PERCEPTION OF FAMILY AND INSTITUTIONAL CARE GIVERS ON THE SOCIAL EMOTIONAL DEVELOPMENT OF FORMER STREET CHILDREN: A STUDY OF KOINONIA COMMUNITY IN NAIROBI COUNTY - KENYA

BY

GRACE W. MWANGI

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DECLARATION

This thesis is my original work and has not been presented for a degree or any other award in any other University.

………………………………………………… Date …………………………..……

Mwangi Grace Wachera

MFT/0250/14

This thesis has been submitted for examination with my approval as university Supervisor.

………………………………………………… Date …………………………..……

Dr. Anne Wambugu

Department of Counselling Psychology,

Pan Africa Christian University.

TABLE OF CONTENTS

DECLARATION i
TABLE OF CONTENTS ii
DEDICATION v
ACKNOWLEDGEMENT vi
ABSTRACT vii
LIST OF TABLES viii
LIST OF FIGURES ix
ABBREVIATIONS AND ACRONYMS x
DEFINITION OF TERMS xi
CHAPTER ONE 1
INTRODUCTION AND BACKGROUND TO THE STUDY 1
Introduction 1
Background to the Study 1
Kenya Context in relation to Street Children and Care Interventions 3
Statement of the Problem 4
Purpose of the Study 5
Objectives of the Study 5
Research Questions 5
Assumption of the Study 6
Justification of the Study 6
Significance of the Study 7
Scope of the Study 7
Limitations and Delimitations of the Study 8
Summary 8
CHAPTER TWO 9
LITERATURE REVIEW 9
Introduction 9
Street Children Phenomenon and Interventions Implications 9
Effects of institutional Care on Socio-Emotional Development of Children 10
Effects of Family Care on the Socio-emotional Development of Children 13
Theoretical Framework 14
Attachment Theory 14

Conceptual Framework 17
Summary of Research Gaps 18
Summary 18
CHAPTER THREE 19
RESEARCH METHODOLOGY 19
Introduction 19
Research Design 19
Target Population 19
Sampling and Sample Size 20
Data Collection Methods 22
Validity of Data Collection Tool 24
Data Analysis 24
Ethical Considerations 25
Summary 25
CHAPTER FOUR 26
RESULTS AND DISCUSSION 26
Introduction 26
Data Analysis and Presentation of Results 26
Total Difficulties Scores 28
Emotional Symptoms Scale 28
Hyperactivity Scale 29
Conduct Problems Scale 30
Peer Problems Scale 31
Prosocial Scale 32
Interpretation of Findings and Discussion 33
Summary 36
CHAPTER FIVE 37
SUMMARY OF FINDINGS, IMPLICATIONS, RECOMMENDATIONS, AREAS FOR FURTHER RESEARCH AND CONCLUSIONS 37
Introduction 37
Summary of the Findings 37
Implications 39
Recommendations 40
Areas of Further Study 41

Conclusions 41
REFERENCES 43
APPENDICES 48
Appendix I: Strengths and Difficulties Questionnaire 48
Appendix II: Provisional Banding Scores 49
Appendix III: Care Giving ArrangementInformation 50
Appendix IV: Nairobi County Map 51
Appendix V: PAC University Data Collection Introduction Letter 52
Appendix VI: NACOSTI Research Authorization 53
Appendix VII: NACOSTI Research Permit 54
Appendix VIII: Ministry of Education Research Authorization 55
Appendix IX: Koinoni Community Authorization Letter 56

DEDICATION

I dedicate this work first to my beloved father the late Jeremiah Mwangi and mother Mary Wanjiku, who wholeheartedly raised me up with love and commitment. Secondly, this work is dedicated to the children in need of care and protection in Kenya, children born and yet to be born. Every child has a great potential, they each deserve to be given a chance to live and become all what God has intended for them. They yearn for love, acceptance, identity, and a sense of belonging.

ACKNOWLEDGEMENT

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ABSTRACT

Literature reviews on interventions for children and adolescents in street situation (CASS) observes that there is lacking sufficient empirical research base and efficacy of different forms of interventions for street children. This study examined social emotional development of 52 former street children under family based care and institutional care interventions and a control group of 26 children raised by biological families and have never been on the streets in Konoinia community in Nairobi County. The study was anchored on attachment theory. Quasi experiment design and quantitative methodology were used in this study. Purposeful sampling was employed to select respondents in this study. Strengths and Difficulties Questionnaire (SDQ) was administered to the primary care givers of the children. That is parents of the children under family care and control group; whereas social workers filled SDQ for the children under institutional care. Data was analysed using Statistical Package of Social Sciences (SPSS) and MS-Excel. The results showed that control group children performed better than both former street children under family and institutional care. Second, former street children under family care performed better in the emotional symptoms scale than former street children under institutional care. In addition, the findings of this study revealed that there was a difference between the three interventions of care in relation to the social emotional development of children. Control group children results revealed the necessity of prevention programs at the family level in order to prevent children from going to the streets and into alternative care interventions. Considering the study was conducted in one Children's Care provider there is need to widen the scope of the study to other care providers, in order to get a wider view of the implications of street children interventions on children development and especially family and institutional care interventions.

LIST OF TABLES

Table 3.1: Target Population for Children in Koinonia Community........................ 20

Table 3.2: Target Population for Primary Care Givers.. 20

Table 3.3: Sample Size for Children... 21

Table 3.4: Sample Size for Primary Care Givers.. 21

Table 3.5: Three-band Classification of Scores.. 25

Table 4.1: Gender of children and Category of Care Givers.................................... 27

Table 4.2: Care Giving Arrangement... 27

LIST OF FIGURES

Figure 1.1: Conceptual Framework 17

Figure 4.1: Average Total Difficulties Scores 28

Figure 4.2: Average Emotional Symptoms score 29

Figure 4.3: Average Hyperactivity score 30

Figure 4.4: Average Conduct Problems scale 31

Figure 4.5: Average Peer Problems scale 32

Figure 4.6: Average Prosocial scale 32

ABBREVIATIONS AND ACRONYMS

AIDS Acquired Immune Deficiency Syndrome

CASS Children and Adolescents in Street Situation

CASS Children and Adolescents in Street Situation

CCIs Charitable Children’s Institutions

DCS Department of Children’s Services

ECHR European Convention on Human Rights

GoK Government of Kenya

HIV Human Immunodeficiency Virus

ICCB International Catholic Children's Bureau

IRIN Integrated Regional Information Network

MoGCSD Ministry of Gender, Children and Social Development

NGOs Non-Governmental Organisations

OVC Orphans and Vulnerable Children

SDQ Strengthens and Difficulties Questionnaire

SPSS Statistical Package for Social Sciences

TDS Total Difficulties Scores

UN United Nations

UNCRC United Nations Convention on the Rights of the Child

UNICEF United Nations Children's Fund

USA United States of America

DEFINITION OF TERMS

Attachment: “Enduring bond between a child and his or her primary caregiver” (West & Adrienne, 1988).

Family Based Care: Family based care is defined as “short term or long term placement of a child in a family environment with one consistent care giver and a nurturing environment where the child is part of a supportive family and the community” (UN, 2010). These guidelines have been adopted in Kenya for alternative family care of children (GoK, 2014).

Family Reintegration: The process by which a child is reunited and is able to reintegrate with his/her biological parents or extended family (Child Welfare Information Gateway, 2011). During this process, activities are undertaken to equip the child and the family with the necessary skills and resources for proper reintegration and readjustment.

Institutional Care: Institutional care is “a group living arrangement for more than ten children, without parents or surrogate parents, in which care is provided by a much smaller number of paid care givers” (Browne, 2009).

Socio Emotional Development: Social-emotional development includes the child’s experience, expression, and management of emotions and the ability to establish positive and rewarding relationships with others (Cohen, Onunaku, Clothier & Poppe, 2005).

Street Children: United Nation defines the term the street children as “any girl or boy for whom the street (in the widest sense of the world, including unoccupied dwellings, wasteland) has become his or her habitual abode and/or source of livelihood; and who is inadequately protected, supervised, or directed by responsible adults” (ICCB, 1985).

CHAPTER ONE

INTRODUCTION AND BACKGROUND TO THE STUDY

Introduction

This chapter discusses the overview of the study in terms of the: background information of the study, statement of the problem, research objectives, research questions and the justification of the problem. It also discusses the assumption of the study, significance of the study, scope of the study, limitations and delimitations of the study and summary.

Background to the Study

Street children phenomenon is growing in most of the world's major cities (Ayaya & Esamai, 2001). UNICEF (2006), posited that the numbers of children could be running into tens of millions or more across the world as a result of the growing population in the globe. Drane (2010), argued that the number of street children across the world is alarming. Research report on state of the world street children posited that "frequently-cited global estimates of 100 million plus street children (and growing) have no basis in research (Benitez, 2011). Ennew (2003), observed the term street children definition was contested and not accepted hence it's not possible to determine the accurate number of the street children. Panter-Brick (2002) and Benitez (2011), observed that the term street children have been viewed from different perspectives or terminologies for example, street children, street youth and street gangs) which has dispersed research knowledge.

United Nation defines the term street children as "any girl or boy for whom the street (in the widest sense of the word, including unoccupied dwellings, wasteland) has become his or her habitual abode and/or source of livelihood; and who is inadequately protected, supervised, or directed by responsible adults" (ICCB,

1985). Panter-Brick (2002), observed that there are two important unique characteristics about street children; their place of living as well as lack of proper connections with their relatives and the society. These children are observed as different from other children and society views these children as a problem and not friendly to them either (Ayaya & Esamai, 2001).

