UNICEF, 2020). This number is however an underestimation, given that many orphanages where some of these children are found are not registered (Faith to Action Initiative, 2014). It is also noted that every day, about 5,760 more children become orphans, with approximately 250,000 of these children adopted annually. It is approximated that about 3 million Kenyan children are orphans or otherwise classified as vulnerable (Government of Kenya, 2014).

In many developing countries, institutional care was rare before the advent of the HIV epidemic. The extended family system largely took care of vulnerable children, including those who had lost one or both parents. But traditional family structures having since been weakened by HIV and by other macro social changes, this structure has been overwhelmed and is now unable to cope with the high demand for care of orphans and other vulnerable children (Foster, 2000).

Child care reform in Kenya is part of the global shift towards de-institutionalisation of children. In the US and Europe, de-institutionalisation begun as early as 1900, but they ironically started funding the same in Africa, East Africa and Asia. It is only in recent times that some countries in Africa, such as Rwanda, Sudan, Ghana, South Africa and Kenya, have responded to this global shift (Chege, 2020; Gayapresad *et al.*, 2019; Gayapersad *et al.*, 2019; Braitstein, 2017).

Kenya is a signatory and state party to several regional and international instruments on the rights of the child, such as the African Charter on the Rights and Welfare of the Child (ACRWC), the United Nations Convention on the Rights of the Child (UNCRC), the Hague Convention on the Protection of Children and Co-operation in Respect of Inter-Country Adoption (1993), UNCRC Protocol on Sale of Children, Child Prostitution and Child Pornography, UN Convention on the Rights of Persons with Disabilities (2007), International Labour Organization (ILO) Minimum Age Convention and Worst Forms of Child Labour Convention, UNCRC Protocol on Involvement of Children in Armed

Conflict, and Guidelines for the Alternative Care of Children (resolution adopted by the UN General Assembly 2010). These conventions have been domesticated and realised through The Children Act, 2001 (this Act has since been replaced with the Children Act of 2022) (East African Community, 2017; Skujyte, 2011). Despite the presence of the Act, and its membership to these regulatory bodies, children still continue to live in difficult circumstances in Kenya (Ongowo, Ngetich and Murenga, 2024).

Children Reintegration in Kenya

The 2019 census placed Kenya's population at 47,564,296 of which 23,548,056 were males while 24,014,716 were female, with another 1,524 categorized as intersex (Government of Kenya, 2019a). The exact age groups of the population are still being analysed, but it is estimated that of the counted population of 40M in 2009, 16.5 million were children below the age of 14 years (Government of Kenya, 2009). According to the Kenya National Guidelines for the Alternative Family Care of Children (Government of Kenya, 2014), the country has 3 million Orphans and Vulnerable Children (OVC) (up from 2,514,908 in 2010 (Government of Kenya, 2008).

Other than orphan hood, some children find themselves in this vulnerable condition as a result of poverty, harmful cultural practices, family breakdown, abandonment, natural disasters, ethnic and political conflict and poor care arrangements. It is projected that between 30 and 45% of the 2.4 million orphans end up in charitable children's institutions (Government of Kenya, 2014). An estimated 200,000-300,000 children are believed to be living and working in the streets (Government of Kenya, 2008). It is also estimated that among these orphans, there are about 349,086 children with disabilities (Government of Kenya, 2012). These children are all vulnerable to a number of risks such as, abuse, child trafficking, sexual exploitation, lack of access to education and other basic services, disinheritance, child labour and living outside of family care.

To respond to the increasing numbers of OVCs, new policies for child protection have been initiated in Kenya. This includes the Free Primary Education in 2003, Cash Transfer for Orphan and Vulnerable Children (CT-OVC) in 2004, and the toll-free child help calls in 2006 (Biemba *et al.*, 2009; The Kenya CT-

