AN ASSESSMENT OF SOCIO-EMOTIONAL DEVELOPMENT SERVICES OFFERED TO THE VULNERABLE CHILDREN IN CHARITABLE CHILDREN’S INSTITUTIONS: A CASE OF AMAZING GRACE CHILDREN’S HOME, REED OF HOPE CHILDREN’S CENTER AND NEW LIFE HOME TRUST IN NAKURU COUNTY

by
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A thesis submitted to the School of Human and Social Sciences of Daystar University

In partial fulfilment of the requirements of Master of Arts in Child Development

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DECLARATION

An Assessment of Socio–Emotional development Services offered to the Vulnerable Children in Charitable Children’s Institutions: A Case of Amazing Grace Children’s Home, Reed of Hope Children’s Centre and New Life Home Trust in Nakuru County.

by

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In accordance with Daystar University policies, this thesis is accepted in partial fulfillment of requirements for the Master of Arts degree

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I declare that this thesis is my original work and has not been submitted to any other college or university for academic credit.

SIGNATURE _________________________ DATE ______________________

Joyce Katunge Matheka
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DEDICATION

To the children at Amazing Grace Children’s Home, Reed of Hope Children Centre and New Life Trust Home and to all vulnerable children who have been or will have an experience at a charitable children’s institution.
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<td>African Charter on Rights and Welfare of the Child</td>
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<td>AGCHN</td>
<td>Amazing Grace Children’s Home, Nakuru</td>
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<td>CCIs</td>
<td>Charitable Children’s Institutions</td>
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<td>DSMIV</td>
<td>Diagnostic and Statistical Manual of Mental Disorders</td>
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<td>RHCC</td>
<td>Reed of Hope Children Centre</td>
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<td>NCCS</td>
<td>National Council of Children’s Services</td>
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<td>NLHT</td>
<td>New Life Home Trust</td>
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<td>MKO</td>
<td>More Knowledgeable Other</td>
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<td>UNCRC</td>
<td>United Nations Conventions on the Rights of children</td>
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ABSTRACT

Human development has four dimensions, namely, socio-emotional, physical, cognitive and spiritual development. The services CCIs provide tend to directly emphasize on the physical, cognitive, and spiritual development, at the expense of the socio-emotional needs which are often not directly met. This study therefore sought to assess the services offered to enhance socio-emotional development of children at Amazing Grace Children’s Home, New Life Home Trust, and Reed of Hope Children Centre in Nakuru County. The study investigated the types of services offered which were geared towards socio-emotional development, the level of awareness of the caregivers on the services and establish the type(s) of facilities enhancing socio-emotional development. Qualitative and quantitative approaches of research were used. Data was collected through questionnaires, observation checklists and interviews. The population of the research was drawn from Amazing Grace Children’s Home, New Life Home Trust and Reed of Hope Children Centre. This study involved 20 adult workers and 69 children. The data was analysed using descriptive data analysis and descriptive statistics. The research is resourceful for CCIs in strategizing on offering improved services enhancing socio-emotional development and resourceful to policy makers in guiding their planning and provision of services to vulnerable children. It was found that 65% of the respondents offered play and immediate discipline. The study recommends established routine schedule for the children and emphasizes collaborative communication between children and caregivers at the CCIs.
CHAPTER ONE:

INTRODUCTION AND BACKGROUND OF THE STUDY

Introduction

This chapter gives the introduction, background and the problem statement of the research. The purpose of the research is to assess services intended to enhance socio-emotional development in institutionalized vulnerable children. The chapter contains the objectives, research questions, justification, significance, assumptions and expected limitation and their delimitation as well as the scope of the study and definitions of terms.

Wounded at heart, mind and physically is the condition of many vulnerable children. According to London and Wiseman (2004), children are at risk in the world today because of the changes in the economy, family breakdown, natural calamities and moral decadence in the society. These issues expose children to vulnerability. The affected children need to be guided to adjustment in order to experience holistic growth. The making and sustaining of relationships is greatly influenced by the health of the persons involved. The World Health Organization (WHO) (2001) defines health as a state of complete physical, mental, spiritual and social well-being; it’s not just the absence of disease in a person’s life. For one to be healthy, holistic growth and development of an individual plays a major role. The vulnerable children need environments which deliberately promotes holistic growth and development. According to Berk (2008) and Passer and Smith (2009), growth and development is founded on both genes and environmental factors which influence each other in the development of an individual.
Holistic development according to Kabiru and Njenga (2007) refers to the physical, cognitive, spiritual and socio-emotional development. Physical development refers to the changes in the body. Cognitive development has to do with intellectual abilities. Spiritual development has to do with developing relationship with the Supreme Being. The fourth aspect of development is socio-emotional development; it has to do with developing interactions and regulation of emotions. Jesus Christ was the best example of holistic development. Luke 2:52 (New International Version) says that, “and Jesus grew in wisdom, stature and in favour with God and men.” The Bible emphasizes on the importance of holistic development and therefore services offered to vulnerable children should meet all of these aspects. Charitable Children Institutions are supposed to meet all of these needs. However CCIs tend to concentrate on physiological needs.

The researcher assessed the services which enhance socio-emotional development of children in Nakuru town Constituency. According to Opendata (2011), Nakuru County is one of the largest counties in Kenya. The county has six constituencies which include Naivasha, Nakuru town, Kuresoi, Molo, Rongai, and Subukia. It is a home to a population of approximately 1.6 million, living on an estimated 5,000 square kilometres in the central part of the country. Nakuru County was chosen because during and after the post-election violence in 2007/2008 in Kenya, the county was one of the most affected. Many people lost their lives, property was destroyed, many children were orphaned, defiled, abandoned, left homeless, and many ended up in the streets. As a result the children ended up in CCIs. According to a Nakuru District Children’s Officer, 2013, there are 38 registered charitable children’s institutions in Nakuru constituency.
Background of the Study

Amazing Grace Children’s Home

Amazing Grace Children’s Home Nakuru (AGCHN) is a Charitable Children’s Institution (CCIs). The children have been admitted to the centre because they are at risk of child abuse, poverty or are orphaned. Amazing Grace Children’s home is 10 Kilometres to Nakuru town along Nairobi Nakuru highway. Amazing Grace Children’s Home Nakuru was founded by Miss Margaret W. Mwangi and her family. It began as a charity work by providing a food program for children in need in 2008. This was after the 2007/2008 post-election violence in Kenya. Many Kenyans were internally displaced, many lost their loved ones, poverty level increased and many were traumatized. The pioneers were convinced that those affected most were the children and sought to start AGCHN. At first the family used their home to host the children in need. AGCHN admits children through court orders. They admit children who are below the age of 10 years, who have been orphaned, abused, neglected and those who are affected greatly by post-election violence aftermath as determined by the court. The home currently shelters 20 children who are permanently hosted within the compound. Another 4 participate in the feeding program. The vision of AGCHN is promotion of the well-being of the children, youths, families and child protection from all possible harm. The mission of AGCHN is to reach out to all the children in difficult circumstances in the country. According to AGCHN (2011), the goal is to empower children through:-

1. Reducing hunger, suffering, social upheaval and illiteracy.
2. Training, rehabilitate and placing the unskilled children in a position of better survival through technical training.
3. Providing preventative and basic health care to the needy and the children 
who need total care.

The home is guided by the following philosophies according to AGCHN constitution:

1. Children are admitted through a court order. When a case is cleared and a child 
has to be repatriated, guardians involved are required to be given a court order 
confirming the release of the child(ren).

2. When the welfare of a child is at risk among the Internally Displaced People 
because of the Post-Election Violence the child will be hosted at the Centre and 
his/her case will be reported to the District Children Officer who will determine 
the step to take in the best interest of the child.

3. The children workers are not allowed to punish children all cases should be 
directed to the director or the project manager.

4. There is an annual auditing of the home’s account.

New Life Home Trust

New Life Home Trust was born through the founding of a baby rescue home in 
Nairobi, Kenya, in 1994. The founders, Clive and Mary Beckenham, had been involved in a 
number of humanitarian projects when they became aware of the plight of abandoned and 
orphaned babies, particularly those born HIV positive. As the program progressed, a unique 
phenomenon was experienced as upwards of 90% of the HIV positive babies admitted 
became HIV negative after a few months of care. As the years have passed, this phenomenon 
has continued, and the Trust has expanded its activities across the nation. In 1998, this 
fledgling baby-rescue program, registered in Kenya as a Trust, brought under its umbrella 
other children’s activities that had been operating under its affiliate Barnabas
Ministries Africa since 1989. The NLHT has CCIs in Nairobi, Nyeri, Kisumu and Nakuru. NLHT Nakuru began seven years ago where the research took place. They currently have 34 children and 33 employees. The vision of New Life Home Trust is to seek, identify and bring babies and children into residential or community care program in order to provide them with a compassionate remedy to their spiritual, physical, emotional, economical and sociological needs. The mission of New Life Home Trust exists to provide a compassionate Christian: the plight of vulnerable children, the needs of abandoned or orphaned babies (without families) with priority given to those who are infected and affected by HIV/AIDS and providing children's spiritual, educational, medical and health welfare generally and specifically. The researcher chose this home because of its accessibility in addition to its being a registered home by the Kenyan government.

Reed of Hope Children Centre

Reed of Hope Children Centre (RHCC) began in 2008 after PEV. Many children went to the streets after losing many of their guardians and property. As a result Nakuru town had many street children. Due to the unrest and escalation of crimes reported, the police decided to get the children from the streets. Many of the children ran to one of the churches for safety. They remained there for two days and the leadership decided to offer shelter and a place to call home. Thus RHCC was born. The centre concentrates on orphans and street children. It currently has 22 children and 2 caregivers. This is a CCI for boys only. Their vision is to rescue, rehabilitate, empower and integrate, and the mission is to rescue abandoned street boys, rehabilitate, empower them through
education, life skills, and integrate them into the society as good productive citizens. Its goals according to their brochure include:

1. Street children and children affected with drug abuse: To rescue them from the street, rehabilitate them through education, the Word of God, psychological counseling and reintegrate them into the society.

2. Abandoned children who are vulnerable to street gang’s recruitment: Rescue them, counsel them, educate them, look for their families and help reintegrate them.

3. Restore the children spirit, soul and body and give them purpose to live through psychological counseling and education.

4. Restore their self-esteem and help them to overcome rejection.

5. Reconcile them to the society who they deemed as an enemy (rehabilitate) such as family members, parents and general public.

6. Empower them academically by sending them to school.

7. Rebuild Relationship- by giving their living relatives an opportunity to build up relationship and mending them so that their children can be re-united with the family (integration).

The study therefore assessed services offered to enhance the socio-emotional development of institutionalized vulnerable children. Socio-emotional status of children in CCI’s is not well documented in literature neither are the services there is therefore a need to carry out this study.
Statement of the Problem

Whenever a child is taken to a Charitable Children’s Institution (CCI) the child brings all the experiences they had learned and adopted in their life prior to the placement homes. Some of the major issues that vulnerable children experience include child abuse which can take the form of physical, mental, emotional, sexual, neglect and being orphaned. According to Purvis, Cross, and Lyons (2007), children who are taken from their families due to the above mentioned issues bring with them to the institution or home, abandonment, loss and grief issues, attachment dysfunctions, neurological alterations, cognitive impairments, coordination and motor skill problems, sensory processing deficits, fear, anger, shame, anxiety, flashbacks and post-traumatic stress. These issues affect all aspects of development and there is a need to look into them for realization of holistic development.

In addition to providing shelter, food, clothing, healthcare and education which tend to meet the physical, cognitive and spiritual aspects. AGCH, NLHT, and RHCC should invest in developing the children’s socio-emotional aspects. These children need to go through a process of socio-emotional development in addition to healing. Wright (2003) says the tendency to put a lid on the child’s crisis too soon would hinder proper resolution and this would affect the children in future. This is why this study assessed the services which included communication, play, and family. According to Brewster (2011), it is not enough to improve only one dimension of a person’s life and leave other dimensions inadequate. Behaviors being exhibited by the children at AGCH, RHCC and NLHT include withdrawal, clinging, fear, timidity, aggressiveness, easily angered, tantrums, flat affect which are some symptoms of socio-emotional development.
deficiency. All this could be because the children were not developing socio-emotionally, hence the need to assess the services enhancing socio-emotional development.

Purpose of Study

The purpose of the study was to assess services offered to vulnerable children in Charitable Children’s Institution in which are aimed at enhancing socio-emotional development. A case of Amazing Grace Children’s Home, New Life Home Trust and Reed of Hope Children Centre, Nakuru County, Kenya.

Objectives of Study

1. To find out the services offered at AGCHN, NLHT, and RHCC, that enhanced the socio-emotional development of children
2. To establish the types of facilities at AGCHN, NLHT, and RHCC that enhanced the socio-emotional development of children.
3. To examine the level of awareness of socio-emotional development services among the caregivers at AGCHN, NLHT and RHCC.