Literature reveals that there are a number of factors that contribute to street children phenomenon and can be divided into two categories, push and pull factors. These factors range from sexual vulnerability, abuse in the family, broken families, neglect, poverty, unplanned pregnancies, deaths of parents, HIV/AIDS, substance abuse, unstable extended family structure as well as families' inability to provide food and health care to their children (Ayaya & Esamai, 2001; McAlpine, Henley, Mueller & Vetter, 2010; Gamble, 2010; Csaky, 2009 and Railway children, 2009). Dybicz (2005), observed that poverty has different facets and street children is one way poverty manifests in developing countries even as they embrace urbanization and modernization. McAlpine et al., (2010), observed that children who got more support from their families were not likely to go to the street to make a living or escape from mistreatment. Moreover, Bakachova, Bonner and Levy (2009); Ward and Seager, (2010) argued that family support and investment are crucial in preventing out of home care as well as reintegration approach are considered instead of institutional care.

Dybicz (2005) on street children interventions research preview showed that best practices on interventions for street children revolved around residential/rehabilitative care, though residential/rehabilitative has not only been seen as having serious limitations but also expensive and low success when it comes to

reintegrating the individuals back into the community. A study conducted in Nairobi on organizational strengths and challenges of Kenyan NGOs observed that there were challenges staffing, service delivery, infrastructure and resourcing (Ferguson & Heidemann, 2009).

Kenya Context in relation to Street Children and Care Interventions

Ayaya and Esamai (2001), in Eldoret Kenya, observed that street children are a growing phenomenon in the cities of world including Eldoret. Moreover, street children are found in other towns of Kenya such as Mombasa, Kisumu, Nakuru, Kitale and Nyeri. In addition, available data shows that there are 200,000-300,000 children on the streets of Kenya (IRIN, 2007). Also, the report shows 60,000 children are found on the streets of Nairobi and surrounding slums. Korogocho and Kibera slums are homes of those children. The Department of Children's Service (DCS) September Data 2012 observes that there are over 700 Charitable Children's Institutions (CCIs), housing approximately 43,000 children. Out of these 700 institutions, 591 are legally registered. Furthermore, other sources show that there are 830 residential care institutions (GoK, 2015).

There are 2767 Juveniles (aged 17 or under) held in prisons, penal institutions or correctional institutions (Gok, 2015). Whereas an assessment from the DCS, Ministry of Gender, Children and Social Development (MoGCSD) and UNICEF Kenya shows that 28 Guardianship orders were given between 2007-2008, 19 Foster care placements from 6 districts and 486 local and 295 inter-country adoption orders given between 2003-2008. Hence, approximately 828 children, according to the available data were placed in family settings within a period of 5 years (GoK, 2008).

In light of these observations, it is clear institutional care is widely practiced in Kenya compared to family based care.

Previous studies have revealed gaps in relation to impacts of interventions, link between street children interventions and impacts, and lack of research on comparison of interventions or models of care (Dybicz, 2005; Benitez, 2011 and Berchmans et al., 2012). Additionally, previous research findings indicated that research in this area focused on documenting the magnitude of the phenomenon, causes and interventions that are needed, instead of assessing the implications of present street children programs (Dybcz, 2005; Benitez, 2011). Hence, the current study was not only informed by the gaps highlighted but also the need to gather more knowledge on the implications of the institutional and family care interventions on children's socio-emotional development. Koinonia community where this study was conducted runs both rehabilitative/residential institution and family reintegration programs for street children in Nairobi County hence it was idea for this study.

Statement of the Problem

Previous research reviews on interventions for Children and Adolescents in Street Situation (CASS) found that there were gaps in relation to clarity of what an effective intervention for street children and adolescent entailed, there was lacking sufficient empirical research base and efficacy of different forms of interventions for street children (Berchmans et al., 2012). Additionally, previous research findings indicated that research in this area focused on documenting the magnitude of the phenomenon, causes and interventions that are needed, instead of assessing the implications of present street children programs (Dybcz, 2005; Benitez, 2011). Therefore, in line with these observations the study sought to bridge the gaps in relation to assessing effects of interventions on children's development. The study

sought to examine the perception of the family and institutional care givers on the social emotional development of former street children. Considering the two forms of interventions are used in Kenya and much more the institutional care model as highlighted previously. In this study former street children from Koinonia community program were examined, a group under institutional care and family reintegrated children.

Purpose of the Study

The purpose of the study was to establish the perception of family and institutional care givers on the social emotional development of former street children in Koinonia Community, Nairobi County.

Objectives of the Study

i. To determine the influence of the institutional care on the socio emotional development of former street children in Koinonia Community Organization in Nairobi County.

ii. To establish the influence of the family based care on the socio emotional development of former street children in Koinonia Community Organization in Nairobi County.

iii. To compare the effects of family and institutional care on the social-emotional development of former street children and those who have never been on the street.

Research Questions

The current study will focus on three crucial questions:

i. What are effects of institutional care on social emotional development of former street children?

ii. What are the effects of family based care on socio-emotional development of former street children?

iii. Is there difference between the effects of family and institutional care on the social emotional development of former street children and those who have never been on the street?

Assumption of the Study

It was assumed that Koinonia Community organization where the study was conducted was going to be willing and open for the study to be carried out. Second, it was assumed that all the respondents targeted were going to be accessed and fully cooperate during data collection. Third, the study was carried with an assumption that the implications of family and institutional care interventions on children's socio-emotional development will be brought to light.

Justification of the Study

Shimmel (2008), observed that street life context or short term shelters deprives children; unconditional acceptance, love and emotional intimate relationship with an adult as well supportive contact as observed by social workers, researchers, nurses and volunteers from Africa, Asia and South America. Yet, research reviews on CASS observes that there is no clarity of what an effective intervention for street children and adolescent entails, though as mentioned earlier street children phenomenon is growing concern in major cities of the world. It was therefore important to examine the implications of family and institutional care interventions for former street children on the social emotional development of the children. Koinonia Community provided a suitable platform to carry out this study because it runs both family and institutional care interventions for street children in Nairobi County.

Significance of the Study

Past studies lacked sufficient empirical base for interventions of street children. Also precious studies indicates that street children research focuses on documenting the magnitude of the phenomenon, causes and interventions that are needed, instead of assessing the implications of present street children programs. Hence, this study sought to bridge these existing gaps. Second, Koinonia Community where the study was conducted will benefit from the findings of the study in its interventions work with street children. Third, the findings of the study will benefit the reported population of 60,000 children living on the streets of Nairobi by informing child care providers working with this population when choosing and designing interventions. Fourth, the findings of this study will inform policy developers in the area of child protection in Kenya leading to the improvement of care giving of street children in Kenya.

Scope of the Study

The study was conducted in Koinonia Community Organization based in Nairobi County (Appendix: IV) Nairobi County Map. The Organization runs both family and institutional care interventions for street children hence making it a suitable place to conduct the study. Koinonia Community runs three rehabilitation centres housing 95 children altogether and has also a Family reintegration program that reintegrates children back to their families after rescue from the street and one year of rehabilitation. The study was conducted in two of the Koinonia Community Centres that is housing sixty eight children and teenagers and 56 children under family based care program for former street children.

Limitations and Delimitations of the Study

In this study only a small population qualified and it is in agreement with literature that observes that institutionalization of children remains a more preferred form of care in most countries around the world for Orphans and Vulnerable Children (OVC) as opposed to family care (Csaky, 2009). Second, most of the parents of the reintegrated teenage were illiterate hence making it difficult for them to fill the questionnaires alone hence they needed much assistance. This may have impacted the way they understood and responded to the questionnaires as the interviewer tried to help them fill them. To delimit these limitations, parents were helped in the best way possible to understand the questions before ticking their choices in all the questions. Before collecting data, a good rapport was created with Koinonia Community Management team hence the process ran smoothly due this cooperation.

Summary

This chapter focused on the overview of the study in relation to: background information of the study, Kenya context in relation to street children phenomenon and care interventions, statement of the problem, research objectives and questions, justification of the problem. It also discussed the assumption of the study, significance of the study, scope of the study, limitations and delimitations of the study. The succeeding chapter will discusses related literature review to the study, theoretical framework, theory that guided this study, conceptual framework and outline summary of research gaps.

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter reviews relevant empirical literature relating to street phenomenon, interventions and implications of institutional and family based care on socio emotional development of children as well as critique of the literature. The chapter also deals with the theoretical framework, and the theories that have guided this study. In addition, conceptual framework is presented showing the variables proposed to determine the social-emotional development of former street children under family and institutional care interventions. Finally, the chapter gives a brief summary and identification of the research gaps.

Street Children Phenomenon and Interventions Implications

Research reviews on interventions for children and adolescents in CASS found that there was no clarity of what an effective intervention for street children and adolescent entailed (Berckmans et al., 2012). Dybicz (2005);Benitez, (2011);Berckmans et al.,(2012) research reviews reporting on interventions for street children and state of the worlds of street children observed that there were gaps in relation to sufficient empirical base for interventions and comparisons of interventions or models of care and child-centred research. In this research review gaps were highlighted in relations to effectiveness and impacts of interventions, link between street children interventions and impacts, and lack of research on comparison of interventions or models of care (Dybicz, 2005; Benitez, 2011; Berckmans et al., 2012).

Additionally, Hariss, Johnson, Young and Edwards (2011), observed that "research in this area had focused in documenting the extent of the problem, the root cause and programs that are needed, rather than evaluating the impact of existing street children programs". Ferguson and Heidemann(2009), on a study conducted in Nairobi on organizational strengths and challenges of Kenyan NGOs serving orphans and vulnerable children captured a former street girl discussing her past experience in care "the best thing the shelter offered was the family feeling".