OVC Evaluation Team, 2012). The government also issued several regulations and guidelines regarding Charitable Children's Institutions (CCIs), with the Charitable Children's Institutions regulations 2005 being the most notable. This regulation describes the requirements, quality of service, staff, reporting and an individual care plan for smooth operation on CCIs. Subsequently, two guidelines for CCIs were issued in collaboration with UNICEF, that is, the Training Manual for Charitable Children's Institutions in Kenya and the National Standards for Best Practice Manual for CCIs in 2013. These regulations were designed to improve the quality of care in CCIs. On the heels of this, the Guidelines for the Alternative Family Care of Children in Kenya was issued in October 2014. This guideline aimed at improving the quality of institutional care, and enhancing alternative child care. The registration of new CCIs was thus suspended with this directive, and all adoptions were closed to foreigners in November 2014 (Government of Kenya, 2019b). Other reforms included the expansion of social protection programs targeting OVCs; provision of free basic education; creation of universal health coverage; and establishment of the Street Families Rehabilitation Trust (for rehabilitation and reintegration of children living on the streets). The government also piloted the implementation of the National Guidelines for the Alternative Care of Children in 4 Counties (namely Nyamira, Kisumu, Kiambu and Kilifi) which focused on the reintegration of children to families under kinship, foster care, guardianship and adoption. Reintegration of children, and community acceptability and adaptability (for both the community but especially for the children) thus became a critical factor in this configuration (Government of Kenya, 2019b).

Debating Institutionalised Care

Multiple reasons have been advanced for the emergence of alternative care in Kenya. One is the lack of adequate support structures for family-based care, such as foster care (UNICEF & Government of Kenya, 2014). Others revolve around orphan hood, food scarcity, socio-cultural issues (for instance, are accused by relatives of practising witchcraft or for having unacceptable behavioural problems that go against culture), poverty, and experience of abuse and neglect within households (Government of Malawi, UNICEF and USAID, 2019).

A number of Charitable Children Institutions (CCIs) have been found to create a family-like care environment, resulting in Orphaned or Separated Children and Adolescents (OSCA) redefining the traditional concept of family based on consanguinity to one composed of non-kin providing care and support. However, OSCAs have often been found to lack autonomy, fear consequences of not following the rules of behaviour, and felt retraumatized and re-abandoned when they exited the CCIs at age 18 (Gayapersad *et al.*, 2019). In support of CCIs, Murungi (2019) argues that CCIs have to a greater extent addressed the nutritional, health needs and rights of their children, but lacked programmes to address the psychosocial needs of children as well as lacking knowledge on how to respond on emergency situations in more practical ways such as in disaster preparedness.

The other problem with CCIs is that children may become institutionalised. This erodes the role of the extended family system in caring for vulnerable children. Most children in CCIs usually lose contact with their families and as a result, become increasingly exposed to homeless, life in crime and are at risk of committing suicide once they exit from these institutions. In some cases, the living conditions in some CCIs are not conducive for children's wellbeing; there is overcrowding, lack of hygiene (including the poor state of toilets and dwelling structures), and infested beddings, all of which put children at risk of contracting diseases Oliveira *et al.*, 2015; Browne, 2009). One study in Kenya reported that neglect was experienced by 61% of the children in CCIs, emotional abuse by 42% of the children, physical abuse by 26% of the children, while sexual abuse was experienced by 13% of the children (Nyagwencha *et al.*, 2018). Chege (2020) lays blame on actors' (government's, CCI's, CBO's, NGO's) over-reliance on institutionalisation as the best child care and child protection model. It is for these reasons, that reintegration of children has gained traction in recent times (Miseki, 2018; UNICEF and Government of Kenya, 2014).

In Kenya, as of May 2017, there were 811 registered CCIs, with a total resident population of about 40,000 children. However, not all CCIs in Kenya are registered for fear of scrutiny as to their practices and/or funding sources (UNICEF, 2017). Care reforms in Kenya have been fuelled by the increasing number of reported cases of abuse of children, on negative impact of institution on young children (due to lack of attachment and holistic

approach in growth), and by policy framework changes that have come up to address the new emerging issues as well as by government increased safety nets to cushion and strengthen families (Government of Kenya, 2019b). Rescue Dada Centre (2014) however, cautions that care reforms, especially reintegration, is not always warmly embraced by individuals or organizations, partly due to the high cost incurred by organizations during reintegration.

In Kenya, strong focus has traditionally been on institutionalised until the child ages out of the care. Whilst this approach has provided thousands of extremely vulnerable children with safety and security, it has not been without its challenges. This challenge led to the Ministry for Gender, Children and Social Development to launch new regulations in 2007 for Charitable Children's Institutions. The regulations emphasized on the need for an exit strategy for children within three years of admission. Institutions welcomed these regulations as it supported their long-held belief that a child should, where possible, be placed in a family-based environment rather than a long-term institution (Rescue Dada Centre, 2014). Other institutions have however questioned this strategy, arguing that institutions have long provided children with excellent care than they would have otherwise experienced with their families for such arguments (Murungi, 2019).