Research Questions

1. What services were offered at AGCHN, NLHT and RHCC in order to meet the socio-emotional needs of children?
2. What types of facilities were available at AGCHN, NLHT and RHCC that enhanced the socio-emotional development of children?
3. What was the level of awareness of services that enhanced socio-emotional development of the children at AGCHN, NLHT and RHCC?
Justification of the Study

Human development involves four aspects of growth and development, namely, physical; cognitive; spiritual and socio-emotional development. Vulnerable children who have been institutionalized should be offered services that integrate all of the above aspects of development. CCIs tend to focus on physiological needs of children yet there is a need for the children to grow holistically. Maslow’s hierarchy of human needs observes that for a child to be fully developed they require to have their socio-emotional, physical and cognitive needs met. Institutions are deliberate on promoting physical, cognitive and spiritual development through provision of food, clothing, shelter, medical services, education and a community of believers. Nonetheless, according to the Ministry of Gender, Children and Social Services: Department of Children’s Services (2011), there is no adequate empirical evidence on the situations of the CCIs in Kenya as far as services such as family, play, communication and feedback that enhance socio-emotional development of children are concerned. Therefore this study was justified.

Significance of the Study

The findings of the research would be resourceful to the AGCH, NLHT, and RHCC management as they would know the relevance of their services in enhancing socio-emotional development and probably offer better services which would enhance holistic development. The research findings would be resourceful to parents/guardians, caregivers, children workers, community and NGO’s as they would add to their knowledge of services that could enhance socio-emotional development. The study would also be a resource for Children’s Department in guiding their planning and provision of services to vulnerable children.
The findings and conclusions of the research would be helpful to scholars as it sought to narrow the existing gap on socio-emotional development among the vulnerable children in CCIs and its finding would provide a source of reference as well as a base for more research. It would also increase the body of knowledge available in this area as little research has focused on assessing services enhancing socio-emotional development for orphans and vulnerable children in the CCIs.

Limitations and Delimitations

1. The researcher anticipated that the respondents might hesitate to give information of socio-emotional services. This was delimited by assuring the respondents of confidentiality.

2. The researcher was also aware that children might shy away from interacting for fear of getting close to a stranger. This was delimited by visiting them prior to the research as well as seeking guidance from the management.

3. The services rendered in CCIs involved different employees and volunteers and some of them were not able to respond to questionnaires owing to language barriers. This was delimited by using Swahili for the interviews and questionnaire.

Assumptions of Study

In the course of carrying out this study the researcher’s assumptions were confirmed to be true that:

1. The respondents were truthful in providing the information required by the researcher for the study.
2. The respondents had a general understanding of socio-emotional development of children.

3. The respondents were knowledgeable of services offered in the institution to enhance socio-emotional development.

Scope of the Study

The research took place at Amazing Grace Children’s home, New Life Home Trust and Reed of Hope Children Centre which are registered Charitable Children’s Institution in Nakuru. The researcher concentrated on the services which included family, play, communication and feedback and physical affection that enhances socio-emotional development.

Definition of Terms

A Child: According to the Constitution of Kenya (2010) is an individual who has not attained the age of eighteen years. In this research the definition was retained.

Family: Cambridge Dictionary (2003) defines it as a group of people who are related. In this research family referred to the caregivers (aunties, uncles, mothers, and fathers) and children as they are related through sharing the same residence, who care about each other and are bound to sharing day to day life experiences; and blood relationship is not necessary.

Nature: as defined by Berk (2008) is the inborn biological heredity information received from parents at the moment of conception; this definition was maintained in this study.
Nurture: as defined by Berk (2008) is the complex forces of the physical and social world that influence a person’s biological makeup and psychological experience before and after birth.

Parent: is defined by Fugate (1998) as the father or mother of a child who provides support, protection, and most of all guidance. This definition was retained in this research and the word parent was used interchangeably with caregiver and guardian. Socio-emotional development: According to Berk (2008) socio-emotional development refers to changes in emotional communication self-understanding, knowledge about other people, interpersonal skills, friendships, intimate relationships and moral reasoning and behaviour. In this research however socio-emotional development was defined as the ability of a child to interact with others in addition to the ability to control, manage and understand his/her emotions.

Vulnerable children: as defined by the Ministry of Gender and Children and Social Services (2012) a vulnerable child is a child who is living in circumstances of high risk whose prospects for continued growth and development are seriously threatened. This was the meaning used in this research.

Summary

This chapter focused on preliminaries, background of the study, statement of the problem, the purpose of the study which is to assess services offered at AGCHN, NLHT and RHCC which enhance socio-emotional development of vulnerable children. The objectives, research questions, justification and significance of the study, limitations and delimitations of the study as well as assumptions, was discussed. Finally, the scope of the
study and definition of terms was also discussed. The next chapter deals with review of literature.
CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter focuses on review of literature concerning socio-emotional development. It deals with issues that face the vulnerable children who are placed under institution by the court. The review focused on the understanding of socio-emotional development. Having in mind that the children need to develop socio-emotionally, the factors that influence socio-emotional development are discussed. The review identifies the symptoms of a socio-emotionally deficient child. There are risks that children are exposed to when they do not develop socio-emotionally. In addition, the chapter focused on the benefits of socio-emotional development for children. Finally, the section discusses theories that are relevant to this study including: the ecological system theory, Maslow’s Hierarchy of needs and Vygotsky’s social development theory. Vulnerable children in this research are; orphans, children rescued from streets, abused-physically, emotionally, mentally or sexually and those who are neglected. When these children are taken to charitable children’s institution their development is important.

The Place of Nature and Nurture in Development

There has been a controversy that goes on and on among the develop-mentalists about nature and nurture, the impact of heredity and environment influence in shaping a person. In this research the place and role of nature and nurture is important. According to Berger (1994) nature refers to the traits, capacities and limitations that each person
inherits genetically from the biological parents at conception, while nurture refers to all environmental influences after conception. The way a person reacts or responds to situations is determined by nature and nurture. By this the researcher means that the way a child deals with the situation whether orphaned, abused or neglected is personal. Yet nurture determines how nature unfolds within a person. Therefore, as children workers, parents and guardians each child should be treated as a unique individual providing an environment suitable to develop. The environment then becomes very important in developing a person. This is supported by White (2003) who says that, if everything were determined before the child was born, then people around him/her would not have an impact. But environment is influential. A child who has gone through hardships and has been institutionalized should be nurtured in all aspects of growth and development. Caregivers must take the challenge of nurturing children under their care. This must be done intentionally and consciously as much as possible.

Rights of Children in Kenya

In order to understand the rights of children, it is important to realize that CCIs are recognized in the Constitution of Kenya. CCIs according to Children’s Act (2001) means a home or institution which has been established by a person, corporate or non-corporate, a religious organization or a non-governmental organization and has been granted approval by the council to manage a programme for care, protection, rehabilitation or control of children. According to the Children’s Act (2001) part two states the safeguards for the rights and welfare of the child which must be observed in a CCI. If the best interest of the child is denied, children are placed where there are provisions for such including CCIs according to the law.
The United Nations Convention on the Rights of Children (UNCRC) according to NCCS (2011) seeks to recognize the needs of children in four broad categories; developmental rights, protection rights, survival rights and participation rights. African Union (1990) says the African Charter on Rights and Welfare of the Child (ACRWC), seeks to promote and protect the rights established by UNCRC in the African continent. Children must be protected from any harm that may interfere with their growth and development. Kenya is a signatory member of both UNCRC and ACRWC and the constitution of Kenya observe the rights of children. Sanne (2007), the UNCRC states children all over the world need to be protected from child labour, physical and emotional abuse, sexual abuse and exploitation, harmful cultural practices and harm by care giver. Whenever a case is reported that entails the above form of harm for the child, they are offered protection.

The CCIs are established as temporal homes for vulnerable children. In Kenya there are National Standards for Best Practices for CCIs. The CCIs are expected according to NCCS (2011) to promote and support interventions which preserve and reinforce the cohesion of the family, reconnect children with friends, neighbours, through visits and communication, giving the children a sense of safety, predictability. There should be activities like free drawing, puppet making and play, drama, singing, story-telling, dancing. They are also supposed to assess levels of expertise, experience, knowledge, and professional confidence of the staff entrusted with the care of children in a CCI to ensure that they have the relevant qualifications to handle the socio-emotional needs of the children. It states ways of discipline and prohibits caning or any corporal punishment that might cause any physical pain. The researcher assessed these services as
some of the children exhibited some symptoms of socio-emotional development deficiency.

Symptoms of Socio-emotional Development Deficiency Among Children

Children who are not developing socio-emotionally can be identified or recognized. It is important to know the symptoms which occur to such children. Children with socio-emotional development deficiency exemplify the following characteristics. Purvis, Cross and Lyons, (2007) say the children may not accept love because they learnt that there is a risk of the people leaving you and it is not pleasant. Some may lack trust because the people they trusted failed them and caused them pain. They push people away or keep distance through avoidance of eye contact, conversation, touch or meeting they want to be alone.

The child may be depressed, they fear separation, and they are not easily gratified, wetting or soiling bed/clothes. They disobey instructions, they are bullies or very aggressive, restless and fidgets, easily angered, self-comforting, people leasing behaviour, indiscriminate friendliness. The researcher holds that they have difficulty making friends because they lack necessary social skills to express themselves and cooperate. According to Crosson-Tower (2010), they have a flat affect, impaired socialization because of poor communication with others who have the ability and they have an inability to delay gratification because there is no surety of tomorrow, they have poor relationship because of shyness and fear of rejection and getting hurt. They do not know how to control their anger, this means with the slightest misunderstanding the child might throw tantrums, harm people or damage objects.
The children who are socio-emotional deficient do not know how to solve social problems this is influenced by their anger issues, feeling rejected as the problem may be viewed as a personal issue. They may indulge in maladaptive behaviours unacceptable in the society for example abuse drugs, promiscuous sexual behaviours. They are frightened. Mwiti (2006) says children who have been abused have fixated or stiffened feelings and they fail to mature systematically as they should.

Children, who have experienced emotional abuse, show these signs according to Campbell (1995) and Walser and Kern (1996), include excessively withdrawn, fearful, or anxious about doing something wrong, shows behaviour excess e.g. excessively compliant or extremely demanding; passive or aggressive, does not seem to be attached to the parent or caregiver, delayed development that is not otherwise understandable. Lost and lack of concentration, impaired sense of self-worth, depression, withdrawal. Extremes of behaviour e.g. overly apathetic, empty facial appearance, decreased social interaction with others, and fearful (as cited by Chal, 2009). This is important for the caregivers and administrators’ dealing with children as it sends a signal that the children are not developing socio-emotional and that would lead to maladaptive effects.

Maladaptive Effects for Children Struggling Socio-emotionally

The results of socio-emotional maladjustment is damaging to the child’s present and future life. If the CCIs do not provide the services the child is at risk of developing and exemplifying these maladaptive behaviors which affects the holistic development of the child. According to Purvis, et al. (2007), children who are taken from their families due to the above mentioned issues bring with them (to the CCIs), abandonment, loss and grief issues, attachment dysfunctions, neurological alterations, cognitive impairments,
coordination and motor skill problems, sensory processing deficits, fear, anger, shame, anxiety, flashbacks and posttraumatic stress, deprivation and harm suffered early in life impact all the ways that a child develops. They are precipitators to problems such as attachment difficulties, conduct disorder, depression, anxiety, attention deficits, and learning disabilities among others. Thus the researcher was concerned with institutions rescuing these children in helping them deal with their lives. It’s not just a roof over their head, food, water, clothing and medical attention that caters for the welfare of children. Socio-emotional development influences all other areas of development: Cognitive, spiritual, motor, and language development are all greatly affected by how a child feels about herself and how she is able to express ideas and emotions and relate with others.

Emotional abuse can severely damage a child’s life. It leaves major scars that are not always observable. Mwiti (2006) says children who have experienced child abuse and neglect suffer emotional breakdown, they engage in self-destructive behaviours, feeling worthless and a failure is the result of child abuse. Emotional abuse occurs when according to Barriere (2012), constant belittling, shaming and humiliating a child. Calling names and making negative comparisons to others. Telling a child he or she is not good, worthless, bad or a mistake. Frequent yelling, threatening or bullying-by fellow children or adults. Ignoring or rejecting a child as punishment giving him or her silent treatment, withholding of affection. Withholding appreciation and focusing on mistakes.

