E-ISSN: 2635-3040; P-ISSN: 2659-1561 Homepage: https://www.ijriar.com/ Volume-5, Issue-7, July-2021: 91-99

Research Article

Role of Counselling Programme on Rehabilitation of Vulnerable Children in Charitable Children's Homes in Trans Nzoia County

Kuwaka Carol Temko¹, Kadurenge Benard² and Ambuchi John Justo³

Development Studies of the Catholic University of Eastern Africa, P.O. Box 62157-00200 Nairobi.

Received: June 27, 2021 Accepted: July 12, 2021 Published: July 20, 2021

Abstract: Child protection meant care for the homeless, neglected, dependent and children in danger of being delinquents which also saw the rise of social work. The purpose of the study was to investigate the role of counseling programme on rehabilitation of vulnerable children in charitable children's homes in Trans Nzoia County. This study adopted a descriptive research design. The target population of the study was 1000 individuals comprising of children, teachers/caregivers, managers, social workers and children officers. Random sampling, Purposive sampling and Census sampling techniques were used to select a sample to represent the study population from children, managers, caregivers/teachers and social workers respectively. Questionnaires and interview schedule were used to collect primary data. Quantitative and qualitative approaches were applied to process and analyze data collected from the field. In analyzing quantitative data, the data was first be screened and arranged in a systematic manner by the aid of SPSS programme version 22.0. Qualitative data was organized in themes and triangulated respectively with the corresponding question in quantitative data. The findings observed that majority of the children in the homes receives counseling service at the homes. The study also indicated that majority of the children have access to the counselors/social workers.

Keywords: Rehabilitation, Vulnerable, Charitable Children's Homes.

1. Introduction

The idea of Charitable Children's Institutions (CCI's) emanated from the need to protect vulnerable children from cruelty (John, 2008). The origin is divided in three eras, 1875 during colonial times there was unorganized child protection service, 1875-1962 saw the creation and growth of nongovernmental societies for child protection and from 1962 onwards the modern era with more organized and some government sponsored child protection services. Orphan children are desperate to survive and as a result sometimes live dangerous lifestyles as street children, beggars, delinquents, or child prostitutes. Common problems faced by orphans include extreme hunger, infectious diseases, emotional problems, and disability among other things. These problems can be social, psychological, economic, or developmental. In addition to the trauma of losing their parents, orphans are faced with a lack of basic needs, schooling, personal care, and attention (Reddy, 2003).

If orphan children are not living on the streets, then they are either with a family member who has the means to support them, or in an institution operated by a community based organization, local government, or a charitable institution. It is important that this institution meets a number of needs for the children in order to support a holistic approach to development. The US government supports programs that cover the areas of healthcare, food security and nutrition, psychosocial support, shelter, economic strengthening, and education (Senefeld, 2011). This program structure not only cares for the children's basic needs but also helps to prepare them to be independent when the time comes.

Children who grow in children homes tend to develop emotional disorders. In his study that used attachment theory to investigate the relationship between orphan rearing and emotional difficulties and established that children who grow up in children's home tend to be emotionally disturbed (Tottenham, Hare and Quinn, 2010). This could be as a result of a history of emotional difficulties due to the circumstances of their families of origin, however, the manner in which caregivers were found to carry out their roles and responsibilities was also lacking in emotional nurturing.

Poverty, change in social structures, and the frequent ethnic and tribal clashes are attributed to high child abuse rates in Nakuru County. The report of the Akiwumi Judicial Commission of Enquiry into the Tribal Clashes in Kenya (Kenya Human Rights Commission, 2011) observed that most of the victims of the 1990-92 and 1997-1998 tribal clashes in Rift Valley Province ran into Nakuru town for safety, shelter and even food. Some of the children and their parents find themselves in the streets and the sprawling slums in the town. Majority of the children have been taken into various public and private rehabilitation institutions in the district. These institutions are expected to provide for care, protection and later integration of the children back into the society. This study endevoured to find out the role of the CCIs in Trans Nzoia County and triangulize the studies to other studies hence, measuring the role of these homes on the rehibilitation process of the vulnerable children in the county.