Effects of institutional Care on Socio-Emotional Development of Children

Institutional care is defined as a "group living arrangement for more than ten children, without parents or surrogate parents, in which care is provided by a much smaller number of paid care givers"(Browne, 2009). Csaky(2009), posits that millions of children are put under harmful institutional care and many are abandoned in them every day. The damage caused by institutional care context for example, effects on language development, low intellectual quotient, development quotient, attachment disorders, social and behaviour problems) has been widely published (Vorria et al., 2006; Johnson et al., 2006 and Nelson et al., 2007). Moreover, a recent research review on OVC care institutions conducted by Kangethe and Makuyuna (2014), found that institutionalized children suffer psychosocial-emotional damage.

Furthermore, institutional care environment presents challenges that affect children's development in the areas of cognitive development and behaviour development due to lack of consistent and close interactions with caregivers. In this research review it was observed as well that children lack capacity to form social networks that could benefit them in the future because they are detached from their communities. Additionally, previous studies have shown that there are adverse

effects of institutional care on children's development in the areas of cognitive, social emotional development, language and attachment as opposed to family based care. Also a child lacks adequate care, close interaction, affection and stimulation as opposed to family care where the child is part of a supportive family and the community (Csaky, 2009 and John et al., 2006).

Shimmel(2008), drawing from experiences of social workers, researchers, nurses and volunteers from Africa, Asia and South America observed that street life context or short term shelters deprives children of; unconditional acceptance, love and emotional intimate relationship with an adult as well as supportive contact. In addition, in this study it was observed that rehabilitation programs for street children do not give attention to; fundamental psychological needs of children but rather they focus on physical well-being and safety of the children, however naturally strong bond between members is felt in family setting. John et al., (2006) observed that early institutionalization puts children at risk of social problems as well as behaviour problems in the later years of life. Additionally, Mcleod (2007) observed that there is need for intimacy and long lasting emotional relationship between the primary care giver and the child. According to the John et al., (2006) study it is observed that institutionalized children lack that close and enduring bond, hence children exhibited more signs of both emotional withdrawal as well as indiscriminative behaviour than community children who have never been institutionalized and as opposed family cared children.

Previous research observed that children under institutional care settings usually live in a group hence a challenge to the caregivers to develop one on one interaction with a child as well institutional care environment is characterized by

limited caregiver- child social-emotional interactions and absence of opportunity to develop caregiver-child relationships which may lead to developmental delays (The St. Peterburg USA Orphanage Team, 2005). The St. Peterburg USA Orphanage Team (2005) study introduced two social-emotional interventions in the care giving structural set up, the results showed improvement in children's physical, mental and social-emotional development which was a reflection of the importance of early social-emotional experience and adult-child relationships.

The St. Peterburg USA Orphanage Team (2008), observed that institutions tend to be characterized by many and changing caregivers who provide insensitive and unresponsive care. Also it was observed that having a consistent caregiver benefits children in their social-emotional stimulation from the caregiver and probably resulting to caregiver's attachment to the child. Reciprocity between caregiver-child relationships is associated to children's experience in their later behaviour with others. In this study it was emphasized the need to reduce caregiver to child ratio to 1:4 which was associated with better developmental scores. Mccall et al.,(2016) posited that early institutionalization causes children to experience deficiency in their social emotional care which may lead to poor skills in childhood and adolescent.

Berckmans et al., (2012) reporting on systematic review on CASS, observed that there was need for family-like environment at the micro-level - for lasting meaningful relationships with CASS. In this report it was posited that there was no clarity of what an effective intervention for street children and adolescent entailed or looked like. Therefore, the report recommended more research on effectiveness of interventions. For example, "what is intended to be achieved by reintegration of

children into the main stream society, or stable life style or becoming lovable ordinary family people?" In line with these observations, this study was conducted.

Effects of Family Care on the Socio-emotional Development of Children

Mulheir and Browne (2007), observed that family life consists of relationships with extended family members for example grandparents and other key figures in child's upbringing. Additionally, family based care gives individuals a sense of identity, sense of belonging, an opportunity to experience family life as well as an opportunity to be part of the community and the wider society as posited in previous studies (Mulheir and Browne, 2007; Browne, 2009; John et al., 2006). Family based care is defined as "short term or long term placement of a child in a family environment with one consistent care giver and a nurturing environment where the child is part of a supportive family and the community" (GoK, 2014, P-144).Moreover, children growing in a family care context are equipped and prepared for transitioning into adulthood. Hence, they are able to acquire social and practical skills that enable them independently and emotionally cope with life. In addition, the benefits of family-based care are also well recognized by UN Convention on the Rights of the Child (UNCRC).

Mulheir and Browne (2007) in a study conducted in Romania observed that natural family setting is a protective environment for the child. A family provides a natural strong bond between members in family setting. Furthermore, families are emotionally programmed to protect their children. It is noteworthy that previous studies have shown that children with supportive and caring parents build secure mental images of themselves and others (Huntsman, 2008; Ainsworth, 1973). Fisher et al., (1997) found a difference between family-reared children compared to children

who had been adopted from Romanian orphanages, whereby those from the orphanages were generally quieter and unresponsive as opposed to children raised by their families who were responsive. A child under family care experiences a consistent individual who is available to meet their emotional needs (Mulheir & Browne, 2007; Bowlby, 1979 and John et al, 2006). Furthermore, Family care setting environment is conducive for the emotional development of children and social integration (Kangethe & Makuyana, 2014).

Children need simulative environment for their emotional and social well-being (Bakermans-Kraneburg et al., 2011). Additionally, without an early warm caring caregiver child's emotional development in the long run is compromised. Additionally, Ghera et al., (2009) observed that children who transitioned into foster care intervention from institutional care showed better results in the areas of positive affect as well as attention in comparison to those who stayed under institutional care.

Theoretical Framework

Attachment Theory

There are a number of theories that focus on childhood development. Theories such as psychodynamic, attachment theory and psychosocial theory are interrelated and are seen to complement each other (Kangethe & Makuyana, 2014). However, one of the most influential theories that describe the negative effects of institutionalization on children's development and health is attachment theory (Bowlby, 1982). The central aspect of this theory is the notion of attachment, which can be defined as "an enduring bond between a child and his or her primary caregiver" (West &Sheldon, 1988). This study was anchored on attachment theory. Bowlby's initial studies of children who were separated from their families revealed the link between maternal deprivation and developmental delays. Bowlby (1982)

emphasized the need to have a child cared for by a principal care giver, who is readily available in times of distress and emergencies.

Berk (2007), observed that attachment theory stresses on the need of a primary caregiver for normal development, institutionalization in comparison with family based care do not promise availability of a consistent care giver, this is because of staff turnover as well as less staff child ratio (John et al., 2006). The St. Peterburg USA Orphanage Team (2008), observed that attachment theory “particularly focuses on early experience with a few warm, caring and socially-emotionally responsive adults who are relatively stable in the child’s life as the foundation of appropriate social-emotional development and long-term mental health”. In line with previous studies, poor care conditions characterized by non-responsive and inadequate stimulating environment, multiple or non-consistent care givers, maltreatment, and neglect at every level adversely affects cognitive, social-emotional development and attachment security among other developmental domains (MacLean, 2003 and Nelson et al., 2007). Huntsman (2008) observed that “children internalize attachment experiences in the form of mental models or images of caregivers and themselves” hence institutionalization model of care may not offer limited interactions with the children as opposed to family care. Zeanah et al., (2005) in agreement with previous studies posited that attachment is the adversely compromised developmental domain of institutionalized young children due to lack of a consistent as well as supportive adult for their aid in times of distress. Ainsworth, et al., (1978) posited that during formative years of life caregiver-child relationship theoretically contributes to a number of “building blocks” that are paramount in forming a foundation of child’s later social behaviour. Therefore, children who spend early part of their lives in

institutional care normally receive deficient early social-emotional care which may result poor social skills in childhood and adolescence.

Bowlby (1979), observed that “emotions are strongly associated with attachment, highlighting that “many of the most intense emotions arise during the formation, the maintenance the disruption, and the renewal of attachment relationships”. It’s essential to note that further contributions to attachment theory and its conceptualization were made by Ainsworth who developed Strange Situation Procedure which was used to observe and measure attachment in infants as well classification of the attachment styles for example, secure, anxious-ambivalent, avoidant, and dis- organized (Ainsworth’s, 1989; Ainsworth et al., 1978). In line with previous studies, Smyke, et al., (2007), found that institutionalized children were characterized by displaying less positive affect but frequent negative affect as compared to non-institutionalized children. The primary caregiver acts as a secure base for the child. The assurance of availability of responsive attachment figure provides a strong and pervasive feeling of security and this enhances the continuity of the relationship that is necessary for healthy development. In the absence of this relationship a child suffers maternal deprivation and that affects their mental health, personality development as well as capacity to form relationships and healthy attachments (Mcleod, 2007; Maguire, 2002; Kangethe & Makuyana, 2014). Considering this study sought to establish the perception of the family and institutional care givers on the socio emotional development of former street children and that of parents of the control group of children living with their families who have never been on the streets, attachment theory was appropriate to anchor this study.

Conceptual Framework

The conceptual framework above (Figure 1) guided this study. In the conceptual frame work the different interventions of care that is family based care, institutional care, and family care representing control group of children are the independent variables. The arrow shows the effects of the care giving interventions on the social emotional development of the children.