Chal (2009) says children suffering abuse develop a range of maladaptive, anti-social and self-destructive behaviors and thoughts by trying to cope. The maladaptive behaviors, which can become pathological problems if not dealt with such as aggressive behavior; alcohol and/or other drug abuse. According to Kauffman (2001) the children
may have an anxiety; attention problems; behavior problems; chronic pain; compulsive behaviors; depression; dissociative states; eating disorders; oppositionality; panic attacks; sleep disorders; and/or truancy which affects their growth and development. Abuse prevents children from having real relationships and has life-long effects. The ability to form healthy social relationships is learned; therefore abused children are deprived of many skills necessary to navigate the social world. Their entire concept of a relationship is distorted. This leads to problematic relationships in life.

Another effect of abuse which cannot be ignored is the physical stress it puts on a child. Chal (2009) says multiple exposures to violence and trauma cause hyper-arousal, which can be seen as over-reactions to stimuli, as in being easily startled especially by things that remind the victim of the original event; generally being emotionally numb; craving high-risk, stimulating, or dangerous experiences or self-injury; difficulties in attention and concentration; cardiovascular problems; and immune suppression which leads to a higher risk for colds and more severe illnesses. The researcher is thus concerned about the vulnerable children whose development is at risk.

Popularity is important for children and when children are not helped or guided in dealing with their emotions and fears they might end up being either too aggressive or too timid which affects their popularity. An excess of this leads to the individual being rejected by peers. This affects their socio-emotional development. Papalia and Feldman (2002) say the rejected children display a wide range of social behaviours. They are divided as rejected-aggressive children and rejected withdrawn children. The rejected-aggressive children show high rates of conflict physical and relational aggression, hyperactive and impulsive behaviour. The rejected-withdrawn children are passive and
socially awkward, they are timid and overwhelmed by social anxieties, they hold a negative expectation for how peers would treat them and worry about being scorned and attacked. In addition rejection impairs these children’s biased social information processing heightening hostility according to Boyd and Bee (2006).

Children may not understand why the peers behave as they do and they influence each other. Socially unskilled person often engage in conduct problems such as fights with other children, is unpopular with peers and adults and does not get along well with other children and perceived to be self-centred in his or her behaviours. Children with poor social skills have complications for conduct problems, and often do not follow the accepted rules of society and receive attention. The child’s judgment of himself influences the kinds of friends he chooses, how he gets along with others, the kind of person he marries, and how productive he would be. Therefore the services children receive in CCIs must focus on socio-emotional development.

Being orphaned, neglected or abused can predispose children to disorders. Some of the childhood and adolescent disorders in the Diagnostic and Statistical Manual of Mental Disorders (DSM IV) (2000) include; conduct disorder, elimination disorder, Oppositional Defiant disorder, post-traumatic stress disorder, sleep disorders, attention deficit/hyper-arousal disorder, feeding and eating disorders communication disorders, substance related disorders, tic disorders, separation anxiety, mental retardation disorders, pervasive developmental disorders, and delirium, dementia, and amnesic disorders.

Services Influencing Socio-emotional Development Among Children Socio-emotional development is enhanced by many services that can be offered in a CCI. The physical, cognitive, spiritual developments influence socio-emotional
development because none of the development takes place without each other. The services include: play, family, discipline, feedback, communication and feedback and the caregivers.

Importance of Family in Socio-emotional Development

Family is the core of society. A family refers to a people who are bound by love. Subbaraok and Coury (2004) say institutions in which children are taken to as home should have family structures. Children are supposed to be raised in a family setting where there are people who love each other and live together in harmony. It is in a family setting that children are expected to be protected and raised. According to Kenyatta (1965) children were not just the responsibility of the biological parents but the community as well. Traditionally Africans respected and took care of their children as a clan and a village because children were a source of wealth, they provided labour, and they were an assurance of lineage continuation. They would go through customary rites to usher them to the next stage including adulthood, marriage, mothers and fathers to ensure they understood what was involved. Due to this reason children were the responsibility of the community and the community pulled their resources together to provide for the children. God instituted the family as it institutes a community. When the family breaks down owing to various reasons which would include death, divorce, imprisonment or separation it does not mean that it is no longer important to experience family warmth again. Therefore the basic issues that children learn from family setting should be provided.

The vulnerable children who are brought to a CCI need to experience a family like atmosphere. According to Reddy and Reddy (2003), family environment can support
and enhance, alternatively lack of a good environment can undermine child development. The family is the basic unit for cultivation of interpersonal and intrapersonal interactions and social cultural orientation to children apart from school and neighbourhood; they prepare them with adequate interpersonal and problem solving skills to cope with external demands. Berk (2008) says, the family provides the children with parents and siblings, who love support and offer consistent nurture. In CCI siblings would refer to the other members of the CCI family. Children learn to relate from home and this home should give the foundation of relationship. The researcher perceives that it is in a good family setting that a child learns to love, responsibility and conflict management.

Subbaraok and Coury (2004) say there are a few trained men and women to offer socio-emotional services and the need is intangible and thus often ignored or underestimated. This is an unfortunate fact because children’s socio-emotional needs may go unmet yet the need is there. Children learn it is alright to relax and just have conversations; they are concerned about the people they love and consider to be their family. Though they had been rejected they find a place they can call home and people they can consider to be family. Those who lived on the streets or were abandoned learn what it is to have people who love, accept and are concerned about their welfare.

**Importance of Play in a Child’s Socio-emotional Development**

Play is very important in the life of a child. Play promotes friendships. Children gain confidence as they experience fun and success in play. According to Kiminyo (2007) children learn values necessary to ensure that they develop into caring individuals; they develop social relations with other children; the values include respect, discipline, team work, coping skills, and solving conflicts. Purvis, Cross and Lyons (2007) say that play is
a safe route to the heart of a harmed child and a powerful vehicle for healing. They get opportunities for social interaction with peers, through which they learn to get along with others. This prepares them for life where they meet people coming from different cultures and social backgrounds therefore reducing culture shock and enhancing adaptation. There is increase of knowledge and understanding of self, others and the physical world around them. Play can help remove the stigma preventing children with disabilities from attending school. In order to enhance play, children institution should provide space for children, equipment’s e.g. bladder, balls, hula-hoops, slides, swings and toys etc. They need to be given ample time to play. According to Ginsburg (2007) parents get the opportunity to interact and understand the children through play, play helps a child to know the guardian pays attention and this builds lasting relationships. This means that relationship with children is founded in play. Therefore play enhances socio-emotional development.

Disciplining Children to Enhance Socio-emotional Development

The need of discipline and having a disciplined life is of paramount importance in life. This is a critical aspect in an institution where children have been drawn from different places with different experiences under one roof. The method employed in such a centre shapes the children. The objective of discipline according to Reddy and Reddy (2003) is to help the child to develop internal discipline which is the capacity to make right choices when there is influence to do otherwise. It is consequently a necessity to employ the right methods of discipline to achieve the goal. In earlier days corporal punishment was the common method of discipline. According to Nelson (1981) although
punishment gives immediate results children might end up feeling resentment, revenge or retreat. They lack the opportunity to learn making right choices.

There should be well established rules and codes of conduct and the consequences of breaking any of the rules. This requires that with every new admission of a child, someone explains the rules and expected behaviour. The consequences could include the following as suggested by Charles (2005), loss or delay of privileges such as loss or delay of a favourite activity, loss of freedom of interaction with others for some minutes, restitution, practicing the correct behaviour and probably write down the expectations. It is not advisable for children who have been abused physically to be spanked as a form of discipline. This is because the child has already been abused and it is adding injury to a healing wound. At the same time the researcher is also against giving an abandoned child time out, the reason is that the child suffered loneliness and isolation of the child would not teach him/her to make right choices.

In support of this, Purvis, et al. (2007) at risk children can easily feel alienated and cornered, alone and against the world, feeling this way they might try to fight, manipulate or flee. The caregiver should be keen to understand the goal of misbehaviour and show the child how to achieve the desired goal without causing people harm and breaking the rules. The caregiver should be sensitive to children negative behaviour, know when to ignore them, commenting or imposing a consequence of the behaviour. Eventually the child learns the right behaviour. The children need to be appreciated for every tight action they make through feedback. According to NCCC (2011) caning and corporal punishment or any form of bodily harm shall not be used to discipline any child in a CCI.
Communication and Feedback Among the Caregivers and Children

Communication is very important for a child in learning socialization. The way a child is responded to makes a lot of difference. Purvis, et al. (2007) say at-risk kids often rely on tantrums, running away, or aggression to express their sadness, fears, or frustration to communicate what they cannot express verbally. Caregivers need to communicate in a manner that develops respect and order. There is a need to make the child feel connected to the people in the new home. Siegel and Hartzell (2003) say that caring communication supports the development of a healthy attachment that is important in building trusting relationship. Following the statement it is true to state that lack of caring communication frustrates healthy relationships.

According to Purvis, et al. (2007), a child who is emotionally shut down may need to take baby steps toward using words. This communication is called contingent/collaborative communication which means that the signals sent by the child are directly perceived, understood and responded to by the parent. This enables a sense of connection that may be at the heart of nurturing relationships across life-span. Having in mind that children in institutions were disconnected from the people they called family finding an area of connection is important. This means that instead of a parent responding to the issues of a child in his/her way they respond to what the child is saying. They listen to the child at their level. Through this connection is experienced with time.

Communication is especially important for children because they learn to express themselves to others from the family setting. When the caregivers do not seem to mind the view of the child, the child is left confused and cut out from a relationship. Noted earlier, the development of all aspects is important and when the child feels free to
convey his/her ideas and feelings it gives the child confidence. Siegel and Hartzell (2003) say contingent communication is not possible all the time but frequent experiences of feeling connected are vital in building relationship. Feeling connected, (knowing that someone cares and loves you unconditionally) helps an individual to feel valued and gain a sense of self-worth. Collaborative communication gives the children the opportunity to negotiate. For instance a child who has homework, has to take a shower or eat, and wants to play can be given the chance to choose what they think should begin. The parent gives ideas and helps the child understand the consequence of their choice. They learn to negotiate for their needs and desires.

According to Mercer (2010), parents and children’s negotiations help children learn how other people’s needs and wishes are different from their own, knowledge which would contribute greatly to later abilities to compromise and cooperate. This is an important social skill. The ability to negotiate with reasons that make sense to the child and the inputs of an adult helps them to make decisions. They learn to think through their decisions which would be a plus. This would be helpful even in discipline issues where the aim is to help a child make the right choice faced with choices with negative experiences.

In communicating with children the children workers must use their words carefully. A child who has experienced emotional abuse through shaming, belittling, cursing would need to be reaffirmed that they are worth more. When a person talks to objects with no feelings, like a cup, it is not affected neither is it embarrassed. However when a child is called useless, a disgrace or even stupid they hurt, there is resentment and anger. The names/adjectives used can be used and the child becomes convinced that he is
what he was called. They do not need sarcasm, it tears them down. Therefore the caregivers must be sure of their words, comments so that they mean what they say. Once words come out, they cannot be taken back and the effects might have long effects. Children who have already suffered need not to go through the process again. According to Purvis et al. (2007), words are powerful, and negative statements can become a self-fulfilling prophesy to both you and the child, it can stick with your child and probably colour the way an adult looks at a child. This would not only apply to adults but to the other children at the centre, they must learn use words that are not detrimental.

Feedback is a term that is common in the business world which is aimed at increasing performance of employees. This is a strategy that encourages and motivates the individual to improve performance. Kail and Cavanaugh (2007) say that feedback tells children whether to continue with the behavior or not. The researcher perceives that feedback given on time, with the right words encourages a child. The vulnerable child whose self-worth has been destroyed is strengthened through feedback as they learn initiative and believe in themselves and gain confidence. Instead of ecological systems emphasizing on what one is not able to do, they should emphasize that which one is able to do. Communication between the caregivers and the child hence becomes important. Caregivers should lavish children with encouragement. According to Purvis, et al. (2007), the more genuine encouragement statements the safer the child feels, and it creates an environment of felt safety and healing hence socio-emotional development.

Bonding Between the Children and the Caregivers

Human beings from infancy to old age become attached to the caregivers. Attachment becomes an important factor in enhancing socio-emotional development.
According to Kail and Cavanaugh (2007) it is through attachment that children learn to love, to express their feelings. Berk (2008, p. 268) defines attachment as... “The strong affectionate ties we have for special people in our life that leads us to experience pleasure and joy when we interact with them and to be comforted by their nearness in times of stress.” In agreement with the definition the researcher holds that CCIs should provide such care that a child can experience pleasure and joy as well as have someone to comfort when he she is stressed as it is bound to happen at one point or another. John Bowlby is a great advocate and the one who developed this theory.