1.1 Counseling Programmes and Rehabilitation of Vulnerable Children

Vulnerable children include Children who have lost one or both parents, Children in a child-headed household, Children who have been abused, Children who talk about suicide, Children living on the street (Nugent, and Masuku, 2007). Children have many ways of showing that they are having difficulty coping. Problematic behaviors may indicate that these children need support.

Herber and Dadey (1996) psychological provision in learning institutions is grounded on supposition that learners whose mental, social and physical needs or requirements are met within a compassionate environment may go on to reach their potential to the fullest despite the many difficulties they might face in life. Indeed, the aim of psychological assistance is to meet the needs of the child and bring up the child "holistically" that is to offer interventions in a manner that is in the wider context of educational development. Human rights watch report on education (2004), states that although there are different factors that give rise to vulnerable children opting to stop schooling which include lack of uniforms, fees and other requirements which create barriers in learning some of this need physical and monetary intervention while others that cause emotional torture like loss of parents and diseases can be solved through psychological interventions like guidance and counselling. This therefore emphasizes the importance of guidance and counselling as a way of trying to enhance vulnerable children participation in school.

Cluver and Gardner (2001) opines that, owing to the frequent challenges that vulnerable children undergo in their daily lives, head of schools should strive to organize for guidance and counseling to assist the learners cope better in learning institutions, particularly for those who may be going through emotional stress, depression, anxiety, stigmatization and post-traumatic stress disorder. Some vulnerable children may be withdrawn and exhibit some anti-social conduct like violence and hostility. Mallman (2003), cites why teachers need to be empowered and capacitated in helping those who have experienced parental death due to HIV/AIDS. There is a crucial need to introduce and equip the guidance and counseling program courses as part of the primary teacher training college curriculum to facilitate teachers with necessary skills which can enable them help vulnerable children in primary schools.

Psychosocial support is based on the assumption that children whose emotional, social and physical needs are met within a caring environment may go on to reach their potential, despite the difficulties they face in their lives. The aim of psychosocial support is to meet the needs of the 'whole child', that is to offer interventions in a holistic manner and in the wider context of educational development

(Catholic Relief Services (CRS) & USAID, 2008). Due to the aforementioned difficulties, headteacher should organize for guidance and counseling to OVC to help them cope better in school, especially those who experience emotional stress, depression, anxiety, stigmatization, and posttraumatic stress disorder.

The trauma from the loss of a parent can trigger behavior problems of aggression or emotional withdrawal and negatively affect a child's participation in school and the child's social relations with other children at both school and home (Van Dyk, 2003). Indeed, some OVC may become withdrawn and passive or develop sadness, anger, fear and antisocial behaviors and become violent or depressed. These children often experience long periods of absenteeism from school due to their difficult home circumstances and, as a result, they lose out on classroom instruction (Subbarao and Coury, 2004).

Guidance and counseling is very important in the school environment because the caregivers may lack the skill to support the OVC emotionally and psychologically. In their study on caregivers in Namibia, (Mnubi-Mchombu and Ocholla, 2011) confirm that some caregivers were worried that they do not have structured programme to deal effectively with orphans and vulnerable children and they also indicate that they do not have the time and/or skills to deal with this problem.

The vast majority of children go to school, and teachers are in an excellent position to notice signs of vulnerability in a child, or to notice when a child is frequently absent from school or leaving school altogether. UNAIDS (2014) asserts that teachers should be aware of what is happening in a child's life. The teachers need to be empowered and capacitated in assisting those who have experienced parental death due to HIV and AIDS (Mallmann, 2003). There is an urgent need to expand and introduce the program in Teacher Training Colleges so that teachers can acquire necessary skills which can enable them handle challenges hindering enrollment and regular attendance of orphaned and vulnerable children in primary education. Structured programmes are also needed and adequate time be allocated for guidance and counseling to support OVC in primary schools.