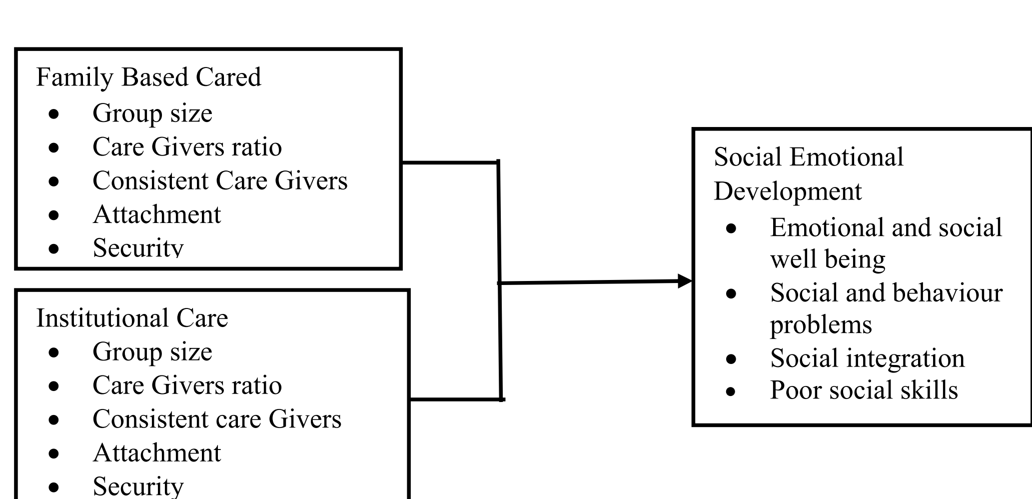

Figure 1.1: *Conceptual Framework*

Adapted and customized, Hooper (2007

Bakermans-Kraneburg et al., (2011) observed that institutionalized children lack that close and enduring bond, as opposed to family cared children hence exhibiting more signs of both emotional withdrawal as well as indiscriminative behaviour than community children who have never been institutionalized. It was assumed that the different interventions of care that is family based care, institutional care and biological family care of the control group children who have never been on the streets influences children's social emotional development either positively or

negatively. Also the length of care or intervention is an intervening factor between the independent variables and dependent variables.

Summary of Research Gaps

First there is lack of clarity of what an effective intervention for street children and adolescent entailed as observed in research reviews on interventions for children and CASS. Second, there is insufficient empirical base for interventions, comparisons of interventions or models of care and child-centred research. Therefore, this study addressed these existing gaps.

Summary

The literature suggests that children with supportive and caring parents build secure mental images of themselves and others, but children under institutional may lack this sort of environment. This is as a result of frequent staff turnover as well as staff rotation. Further, children growing in a family care context are equipped and prepared for transitioning into adulthood. Previous research reviews observed that there was lacking sufficient empirical research as well as clarity of what an effective intervention for street children and adolescent entailed or looked like. In addition, past researchers raised the need of assessing the implications of present street children programs. Hence, this study sought to bring to light the effects of family and institutional care on the social emotional development of former street children.

CHAPTER THREE

RESEARCH METHODOLOGY

Introduction

In this chapter the research design and methodology was presented. In addition, population to be studied, samples to be selected, sampling method, data collection methods as well as data analysis plan was discussed.

Research Design

Quasi Experiment design was used in this study. Campbell and Stanely (2015), observed that quasi experimental design is employed when situations which researcher lacks the full control over the scheduling of the experimental stimuli and inability to randomize exposures. The study was conducted in the natural settings of the respondents (i.e., former street children in the care of Koinonia Community Centres, former street children reintegrated into their families by Koinonia Community and a control group of children without any randomization or scheduling of experimental stimuli hence quasi experimental design was appropriate. The control group of children were selected based on that they have never been on the streets or any other form of intervention part from their families of origin. Second, pretesting is not needed when using quasi experimental design hence time and resources are reduced.

Target Population

The study targeted 162 respondents who comprised of former street children under institutional and family care in Koinonia Community. This is because Koinonia Community runs both family based care and institutional care intervention for street children in Nairobi County.

Also control of group of 38 children living with their biological families who have never been on the streets. In addition, the study targeted primary care givers of all the children from the three categories; two (2) Social workers from Koinonia Community participated in this study, 56 Parents of former street children under family based care participated and 38 parents of the control group of children who have been on streets. Table 3.1 and 3.2 the target population of children and primary care givers respectively.

Table 3.1: *Target Population for Children in Koinonia Community*

Koinonia Community Program	Population
Anita Centre (Institutional care)	27
Kivuli Centre (Institutional care)	41
Family Based Care (Reintegrated Children)	56
Control Group	38
Total	162

Table 3.2: *Target Population for Primary Care Givers*

Koinonia Community Program	Population
Institutional care under Anita Centre and Kivuli Centre	2
Family Based Care (Reintegrated Children)	56
Control Group	38
Total	96

Sampling and Sample Size

Mugenda and Mugenda (2009) observe that a sample size of 10-30 percent of the study population is a sufficient. Purposive sampling was used to select the

children respondents based on children age of 12-17 years. A sample size of 83 children was selected purposely based on this age criteria. After purposeful sampling based on age criteria of 12- 17 years, 83 children participated in this study; 31 formers street children under institutional and 26 former street children under family care. Also 26 control group of children living with their families who have never been on the streets were sampled to participate in this study. A corresponding equal number of primary care givers (56) for the children under reintegrated family based care and control groups and two (2) institutional care givers were purposively sampled. Table 3.3 and 3.4 tabulates the sample sizes for each category of respondents.

Table 3.3: *Sample Size for Children*

Category	Population	Age (12-17)
Control Group Children	38	26
Institutional Cared Children (Two centres)	68	31
Reintegrated Family Based care former street children	56	26
Total	162	83

Table 3.4: *Sample Size for Primary Care Givers of Children Aged 12-17*

Category	Population	Primary Care Givers
Control Group Children	38	26
Institutional Cared Children (Two centres)	68	2
Reintegrated Family Based care former street children	56	26
Total	162	54

Data Collection Methods

Quantitative methodology was employed in this study to collect primary data. Quantitative data includes close-ended information such as that found on attitude, behaviour and or performance instruments (Creswell, 2006). A Strengths and Difficulties Questionnaire (SDQ) by (Goodman, 1997) was used to collect quantitative data (Appendix I). SDQ has 25 items in total forming 5 scales that is Hyperactivity, Emotional Symptoms, Conduct, Peer problems and Prosocial has 5 items each. Each item can be marked not true, somewhat true or certainly true. In this study one item from conduct problems was not answered to hence only 24 items were considered.

All the items, except for the ones that are printed in italics are scored 0 for not true, 1 for somewhat true, and 2 for certainly true. For the items printed in italics the items are scored 2 for not true, 1 for somewhat true, and 0 for certainly true (Goodman, 1997). The scores for each of the five scales are generated by summing the scores for the five items that make up that scale, thereby generating a scale score ranging from 0 to 10 (Goodman, 1997). The scores for hyperactivity, emotional symptoms, conduct problems, and peer problems are summed up to generate a total difficulties score ranging from 0 to 40(Goodman, 1997). In addition, for convenience SDQ scores are presented in a three-banding categorization or classification that is normal, borderline and abnormal based scores each scale attains. For example, Emotional symptoms scale normal classification is between 0-3, borderline 4, and abnormal 5-10 and in the Total Difficulties Scores normal classification is between 0-13, borderline 14-16, and abnormal 17-40 for the parent-completed SDQ (Appendix II). The Prosocial score is not incorporated in

the reverse direction into the total difficulties score since the absence of Prosocial behaviours is conceptually different from the presence of psychological difficulties.

Cohen et al., (2005) defines social-emotional development as child's experience, expression, and management of emotions and the ability to establish positive and rewarding relationships with others. Therefore, in line with the social emotional development definition aspects of emotional symptoms, conduct problems, prosocial, hyperactivity were assessed by administering SDQ questionnaire to all the Primary care givers of the children that is parents of former street children under family care and control group children. For the children under institutional care questionnaires were administered to the social workers.

SDQ questionnaire (Appendix I) was administered to the primary caregivers of the children of all the three categories in order to obtain data on socio-emotional development of the children. That is parents of children under family care and control group and social workers for the children under institutional care/Qualitative data consists of open-ended information that a researcher gathers through interviews with participants, which allows the participants to supply answers in their own words (Creswell, 2006). In this study open ended questions were administered to the participants in order to gather data in relation to the form of interventions, group size, staff ratio and care giving consistency (Appendix III).

A counsellor who works closely with Koinonia Community children centres was requested by the Koinonia Management to assist in collecting data considering he has a relationship with the staffs and the caregivers. The counsellor was familiarized with SDQ questionnaire. The questionnaire was administered to the social workers of the two centres who filled the questionnaires on behalf of the teenagers. Koinonia

community facilitated a forum for the families of the teenagers who were formerly on the streets and had been reintegrated back to their families questionnaires were administered to them. In addition, questionnaires were administered to the Control group respondents after a church service in Eastleigh Deliverance church in Nairobi County, after explanation of the purpose of the study. Filling the questionnaires with the families of the reintegrated teenagers took close two hours in separate days whereas the control group respondents took 10-20 minutes.

Validity of Data Collection Tool

SDQ has been gauged against a standard established by Rutter Parent and Teacher questionnaires. Elander and Rutter (1996) observed that reliability and validity of Rutter's questionnaires are generally positive.

Data Analysis

IBM SPSS Statistics version 21 and MS-Excel was used to analyse data. Data was coded and keyed in SPSS. SPSS was used to perform descriptive analysis. MS-Excel was used to group the averages of the 24 questions into the five scales, and compute averages of the Total Difficulties Score as well as the averages of the five scales (i.e., Hyperactivity, Emotional Symptoms, Conduct Problems, Peer Problems and Prosocial). In addition, MS-Excel was used to present the data inform of tables and generating charts. The data analysed was interpreted based on the following scoring (Table 3.5).