There are four types of attachment that is secure, avoidant, resistant and disorganized attachment. Berk (2008) discusses the types of attachment. The first is secure attachment in which the infant who may or may not cry when separated from the parent but is easily comforted when the caregiver returns and seeks contact. Avoidant attachment characterizes a child who is usually not distressed when separated from the caregiver and avoids the caregiver on returning. The third is resistant attachment in which a child remains close to the caregiver before separation and shows anger and resistive behaviour on returning. The last type of attachment is disorganized attachment which describes children who respond in a confused way on being reunited by the parent and display the greatest insecurity. There are many factors that affect attachment security and socio-emotional services enhance it and caregivers play a major role.

Caregivers are responsible for nurturing the children who come to the CCIs. It is important to note that they play a major role in developing the lives of children. According to Subbaraok and Coury (2004), an institution should make available trained staff to provide children with adequate care and psychological and emotional support.
The caregivers should themselves deal with the social-emotional issues so that they are able to serve the children. A caregiver who has unresolved issues affects the care and service they offer to children. Wright and Taylor (2003) say that they should be confident and have a high self-esteem. They note that often people work with children because of difficulties or traumas in their own childhood and they may have problems with attachment (emotional security, intimacy), self-care, working in groups, peer relationships, working with authority, boundaries because they were not able to develop these skills. If possible the caregivers who are the parent figures of children should become models for the young ones. According to Kilbourn (1995), caregivers must be alert to recognize these children who are suffering the most severely and are in the greatest need of help to prevent long-term effects of the experience. In view of this caregivers with unresolved issues should be encouraged to seek help and learn the skills. The caregivers should therefore be provided with support, trainings on caring for the children so that the children receive maximum care, nurturance and role models.

Physical Affection Between Caregivers and Children

Physical affection is a language that is understood by an unborn child through lifespan. It is therefore plays an important role in ensuring that children develop socio-emotionally. The attachment theory emphasizes the importance of rocking and cuddling a child. Smiling, rubbing the back of a child speaks love and creates an attachment. This is important in socio-emotional development.
An Environment Which Supports Socio-Emotional Development

The environment in which a child is brought up is influential to the child’s socio-emotional development. According to Kiminyo (2007), in discussing environments which improve the intelligence and a socially competent child the following influences the outcome. The adults must realize the child’s ability to and capacity to learn on their own as well as through the guidance of an adult, provide a spacious, cheerful, flexible, safe and hygienic environment, planned but flexible informal activities which include sensory creative intellectual experience in music art and language according to the level of development of the child, freedom to move from one place to another without questions for example bedroom, play area, lounge, dining area among others, healthy environment which keeps children from diseases that can be prevented, space for safe play without adults interference. The researcher holds that the environment in which the children are taken (CCI) should provide such an environment, this would hence improve the child’s ability to feel safe, boost their self-esteem, improve academic performance as a result manage own emotions and be able to build relationships.

Theoretical Framework

Ecological Systems Theory

This theory maps the many interacting social contexts that affect development. The contexts of development are in constant interactions and hence influential to development. According to Berk (2008 p. 26), “Urie Bronfenbrenner (1917-2005) offers the most differentiated and complete account of contextual influences on children’s development.” Bronfenbrenner begins by assuming that natural environment is the major source of influence on developing person’s and one that is overlooked. He said that the
developing person is said to be at the centre of and embedded in several environmental systems, ranging from immediate settings to more remote contexts. The diagram on the next page summarizes the ecological theory.

The Microsystems is the first layer and according to Shaffer and Kipp (2009), refers to the activities and interaction in the immediate. Children are influenced by the people in their Microsystems: biologically and socially, temperaments, capabilities influence the behaviour of the companions. In this context each person influences and is influenced by all other persons in the system. The researcher in agreement with this view says that some people are more influential than others when the magnitude of influence is of concern. The Microsystems context involves the family, friends and school, teachers and the primary context of a child.

Figure 3.1: Ecological systems theory Source: 
http://geopoliticalicus.wordpress.com/tag/urie-bronfenbrenner
The second Broffenbrenner’s environmental layer is Mesosystem which refers to the connections or interrelationship among such Microsystems as homes, schools and peer group. He argues that development is likely to optimize by strong supportive links between microsystems. The interaction between everyone in an institution teaches the child relationship. The language, expression of affection and issues of respect are learned as the systems interact in a positive way. Berk (2010) says when there is conflict between the Microsystems it means trouble. A child who is learning to trust, to solve conflicts is at risk when the systems are in conflict. They receive conflicting messages.

The third layer is called exosystem which consists of contexts that children and adolescents are not part of but nevertheless influence their development. The caregivers’ relationship with the administration, or the teachers and administration affects the children. This implies that whenever caregivers, teachers or even peers are stressed by their environment children also suffer. According to Apter (1982), exosystem embrace other social structures which are formal, non-formal and they do not themselves contain the developing person but in encompass the immediate settings in which that person is found and thereby influence, delimit or even determine what goes on there. The structures include the major institutions that operate on a local level.

The fourth and outer layer is called macro-system it is a larger society, its culture with includes values, laws conventions and traditions, the national government, wars, economical status political systems. A child is affected by these factors in the microsystems for instance when a country is under war a child would experience the security issues affected the country. The bills that are passed at the government level affect children it influences them indirectly. The economical status in a country also determines
the availability of basic needs and wants. It is a cultural, sub-cultural, or social class context in which microsystems and exosystems are embedded, its broad over-arching ideology that dictates among other things how children should be treated, what they should be taught and the goals for which they should strive. Charitable Children’s Institutions are governed by the constitution of Kenya, which is part of the United Nations Children’s Right Convention. They are expected to comply with the rules and regulations in facilitating the institution. So the children are protected by the law. The fifth system is chronosystem which acknowledges the time or seasons, today things are different from fifteen years ago.

**Maslow’s Hierarchy of Human Needs Theory**

Abraham Maslow hierarchy of needs according to Chapman (2012), states that for a person to achieve self-actualization one must meet the needs. The diagram below gives a picture of the needs human beings have. There are five different levels in Maslow’s hierarchy of needs. The first level which is given a lot of attention in CCIs is the physiological needs. At this level the most basic needs that are vital to survival such as water, food, air, sleep, shelter, good health and warmth are very important.

![Maslow's Hierarchy of Needs](source: Mcleod (2007))
Then the second level refers to the security needs. These include needs for safety and security. Security needs are important for survival and include a desire for safe environments which include the homes and the neighborhood. The third level of needs is to have a sense of belonging and receiving love. This is why CCIs should ensure that the children feel loved belong to a family and friends. Vulnerable children in CCIs have been separated from their families in one way or the other and they need to have a sense of belonging, they need to feel accepted and wanted. This way they get to form attachments with the caregivers as well as making friends. CCIs therefore need to offer a microsystem in which a child’s physiological, security and belonging needs are met. As this happens human beings move to the fourth level of needs which is self-esteem. They need to be affirmed which results to building self-worth. This means that the children who were probably abused might have lost this sense and the CCIs has a responsibility on building the self-esteem of the children. Self-esteem is one of the benefits of socio-emotional development which is a concern for this study.

The CCIs services which include family, play, communication and feedback and physical affection influences the self-esteem of the children in their care as they receive these services. The child feels important, precious, valued and loved. Finally when a child becomes comfortable with him/herself and believe they are worth they move to self-actualization. This is the highest level of Maslow’s hierarchy of needs. In agreement with Vianda (2011), it could be said that self-actualizing people have self-awareness, are concerned with personal growth, less concerned with the opinions of others, and interested in fulfilling their potential. At this level the child is able to bond with the CCI
family and friends and can express themselves fully and are able to realize optimum development.

Vygotsky’s Social Development Theory

The social development theory is the work of Russian psychologist Lev Vygotsky (1896-1934) according to Shaffer and Kipp (2009). This theory suggests that social interaction leads to continuous step-by-step changes in children's thought and behaviour that can vary greatly from culture to culture. Children brought to institutions depend on the caregivers and other children to help them grow socio-emotionally. Basically Vygotsky's theory suggests that development depends on interaction with people and the tools that the culture provides to help form their own view of the world. There are three ways a cultural tool can be passed from one individual to another. According to Berk (2010), the first one is imitative learning, where one person tries to imitate or copy another. The second way is by instructed learning which involves remembering the instructions of the teacher and then fusing these instructions to self-regulate. The final way that cultural tools are passed to others is through collaborative learning, which involves a group of peers who strive to understand each other and work together to learn a specific skill.

The language is crucial and interrelated with the action, according to Vygotsky (1978), providing an additional tool used both to reflect on and direct behaviour. Vygotsky’s work is therefore viewed as particularly relevant to those who are concerned with the use of language and in this research communication is important Vygotsky, stressed that dialogue with experts lead to continuous changes in thinking that vary greatly from culture to culture. He viewed cognitive developments as a result of a
dialectical process, where the child learns through shared problem solving experiences with someone else, such as parents, teacher, siblings or a peer.

Vygotsky talked about zone of proximal development which is the difference between what a learner can accomplish independently and what he or she can accomplish with the guidance and encouragement of a more skilled partner. This zone is where sensitive instruction should be aimed and where new cognitive growth can be expected to occur. Zone of proximal development is the area between the level of performance a child can achieve when working independently and a higher level of performance which is possible when working under the guidance or direction of a more skilled adults or peers. Originally, the person interacting with the child undertakes most of the responsibility for guiding the problem solving, but gradually this responsibility transfers to the child. This way a child learns self-reliance and does not remain dependant for the rest of his/her life. The guide is referred to as the More Knowledgeable Other (MKO). According to Vygotsky(2008), the MKO refers to anyone who has a better understanding or a higher ability level than the learner, with respect to a particular task, process, or concept.

In CCI the caregivers become resourceful and eventually as children adapt to the culture they are able to help newly admitted children. For Vygotsky, language has a particular role in learning and development by acquiring a language, a child is provided the means to think in new ways and gains a new cognitive tool for making sense of the world. Language is used by children as an additional device in solving problems, to overcome impulsive action, to plan a solution before trying it out and to control their own behaviour (Jones, 1995). Nevertheless, the main purpose of language for children is
social. They use the language to obtain the help of others and to solve problems. The significance of such behaviour is only understood in a social context.

It is primarily through their speech that adults are assumed to transmit to children the rich body of knowledge that exists in their culture. As learning progresses the child’s own language comes to help as his or her primary tool of intellectual transformation. Children can eventually use their own internal speech to direct their own behaviour in much the same way that their guardian’s speech once directed it. This is why it necessary to be sensitive with the words spoken to children, as they might think of themselves in regard to what they keep hearing. Positive words and comments are really significant. Boyd and Bee (2006) say Vygotsky did not consider private speech as egocentric he saw it as a special form of communication. The researcher’s view of private speech help children speak to self which relieves stress. According to Shaffer and Kipp (2009), children would acquire the ways of thinking and behaving that make up a culture by interacting with a more knowledgeable person, Vygotsky believed that social interaction would lead to on-going changes in a child's thought and behaviour. Every institution or home has a culture and children adapt to his/her environment.

Summary

This chapter has focused on issues that face the vulnerable children services that influence socio-emotional development, symptoms of a socio-emotionally deficient child and risks. In addition, ecological systems theory, Maslow’s Hierarchy of needs and Vygotsky Social development theory have been discussed. In the next chapter the researcher would discuss the research methodology for this study.
CHAPTER THREE

RESEARCH METHODOLOGY

Introduction

The purpose of this research was to assess socio-emotional services offered to children at AGCH, NLHT and RHCC Nakuru that are aimed at enhancing the socio-emotional needs of the children at the centre. In this chapter the researcher discusses the research design, population, sampling, data collection tools and research ethical issues.

Research Design

Research design is the arrangement of procedures for collection and analysis of data in a manner that aims to combine relevance to the research. According to Kothari (2004), research design is the conceptual framework within which research is conducted. Research design is important since it is the plan that specifies the sources and types of information relevant to the research problem and objectives, it is a strategy specifying which approach would be applied in gathering and analysing data; it also includes the time and cost budget.

The researcher used mixed method approach which involves qualitative research and quantitative research approach. According to Rohilla (2010), qualitative approach is characterized by an emphasis on describing, understanding and explaining complex phenomenon. Qualitative approach allows the researcher to interact with the participants that one wishes to study. Mugenda and Mugenda (2003) say that qualitative research does
not produce numerical data; rather it produces words which are often grouped into
categories. The researcher used quantitative research to produce numerical data the
researcher would use descriptive design. The research was a case study of AGCH, NLHT
and RHCC. According to Kumar (2005) and Mugenda and Mugenda (2003), a case study
method is an approach to studying a social phenomenon where the researcher makes a
detailed analysis of a particular case. It provides many specific details which are often
overlooked by other methods.

Population

The research was carried out in Nakuru, at Amazing Grace Children’s Home,
New Life Home Trust and Reed of Hope Children Centre. AGCH had 24 children 4 adult
workers, NLHT had 26 children and 33 workers, RHCC 19 children, 2 employees and 1
volunteer respectively. The total population of the CCIs was 38 adult workers, 1 adult
volunteer and 69 children.