The social support that OVC receive from their peers cannot be ignored in this case, because some OVC cannot open up to adults during counseling but feel comfortable with peers. Brannon *et al.*, (2014) speak about the positive link between good mental and Physical health on one hand and social support on the other. To some degree the same should be true for these OVC as they pass on and share survival skills during peer counseling in school. The support of peers at school can have important consequences for OVC wellbeing. OVC who feel there are people who care about them at school and feel connected to the school are more likely to be academically motivated (Allison and Hellen, 2004). They are less likely to engage in a variety of negative behaviors including drug use, violence and sexual activity.

Another peer group intervention is peer support groups, during which staff addresses topics of concern to orphans through plays, poems, stories, games, and interactive group therapy techniques, including approaches to problem solving and positive deviance. These groups can be supplemented with monthly health examinations and treatment. Such support groups can lower anxiety, depression, and anger (Kumakech, Cantor-Grace, Malings, Bajunirwe, 2009).

Children in care settings are often confused when it comes to choosing a right career. Proper career counselling does not only help them in clearing their doubts, but also in making proper plans for the desired career. In the absence of an efficient peer group who can guide the children in care settings, regular intervention is needed from the institution to cultivate skills that allow them to be independent. Career Counselling also helps them to know and understand themselves and the world in order to make more informed decisions related to long-term career goals and education. Efforts can be made to link the students with different government groups, or with various corporate entities and other placement agencies (Cantwell, Davidson, Elsley, Milligan, & Quinn, 2012).

2. Materials and Methods

This study adopted a descriptive research design. The target population of the study was 1000 individuals comprising of children, teachers/caregivers, managers, social workers and children officers. Random sampling, Purposive sampling and Census sampling techniques were used to select a sample to represent the study population from children, managers, caregivers/teachers and social workers respectively. Questionnaires and interview schedule were used to collect primary data. Quantitative and qualitative approaches were applied to process and analyze data collected from the field. In analyzing quantitative data, the data was first be screened and arranged in a systematic manner by the aid of SPSS programme version 22.0. Qualitative data was organized in themes and triangulated respectively with the corresponding question in quantitative data.

3. Key Findings

3.1 Role of Counselling Programme on Rehabilitation of Vulnerable Children

Objective one purposed to establish the role of the counselling programmes in the children charitable homes. As such, several questions were asked in trying to find out the influence of counseling services to the respondents and rehabilitation. They were explained in details below:

3.1.1 Receiving of Counseling Service

The study wanted to find out if the children had ever received counseling in any one given time in their respective institutions. The responses were as represented in figure 1.

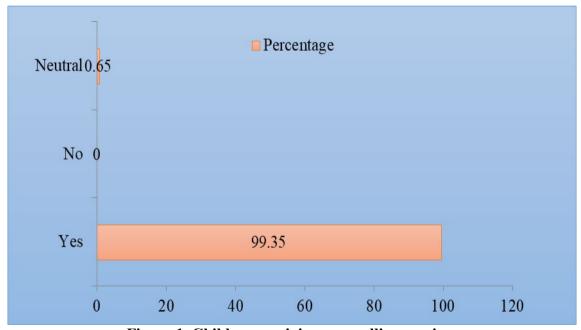


Figure 1. Children receiving counselling services

Figure 1 shows that 99.35% of the respondents had received counseling services compared to only 0.65% who had not sought any counseling services. It was evident that majority of the children in the homes do receive counselling services albeit unknown is whether they get the services from the expected qualified personnel or not. As such, the study wanted to find out the source of the counselling service, hence, the children were asked to indicate what the source of the counselling services they got were.

3.1.2 Source of Counseling

The question wanted to find out who the source of the counselling services were, hence, the children were then asked to indicate what the source of the counselling services they received was. The responses were as shown in figure 2.