Table 3.5: *Three-band Classification of Scores*

	Normal	**Borderline**	**Abnormal**
Total Difficulties Score	0-13	14-16	17-38
Emotional Symptoms Score	0-3	4	5-10
Conduct Problems Score	0-2	4	5-8
Hyperactivity Score	0-5	6	7-10
Peer Problems Score	0-2	3	4-10
Prosocial Behaviour Score	6-10	5	0- 4

Ethical Considerations

Permit to conduct this study was obtained from PAC University (Appendix V), National Commission for Science, Technology and Innovation (Appendices VI and VII). In addition, letters to permit data collection were also obtained from County Commissioner and Education County Director (Appendix VIII). After obtaining the necessary documentation, visits were made to Koinonia community where a meeting with management team was secured. Koinonia Community permitted and facilitated data collection with the families of teenagers who had been reintegrated during two of their parent's forum meeting (Appendix IX). Social workers from Koinonia Community centres filled questionnaires on the behalf of the teenagers under institutional care. A counsellor who closely works with Koinonia community was requested by the management to assist in the process of data collection hence the care givers and social workers were at ease during the process.

Summary

This chapter has discussed the study's research design, target population, sampling and sample size. It also discussed data collection methods and data tools, validity of data collection tool and data analysis. In addition, ethical considerations were as well discussed.

CHAPTER FOUR

RESULTS AND DISCUSSION

Introduction

This chapter comprises of data analysis and presentation of results, interpretation of findings and discussion. The chapter presents data analysis findings based on the study objectives. Based on the objectives of the study, the chapter presents results of effects of the socio emotional development of former street children under institutional care, former street children under family based care and control group children who have never been on the streets but living with their biological families. The analysis is based on average score of the Total Difficulties Scores and average scores of each of the five scales i.e., Hyperactivity, Emotional symptoms, Conduct scale, Peer problems scale and Prosocial scale for the explored target children.

A total number of 83 questionnaires were administered to the children respondents. Out of these questionnaires, 78(94%) questionnaires were filled successfully and returned. These questionnaires represented; 28 formers street children under institutional care and 24 former street children under family care and 26 control group of children living with their families who have never been on the streets. Therefore, a total number of 78 former street children from institutional and family care and a control group of children participated in this study. A total of 54 primary care givers participated by filling SQR questionnaires on behalf of the children.

Data Analysis and Presentation of Results

The study found it worthy to document the gender of the children explored. Table 4.1 presents a cross tabulation of children gender and category of care givers.

Table 4.1: *Gender of Children and Category of Care Givers*

Category of care givers	Children Gender		Total
	Male	Female	
Re-integrated family care givers	15(19.2%)	9(11.5%)	24(30.8%)
Institutional care givers	17(21.8%)	11(14.1%)	28(35.9%)
Controls (Biological family care givers)	12(15.4%)	14(17.9%)	26(33.3%)
Total	44(56.4%)	34(43.6%)	78(100.0%)

The findings shows the overall majority (56.4%) of the children explored were males as compared to 43.6% females. Male children were the majority in the institutional and in the biological family care. This implies that Koinonia Community were reaching to more boys compared to girls.

Table 4.2: *Care Giving Arrangement*

Care Giving Arrangement	Institutional Care	Family Based Care	Control
Care Giver Child Ratio	1:10	1:3	1:2
Group Size	34	5	4
Consistent Care Giving	No Staff turnover	Natural Family environment	Natural Family environment
Other Services	Once a week Counselling		

The finding shows that under institutional care children average group size was 36 children in two centres. Staff turnover was not observed hence care giving consistency was possible and once a week counselling services were offered. In family based care group size average group size was 5 children it's a natural environment hence consistent care giving is possible.

Primary care givers responded to SDQ questionnaire, answering questions in relation to emotional symptoms, hyperactivity, conduct problems, peer problems and

Prosocial of the children results are illustrated below. The analysis focused on each of the five scales related to social emotional development of children under family care, institutional care and control group of children and also Total Difficulties scores that comprised of Emotional symptoms scale, Hyperactivity scale, Peer problems and Conduct problems. The analysis are presented and discussed below.

Total Difficulties Scores

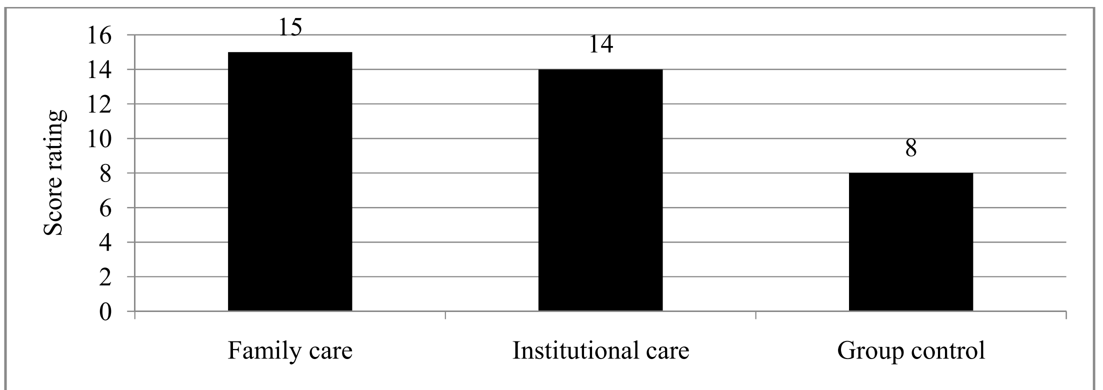

Figure 4.1: *Average Total Difficulties Scores*

As illustrated above in the Figure 4.1 the findings of this showed that control group of children living with their families and have never been on the streets performed better than both former street children under family care and institutional care. Also former street children under institutional had a better score than that of former street children under family based care.

Emotional Symptoms Scale

Emotional Symptoms Scale entails the following questions that were responded to by the care givers of the children from three categories of care; Often complains of head-aches, stomach-ache or sickness, many worries, often seems worried, often unhappy, down-hearted or tearful, nervous or clingy in new situations,

easily loses confidence, and many fears, easily scared the results are illustrated in Figure 4.2.

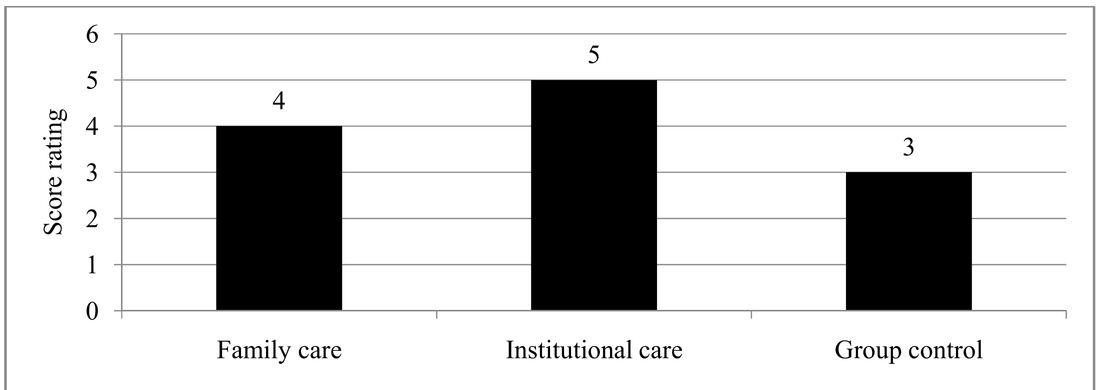

Figure 4.2: *Average Emotional Symptoms scale*

The results as shown in Figure 4.2 shows that children under control group in the emotional symptoms scale had an average score of 3 hence classified normal. Children under family care had an average score of 4 getting a classification of borderline in the Emotional Symptoms scale. Children under institutional care in the Emotional symptoms scale had an average score of 5 hence classified abnormal. The findings showed that control group children performed better than both former street children under family care intervention and institutional care. On the other hand former street children under family based care performed better than former street children in the Emotional symptoms scale.

Hyperactivity Scale

Hyperactivity Scale entails the following questions; restless, overactive, cannot stay still for long, constantly fidgeting or squirming, easily distracted, concentration wanders, thinks things out before acting and sees tasks through to the end, good attention span. Figure 4.3 presents the results.

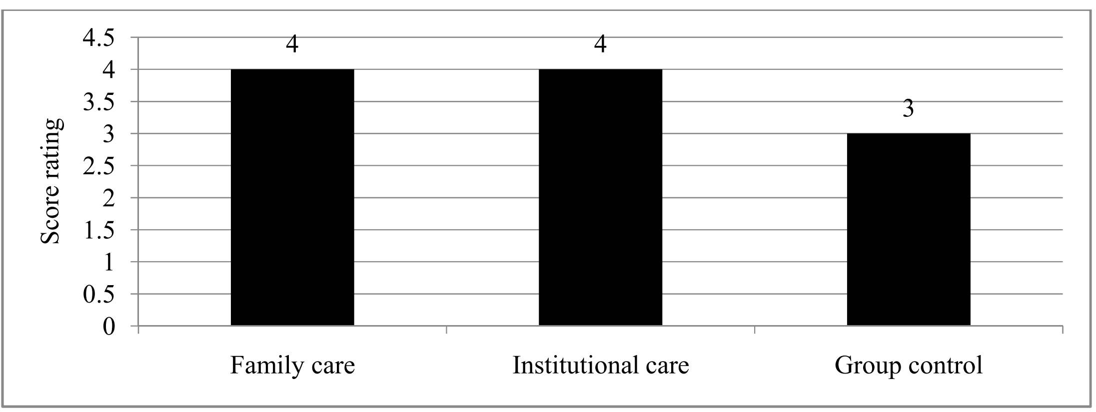

Figure 4.3: *Average Hyperactivity scale*

In Figure 4.3 above hyperactivity scale results shows that both former street children under family and institutional care scored similar average score of 4 hence classified normal. Control group children as well were classified normal in the hyperactivity scale but with an average score of 3 score signifying they performed better than former street children under family and institutional care.