Sampling Methodology

A sample design is a definite plan for obtaining a sample from a given population
it refers to technique or the procedure the researcher adapts. The sample size should be
one which fulfils the requirements of efficiency, representativeness, reliability and
flexibility. According to Mugenda and Mugenda (2003), sampling is the process of
selecting a number of individuals to represent the larger group from which they are
selected. There are many sampling procedures namely: probability sampling which
includes, simple random sampling, systematic random sampling, stratified random
sampling, cluster sampling; and non-probability sampling which includes purposive
sampling, snowball sampling, convenient sampling, and maximum variation versus homogenous sampling. The researcher used purposive sampling for NLHT because they had many workers (33 of them) and were involved at different capacities. NLHT had 12 caregivers and house parents, 2 teachers, 2 administrators and a nurse the other 16 workers were either security drivers or grounds men. The researcher had 17 participants from NLHT. However the researcher did not sample AGCHN and RHCC because they employees served either as house parents or caregivers and had a small size of population. Therefore the researcher conducted a census at AGCHN and RHCC. The researcher also used purposive sampling for children who were interviewed; the qualification was to have stayed the CCI for 12 months and above 8 years of age. The sample of this research was 25 adults and 45 children.

Data Collection Procedures

The researcher used primary data, which Kothari (2004) defines as “those which are collected afresh and for the first time, and thus happen to be original in character.” The data collection methods used was questionnaires, interviews and observation. The researcher used structured and unstructured interviews. That is the use of predetermined questions and a standardized technique of recording; unstructured interviews do not follow a system of predetermined questions and standardized techniques for recording. The researcher utilized interviews because more information and in great depth can be collected, one is able to deal with any resistance that may occur; since it is censoring the researcher was able to stick to the data required.

Use of questionnaire for data collection ensured that the respondents had time to think and respond to the questionnaires. A questionnaire had questions which the
respondents answered. According to Patton (2002), questionnaires should be short, simple, and logical and they can be dichotomous, open-ended or have multiple choices. The measuring instrument that was used is likert scale. According to Mugenda and Mugenda (2003), likert scales are usually declarative and the numbers are ordered such that they indicate the presence or absence of the characteristic being measured. The researcher observed the children interact with the caregiver for seven days, in one home the researcher only accessed children after 4 o’clock because they were in school and therefore observation took place for two hours within week days and the whole day over the weekend.

Pretesting the Tools

The researcher pre-tested the questionnaire, interviews and observation checklists by discussing with the supervisor and the reader. The tools were also pre-tested at House of Hope Children’s Home which did not form part of the research population and the necessary amendments done to them. The purpose of pre-testing was to ensure that the items in the instruments were stated clearly and had the same meaning to all the respondents as observed by Mugenda and Mugenda (2003). The researcher was able to assess the clarity and ease of use of the questionnaire, interview questions and observation checklists and made necessary revisions where necessary. This increased the validity and reliability of the response.

Data Analysis

Data analysis was done using descriptive data analysis. Patton (2002) says content analysis involves identifying, coding, categorizing, classifying and labelling the primary
patterns of the data. This essentially means analysing the core content of interviews, questionnaires and observations to determine what’s significant. It refers to any qualitative data reduction and sense-making effort that takes a volume of qualitative material and attempts to identify core consistencies and meanings. Criswell (2002) gives steps for analysing descriptive data as follows: the first step is for the researcher to familiarize with the data collected. This means that one has to read carefully, outline themes emerging, code and categorise the information. Then finally interpret the data.

The data was verified by triangulation of data which according to Criswell (2002) is data collection through multiple sources. The researcher used interviews, observation and questionnaires which gave validity. The researcher observed the children in their natural setting when they play and interact with adults for a whole week for each of the homes.

Ethical Considerations

Considering the fact that research ethics are imperative, the researcher ensured that permission was granted from the relevant authorities at AGCHN, NLHT, and RHCC that is the management since they are directly under the care of the home. This is called informed consent where the participant is aware that the information would be used for a research, the purpose of the research and the procedures. Having this in mind the researcher guaranteed confidentiality of the respondents. Bailey (2007) says confidentiality is where the researcher knows or could know the identities of the participants but does not reveal the names. The researcher ascertained that the participants were protected from harm by ensuring that the questions do not provoke emotional feelings and if it happened the participant were free to withdraw. The
researcher sought permission from the Daystar University Institute of Child Development and from the Ministry of Higher Education, Science and Technology.

Summary

This chapter has focused on the methodologies employed in collection of the data. The next chapter entails data presentation, analysis and interpretation.
CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND INTERPRETATION

Introduction

This chapter presents the findings from the data collected in the three different CCIs namely; Reed of Hope Children Centre, Amazing Grace Children’s Home and New Life Home Trust. The objectives of the research were to find out the services offered in the CCIs which enhance socio-emotional development, to find out the level of awareness of the caregivers of services offered and the facilities which enhance socio-emotional development. The following tables and figures summarize general information of the respondents.

The researcher targeted 25 respondents from the CCIs. Twenty-five questionnaires were distributed, 20 (80%) of the questionnaires were returned as shown in figure 4.1 below.

![Figure 4.1: Rate of questionnaires](image)

45
Among the 25 caregivers target 10 of them were interviewed. The researcher also used observation checklists in which one of the checklists was to be filled by the caregivers and one by the researcher. The caregivers filled the observation checklists on children behavior with ease for 69 children. This means that they had learnt the uniqueness of each child. Although there was a plan to have focus group discussion, it was not possible based on the workers schedule as they were busy and it was not possible to bring them together for focus.

Characteristics of the Respondents

The respondents were asked to indicate their gender and the results were as shown in figure 4.2

![Gender of respondents](image)

*Figure 4.2: Gender of respondents*

Most of the respondents in the CCIs were female rating 85% while men rated 15%. This implies that the children have more time with female caregivers who influenced them more and as a result they were less influenced by male/father figure.

According to Subbaraok and Coury (2004) and Mbevi (2011), lack of a father figure may be a problem for these children socialization as the children would easily relate poorly with male gender due to lack of interaction while it is inevitable. Boys need to learn from men how to become men while girls learn how to be female from women. This means
that the CCIs need to invest in the lives of the children to provide male influence as the results show they have few male employees. According to Rosenberg and Wilcox (2006), fathers tend to promote independence and an orientation to the outside world, push achievement while mothers stress nurturing, both of which are important to healthy development. As a result, children who grow up with involved fathers/male are more comfortable exploring the world rather than being timid to face the world.

Marital Status of Respondents
The responses from the respondents regarding marital status was as shown in figure 4.3

![Figure 4.3: Marital status of the respondents](image)

Responses indicated that the numbers of single and married caregivers were equal, which is 40% for each, 20% divorced and 5% widowed and 5% did not respond. This means that children at the CCIs are influenced by these people.

Academic Background of Respondents
The respondents were asked to indicate their academic qualifications and the results are as shown in figure 4.4 below.
Figure 4.4: Academic background of respondents

Figure 4.4 shows that most of the respondents had certificates 50%, 30% had diplomas and 20% had degrees. The researcher found out the cost of employing academically qualified personnel was high hence sources for those who accepted the salary package they offered without considering the relevance of their education background to care giving. This affirms what MacLeod (2001) says that trained staff provides children with adequate care, psychological and emotional support. The researcher wanted to find out whether the respondents had professional training and found the following.

Table 4.1: Professional training of respondents

<table>
<thead>
<tr>
<th>Category</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insurance</td>
<td>1</td>
<td>5%</td>
</tr>
<tr>
<td>Early Childhood Education</td>
<td>2</td>
<td>10%</td>
</tr>
<tr>
<td>Accounts</td>
<td>1</td>
<td>5%</td>
</tr>
<tr>
<td>Teaching/Education</td>
<td>1</td>
<td>5%</td>
</tr>
<tr>
<td>Secretariat</td>
<td>2</td>
<td>10%</td>
</tr>
<tr>
<td>Dress making</td>
<td>2</td>
<td>10%</td>
</tr>
<tr>
<td>Guidance and counseling</td>
<td>2</td>
<td>10%</td>
</tr>
<tr>
<td>IT/Theology</td>
<td>1</td>
<td>5%</td>
</tr>
</tbody>
</table>
Respondents indicated that they had professional training in matters pertaining insurance, early childhood development, accounts, teaching education, secretariat, dress making, guiding and counseling and in dealing with computers. As much as they had professional training, 70% of the workers were trained in areas not relevant for the service they were offering to children, as shown in table 4.1. This confirmed the findings on level of education. Subbarao and Coury (2004) say there are a few trained men and women to offer socio-emotional services and the need is intangible and thus often ignored or underestimated. The workers had been trained as they served in the CCI’s as shown in table 4.2.

The researcher also sought to find out whether the workers had received any training since they joined the CCI. The results were as shown on the table 4.2.

*Table 4.2: Training received after joining CCI*

<table>
<thead>
<tr>
<th>Category</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>16</td>
<td>80%</td>
</tr>
<tr>
<td>No</td>
<td>4</td>
<td>20%</td>
</tr>
</tbody>
</table>

Eighty percent (80%) of the respondents indicated that they had received training since joining the institution while the rest said no. Most of the respondents who had received training indicated that they had been trained on stages of child development, hygiene and first aid. It was noted that the administrators had received more trainings on children issues. This means they were knowledgeable concerning the mentioned area. In
Vygotsky’s theory the more knowledgeable other helps the child learn or become better skilled in what he/she is trying to read. This means those with training were able to assist the children, however the administrators were more involved in their responsibilities while the ones who were more involved with children were not trained on giving care to children.

Services Offered to Enhance Socio-Emotional Development in CCI

The researcher sought to find out services the CCIs offered to enhance socio-emotional development. The respondents (caregivers) said the discipline of children was highly observed, the CCIs had equipment and space for children to play, the respondents were giving care to the children ensuring their needs were met, and one of the CCIs had established a family. The children were asked how the CCI was of benefit to them. The interviewed children named A, B, C, D, and E said food, shelter, education, and medical attention. It was noted that counselling was not basic in two CCIs as only one person had counselling training.

Discipline Given by the Caregivers

The respondents were asked whether they appreciated the children verbally and the results were as shown in the Table 4.3.

<table>
<thead>
<tr>
<th>Scale</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly true</td>
<td>17</td>
<td>85%</td>
</tr>
<tr>
<td>True</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>Not Sure</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

50
A hundred percent of the respondents said they appreciated the children whenever they accomplished a task or an activity. This means that the children were appreciated which is good but on the other hand the children may get the idea that appreciation is earned and failure is not appreciated. When children get a sense of appreciation, they feel worthy and in Maslow’s theory self-esteem, it is fundamental for socio-emotional development. This therefore means that children in the CCIs are appreciated and as they continue the child develops a sense of worth as they believe in themselves. Responses from children interviewed named A, B, C, and D said that they enjoyed that someone always encouraged them to be better. The benefit of this according to Keck and Kupecky (2009), is that the children learn how to compliment and accept compliment and the values upheld by the caregiver.

The workers were asked whether a child is disciplined whenever they do something wrong and the responses are shown in table 4.4

<table>
<thead>
<tr>
<th>Scale</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly true</td>
<td>6</td>
<td>30</td>
</tr>
<tr>
<td>True</td>
<td>7</td>
<td>35</td>
</tr>
<tr>
<td>Not Sure</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Not true</td>
<td>6</td>
<td>30</td>
</tr>
</tbody>
</table>

Sixty-five percent said that the children were disciplined immediately, 5% were not sure and 30% said it was not true that children were immediately disciplined. These suggest
that immediate discipline was inconsistent as 35% said they did not give immediate
discipline when there was misbehaviour. This means that only 65% of the employees
understood that discipline was effective when applied immediately, children forgot easily
and delayed discipline failed to meet its objective which was to help the child make the
right decision and learn from their mistake. The researcher wanted to find out whether the
children were not disciplined whenever they did something wrong.

*Table 4.5: A child is not disciplined*

<table>
<thead>
<tr>
<th>Scale</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly true</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>True</td>
<td>4</td>
<td>20</td>
</tr>
<tr>
<td>Not Sure</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>Not true</td>
<td>12</td>
<td>60</td>
</tr>
</tbody>
</table>

The researcher found that 60% did not agree with a child not being disciplined while
the rest 40% agreed. This agrees with the above responses on immediate discipline. This
means there was inconsistent immediate discipline. The researcher wanted to find out
whether caning was used as a form of discipline and figure 4.6 shows the results.