Other scholars have however, differed with this view. Foster (2000, p.2), for instance, emphasizes that the "extended family safety net is still by far the most effective response to economic and social crises throughout sub-Saharan Africa." Mivanyi (2006) describes the African family structure as patrilineal in kinship and argues that the responsibility of ensuring that orphans and vulnerable children (OVC) grow up under proper care is a responsibility of the general public. Murungi (2019) notes that in the Meru family structure, the extended family system binds various relatives together for mutual support creating support network by offering services to one another, particularly the needy members. The raising of young children was a fundamental concern of the public as a whole (Fraser, 1986). Again, due to the intricate nature of relationships and networks in African communities, the upbringing of an African child is ('was') a collective undertaking. The normative mandate is that the care of children/orphans is a primary shared

responsibility among all extended family members (Kyomugisha & Rutayuga, 2011). However, orphan care in the age of HIV/AIDS is transforming "both fosterage practices and kin obligation, jeopardizing children's well-being and their ability to identify with the blood ties that still form powerful tropes of relatedness for them" (Cheney, 2017, p.131).

The study of Kurevakwesu and Chizasa (2020) in Zimbabwe found that the Ubuntu system had waned (as a result of modernization and social change) and in so doing, had diminished the value of the extended family and community. As a result, the government adopted a six-tier system on reintegration of vulnerable children which are Biological family, Extended family, Community care, Foster care, Adoption and Institutionalization (Hendry, 2016). Murungi (2019) also cites a UNICEF (2004) study that supports reintegration, as it argued that violence in CCIs was six times higher than violence in foster care. The report also found that children in group-care were almost four times more likely to experience sexual abuse than children in family-based care. It is alluded by the inter-agency group on children's reintegration that family reintegration is what the majority of children and their families want (Delap & Wedge, 2016). Though it has been found in some instances that CCIs play a significant role in helping OVCs acquire self-esteem, build their confidence, earn some education and life skills, studies have found that clear exit plans at the point of admission into a CCI were missing in many instances, plans that would have otherwise enabled these children to grow up in a family and around their community (Kibigo, 2018). Nonetheless, Leidums (2016) did find a positive impact of reintegration into families on the cognitive, social, emotional and physical development of children. Reintegration thus needs more interrogation.

Challenges with Reintegration

No doubt, reintegration is still by far considered as the best approach in children's socialization and upbringing. The Kenyan guidelines (Government of Kenya, 2019b) provides clear steps on how this should be carried out (to avoid the challenges mentioned in the previous section). Despite these guidelines, reintegration of children from institutions back to communities is still riddled with various challenges. Several factors have been attributed to this state of affairs, with Nziyane and Alpaslan (2011) listing poverty-related challenges (where the family may not have adequate resources to meet the needs of the child), Relational and

family-related challenges (where the unresolved conflicts within the family that led to child's vulnerability is still present), and cultural beliefs and practice challenges (where cultural beliefs prohibit families from taking in children outside their patrilineage or born out of traditional marriages) as the most significant.

Rescue Dada Centre (2014) admits that for many the most critical challenge is financial. Reintegration is argued to be potentially much more expensive per year than long-term care. On top of the extra staff costs, organizations need to include budget lines for transportation costs, school enrolment cost, and administrative costs.

Family-related challenges also hinder successful reintegration. These may include irresponsible parents and guardians who abuse children under their care, emotionally and/or physically by not providing for their basic needs such as food, clothing and education. Such parents often overwork their children in domestic chores or engage them in hawking activities to subsidize family income. A family which is experiencing poverty will most likely fail in ensuring successful reintegration (Wainaina, 1981). Broken homes, street families and single parent homes also pose great challenges in the reintegrating process (Miriti, 2015).

Environmental-related challenges include insecure environments, particularly when the parents live in places which are drug and alcohol zones. This may be more critical when the parent or relatives are themselves involved in the illicit act of dealing in drugs or in alcohol brewing. This state of affairs may result in unsuccessful reintegration (Miriti, 2015; Tano *et al.*, 2017).

Parental and spousal stress is another challenge that comes with reintegration. In a US study, 80% of participants reportedly experienced stress over parenting issue related to reintegrated children. Additionally, some participants reported feeling dissatisfied with their shared or limited custody (Louise & Cromer, 2014).