Conduct Problems Scale

Conduct Problems Scale entails the following questions which were responded to by the caregivers of the children i.e., often has temper tantrums or hot tempers, generally obedient, usually does what adults request, often fights with other children or bullies them, often lies or cheats and steals from home, school or elsewhere. It is paramount to mention in this scale one question was not responded to ("often has temper tantrums or hot tempers") hence only four questions were responded to by the primary care givers on behalf of their children. The conduct problem results are presented in Figure 4.4.

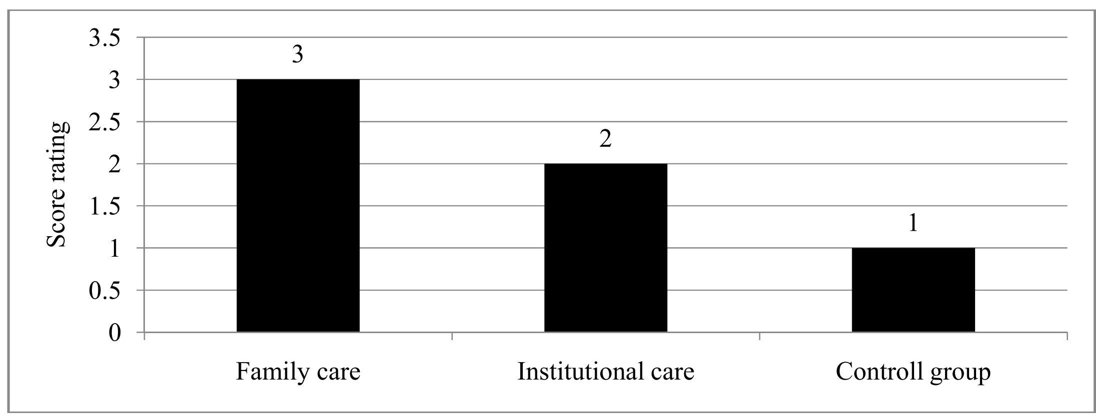

Figure 4.4: *Average Conduct Problems scale*

As shown in Figure 4.4 in the scale of Conduct Problems both former street children under family and institutional care scored an average of 3 and 2 scores respectively hence classified borderline and normal respectively signifying that former street children under institutional care performed better than former street children under family based care. Control group children scored an average score of 1 hence classified normal.

Peer Problems Scale

Peer Problems Scale similar to all the other scales it has five questions that is rather solitary, tends to play alone, Has at least one good friend, generally liked by other children, picked on or bullied by other children, and gets on better with adults than with other children. These five questions were answered by the primary care givers of the children under family, institutional care and control group. The peer problem results are presented in Figure 4.5.

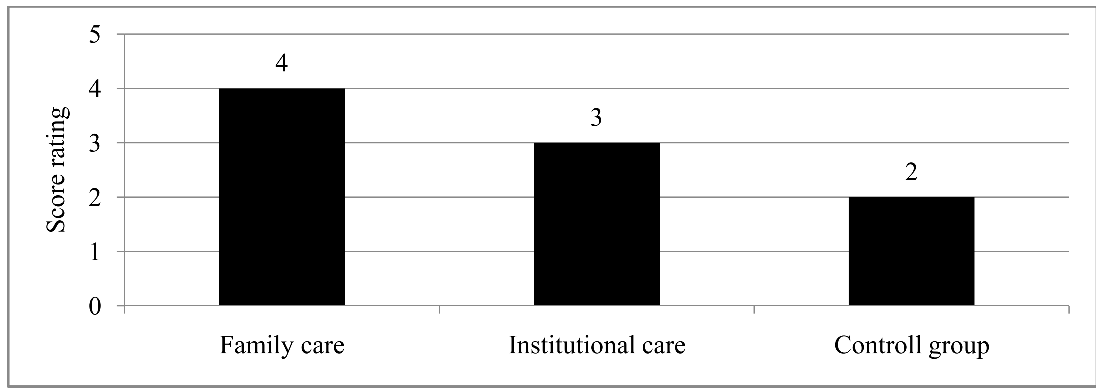

Figure 4.5: *Average Peer Problems scale*

Results as shown above in the Figure 4.5, illustrates that former street children street under family and institutional care scored an average score of 4 and 3 respectively hence attaining a classification of abnormal and borderline respectively whereas control group children scored an average score of 2 hence classified normal.

Prosocial Scale

Prosocial scale entails the following questions; Considerate of other people's feelings, shares readily with other children (i.e., treats, toys, pencils) helpful if someone is hurt, upset or feeling ill, kind to younger children, and often volunteers to help others (parents, teachers, other children) that were answered by all the caregivers results are shown in the Figure 4.6 below.

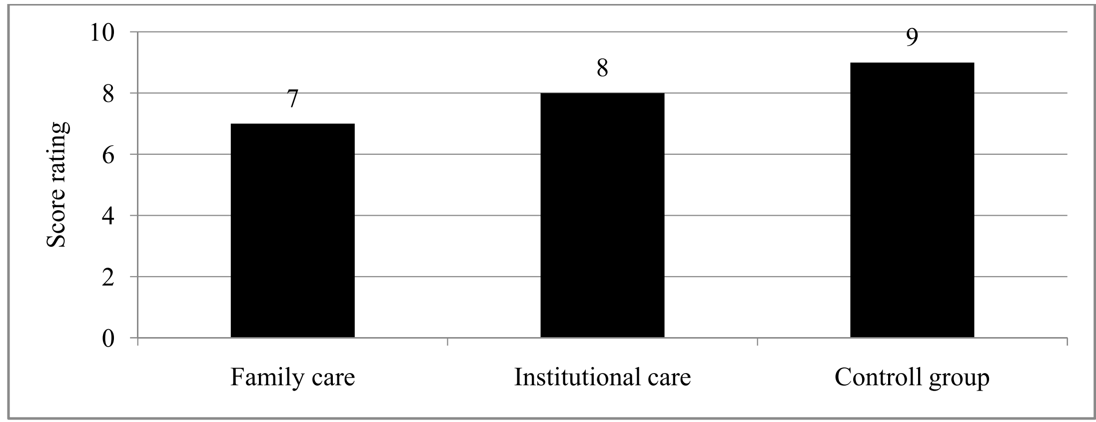

Figure 4.6: *Average Prosocial scale*

In the Prosocial results in Figure 4.6 all the three groups of children studied i.e., former street children under family care, teenage street children under institutional care and the control group scored an average score of 7, 8, 8 respectively and were classified Normal. Both former street children under institutional care and control group chidlren scored a similar average score of 8, whereas former street children under family care scored an average score of 7.

Interpretation of Findings and Discussion

The study sought to assess the effects of family and institutional care and control group on the social emotional development of children as observed by primary care givers of the former street children under family and institutional care and control group of children who have never been on the streets. In the first objective which was to determine the influence of the institutional care on the socio emotional development of former street children in Koinonia Community Organization in Nairobi County, findings shows that in the Total Difficulties average score that is comprised of Emotional symptoms, Hyperactivity, Peer problems and conduct problems excluding Prosocial scale former street children under institutional are scored average score of 14 and were classified borderline as illustrated in Figure 4.1. And in the Prosocial scale former street children under institutional care scored 8 out 10 as illustrated in Figure 4.6 and were classified normal.

Second, objective was seeking to establish the influence of the family based care on the socio emotional development of former street children in Koinonia Community Organization in Nairobi County. The findings of this study shows that former street children under family care in the Total Difficulties average score that is comprised of Emotional symptoms, Hyperactivity, Peer problems and conduct problems excluding Prosocial scale former street children under institutional are

scored average score of 15 and were classified borderline as illustrated in Figure 4.1. And in the Prosocial scale, former street children under institutional care scored 7 out 10 as illustrated in Figure 4.6.and were classified normal.

In the third objective the study sought to compare the effects of family and institutional care on the social-emotional development of former street children and those who have never been on the street. The findings as illustrated in Figures 4.1-4.6 presents the results of former streets children under family, institutional and control group children who have never been on the streets but living with their biological families. In the Total Difficulties average scores and in the five scales for all the three groups, findings showed that control group of children performed better scoring an average score of 9 than both former street children under family and institutional care who scored 15, 14 respectively.

In addition, findings of five scales in relation to Social emotional development of former street children under family care and institutional and that of control group of children who have never been on the streets as illustrated in the Figures 4.2-4.6 it was established that shows that, Control group of children performed better in all the five scales that is Hyperactivity, Emotional symptoms, Conduct scale, Peer problems scale and Prosocial than both former street children under family care and institutional care. Control group of children were classified normal in all the five scales and in the Total Difficulties scores. Further, the findings shows that former street children under family care performed better in the emotional symptoms scale scoring an average of 4 scores and classification of borderline as opposed to former street children under institutional care who got an average score of 5 and were classified abnormal as illustrated in Figure 4.2.

In the hyperactivity scale both institutional care and family based care scored a similar average score of 4 and were classified border line. In the conduct problems former street children under institutional care got an average score of 2 hence were classified normal whereas former street children under family based care got an average score of 3 hence getting a borderline classification signifying former street children under institutional care performed better than former street children under family based care. In the peer problems scale former street children under family based care scored an average score of 4 and former street children under institutional care scored an average score of 3 getting a classification of abnormal and borderline respectively signifying that former street children under institutional care performed better than those under family based care. Finally, in the prosociol scale both family based care were classified normal but with a different score. The finding showed that former street children under institutional care performed better in the prosocial scale by scoring an average score of 8 out of 10 as opposed former street children under family Care who scored 7 out of 10.