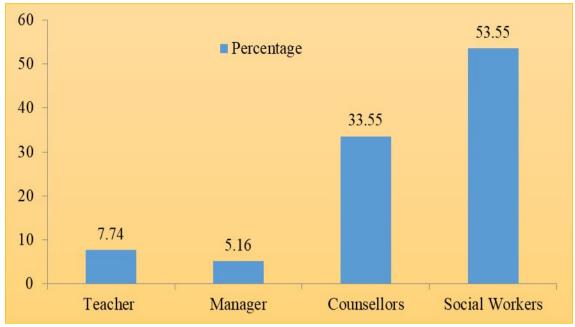


Figure 2. Sources of counselling

Figure 2 indicates that 53.55% of the children in the homes sought counselling services from social workers, 33.55% receive the service from counsellors while 5.16% and 7.74% sought counselling services from teachers and managers respectively. This shows that the counselling service does not emancipate from trained counselling experts rather from social workers who may be lacking depth in some counselling services. Studies by Mnubi-Mchombu and Ocholla (2011) on Guidance and counseling in Namibia show that the caregivers have challenges in counselling children given that they are not trained to do so. They recommend that it is very important for schools to ensure that the school environment is friendly to support the OVC emotionally and psychologically. This study is similar to this study which finds that there is a challenge in Kenyan CCIs in terms of adequacy of professional counsellors in the home subjugating this duty to care givers and social workers who are not specifically trained to do the work.

3.1.3 Perception of a Counsellor

This question intended to establish the children's perception towards a counsellor. This was deemed important because regardless of the presence of professionally trained counsellors, if the attitudes of the consumers of the services is negative, they may not benefit as such. The responses on the same were presented in table 1.

Table 1. Perceptions of a counselor

Statement	YES		NO	
	F	%	F	%
Person who helps those with social problems	53	34.19	11	7.10
A person who helps you know who you are	62	40.00	1	0.65
A person who helps me deal and cope with stress	18	11.61	2	1.29
One who feels for you when you are down	8	5.16	0	0.0

Table 1 shows that majority of the respondents 62% said that a counselor is a person who helps them to know whom they are with another large majority 53% saying that Person who helps those with social problems. 11.61% said that a counselor is person who helps one deal and cope with stress and only 5.16% saying it is one who feels for one when he/she is down. From the study findings, it can be noted that the children have positive perceptions towards the school counsellors in the CCIs. Children should therefore be encouraged to seek for this services by virtue that they hold the providers with high esteem and regard.

3.1.4 Frequency of Seeing a Counsellor

The question wanted to find out the number of times in average, the children sought counselling services from the institutional counsellors. The findings were presented in figure 3.

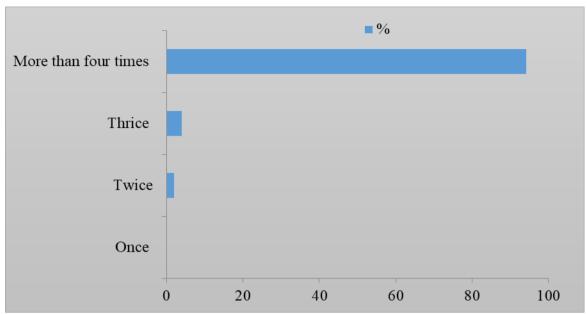


Figure 3. Frequency of visits to the counselor

Figure 3 shows that majority of the respondents 94.19% have had more than four consultations. The findings further shows that 3.87% of the children had visited the counsellor at least thrice while 1.93% of the children had seen a counsellor at least once. From the findings therefore it is seen that children know the significance of counselling services given that all of them have had received counselling services at one time or another. Therefore, the children ought to be encouraged to visit the counsellors if they have to benefit from the counselling services.

3.1.5 Feelings after seeing a counselor

The study wanted to find out from the children on how they felt after having a counselling experience with their counsellors. Table 2 shows their responses.