Another challenge has to do with the process of reintegration itself. Reintegration is not a single event, but a long process involving extensive preparation, follow-up and support. Delap and Wedge (2016), for instance, recognise that reintegration is not a single, one-off event, but rather see it as a longer-term process with several phases, including extensive preparation and follow-

up, with proper support services provided to families and children at each phase. The timeline needs to suit the child and family, and an increase in the length of time it takes to complete one step in the process (such as planning support for reintegration) should not be to the detriment of another step (such as follow-up post-reunification). The needs of children and families vary greatly, and it is not advisable to place rigid restrictions around the time needed for the reintegration process as a whole or for a particular step in supporting that process (Delap & Wedge, 2016).

Delap and Wedge (2016) stressed that families should be at the centre of all reintegration processes, and must be involved in every step of the decision-making process, with their strengths built on and weaknesses addressed. They further stress that to ensure that reintegration is successful, it is as vital to invest in families as it is in children. Children should also be at the heart of reintegration efforts and as such, they must be listened to, and acting in their best interests should be the primary consideration. They should be fully engaged in each stage of the process.

The steps of reintegration of children varies from one institution to another. For instance, Rescue Dada Centre (2014) and SOS Children's Villages international (Delap and Wedge, 2016) have their own in-house steps that even differ from each other. The recommended steps, nonetheless, are those approved by the government as illustrated hereunder (Government of Kenya, 2019b).

Step 1- identification of the child: This involves identifying the child in need of care and protection.

Step 2 - Assessment of the child: Assessment is a two-way interactive conversation with the child that helps determine the feasibility and desirability of reintegrating the child with family, or placing the child into alternative family care, in view of the child's best interest.

Step 3- family tracing and assessment: Family Assessment gathers in-depth information on the family circumstances, to determine the family's capacity and willingness to provide care and protection to the child. Family Assessments are an opportunity to build rapport and trust with the family, to understand how to best support them throughout the reintegration process.

Step 4- develop and devise/revise case plan: Developing a Case Plan involves collaborating with the child and family to identify key goals that can be worked on together to improve child/family well-being. Case Planning focuses on preparing the child and family for a safe, healthy and well-planned initial transition into a family placement.

The next steps (5, 6 and 7) involve implementation of the case plan, reunification of child to family or community and regular monitoring and review, respectively.

Methodology

The study was carried out in Uasin Gishu County among Charitable Children's Institutions and Community Based Organisations, which had reintegrated children following the COVID-19 related government directive.

Design

The study adopted a sequential mixed method approach, utilizing both quantitative and qualitative methodologies. The quantitative approach was first used to gather aggregate data from respondents after which qualitative data was collected to obtain idiographic experience (that is, personal life stories) from the two set of respondents.

Population and Sampling

The target population for the study were the reintegrated children and community members within the Uasin Gishu County. The sample size for community respondents was determined through the MaCorr sample size calculator, using a margin of error of 5%, confidence interval of 90% for the population of 1,163,186, bringing the sample size to 272 for the community members. Stratified sampling was then used to obtain the needed sample size from the existing five sub-counties. The sample was as follows: 32 from Ainabkoi, 46 from Kapseret, 36 from Kesses, 42 from Moiben and 54 from Soy.

The children who participated in the study were drawn from several CCIs/CBOs within the Uasin Gishu County. The total number of reintegrated children within the county was reported as 150. A census method was thus adopted to engage all the 150 subjects in the data collection process. The final number of children engaged in quantitative data was 94, which was considered representative. Nine (9) children, determined through saturation, were on the other hand qualitatively interviewed.

Instruments

A scheduled questionnaire was used to interview the 94 reintegrated children and the 272 community members to collect quantitative data. For qualitative data, a Focus Group Discussion Guide was used to conduct five (5) FGDs while an in-depth interview guide was used to interview nine (9) reintegrated children. A Key Informant Interview Guide was used to interview eleven (11) key experts (3 County Children Officers (CCOs), 1 Director of Children Services (DCS) and 7 KII from CCIs/CBOs on matters children reintegration).

Treatment of Data

The quantitative data was coded, labelled and then entered into the SPSS for descriptive analysis. Qualitative data was transcribed, categorized into themes, and then analysed through content analysis.