*Table 4.6: Caning as a means of discipline*

<table>
<thead>
<tr>
<th>Scale</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly true</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>True</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Not Sure</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Not true</td>
<td>15</td>
<td>75</td>
</tr>
</tbody>
</table>
Fifteen percent of the respondents said it was strongly true caning was used, 5% it was true, 5% was not sure and 75% was not true. The researcher found out that caning was used as 20% agreed to be using a cane for punishment, 5% was not sure while 75% said it was not true. This means CCIs did not fully comply with the policy against caning children in the Children’s Act 2001 as punishment. Therefore it is not acceptable as a form of discipline of institutionalized children. This supports what Reddy and Reddy (2003) say that while disciplining a child we should not emphasize inflicting physical pain to children in order to discipline them.

![Punishment of children for misbehavior](image)

**Figure 4.5: Punishment of children for misbehavior**

As shown in figures 4.5 it was found that 25% of the respondents gave punishment, 30% said it was true, and 45% it was not true. This means that punishment was applied in discipline matters. Three of the respondents in an interview said discipline was important for the children as many of them who came from broken families were abused and others had been on the streets for some period of time. In order to enhance discipline at the centre, two of the CCIs said they had the rules written down while in one the rules were not written. On asking the caregivers how they disciplined children, 70% of the respondents interviewed said that they practiced time out for children below...
6 years. The child gets timeout depending on the age of the child this meant that if the child was 1 year he/she gets 1 minute of time out. Respondent A1 said it was necessary for the child who was on timeout to see the rest of the children so they could learn from their mistake.

The respondents also seemed to agree on denial of privileges like watching television, denial of favourite toy, not going for trips or outing and good behaviour rewarded by receiving priority of the privileges. Respondents interviewed at NLHT called B1 and C1 for confidentiality purposes said that they used charts with children whereby good behaviour was rewarded with a star. The respondent said that it was working especially during toilet training for toddlers. This differs with Keck and Kupecky (2009) who say this technique does not usually work with hurt children because they do not care about the stars because they make them look good which the child perceives as being good forever and the child knows the standard is too high for him/her.

A response of the interviewed adults at the three CCIs named A1, D1, E1, F1, and G1 said that punishment was given, for example, collecting litter around the compound, cleaning the table and dishes after meals. A hundred percent of the respondents said they talked about the behaviour emphasizing its effect. If the child repeated the same mistake reinforcement was applied. This means that CCIs were keen on children’s behaviour and they used both positive and negative reinforcement. It also means the children were expected to behave in a certain way. This would agree with Stow and Selfe (1989) that children learn the acceptable and non-acceptable behaviour from the way they themselves are treated.
The Value of Play in Socio-Emotional Development

The respondents also said that play was important hence they provided the necessary facilities. They had space, toys and one CCI had time set to play. The researcher found out that the CCIs were well equipped with play materials such as: swings, slides, seesaws, balls, building blocks, dolls, toy cars, hulla hoops, bicycles, among others. The children also engaged in art, dancing, skits and singing. The little children played with the caregivers, and were guided by the caregivers. This means that the children could play within the CCI and the children were able to release their emotions. Purvis, et al. (2007) say that play is a safe route to the heart of a harmed child and a powerful vehicle for healing. However the researcher also found out only 33% of the respondents had allocated time for play. Observation checklist showed that 66% did not have time set for play. This means that there was no routine or schedule for the children to order their day’s activities.

The Place of Family in CCIs

The researcher found out the three CCIs operated the CCIs as a family. At AGCHN the respondent said that they had the CCI within the family compound to give the children a family set-up. The researcher also found out the children did not have a mother or father; they had aunties and an uncle. It was however not clear how many children an Auntie was taking care of. The respondents in NLHT said they had adoption services and if a child was not adopted before the age of four years he/she was moved to another home where they provided a home, a house mother and an aunt. During the time of this research they had two families. Children below four years remained in the same facility where they had a house parent that is father and mother, caregivers and other staff
(administrators and housekeepers and teachers). Each family had 8-10 children which complied with the Standards for CCIs. At RHCC they had a house father. They also visited or invited the relatives of the children under their care, to spend time with the child as well receive information about the child’s progress. The home tried to reintegrate the children back to their community whenever possible. The researcher wanted to find out whether the children spent time with the adults, adults participated in their activities and their attitude toward other children at the center. The results are presented in the following table 4.7.

Table 4.7: Respondents listen and talk with the children

<table>
<thead>
<tr>
<th>Scale</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly true</td>
<td>11</td>
<td>55</td>
</tr>
<tr>
<td>True</td>
<td>8</td>
<td>40</td>
</tr>
<tr>
<td>Not Sure</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Not true</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Fifty-five percent of the respondents said it was strongly true that they talked and listened to children, 40% said it was true, 5% said was not sure. This means that the adults understood the necessity of communication and there was some sort of social interaction which Vygotsky says according to Berk (2010) leads to a change of thoughts and behaviour. This means that the staff had opportunities to know the children as well as share with the children.
Table 4.8: Take time to know how each child is fairing on

<table>
<thead>
<tr>
<th>Scale</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly true</td>
<td>12</td>
<td>60</td>
</tr>
<tr>
<td>True</td>
<td>6</td>
<td>30</td>
</tr>
<tr>
<td>Not Sure</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Not true</td>
<td>2</td>
<td>10</td>
</tr>
</tbody>
</table>

Sixty percent of the respondents said it was strongly true they took time to know how each child was fairing on, 30% said it was true and only 10% said it was not true. This suggests that the caregivers were concerned about the welfare of the children hence attached. Attachment, according to Berk (2008), occurs when the caregiver responds to the needs of a child. Therefore as the caregivers get to know the needs of a child (ren) they get to meet it hence create attachment.

The respondents were asked whether they attended the social functions involving the children and the responses are shown in table 4.9 below

<table>
<thead>
<tr>
<th>Scale</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly true</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>True</td>
<td>8</td>
<td>45</td>
</tr>
<tr>
<td>Not Sure</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Not true</td>
<td>8</td>
<td>40</td>
</tr>
</tbody>
</table>

Fifteen percent of the respondents said they strongly attended social functions, 40% said it was strongly true, 5% not sure and 40% said was not true. This means that the caregivers were somehow involved in issues concerning the children as shown on table 4.9, however 40% were not involved. Some said they were not involved because it was
not their responsibility or they did not have time for such activities. The significance of attending social function was to give support to the children in whatever was happening in their life within and without the CCIs. According to Kabiru and Njane (2011) children learn best and behave in acceptable ways when they feel supported and accepted. The findings suggest that this kind of support was assigned to particular caregiver, they were not involved.

Table 4.10: Attachment of the caregivers to children

<table>
<thead>
<tr>
<th>Scale</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly true</td>
<td>13</td>
<td>65</td>
</tr>
<tr>
<td>True</td>
<td>7</td>
<td>35</td>
</tr>
<tr>
<td>Not Sure</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Not true</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

When the caregivers were asked whether they felt sad when any of the children was not feeling well 65% said it was strongly true, and 35% said it was true. This means that 100% of the respondents were emotionally attached to the children under their care that is why they were sad when a child was not feeling well. This sort of care for the children would help the children feel loved. The respondents were asked whether the children considered being sisters and brothers within the CCI. The response is shown in table 4.11.

Table 4.11: The children consider themselves as brothers and sisters

<table>
<thead>
<tr>
<th>Scale</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly true</td>
<td>10</td>
<td>50</td>
</tr>
<tr>
<td>True</td>
<td>8</td>
<td>40</td>
</tr>
<tr>
<td>Not Sure</td>
<td>2</td>
<td>10</td>
</tr>
</tbody>
</table>

58
<table>
<thead>
<tr>
<th>Scale</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not true</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Fifty percent said it was strongly true, 40% said it was true and 10% said it was true.

This means that the children considered being each other’s siblings. According to Berk (2000) children tend to learn from their siblings and they support each other. Therefore this somehow helps the children alleviate with loneliness as they know they have people who love and care about them.

**Care Giving by the Caregivers**

The respondents were responsible for the children and when they were asked whether they spent time with the children, 100% said yes. This is however questionable as the researcher’s observation checklist showed that the adult respondents sometimes spent time with the children. The workers time schedule also did not allow them to spend much time with children who were going to school. When children arrived from school they bathed, others did their laundry, others helped in preparing tables and food for dinner after which they did their homework. The only people with the advantage of spending time with the children were the teachers, caregivers (including house parents). On being asked what they did with the children the following were the findings on figure 59.
Sixty five of the respondent said they played with the children, 30% of them were talking, 20% storytelling, 20% dancing, singing and creative art, 15% changing the diaper, washing and dressing them smartly, teaching the children house chaos, feeding, rocking and cuddling children and 10% teaching children only 5% did counseling. This means that many of the caregivers only got involved in children’s play while the other activities were not common. It would be right that the children formed attachment during play as this was the most common activity with adults. They can learn from them. They would miss other avenues of attachment like feeding and cuddling. It seemed the caregivers knew the importance of play for children and participated in it as well. It is important to note that only 5% of the caregivers spent time counseling children at the CCI, probably because of the low level of education and lack of training on matters pertaining child care.
Furthermore the researcher also wanted to find out how the staff expressed their physical affection to the children. The results showed 60% of the respondents said they expressed their affection through hugging, 20% talking and cuddling, 15% kissing, changing diapers and dressing them neatly, 10% touching, smiling, playing, buying gifts, only 5% respondent said responding to the needs of child, another said giving a high five, patting the back, asking questions, being there for them, reading story books, and positive reinforcement.

Facilities that Enhance Socio-emotional Development

The researcher had an observation checklist for the services offered. This was to be established through checking what was available and its condition. The results in the three institutions are presented in table 4.12 below.

Table 4.12: Types of facilities available at the CCIs

<table>
<thead>
<tr>
<th>Facility</th>
<th>Good condition</th>
<th>Average condition</th>
<th>Bad Condition</th>
<th>Unavailable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beds</td>
<td>100</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Bedroom (Space, clean)</td>
<td>67</td>
<td>33</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Dining room</td>
<td>33.3</td>
<td>33.3</td>
<td>0</td>
<td>33.3</td>
</tr>
<tr>
<td>Chairs</td>
<td>67</td>
<td>33</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Tables</td>
<td>33.3</td>
<td>33.3</td>
<td>0</td>
<td>33.3</td>
</tr>
<tr>
<td>Play Materials</td>
<td>67</td>
<td>33</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Fencing</td>
<td>100</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Play Space</td>
<td>100</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Bathroom(s)</td>
<td>100</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

61
The researcher observed that the CCIs had facilities which would boost the development of the children. It was found that the homes had beds, fencing, play space, bathrooms, toilets, lighting, and bedding which were a 100% in good condition. Some of the facilities like bed, chairs, and play materials were at 67% while the rest was in average condition. The facilities that were at 33.3% representing dining room, cabinets/locker and tables where in some places they were not available, in another it was available but in average condition and the other was in good condition. The researcher determined the condition of the facilities through considering its availability, its physical condition, and whether it was in use. It was thus established that the CCIs have been able to provide an environment in which the children had space, they could play, keep their items, share meals and feel safe.