It's noteworthy in all the five scales control group of children who have never been on the streets scored a different score from both former street children under family based care and institutional care. Second, only in the hyperactivity scale whereby both former street children under family care and institutional care scored a similar average score of 4 and were classified normal. Therefore in all the other scales and in the Total Difficulties score each mode of intervention scored a different score. Third, former street children under institutional care performed better in the scales of peer problems, prosocial and conduct problems than former street children under family based care as presented in Figures 4.6.

Summary

In this chapter data analysis, presentation and interpretation of findings was discussed. The findings revealed that control group children in all five scales i.e., Hyperactivity, Emotional Symptoms, Conduct Problem, peer problems and Prosocial were classified Normal signifying that control group of children performed better than both former street children under family and institutional care. Second, former street children under family care performed better than former street children under institutional care in the emotional symptoms scale however former street children under institutional care performed better in the scales of peer problems, conduct problems, prosocial and in the Total Difficulties average score.

CHAPTER FIVE

SUMMARY OF FINDINGS, IMPLICATIONS, RECOMMENDATIONS, AREAS FOR FURTHER RESEARCH AND CONCLUSIONS

Introduction

In this chapter the following areas will be discussed: summary of the findings, implications of the study, recommendations, areas for further research and conclusions.

Summary of the Findings

In this study, implications of family and institutional care on social emotional development of former street children and control group of children who have never been on the streets were studied. The findings of this study showed that control group children who have never been on the streets living with their biological families performed better than former street children under family and institutional care as shown in the total Difficulties average score and in the all five scales as illustrated in Figure 4.1- 4.6 this is in agreement with previous studies. According to the, Mulheir & Browne, (2007) a study conducted in Romania observed that natural family setting is a protective environment for the child. A family provides a natural strong bond between members in family setting. Families are emotionally programmed to protect their children. Institutionalized children lack that close and enduring bond, as opposed to family cared children hence exhibiting more signs of both emotional withdrawal as well as indiscriminative behaviour than community children who have never been institutionalized (Bakermans-Kraneburg et al., 2011). This also may have informed the positive results of former street children under family based care in the Emotional symptoms scale.

Second, The St. Peterburg USA Orphanage Team, (2008) observed that institutions tend to be characterized by many and changing caregivers who provide insensitive and unresponsive care. Additionally, it was observed that having a consistent caregiver benefits children in their social-emotional stimulation from the caregiver and probably resulting to caregiver's attachment to the child. This may have informed the positive resulted that are formed in former street children under institutional in the scales of conduct problems, peer problems as compared to former street children under family based cared as illustrated in Figure 4.4 and 4.5. In line with this observation, former street children under institutional care as mentioned earlier enjoyed consistent care giving and appropriate staff child ratio, and services of a counsellor once a week, which also may explain the positive findings with former street children under institutional care. However, a large group size was observed at institutional care the group size of children was 34 children. This may have created a limitation for reciprocity between the care givers and children under the institutional care hence informing the poor performance of former street children under institutional care in the scale of Emotional symptoms, scoring an average score of 5 and a classification of abnormal. This is because reciprocity between caregiver-child relationships is associated to children's experience in their later behaviour with others as observed by The St. Peterburg USA Orphanage Team, (2008).

Third, on the other hand, in support of Mccall et al., (2016) that early institutionalization causes children to experience deficiency in their social emotional care which may lead to poor skills in childhood and adolescent, this may explain the performance of the former street children in the family based cared in the scale Prosocial 7 out 10 considering former street children under institutional care scored 8 out 10 as illustrated in Figure 4.6, signifying former street children under institutional

care performed better. Also in the Total Difficulties average scores for former street children under family based care scored an average of 15 as compared to former street children under institutional care who scored an average score of 14, though both were classified borderline former street children under institutional care performed better.

Fourth, positive performance of former street children under institutional care could have been informed by the fact that in Koinonia community that represented the institutional care in this study, care giver child ratio was 1:10 meaning it had adhered to the Kenya government requirement National Standards for Best Practices in Charitable Children's Institutions (GoK, 2013). It was observed that there was no staff turnover hence consistent care giving was possible. In addition, a counsellor met children under institutional care once per week.

Implications

Findings of this study signifies that different care giving arrangement impacts children development differently as has been as shown in the findings of this study. For example control group of children who have never been on the street performed better than those former street children under family based and institutional care. In addition former street children under family based care performed better than former street children under institutional in the emotional symptoms scale. The findings brought to light the effects of different care interventions for street children. Therefore, these findings will be used in closing existing gap in relation to institutional care and family based care. Child care practitioner will benefit from the findings of this study when designing and planning intervention hence improvement of care giving. Also Koinonia Community where this study was conducted will benefit considering Koinonia is running both family based care and institutional care

intervention for street children. Finally, the findings of this study will benefit policy developers in relation to street children interventions in Kenya.

Recommendations

In line with the findings of this study, the following recommendations are made:

1. It is recommended that child care practitioners to consider giving children in institutional care an opportunity for family based care intervention considering the positive results observed in the scale Emotional Symptoms scale posted by former street children under family based care.
2. It is recommended that Child Care practitioners take into consideration the staff child ratio, group size and staff consistency when planning for interventions for children in need of care and protection.
3. Inclusion of services such as counselling need to be included in the intervention plan to assist the children develop positive emotions considering that former street children under institutional care received counselling services weekly and most probably this may have informed the positive results observed in the scales of peer and conduct problems.
4. Families and caregivers receiving children from institutional care should be made aware of the effects of institutionalization in order to prepare them to respond relevantly considering institutionalized children suffer psychosocial-emotional damage.
5. Based on control group results it is recommended that all care providers to put prevention interventions in place in order to stop children going to the streets.

Areas of Further Study

1. The study was conducted within one care provider in Nairobi County, widening up the scope to other care providers would provide a wider in relations to the implications of interventions for street children.
2. Length on the streets and in the institutional care was not considered hence it would of interest for future studies to consider these factors.
3. Gender was not considered in this study, it would of interest to examine differences in relation to social emotional development former street girls and boys.

Conclusions

The chapter has summarised the findings of the study, as well as focused on implications, key findings of the study, recommendations, areas of further study and conclusion. The findings of this study reveal the interplay of different factors and their influence on the socio emotional development of children in the three models of care; family based care, institutional care and control group of children reared within their biological families and have never been on the streets. Control group of children performed better than both former street children under institutional care and those former street children under family based care. Second, former street children under family based care performed better the former street children under institutional care in the scale of emotional symptoms. However, former street children performed better than former street children under family based care in the scales of peer and conduct problems. Therefore, based on the findings of this study it’s paramount for child care providers when designing and planning interventions consider care giving context for example group size, care giver child ratio and care givers consistency as well as plan prevention programs at the family level in order to prevent children from going to the

streets and into alternative care interventions. Second, capacitate caregivers receiving former street children and institutionalized should be made aware of the effects of institutionalization in order to prepare them to respond relevantly. Finally, services such as counselling should be included in the after care plans.

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APPENDICES

Appendix I: Strengths and Difficulties Questionnaire

Part 1 (To be filled by the Primary caregivers of the teenagers: Parents/Social workers)

For each item, please mark the box for Not true, somewhat true certainly. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of the Teenager's behaviour over the last six months or this school year

Teenager's Name………………………………………………………… Male/Female

Age……………………………………….

3 point Scales Questions	**Not true**	**Somewhat true**	**Certainly True**
1.Considerate of other people's feelings			
2. Restless, overactive, cannot stay still for long			
3. Often complains of headaches, stomach-aches or sickness			
4. Shares readily with other children (playing items)			
5. Often has temper tantrums or hot temper			
6. Rather solitary, tends to play alone			
7. *Generally obedient, usually does what adults request*			
8. Many worries, often seems worried			
9. Helpful if someone is hurt, upset or feeling ill			
10. Constantly fidgeting or squirming			
11. *Has at least one good friend*			
12. Often fights with other children or bullies them.			
13. Often unhappy, down-hearted or tearful			
14. *Generally liked by other teenagers*			
15. Easily distracted, concentration wanders			
16. Nervous or clingy in new situations, easily loses confidence			
17. Kind to younger children			
18. Often lies or cheats			
19. Picked on or bullied by other teenagers			
20. Often volunteers to help others (teachers, care givers and children			
21. *Thinks things out before acting* 22. Steals from home, school or elsewhere			
23. Gets on better with adults than with other teenagers.			
24. Many fears, easily scared			
25. *Sees tasks through the end, good attention span.*			

Adopted from Goodman (1997)

Appendix II: Provisional Banding Scores

Parent completed SDQ

	Normal	**Borderline**	**Abnormal**
Total Difficulties Score	0-13	14-17	17-38
Emotional Symptoms Score	0-3	4	5-10
Conduct Problems Score	0-2	4	5-8
Hyperactivity Score	0-5	6	7-10
Peer Problems Score	0-2	3	4-10
Prosocial Behaviour Score	6-10	5	0- 4

Appendix III: Care Giving ArrangementInformation

1. Child's Information.
    a. Name ……………………………….Age…………………………..….
    b. Institutions Name……………………………………………………..…..
    c. Year of entry to the institution……………..……………..…..………
    d. Specify the relationship you have with the child ………………………….
2. Number of children within this institution or your family including the one you are reporting on….
3. Period in the institution