Ethical Consideration

Since the study involved children, care was taken to ensure that all ethical concerns (such as informed consent, privacy of the participants, voluntary participation and withdrawal at will, risk of harm among others) were addressed, and this included obtaining research license and approvals from the National Commission for Science, Technology and Innovation (NACOSTI) and from Societas Socialis Children's Villages-Kenya (SOS CV-K) Kenya to ensure that the research was conducted in accordance with SOS CV-Kenya approved research protocols.

Results and Discussion

The study set out to analyse the challenges that reintegrated children face, examine the gaps in the reintegration process and assess community acceptability and adaptability of these reintegrated children.

Research Question 1: What were the general challenges facing children reintegration in Uasin Gishu county?

From the field interviews among the 94 reintegrated children, the study found that there were several challenges that these children faced. These ranged from lack of school bags, lack of beddings, lack of books and inadequate cloth wear (shoes, clothes, slippers, uniforms). Others include lack of school fees, lack of adequate food (hunger), ill-health, lack of house shopping/household items, lack of learning equipment, such as laptops/phones. Some also lacked opportunities to develop their talents,

adequate medical care, pocket money, adequate housing and they found themselves in uncondusive environment (noisy environment with drug related problems). Sanitation was also a problem as many lacked water, toilet facilities and sanitary towels.

Other cited lack of recreational tools, such as toys and bicycles. Adaptability to a new environment, missing family members, quarrelsome care givers, drug abuse, fear and anxiety, lack of attention, lack of freedom, and lack of friends / lost friends were also cited as challenges faced. Others figured out issues related to identity, mental stress, problem with school authorities/fellow pupils, conflicts, lack of a father figure, negative peer pressure, poverty,

stigma, discrimination, teenage pregnancy and orphan hood.

These challenges were then classified into the following broad categories as identified in literature: poverty related issues, relational factors, cultural related issues, environment related issues, protection-related issues, psycho-social problems and reintegration process related challenges.

Research Question 2: What was the nature of the poverty-related challenges facing children reintegration in Uasin Gishu County?

All respondents identified poverty as a challenge and they rated its severity. The findings are expressed in able 1.

Table 1: Severity of Poverty

	NR	Very High	High	Medium	Low	Very Low	Total
Total	3 (2.2%)	24 (25.8%)	27 (28.9%)	23 (25%)	7 (8%)	10 (10.8%)	94 (100%)

Table 2: Severity of Poverty and Age

	Age	Poverty						Total NR
		NR	Very High	NR	Very High	NR	Very High	
	5-9	0 (0%)	3 (3.2%)	4 (3.2%)	2 (2.6%)	0 (0%)	1 (1.1%)	10 (10.1%)
	10-14	1 (1.1%)	9 (9.7%)	9 (9.7%)	5 (5.4%)	2 (2.6%)	4 (4.3%)	30 (32.8%)
	15-18	1 (1.1%)	12 (12.9%)	15 (16%)	16 (17%)	5 (5.4%)	5 (5.4%)	54 (57.8%)
	Total	2 (2.2%)	24 (25.8%)	28 (28.9%)	23 (25%)	7 (8%)	10 (10.8%)	94 (100%)

A large portion of the children rated poverty as “high” (29.3%) and “very high” (25.8%). It was clear from these results that poverty within their reintegrated environments was a factor of concern. Idiographic responses provided further details on this matter:

I stayed for some time until I ran out of food and decided to go live on the streets. On the streets, I used to sniff glue, I would get high and forget about everything. I ran back to the streets severally because of lack of food. So, one time I was arrested and taken to rescue centre, I stayed there for two years them mum came for me. She requested the people in charge of the rescue centre to take me back to school and after two months, a young white lady came to the centre and decided to sponsor my education. She was to sponsor two of us but unfortunately the other ran away. I

was taken to Racecourse school in which I am a student up to now. When the school was closed for holidays, I came home but the state of the house was bad. The roof had holes and when it rained water got inside the house through the roof. So, I'm requesting we be relocated to a better house (Reintegrated child).

The child concluded that “they should provide the children with basic needs like food and education and make their lives comfortable so that they don't think of going back to the streets.”

Another child remarked,

There were so many challenges like lack of space and food scarcity. There were so many of us in the house that sleeping space is not enough. We would squeeze ourselves till morning. Food is also scarce; we would eat today and starve the next

day. I have no clothes, so I have to look for manual jobs and buy clothes with the little money I get.