Table 2. Children's feelings after visiting a counsellor

Tuble 2. Children's leenings after visiting a counsenor							
Statement	YES		NO				
	F	%	F	%			
When I saw counselor once there was no difference	8	5.16	2	1.29			
I felt better when I saw the counselor for the second time	68	43.87	1	0.65			
The more I saw the counselor the better my emotions	63	40.65	1	0.65			
became							
The more I saw the counselor the more I got confused	4	2.58	8	5.16			

Table 2 shows that majority of the respondents 43.87% said that they felt better when they saw the counselor for the second time, and the more they saw a counselor the better their emotions became. 40.65% of the respondents observed that the more they the counsellor the better their emotions became. 5.16% said that they did not feel any change in their emotions when they saw a counsellor just once and 2.58% felt that more they had an encounter with the counsellor, the more they got confused. From this feedback it generally becomes clear that counselling especially on a repeated frequency had a positive effect on the client's emotions. Hence, vulnerable children should be encouraged to visit the counsellors regularly if they emotions had to be stable and thus, learning within the institutions. This study is in agreement with Cluver and Gardner (2001) who opine that, owing to the frequent challenges that vulnerable children undergo in their daily lives, head of schools

should strive to organize for guidance and counseling to assist the learners cope better in learning institutions, particularly for those who may be going through emotional stress, depression, anxiety, stigmatization and post-traumatic stress disorder. Some vulnerable children may be withdrawn and exhibit some anti-social conduct like violence and hostility.

3.1.6 Effects of seeing a counselor

The study wanted to find out the effect of seeing a counselor on children in the charitable homes. The findings were recorded in table 3.

Table 3. Effects of seeing a counselor

Statement	F	%
Am able to make fair decisions	29	18.71
Made me to be understanding concepts	38	24.52
Made me to be kind	18	11.62
Made to stay in school and remain focused in studies	36	23.23
Helped me to observe personal hygiene and general health	34	21.92
Total	155	100

Table 3 records that majority of the respondents being 24.52% had a better understanding of concepts in school due to the counselling services. 23.23% are encouraged to stay and remain focused on their studies in the charitable institutions the more they get the services from the counsellors. Further, 21.92% records that when they visit a counsellor and get the counselling services, they observe their personal hygiene and general health. The findings further observe that counselling services 18.71% of the children were able to make fair decisions in their lives while in school. Finally, 11.62% of the respondents said that counselling services are important to them since it helps them to be kind to others. From these responses it can be observed that counselling services help the children grow holistically given that the services affect all spheres of the human lives. The study therefore further urges that the counselling services be strengthened.

This study findings are in line with Nugent and Masuku (2007) who argue that with proper care in guidance and counselling and support, vulnerable children are likely to grow into people with competences just like the normal children who are likely to make a positive contribution to their families and communities. They compare the children who like seeds will grow into strong trees, children who are looked after when they are young and vulnerable will grow into strong, mature, happy, and respectful adults.

4. Conclusion

From the study findings, counselling services are done in the CCIs by unqualified staff, as opposed to trained counselors, even when counselling still plays a pivotal role in assisting children settle down in the homes. Also, skill training is done majorly as a co-curricular activity than a career training opportunity in the CCIs. Furthermore, majority of the children do not go beyond the basic education level.

5. Recommendations

The charitable children institutions to employ or seek for trained counsellors as volunteers for the children to fully benefit from professional experience and expertise. Children be encouraged to seek for counselling services given that already they have positive attitudes towards the CCI counsellors. Children should be encouraged to visit the counsellors many a times since it is recorded that the more the service was sought, the better the child became. Seeing a counsellor has proved to be one of the ways of growing an all-round person in the CCIs. Therefore the study recommends that the homes employ sufficient counsellors and encourage the children to seek for the services with an aim of growing a holistic child.

The CCIs should deliberately ensure that the children within their jurisdiction receive psychological support by all means. They should be creative and innovative by even inviting volunteer counsellors occasionally to support the children while they are in the institutions.