    Duration……………………………………………………………………
4. Modes of care

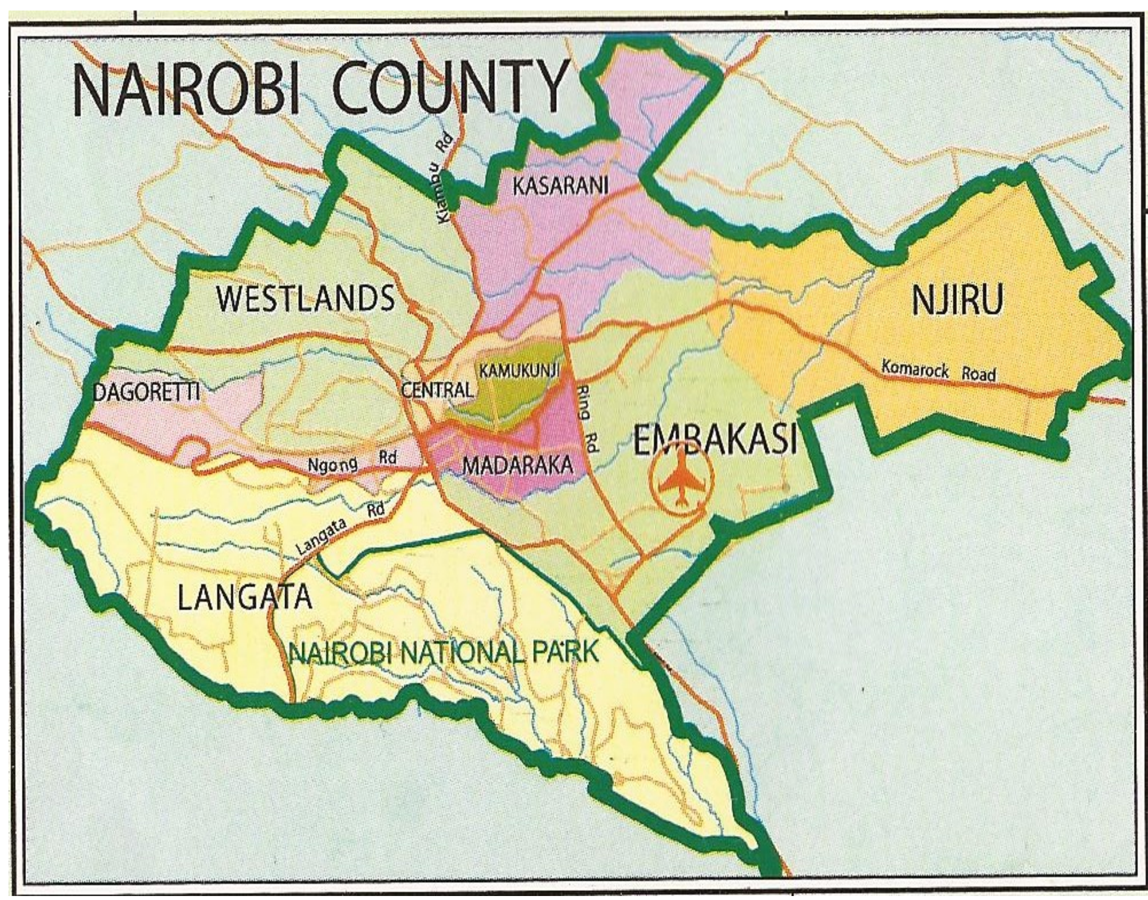
Less **than 5 children** with one consistent care giver	Less than **5 children with** multiple care givers
Group care of 5 children with a consistent care giver	**Group care of 5 children** with multiple care givers
Group of less of **10 children** with a consistent care giver.	**Group of more than 10** children with multiple care givers
Group of less than 20 children with a consistent care giver	**Group of more than 20 children** with multiple care givers.

5. Number of care givers per child in your centre/ family ………………………………….…

Duration of interaction with the child **……………………………………….**

Date Interviewed ……………………………...….
Signed…………………………………………….

Appendix IV: Nairobi County Map



Appendix V: PAC University Data Collection Introduction Letter

June 6th, 2017

PAN AFRICA CHRISTIAN
PAC
UNIVERSITY

P.O. Box 56875, 00200 Nairobi, Kenya
+254 721 932050, +254 734 400694
enquiries@pacuniversity.ac.ke,
admissions@pacuniversity.ac.ke
www.pacuniversity.ac.ke

TO WHOM IT MAY CONCERN

Dear Sir/Madam,

RE: GRACE W. MWANGI MFT/0250/14

Greetings! This is an introduction letter for the above named person a final year student in Pan Africa Christian University (PAC University), pursuing Master of Arts in Marriage and Family Therapy.

She is at the final stage of the programme and she is preparing to collect data to enable her finalise on her thesis. The thesis title is **"Influence of Family Care and Institutional Care on the Social Emotional Development of Teenage Former Street Children", Nairobi County, Kenya.**

We therefore kindly request that you allow her conduct research at your organization

Warm Regards,

PAN AFRICA CHRISTIAN UNIVERSITY
REGISTRAR

Dr. Lilian Vikiru
Registrar Academics

Where Leaders are made

Appendix VI: NACOSTI Research Authorization

NATIONAL COMMISSION FORSCIENCE, TECHNOLOGY ANDINNOVATION

Telephone:+254-20-2213471, 2241349,3310571,2219420
Fax: +254-20-318245,318249
Email: dg@nacosti.go.ke
Website: www.nacosti.go.ke
When replying please quote

9th Floor, Utalii House
Uhuru Highway
P.O. Box 30623-00100
NAIROBI-KENYA

Ref: No. **NACOSTI/P/17/62139/17751**

Date: **4th July, 2017**

Grace Wachera Mwangi
Pan Africa Christian University
P.O. Box 56875-00200
NAIROBI.

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on ***"Influence of family care and institutional care on the social emotional development of teenage former street children in Nairobi County, Kenya,"*** I am pleased to inform you that you have been authorized to undertake research in **Nairobi County** for the period ending **4th July, 2018.**

You are advised to report to **the County Commissioner and the County Director of Education, Nairobi County** before embarking on the research project.

On completion of the research, you are expected to submit **two hard copies and one soft copy in pdf** of the research report/thesis to our office.

GODFREY P. KALERWA MSc., MBA, MKIM
FOR: DIRECTOR-GENERAL/CEO

Copy to:

The County Commissioner
Nairobi County.

COUNTY COMMISSIONER
NAIROBI COUNTY
P. O. Box 30124-00100, NBI
TEL: 341666

The County Director of Education
Nairobi County.

National Commission for Science, Technology and Innovation is ISO9001:2008 Certified

Appendix VII: NACOSTI Research Permit

THIS IS TO CERTIFY THAT:
MISS. GRACE WACHERA MWANGI
of PAN AFRICA CHRISTIAN UNIVERSITY,
0-610 Nairobi,has been permitted to
conduct research in *Nairobi County*

on the topic: *INFLUENCE OF FAMILY CARE AND INSTITUTIONAL CARE ON THE SOCIAL EMOTIONAL DEVELOPMENT OF TEENAGE FORMER STREET CHILDREN IN NAIROBI COUNTY, KENYA*

for the period ending:
4th July,2018

Permit No : NACOSTI/P/17/62139/17751
Date Of Issue : 4th July,2017
Fee Recieved :Ksh 1000

....
Applicant's Signature

....
Director General
National Commission for Science, Technology & Innovation

Appendix VIII: Ministry of Education Research Authorization

Republic of Kenya

MINISTY OF EDUCATION

STATE DEPARTMENT OF BASIC EDUCATION

Telegrams: "SCHOOLING", Nairobi
Telephone: Nairobi 020 2453699
Email: rcenairobi@gmail.com
cdenairobi@gmail.com

When replying please quote

REGIONAL COORDINATOR OF EDUCATION
NAIROBI REGION
NYAYO HOUSE
P.O. Box 74629 – 00200
NAIROBI

Ref: RCE/NRB/GEN/1/VOL. 1

DATE: 21st July, 2017

Grace Wachera Mwngi
Pan Africa Christian University
P O Box 56875-00200
NAIROBI

RE: RESEARCH AUTHORIZATION

We are in receipt of a letter from the National Commission for Science, Technology and Innovation regarding research authorization in Nairobi County on "**Influence of family care and institutional care on the social emotional development of teenage former street children.**"

This office has no objection and authority is hereby granted for a period ending **4th July, 2018** as indicated in the request letter.

Kindly inform the Sub County Director of Education of the Sub County you intend to visit.

21 JUL 2017

MAIN NGURU
FOR: REGIONAL COORDINATOR OF EDUCATION
NAIROBI

C.C
Director General/CEO
Nation Commission for Science, Technology and Innovation
NAIROBI

Appendix IX: Koinoni Community Authorization Letter

KOINONIA COMMUNITY

P.O. Box 21255, 00505 Nairobi, Kenya
Tel.: +254. (0)20.3877553 / (0)722.202198 / (0)734.699888
Fax: +254 (0)20.3870656
communications@koinoniakenya.org
www.koinoniakenya.org

29.09.2017

TO WHOM IT MAY CONCERN

Dear Sir/ Madam

RE: GRACE WACHERA MWANGI

This is to confirm that that the above named person is known to Koinonia Community. We acknowledge granting her permission to conduct a study in our organization aimed at assessing the socio-emotional development of former teenage street children under family and institutional care interventions. The study is entitled **"Influence of family care and institutional care on the social emotional development of teenage former street children"**

Questionnaires were therefore administered to parents and the children's primary care givers relating to our interventions for street children. This refers to children who have been under rehabilitative care in our charitable children institutions. It is our expectation that the study will generate findings that will add value to our work by highlighting the gap areas needing improvement as well as strengths that need to be reinforced.

We wish her all the best in her studies as we look forward to our continued collaboration.

Thanks and kind regards

Yours truly

KOINONIA COMMUNITY
P. O. Box 21255-00505
ADAMS ARCADE
TEL: +254-722 202 198
+254-734 699 888

Okada Buluma

Programmes and HR officer – Koinonia Community

WE BELONG TO EACH OTHER