Accommodation and food thus appear to be the main concern. Deeper intersectionality analysis (which regard to gender and age) revealed that more male respondents (30.8%) reported poverty as “high” and “very high” compared to females (21.3%), implying that more male children felt this impact more intensely. With regard to age (Table 2), a bigger portion within the age-group of 15-18 rated the severity of poverty as “medium” (17%) while a bigger portion of those in the age-group 10-14 rated it as “high” (9.7%) or “very high” (9.7%) and a large portion of those in the age-group of 5-9 rated it as “high” (3.2%) and “very high” (3.2%). This implies that those who were very young were more intensely affected.

During the stakeholders meeting, discussion centred on the fact that poverty should not limit reintegration, given that the government had

instituted a number of social safety measures (such as cash transfers to the elderly and to OVCs). It was agreed that there is need for further analysis as to the impact of these social safety programmes and on how these would assist/impact on the reintegration process. The findings are akin to Nziyane and Alpaslan (2011) who reported that poverty was one of the key challenges that reintegrated children faced.

Research Question 3: What is the nature of relational-related challenges facing children reintegration in Uasin Gishu County?

Relational challenges refer to the difficulties that the reintegrated children faced in crafting a good relationship with their kin. Results in Table 3 show that though this was cited as a challenge, its severity was cited as not of concern as a large portion of the respondents rated the challenge as “low” or very “low.” This trend suggests that reintegration was successfully done within families, leading to negligible difficulties.

Table 3: Severity of relational factors

No resp.	Very High	High	Medium	Low	Very Low	Total
1 (0.94%)	8 (7.52%)	12 (11.28%)	17 (15.98%)	28 (26.32%)	28 (26.32%)	94 (100%)

In-depth interviews confirmed the above findings. One of the respondents reported, “I like being with my mother and with my family. There are little disagreements here and there but these are small compared with the joy I receive from my family.”

However, there were some complaints that were received. One of the respondents reported, “When some children come back grown, the family members do not recognize them and they are chased on grounds that they are strangers. The family may say their child died and they don't recognize the one that has come back.” Another respondent reported:

Some of the challenges are like conflicts with my mother. In most cases when mom comes when I'm not around she insults me and accuses me of things that I sometimes don't understand. At school I lack revision materials. Sometimes when she comes back home and finds someone has rearranged her things, I'm the one she accuses for doing this while in a real sense I never touch her things. She can at times misplace her phone but then I become a

theft suspect. For instance, yesterday she couldn't find her brush so she started quarrelling me.

One more respondent reported, “It is a challenge because when he [the father] comes home drunk and beats up the mother while abusing the child; this child will find it difficult to live in such environment and may opt for the streets.”

The findings are similar to what is found in literature. As found in Wainaina (1981), family related challenges can be serious barriers against successful reintegration as irresponsible parents and guardians who abuse their children emotionally and/or physically by not providing for them the basic needs such as food, clothing and education can hinder the reintegration. A family which is experiencing poverty will most likely fail in ensuring successful reintegration. Miriti (2015) adds that broken homes, street families and single parent homes pose remarkable challenges in the reintegrating process.

Relational-related challenges do also stem from flawed reintegration processes. Field findings show

that the majority of the CCIs/CBOs hardly used the 2019 government guidelines. Various reasons were advanced for this neglect, ranging from the notion that the “regulations are too tedious,” to “we are not aware of these steps” to “they are not applicable to our circumstances” and to the fact that the majority had their own in-house guidelines. The intention of the guidelines of the 2019 regulations (Government of Kenya, 2019b) are to ensure that reintegration was carried out smoothly and that family acceptance and adaptation was gradually achieved. Narratives emanating from the respondents demonstrated the haphazard way in which the children were ‘prepared’ for reintegration. Sample some narratives from the respondents:

I don't think my parents were prepared for my return. When we arrived at home there was no one there; so we came back later in the evening and my mom was now around. She welcomed us but she was clearly surprised to see us.

Another respondent reported,

No, they were not even expecting me. I was just asked if I wanted to go back home and I agreed. On the other hand, the parents weren't informed about my return. They were surprised to see me, and wondered why I was back. They complained that they hadn't budgeted for me (for my return)—this is what sometimes brings conflict between me and my parents. How did I overcome the challenge? Perseverance. I just had to persevere and survive.

These results show that pre-reintegration consultation was poorly done, contrary to government directives (Government of Kenya, 2019b on reintegration guidelines) and best practices (Delap & Wedge, 2016). This oversight potentially results to family resistance and towards the reintegrated children.