Socio-emotional Development Status of the Children

Observation checklist for the caregiver on children’s behavior

*Table 4.13: Observation checklist for children behavior by the caregivers*

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Yes</th>
<th>No</th>
<th>Yes %</th>
<th>No %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hits others without reason</td>
<td>26</td>
<td>43</td>
<td>38</td>
<td>62</td>
</tr>
<tr>
<td>Hits back when aggrieved by peers</td>
<td>49</td>
<td>20</td>
<td>71</td>
<td>29</td>
</tr>
<tr>
<td>Behavior</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>-----</td>
<td>----</td>
<td>-----</td>
<td>----</td>
</tr>
<tr>
<td>Argues with adults unnecessary</td>
<td>18</td>
<td>51</td>
<td>26</td>
<td>74</td>
</tr>
<tr>
<td>Answers back or tries to defend self when accused by another</td>
<td>44</td>
<td>25</td>
<td>64</td>
<td>36</td>
</tr>
<tr>
<td>Is commonly accused of abusing</td>
<td>19</td>
<td>50</td>
<td>28</td>
<td>72</td>
</tr>
<tr>
<td>Usually accuses peers of abusing her/him</td>
<td>30</td>
<td>39</td>
<td>43</td>
<td>57</td>
</tr>
<tr>
<td>Takes instruction from the caregivers positively</td>
<td>47</td>
<td>22</td>
<td>68</td>
<td>32</td>
</tr>
<tr>
<td>Disturbs peers when they are playing or studying</td>
<td>26</td>
<td>43</td>
<td>38</td>
<td>62</td>
</tr>
<tr>
<td>Completes assignment as required</td>
<td>45</td>
<td>24</td>
<td>65</td>
<td>35</td>
</tr>
<tr>
<td>Throws temper tantrums when his/her demands are not met</td>
<td>18</td>
<td>51</td>
<td>74</td>
<td>26</td>
</tr>
<tr>
<td>Does he/she comply with rules and regulations</td>
<td>39</td>
<td>30</td>
<td>57</td>
<td>43</td>
</tr>
<tr>
<td>Is usually accused of destroying objects</td>
<td>23</td>
<td>46</td>
<td>34</td>
<td>66</td>
</tr>
<tr>
<td>Fond of using abusive language</td>
<td>10</td>
<td>59</td>
<td>15</td>
<td>85</td>
</tr>
<tr>
<td>Sits throughout the lesson/church</td>
<td>39</td>
<td>30</td>
<td>57</td>
<td>43</td>
</tr>
<tr>
<td>Behave badly to get the attention of the caregivers</td>
<td>23</td>
<td>46</td>
<td>34</td>
<td>66</td>
</tr>
<tr>
<td>Cries with the slightest disagreement</td>
<td>28</td>
<td>41</td>
<td>41</td>
<td>59</td>
</tr>
<tr>
<td>Likes spending time alone</td>
<td>11</td>
<td>58</td>
<td>16</td>
<td>84</td>
</tr>
<tr>
<td>Usually aggressive in play</td>
<td>19</td>
<td>40</td>
<td>42</td>
<td>58</td>
</tr>
<tr>
<td>Shares whatever he/she has with friends</td>
<td>45</td>
<td>24</td>
<td>65</td>
<td>35</td>
</tr>
</tbody>
</table>

Respondents indicated that they observed the following behaviors amongst children; the children hit back when aggrieved by peers (71%), answered back or tried to defend self when accused by another (64%), took instruction from the caregivers positively (68%), completed assignment as required (65%), complied with rules and
regulation (57%), sat throughout the lesson/church (57%) and shared whatever he/she has with friends (65%). This means that the caregivers were aware of the children’s reaction to challenges they faced. They understood the uniqueness of each child which would help them in knowing the way to treat a child. The caregivers were asked how they dealt with children who negatively reacted to situations and said that they disciplined the child.

Interaction of Children and Caregivers

The researcher wanted to observe the interaction between caregivers and children. The consistency of the interaction meant it was true, inconsistency on every visit meant sometimes and if the interaction was consistently not observed it meant it never happened. After observing the homes for a month, spending 7 days for some hours in each home the following were the results in percentage form.

Table 4.14: Interaction of caregivers and children

<table>
<thead>
<tr>
<th>Behavior</th>
<th>True</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children eat together with adults</td>
<td>33.3</td>
<td>33.3</td>
<td>33.3</td>
</tr>
<tr>
<td>The caregivers concentrate on a few children</td>
<td>0</td>
<td>100</td>
<td>0</td>
</tr>
<tr>
<td>The caregivers yell or scream in addressing children</td>
<td>0</td>
<td>67</td>
<td>33</td>
</tr>
<tr>
<td>Kind words are used in addressing children</td>
<td>67</td>
<td>33</td>
<td>0</td>
</tr>
<tr>
<td>Caregivers spend time with children</td>
<td>33</td>
<td>67</td>
<td>0</td>
</tr>
<tr>
<td>Meals are served at the same time everyday</td>
<td>33.3</td>
<td>33.3</td>
<td>33</td>
</tr>
<tr>
<td>Cuddling and rocking children</td>
<td>67</td>
<td>33</td>
<td>0</td>
</tr>
<tr>
<td>The caregivers offer opportunities to make decisions with reasons</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Caregivers responds to children when they cry</td>
<td>67</td>
<td>33</td>
<td>0</td>
</tr>
<tr>
<td>Behavior</td>
<td>True</td>
<td>Sometimes</td>
<td>Never</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>------</td>
<td>-----------</td>
<td>-------</td>
</tr>
<tr>
<td>Smiling at each other</td>
<td>100</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Eye contact communication</td>
<td>0</td>
<td>33</td>
<td>67</td>
</tr>
<tr>
<td>Physical affection (hold hands, hugs, patting)</td>
<td>67</td>
<td>33</td>
<td>0</td>
</tr>
<tr>
<td>Respectful language during interactions</td>
<td>100</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Encourages sharing</td>
<td>67</td>
<td>33</td>
<td>0</td>
</tr>
<tr>
<td>Shaming belittling and cursing</td>
<td>33.3</td>
<td>33.3</td>
<td>33.3</td>
</tr>
<tr>
<td>Approval (well done, thank you, smile)</td>
<td>33</td>
<td>67</td>
<td>0</td>
</tr>
<tr>
<td>Children have specific time to play</td>
<td>33.3</td>
<td>33.3</td>
<td>33.3</td>
</tr>
<tr>
<td>There is a schedule for daily activities</td>
<td>33.3</td>
<td>33.3</td>
<td>33.3</td>
</tr>
</tbody>
</table>

The researcher observed that sharing meals of the children with adults was 33.3%, 33.3% sometimes and 33.3% never. The caregiver sometimes concentrated on a few children. The caregivers screamed or yelled in addressing children scored 67% on sometimes while use of kind words scored 67% being true. The table shows that the children had their meals with the adults though not always and in one of the home the children ate alone. This means adults missed the opportunity to bond with the school going children. Also children had a daily schedule which was followed, at times not followed and never followed. This means that the children did not have consistency and routines in which they were to follow or guide them.

Creating routines for the hurt child is important. In fact Stow and Selfe (1989) say that lack of routine may cause a child to become restless or overtired. This is not good for the socio-emotional status of the child. According to Berk (2010), Vygotsky's theory suggests that development depends on interaction with people and the tools that the culture provides to help form their own view of the world. There are three ways a cultural
tool can be passed from one individual to another. The first one is imitative learning, where one person tries to imitate or copy another. The second way is by instructed learning which involves remembering the instructions of the teacher and then fusing these instructions to self-regulate. The final way that cultural tools are passed to others is through collaborative learning, which involves a group of peers who strive to understand each other and work together to learn a specific skill. Therefore the interaction between the caregivers and children was a mode in which children learn. The researcher sought to find out how communication and feedback was between children and caregivers. The results are as follows:

Feedback from the Caregivers to Children

The caregivers inform a child when he/she does not meet the standard expected.

Figure 4.7: A child is told when unable to perform

Figure 4.20 shows that 50% of the respondent did not tell a child when he/she was unable to perform on duties assigned to them, 30% said it true, 5% was not sure and 15% said it was strongly true. This would mean that the child may not be helped to perform better by helping them from where they were as Vygotsky says about learning from the knowledgeable other. The children might repeat the same mistake over and over thinking...
that it was acceptable if no one guided them otherwise. However when the respondents were asked whether they did approve the children when they did as expected the results were as shown in figure 4.21 below.

![Approval on achievement](image)

*Figure 4.8: Approval on achievement*

Ninety percent said it was true that they approved the children on achievement on day to day life and only 5% was not sure. This means that the children received encouragements and approval which would help in developing self-confidence.

The researcher asked the respondents whether the children were free to express themselves. The results are shown on table 4.14 below.

<table>
<thead>
<tr>
<th>Scale</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly true</td>
<td>12</td>
<td>60</td>
</tr>
<tr>
<td>True</td>
<td>6</td>
<td>30</td>
</tr>
<tr>
<td>Not Sure</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Not true</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

*Table 4:15 Freedom of verbal expression (communication)*

Sixty percent of the respondents said it was strongly true, 30% it was true, 10% not sure whether they children were free to talk to them about anything. However on interviewing the children respondents were not sure they would communicate to adults about anything.
This means that although the caregivers think the children were able to share their views, the children did not think they had that freedom. This would mean communication at the CCIs was not collaborative or contingent and as a result as Siegel and Hartzell (2003) say children do not learn to negotiate.

The researcher wanted to find out whether the caregivers encouraged expressions of emotions.

![Figure 4.9: Encouragement of emotional expression](image)

Fifty five percent of the respondents said it was strongly true, 30% it was true, 10% not sure and 5% not true. This means that the children were free to express their emotions. On interview respondent B2 said that before he/she joined the CCI expressed his anger through fighting, abusing and withdrawing. However he/she was taken through counselling and teaching which helped him/her deal with anger without hurting anyone. A2 said that being rejected was common in life and even when he/she came to the centre did not want to have friends or a friend relationship, after some teaching, he/she now knew not everyone would accept him/her and not everyone would reject. This means that the CCIs offered counselling to children which would help them develop values necessary to develop socio-emotionally. However this was not available in the three CCIs conversation.
The caregivers were asked whether the children were free to give their opinions concerning the home and the results were as shown in table 4.15 below.

**Table 4.16: Children are free to share their opinions concerning the home**

<table>
<thead>
<tr>
<th>Scale</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly true</td>
<td>7</td>
<td>35</td>
</tr>
<tr>
<td>True</td>
<td>9</td>
<td>45</td>
</tr>
<tr>
<td>Not Sure</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Not true</td>
<td>2</td>
<td>10</td>
</tr>
</tbody>
</table>

Thirty-five percent (35%) of the respondents said it was strongly true, 45% said it was true, while 10% was not sure and 10% said it was not true. This means that communication within the CCI was encouraged and children were given the opportunity to be heard.

**Table 4.17: Child participation**

<table>
<thead>
<tr>
<th>Scale</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly true</td>
<td>10</td>
<td>50</td>
</tr>
<tr>
<td>True</td>
<td>7</td>
<td>35</td>
</tr>
<tr>
<td>Not Sure</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>Not true</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

The results showed 50% of the caregivers said it was strongly true the opinion of children was considered, 35% said it was true and only 15% were not sure. This means that the children were involved in making choices and decisions concerning themselves. This would probably make them feel good about themselves and give them a sense of
importance hence belonging confirming Broffenbrenner’s theory on influence from the environment as well as Vygotksy learning from more knowledgeable other.

![Figure 4.10: Children knowledge of caregiver’s expectation](image)

Fifty percent of the respondents said it was strongly true, 45% said it was true while 5% said not sure and none said it was true. This suggests that the children were aware of what was expected and the caregivers explained their expectations. This means that the children had opportunities to succeed on tasks thus felt they were competent on succeeding and reducing chances for conflicts. This confirms Vygotsky’s theory where a child learns from the adult, as one gets to know what is expected of each of them.

The researcher wanted to find out whether the children were free to negotiate with their elders. The results are shown in table 4:18.

<table>
<thead>
<tr>
<th>Scale</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly true</td>
<td>8</td>
<td>40</td>
</tr>
<tr>
<td>True</td>
<td>8</td>
<td>40</td>
</tr>
<tr>
<td>Not Sure</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>Not true</td>
<td>1</td>
<td>5</td>
</tr>
</tbody>
</table>

70
The results show 40% said it was strongly true, 40% said it was true, 15% was not
sure and 5% was sure. The researcher only managed to interview 10 children in groups of
5(A2), 3(B2), and 2(C2). Apparently only 3 children said they had been taught about
resolving conflicts and not building relationships. Furthering the question the researcher
asked the respondents what they thought was necessary in building relationships and
resolving conflicts. The emerging responses were: someone who shared what he had, helped
doing homework and helped in carrying out duties and also someone you played with. Then
when you were not in good terms you asked for forgiveness and promised not to repeat
whatever caused the disagreement. This means that the children needed to be taught ways of
resolving conflicts and building relationship where communication and feedback were
necessary, availability, sharing, resolving conflicts, forgiveness, trust were important in
developing relationships with people as well as dealing with one’s emotions.

Summary

This chapter has focused on analyzing the findings of the research that took place
in three institutions. The data was analyzed both quantitatively and qualitatively using
descriptive statistics and descriptive data analysis. The next chapter focuses on
conclusions, recommendations and summary.
CHAPTER FIVE

DISCUSSIONS, CONCLUSIONS, AND RECOMMENDATIONS

Introduction

This chapter provides a discussion of the findings, conclusions of the research and recommendation to Amazing Grace Children Home, New Life Home Trust and Reed of Hope Children Centre which enhance socio-emotional development in selected CCIs in Nakuru. It also gives recommendation the stakeholders of Charitable Children Institution. It also highlights suggestions for further studies.

Discussion of the Study Findings

The first objective of the research was to find out services offered to enhance socio-emotional development of children. The researcher found out that the CCIs offer play, discipline, caregiving, and family. In the three CCIs, one of the most common feature was the presence of play. Play for a child is crucial for development and creates a major opportunity to develop socio-emotionally. Findings showed that in NLHT, AGCH and RHCC provided the children with play facilities, space and time. They were right because it is through playing that children learn to cooperate as well as regulate their own emotion. According to Kiminyo (2007), children learn values such as respect, discipline, team work, coping skills and solving conflicts. Play would be an important factor for socio-emotional development, children learn teamwork as they have cooperate plays, as they learn coping skills as they win and lose, as they learn how to take turns they develop patience and respect. It was however noted that there was no schedule in which the children followed which would mean that the children were either guided to play or that
they played on their own. When the respondents were asked what they did with the children, 65% said they played with them. This creates an opportunity for both to learn. Children get to interact with adults in a playful way yet get influence as adult’s model cooperation, ways of losing and winning, expressing personal desires, listening, showing excellence even in playing. This could be done in a positive or negative way, whichever the means children learn.