The CCIs should endeavour to establish peer group intervention through peer support groups, during which staff addresses topics of concern to orphans through plays, poems, stories, games, and interactive group therapy techniques, including approaches to problem solving and positive deviance.

Conflicts of interest

The authors declare no conflicts of interest.

References

- 1. Allison, M. and Hellen, P. 2004. The Classroom Social Environment and Changes in Adolescents: Motivation and Engagement during Middle School. An American Educational Research Journal, 38(2): 437-460.
- 2. Cantwell, N., Davidson, J., Elsley, S., Milligan, I. and Quinn, N. 2012. Moving forward: Implementing the 'Guidelines for the alternative care of children' international. Institutionalised Children Explorations and Beyond, 1(1): 137.
- 3. Catholic Relief Services (CRS) & USAID. 2008. Education Programming for Orphans and Vulnerable Children Affected by or Vulnerable to HIV: Moving Beyond School Fees and Uniforms'.
- 4. Clover and Gardner 2011. The tragedy of African education. South African Institute of International Affairs, 2(1): 1-19.
- 5. Herber, C. and Dadey, A. 1996. The job of a teacher in Africa: Research and Reality. International Journal for Education, 7: 3.
- 6. John, E.B. and Myers. 2008. A short History of child protection in America.
- 7. Kenya Human Rights Commission. 2011. Lest we forget: The Faces of Impunity in Kenya. Kenya Human Rights Commission.
- 8. Kumakech, E., Cantor-Graae, E., Maling, S. and Bajunirwe, F. 2009. Peer-group support intervention improves the psycho-social well-being of AIDS orphans: Cluster randomized trial. Social Science and Medicine, 68(1): 1038-1043.
- 9. Mallmann, A. 2003. Building resilience in children affected by HIV/AIDS. Windhoek, Namibia Catholic AIDS Action
- 10. Mnubi-Mchombu, C. and Ocholla, D.N. 2011. Information seeking behavior of orphans and vulnerable children, caregivers and the role of service providers in Ohangwena and Khomas regions in Namibia. A preliminary report. A paper presented at the 6th biennial ProLISSA conference, Pretoria.
- 11. Nugent, A. and Masuku, Z. 2007. Psychosocial Support for Orphans and Vulnerable Children: An Introduction for Outreach Workers. World Education and John Snow, Inc (JSI).
- 12. Reddy, S. 2003. The agonizing plight of orphans of war India. Indian Journal of Social Work, 64(3): 307–332.
- 13. Senefeld, S. 2011. Measuring adolescent well-being in orphanages. Vulnerable Children and Youth Studies, 6(4): 346–359.
- 14. Subbarao, K. and Coury, D. 2004. Reaching out to Africa's orphans: A Framework for public action. Africa Region Human Development Series, Washington, DC. USA, World Bank.

- 15. Tottenham, N., Hare, T.A., Quinn, B.T., McCarry, T.W., Nurse, M., Gilhooly, T., Millner, A., Galvan, M.C., Davidson, M.C., Eigsti, I., Thomas, K.M., Freed, P.J., Booma, E.S., Gunnar, M.R., Altemus, M., Aronson, J. and Casey, B.J. 2010. Prolonged institutional rearing is associated with atypical large amygdala volume and difficulties in emotional regulation. Developmental Science, 13(1): 46-61.
- 16. UNAIDS, UNICEF. 2014. Children on the brink: a joint report of new orphan estimates and a framework for action." 2008 from http://www.unicef.org
- 17. Van Dyk, A.C. 2003. HIV/AIDS Care and Counseling a Multidisciplinary Approach. 3rd Edition, South Africa: CTP Book Printers.

Citation: Kuwaka Carol Temko, Kadurenge Benard and Ambuchi John Justo. 2021. Role of Counselling Programme on Rehabilitation of Vulnerable Children in Charitable Children's Homes in Trans Nzoia County. International Journal of Recent Innovations in Academic Research, 5(7): 91-99.

Copyright: ©2021 Kuwaka Carol Temko, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.