The same played out when it came to community acceptance for the reintegrated children. Many

reported that they were surprised to see the children back in their communities without any prior notice. Field results show that community receptivity towards the reintegrated children was lukewarm with only 39.7% reportedly being averagely welcoming to the returning children. This finding highlights the need for more effort to be placed on community awareness prior to reintegration. This finding echoes findings by Akello et al. (2006), McKay (2004) and Veale (2010), who noted that communities are usually initially reluctant in embracing returning institutionalised children. This suggests that sensitisation prior to reintegration ought to be exercised. Association of Charitable children Institutions of Kenya (2019) suggest that the more children are exposed to communities (through prior reintegration visits), the easier it would be for them to be reintegrated. Undugu Society of Kenya (2010) affirms that the role of the community in accepting reintegrated children, who are now reformed, was a crucial factor for their successful integration into society.

It was noted that 67% of the children were in support of reintegration while 29.79% opting to remain in the CCIs, with 3.19% choosing not to comment on the matter. This finding resonates with the global trend towards deinstitutionalization of children as it has been established that institutional care is not in the children's best interests (Jordanwood & Monyka, 2014).

Research Question 4: What is the nature of cultural-related challenges facing children reintegration in Uasin Gishu County?

Reintegrated children often have to deal with certain community cultural beliefs about them. For instance, in a community in Uganda, returning children have had to undergo some cleansing rituals before they were accepted by the community (Akello *et al.*, 2006). In other instances, certain communities uphold culture that frowns upon adopting children from unknown families, or from other cultural groups. The respondents identified this as a challenge. The severity of the challenge is illustrated in Table 4:

Table 4: Severity of cultural challenge

NR	Very high	High	Medium	Low	Very Low	Total
5 (5.32%)	0 (0%)	7 (7.45%)	5 (5.32%)	11 (1.06%)	66 (70.21%)	94 (100%)

Table 5: Severity of living in New Environment

	Very High	High	Medium	Low	Very Low	Total
Total	13 (13.83%)	18 (19.15%)	26 (27.66%)	17 (18.09%)	20 (21.28%)	94 (100%)

Table 5: Protection/Safety

	NR	Very High	High	Medium	Low	Very Low	Total
Total	1 (1.06%)	6 (6.38%)	12 (12.77%)	13 (13.83%)	14 (14.89%)	47 (50%)	94 (100%)

Table 4 indicates that most respondents (70.2%) did not consider cultural-related issues as a major challenge. The findings also show that there was not much difference in responses when related to age and gender.

As minimal as the challenge was, the study still considered it important to assess the reasons behind some of the worrying responses. One respondent reported:

My mum does not get along with her mum because it is believed that my grandma killed her siblings, nine of them! We used to stay in [name of place withheld] but grandma kept telling mum that she had to surrender to her if she wanted her children to remain alive so we moved to aunt's house in [name withheld] and later came here.

Findings from a FGD provided further insights on this matter:

Most the children reintegrated from this institution suffer from culture shock. They are used to a simple life in the CCI; they speak in English but when they are reintegrated, they find it difficult to adapt to the culture at home. To begin with, they are forced to speak in their mother tongue which some are not fluent in. The cultural practices that they are introduced to are also strange to some of these children. Some have never participated in some ceremonies, so when introduced to such, they are surprised and shocked. When some of these children are being reintegrated and especially the boys, there is some resistance because of cultural issues relating to inheritance and land acquisition. Some children were rejected because they don't know their culture. They are stigmatised and branded as outsiders.

These narratives demonstrate that to some extent, culture was still a problem. Hence Nziyane and Alpaslan (2011) caution that reintegration should consider cultural context remains valid.

Research Question 5: What is the nature of environmental-related challenges facing the reintegrated children?

What is the nature of environmental-related challenges facing children reintegration in Uasin Gishu County?

Settling in a new environment was cited as a challenge by respondents as seen in Table 5. While a bigger portion of the respondents (27.66%) rated this aspect as "medium" in severity, 19.66 % considered it as "high" and 13.83% considered it as "very high."