In addition 100% of the respondents said that the CCIs emphasised a family set-up background. Family is important and the core of each society. Having in mind that some of the children come from broken family, orphaned or from families that failed to play their role the children get an opportunity to learn from the family. However the researcher observed that in these institutions they had single parents. This means there was no complete family where there was a mother and a father. However in one of the institutions every 8-10 children had a mother and an auntie. This agrees with the standards for CCIs in Kenya (2011) where 1 caregiver took care of 10 children. The families lived in a house where the children lived and shared activities for the house. This created attachment/bonding between the mother and auntie. The presence of a family environment according to Reddy and Reddy (2003) can support and enhance or alternately lack of a good family can undermine child development. Therefore it would be important to ensure that the children were in a good set up. An environment where there is harmony and support provides parents (authority figures) and siblings. As such discipline must be observed.

The objective of discipline according to Reddy and Reddy (2003) is to develop internal discipline which is the capacity to make right choices when there is an influence
to do otherwise. In CCIs that were investigated the researcher found that discipline was crucial. Discipline is administered through timeout, being cornered, denial of privileges, punishment, caning. It is important to note that only 20% were found to use caning. For discipline to be effective timing is important and cannot be postponed. The finding showed that about 65% of the respondents agreed that discipline was to be administered immediately. Apart from that the researcher sought to find out whether the CCIs had any rules which would help the children know what was expected of them. It was only at NLHT which had rules for all to see/read and the consequences thereafter.

The findings showed that communication was an important factor for socio-emotional development of vulnerable children. Above 60% of the respondents said that they allowed children to share their opinions, they were free to negotiate the needs. The children said that they were able to talk to the adults though they could do that with some of them as they feared some of the caregivers because they were very strict. However, the fact that there was communication means that the children were learning.

The researcher’s second objective was to find out whether the caregivers were aware of the services being offered to enhance socio-emotional development. The researcher found that the respondents were aware of some of the services which enhance socio-emotional development of children as family, play and discipline. The third objective was to find out whether the facilities available enhanced socio-emotional development of the children. The findings show that in the three CCIs children had space, materials to play with, beds were available, and security was availed. Though there is room for improvement, it is the opinion of the researcher that the facilities were up to standard.
Conclusions

Communication is important however it should be aimed at achieving some significant influence on children. The research has shown that the caregivers were able to decode both verbal and non-verbal communication of the children. It was however not established how communication took place. Collaborative/contingent communication is not always possible though important. According to Siegel and Hartzel (2003) collaborative communication helps an individual to feel loved and gain a sense of self-worth as well as create an opportunity to negotiate. This is an important skill in developing relationships and regulating emotions.

Discipline is a significant aspect in socio-emotional development. Without discipline it is impossible to build relationships and regulation of one’s emotions for that reason CCIs need to establish proper ways/means of nurturing discipline. The method used must consider the uniqueness of each child and employ measures that would help the child learn the objective of discipline. According to Reddy and Reddy (2003), the only sure way of discipline is determined by the relationship between the one disciplining and the victim. The experience of the child prior to being admitted at the CCI is important. The consequences of indiscipline must consider the child’s background and temperament to avoid what Nelson (1981) says might cause resentment, revenge or retreat thus miss the objective of discipline. The caregivers and children need to learn ways of solving conflicts amongst themselves.

The researcher found that most of the employees did not have qualification to work with children. In the three CCIs, the qualified personnel were administrators and teachers. It is therefore important for the CCIs to invest in their staff as they determine
the services the children receive. The findings confirmed what Sabbarouk and Courey (2004) say that trained staffs are able to provide adequate care and psychological support. It is true that untrained staffs are not able to provide adequate services.

The CCIs have been able to provide basic facilities for the children. The facilities ensured that the children were safe; they had a fence and a guard/watchman. The children were not released from the facilities without informing the District Children’s Officer hence a court order was given for security purposes of the child. The children were each provided with a bed, they had toilets and bathrooms, they had play materials and space however some had cabinets for clothes, some had chairs and dining areas, some had entertainment facilities.

Recommendations

1. The researcher recommends that CCIs should establish routines that are adhered to as it would help order the lives of the children as well train the young children on the importance of time management. This would be done by developing a schedule of activities for the whole day and have every member of the community observe and keep time as guided by the schedule.

2. The researcher found that many employees did not have the expertise and knowledge to meet the socio-emotional needs hence services which enhance socio-emotional development of institutionalised children. The researcher recommends that the CCI source for qualified personnel and offer refresher training for their employees especially on services enhancing socio-emotional development. The staff can seek facilitators from Daystar University, School of Human and Social Sciences, Counselling Department and/or Child Development Department or Sereni College in Nakuru to train staff.
3. It is the recommendation of the researcher to ensure that each home has a professional counsellor. This would ensure that both children and staff have access to counselling. The professional would be able to provide debriefing for staff to enable them handle different needs and situations in the CCI.

4. It was observed that communication took place at the CCIs however it is important for the caregivers to be equipped in collaborative communication so that it is more effective in promoting respect, order and socio-emotional development. The caregivers should create circumstances that allow the children to make a decision only with reasons, for example the children may have to choose whether to do homework or eat first, to take a shower or to play, choose what to wear on different occasions, and these opportunities teach them to negotiate. As children learn to negotiate they become assertive.

Recommendations for Further Study

The current study was focused on Charitable Children Institutions in the urban area because it was the most convenient for the researcher rather than in rural areas. There are other CCIs in the rural areas and a study concerning these institutions should be carried out. This would ensure that a suitable comparison is done and comprehensive conclusions made on services enhancing socio-emotional development. In addition further research can be carried out on the psychological status of the children of both the service providers and receivers.
References


APPENDICES

A. Tools for Data Collection

Introduction Letter

Dear participant,

My name is Joyce K. Matheka, a student at Daystar University, pursuing MA in Child Development degree. The purpose of the research is to assess services which are aimed at enhancing socio-emotional development of vulnerable children at Amazing Grace Children’s home, New Life Home Trust and Reed of Hope Children Centre. I would really appreciate your help by answering the question. The research makes a significant contribution to the plight of the vulnerable children in the area of socio-emotional development in Charitable Children’s Institutions.

Yours Faithfully,

Joyce Katunge Matheka

Questionnaire for Caregivers

Part I: Personal details

1. Gender: Male _________ Female ________

2. Marital Status: Single _____ Married _____ Divorced _____ Widow/Widower

3. Do you have any children? Yes _____ No _____ If yes how many? ______

4. Academic Background (Please tick what applies to you)

   Primary School____ Secondary School _____ College/ University _____

   ______

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5. Do you have any professional Training? Yes___ No____ If yes what is your training about?

6. What is your responsibility in this institution?

1. What motivated you to work with vulnerable children?

2. A). Have you received any training since you joined the Institution? Yes____

3. What do you do when you disagree with a child or one of the caregivers?

4. Do you spend time with the children? Yes________No________

5. How do you express your affection to the children?

Part III

Kindly choose what describes you most in the following rating scale

Strongly true 1 [ ] True 2 [ ] Not sure 3 [ ] Not True 4 [ ]

Disciplining children by the caregivers

1. When any of the children performs well in an activity, I appreciate him/her verbally.

   1[ ]     2[ ]     3[ ]     4[ ]

2. When a child does something wrong I immediately discipline him/her.

   1[ ]     2[ ]     3[ ]     4[ ]

3. When a child does something wrong, I do not discipline him or her immediately.

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4. I cane the child when they misbehave

5. I give punishment when the child misbehaves

Feedback of caregivers to children

1. I hate it when a child is unable to perform and I tell them

2. I approve the children on the slightest achievement

3. I often hug the children when they do something nice

4. Whenever a child misbehaves, the behaviour is immediately addressed

Communication between children and the caregivers

1. Children are free to talk to me about anything.

2. I encourage the children to express their feelings

3. Children are free to share their opinion about issues concerning the home

4. I listen to the children’s concern when making decisions that directly affect them
5. I help the children deal with their tasks by explaining to them my expectations

1 [ ] 2 [ ] 3 [ ] 4 [ ]

6. Children are free to negotiate their desires and ideas about issues

1 [ ] 2 [ ] 3 [ ] 4 [ ]

7. Whenever a child is talking to me, I give them my total attention

1 [ ] 2 [ ] 3 [ ] 4 [ ]

Family relationships at the CCI

1. I take time to talk to talk and listen to children

1 [ ] 2 [ ] 3 [ ] 4 [ ]

2. I take time to know how each child is fairing on academically.

1 [ ] 2 [ ] 3 [ ] 4 [ ]

3. I attend all the social functions in school and community where the children are involved.

1 [ ] 2 [ ] 3 [ ] 4 [ ]

4. I feel sad when any of the children is not feeling well physically

1 [ ] 2 [ ] 3 [ ] 4 [ ]

5. The children take each other as brothers and sisters

1 [ ] 2 [ ] 3 [ ] 4 [ ]

1. Whenever the children have conflicts I give them options for resolving the conflict

1 [ ] 2 [ ] 3 [ ] 4 [ ]
2. Whenever the children have conflicts amongst themselves I allow them to come up with a solution.  

3. I have taught the children ways of resolving conflict  

4. I feel frustrated when a child is constantly on the wrong  

Observation Checklist of the Children by the Caregiver  

<table>
<thead>
<tr>
<th>No.</th>
<th>Behaviour</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Hits others without reason</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Hits back when aggrieved by peers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Argues with adults unnecessary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Answers back or tries to defend self when accused by another</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Is commonly accused of abusing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Usually accuses peers of abusing her/him</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Takes instruction from the caregivers positively</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Disturbs peers when they are playing or studying</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Completes assignment as required</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Throws temper tantrums when his/her demands are not met</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Does he/she comply with rules and regulation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Is usually accused of destroying objects</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Fond of using abusive language</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Sits throughout the lesson/church</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Behave badly to get the attention of the caregivers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Cries with the slightest disagreement</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

86
17 Likes spending time alone  
18 Usually aggressive in play  
19 Shares whatever he/she has with friends  

---

**Observation Checklist of Interaction Between Children and Caregivers**

<table>
<thead>
<tr>
<th>No.</th>
<th>Behavior</th>
<th>True</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>The children eat together with the adults</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>The caregivers concentrate on a few children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>The caregivers yell or scream in addressing children.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Kind words are used in addressing the children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>The caregivers spend time with the children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Meals are served at the same time everyday</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Cuddling and rocking children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>The caregivers offer opportunities to make decisions with reasons</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Caregivers responds to children when they cry</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Smiling at each other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Eye contact between the child and caregiver (Does the caregiver reach the</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
level of the child)

12 Physical affection (Holding hands, hugging, patting the back)

13 Respectful language and actions during interactions

14 Encourages sharing

15 Shaming, belittling and cursing

16 Approval (Well done, thank you, smiles)

17 Children have specific time to play

18 There is a schedule for daily activities

---

Observation Checklist for Types of Facilities Available at AGCHN

<table>
<thead>
<tr>
<th>Facility</th>
<th>Good condition</th>
<th>Average</th>
<th>Bad condition</th>
<th>Unavailable condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beds</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bedrooms</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dining room</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chairs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tables</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Play materials</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fencing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bathroom(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toilet(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cabinet/locker</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Interview Questions

What services are offered in this centre that enhances socio-emotional development of the children?

Interview for the children

What has been significant in your life since you joined the institution?

Have you been taught on the following issues since you joined the institution?

a) Respect

b) Solving conflicts

c) Dealing with emotions

d) Building relationships
NCST/RCD/14/013/222

Joyce Katunge Matheka
Daystar University
P.O.Box 44400-00100
Nairobi.

RE: RESEARCH AUTHORIZATION

Following your application dated 27th February, 2013 for authority to carry out research on “An assessment of socio-emotional development services offered to the vulnerable children in Charitable Children’s Institution: A case of selected CCI’s Nakuru.” I am pleased to inform you that you have been authorized to undertake research in Nakuru District for a period ending 31st May, 2013.

You are advised to report to the District Commissioner and the District Children’s Officer, Nakuru District and the Directors of the selected Charitable Children’s Institutions 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.

DR M.K. RUGUTT, PhD, HSC.
DEPUTY COUNCIL SECRETARY

Copy to:

The District Commissioner
The District Children’s Officer
Nakuru District