Respondents further reported the following experiences. One respondent argued, "One of the problems that I faced in adapting to the new environment is the fear people had on me. Everyone was just very cautious when they were around me. I had difficult time in making friends." Explaining why adjustment to the new environment was a challenge, another respondent put it this way: "Back in the CCI, I would ask for anything I wanted and it would be provided and I was so used to that lifestyle. So now, trying to get things done by myself out here is quite a challenge." It was clear from these findings that the social environmental one finds in matters a lot in instances of reintegration. As evidenced by Miriti (2015) and Tano *et al.*, (2017), environmental-related challenges (including insecure environments particularly when the parents live in places which are drug and alcohol zones) may result in unsuccessful reintegration.

Research Question 6: What is the nature of protection-related challenges facing children reintegration in Uasin Gishu County?

Child protection was another factor that raised concern. A child needs to be placed in a family set-up that is devoid of violence and other risks such as exposure to drugs, crime and alcoholism. Field results appear in table 5.

As adduced from Table five, 50% of the respondents rated this challenge as “very low”, with another 14.89% rating it as “low.” This suggests that most of the reintegrated children were successfully placed in families devoid of the mentioned vices. Only 6 (6.38% of the respondents) rated this problem as “very high.” Their sentiments are captured below:

Security in terms of safety of the place we stay is okay but I can't say the same about my safety in the house. Stress comes in because my mum at times get angry until she threatens to slash me with a machete. There's a time she threw a radio at me; it almost cut my head. I also don't understand why [mom behaves like that]. Maybe she has anger issues or she doesn't love me because anything bad that happens in the house even in my absence she just puts the blame on me (remarked one of the interviewees).

Another respondent reported,

Dad often comes home drunk and starts raining insults on us then he beats up mum for no reason. When I tried to intervene, he beat me up too. I did not like that kind of life, so I opted out. I only come back because life in the streets is not easy.

Research Question 7: What is the nature of psychological-related challenges faced by the reintegrated children in Uasin Gishu County?

Psychological challenges were also identified as a major challenge affecting the reintegrated children. The results indicate that the reintegrated children were faced with several psychological challenges, such as anxiety, stigma, stress, lack of self-esteem, trauma, depression, fear, community/ family acceptance stress, among others.

All interviews offered some insight on the reason behind this observation: “Psychological problems that reintegrated children faced during the reintegration process include anxiety (arising from drugs and alcohol addiction/withdrawal, mistreatment by guardian and, insecure environments.”

Anxiety is a common withdrawal symptom in people detoxing from alcohol or drugs (Rothwell et al. 2009). Maltreatment on the other hand, can cause victims to feel isolated, fearful and distrustful, which in turn can translate into lifelong psychological consequences that can manifest as educational difficulties, low self-esteem, depression, among others (Child Welfare Information Gateway, 2019). Perceptions of insecure environment also do lead to psychological problems of stress and anxiety (Coakley et al., 2022).

The last cited psychological problem is known as Separation disorder anxiety in clinical terms. This is a psychological problem that faces older children, when they are anxious or distressed about possible separation from their usual caregivers (Brew et al., 2018). In the study of Murungi (2019), it was revealed that in most CCI, the psychosocial needs of the children were not adequately addressed. This finding calls for policy makers to ensure that counselling is made an integral part of the reintegration process.

Conclusion and Recommendations

Conclusions

The study concludes that lack of prior reintegration visits and non-adherence to government guidelines inhibited warmer reception to the returning children. Cultural-related challenges, settling in a new environment and protection and safety-related concerns existed as challenges but in low intensity. On Psychological-related challenges, counselling was not extended to the children upon reintegration despite the numerous challenges that the reintegrated children faced, such as anxiety, stigma, stress, lack of self-esteem, trauma, depression and fear.

Recommendations

The above conclusions call for several policy changes. For starters, it is recommended that CCI/CBOs be encouraged to follow the guidelines set out in the Government of Kenya (2019b) document on children reintegration (the guideline specify the seven steps that must be observed during the reintegration process—see literature section of this article for these steps).

If adhered to, it would ensure reintegration pre-visits, which would facilitate smoother reintegration of children to their families and community. This will also ensure meaningful participation of children, families and the community in the entire

reintegration process, thus enhancing acceptability of the returning children.

To ease the psychological difficulties that reintegrated children face, it is recommended that pre- and post-counselling become an integral part of the reintegration process as specified in the Government of Kenya (2019b) guidelines. Last, having noted that poverty was listed as one of the most pressing challenge, the study recommends that the Government of Kenya should re-examine its social safety initiatives towards vulnerable households.

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