



# Strategies Enhancing Reintegration of Children Institutionalized in the Catholic Church-run Institutions in Lang’ata and Kibra Sub-Counties, Nairobi City County, Kenya

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**Abstract:** *The reintegration of institutionalized children into family settings remains a critical challenge in contexts marked by socio-economic instability. This study examined the influence of family socio-economic factors on the reintegration of children institutionalized in Catholic Church-run institutions in Lang’ata and Kibra Sub-Counties, Nairobi City County, Kenya. Guided by Attachment Theory and Social Network Theory, the study adopted a convergent parallel design targeting 40 participants, including directors, counselors, social workers, and caregivers, selected through census sampling. Data were collected using questionnaires and interview guides, with quantitative data analyzed using descriptive statistics in SPSS version 26 and qualitative data analyzed thematically. Findings revealed that low income, financial instability, inadequate housing, and high debt significantly hinder reintegration, while job insecurity limits families’ ability to sustainably provide for children. Although education and healthcare were less consistently cited, they remain barriers for disadvantaged families. Stable employment emerged as the most critical enabler of reintegration. Key strategies identified include financial support, vocational training, and family counseling to strengthen resilience and stability. The study recommends enhancing employment opportunities, expanding socio-economic support systems, and designing tailored reintegration programs to improve outcomes for institutionalized children.*

**Keywords:** *Strategies, reintegration, children, institutionalized, Catholic Church-run institutions, Lang’ata and Kibra Sub-Counties, Nairobi City County, Kenya*

## How to cite this work (APA):

Akoth, E., Patrick, F. M. & Muhingi, W. N. (2025). Strategies enhancing reintegration of children institutionalized in the Catholic Church-run institutions in Lang’ata and Kibra Sub-Counties, Nairobi City County, Kenya. *Journal of Research Innovation and Implications in Education*, 9(3), 1177 – 1189. <https://doi.org/10.59765/prhg7e>.

## 1. Introduction

The reintegration of institutionalized children into family environments is globally recognized as a vital process, yet it remains hampered by socio-economic instability. While

poverty is frequently cited as a driving factor behind institutionalization, it equally poses a formidable barrier to reintegration (Rohta, 2020; McKinney, 2023). Evidence suggests that many children in residential care have living relatives capable of assuming care if appropriately supported (Duschinsky et al., 2020), aligning with the

United Nations' guidance favoring reintegration or foster placement when in the child's best interest (Roche, 2019). Despite this, strategies addressing underlying economic vulnerabilities remain underdeveloped, representing a clear methodological and programmatic gap.

Regionally, efforts across African nations—including Kenya, Rwanda, and Malawi—aim to reform child protection systems by emphasizing family-based care over institutional models (Murthi & Jayasooriya, 2020). Evaluations from Ghana, Tanzania, South Africa, and Zimbabwe expose persistent obstacles: recurrent relapse, insufficient follow-up, educational deficits, stigma, and poor household conditions (Frimpong & Bugyei, 2019; Chadambuka & Chikadzi, 2020; Severine et al., 2020; Gwenzi, 2019). These findings underscore the need for integrated strategies that combine financial, psychosocial, and social support within reintegration frameworks. However, comparative studies often lack systematic evaluations of the specific interventions needed to strengthen family resilience post-reintegration.

In Kenya, the Catholic Church runs a substantial network of children's homes, and most placements stem from poverty rather than parental absence (Karani & Daria, 2015; Chege, 2023; NGO Board Kenya, 2021). Research in Nakuru County indicates that children may resist reintegration, driven by emotional attachments to institutions and economic insecurity at home (Chepngetich, 2018). Yet, evidence on tailored, localized strategies for facilitating sustainable reintegration in urban, informal sub-counties like Lang'ata and Kibra remains scarce.

Recent national reforms offer promising models. Kenya's Care Reform Strategy (2022–2032) incorporates foster family training, transforming Charitable Children Institutions into community hubs offering counseling and transition support (Children Act, 2022; Kenya News Agency, 2025). Additionally, NGO initiatives like Agape Children's Ministry's Family Strengthening Programme demonstrate significant improvements in family functioning and child well-being post-reintegration, underscoring the role of holistic, needs-based interventions (Greeson et al., 2024).

Accordingly, this study assesses specific strategies, financial support, counseling, vocational training, and foster care preparedness that may foster durable reintegration. By situating interventions within Kenya's evolving care reform ecosystem and focusing on urban poor contexts, the study addresses critical geographic, contextual, and methodological gaps. It promises to contribute context-specific, strategy-oriented insights for practitioners and policymakers seeking to strengthen family-based reintegration systems in similar settings.

## 1.2 Statement of the problem

The reintegration of institutionalized children remains one of the most pressing challenges in child protection, especially in contexts where families face entrenched poverty and instability. While international and regional frameworks highlight the importance of family-based care, practical strategies to support reintegration are often underdeveloped or inconsistently applied. In Kenya, and particularly within Catholic Church-run institutions in Lang'ata and Kibera, socio-economic barriers such as unemployment, inadequate housing, and lack of essential resources like finances continue to undermine sustainable reintegration. Families may be willing to receive children back, yet without targeted support, reunification risks relapse and further institutionalization.

One critical strategy lies in strengthening families economically through financial assistance and livelihood programs that cushion households against the economic shocks often associated with reintegration. Equally important is psychosocial support and counseling, which help rebuild family bonds fractured by separation. In addition, vocational training and skills development for caregivers offer a pathway toward self-reliance, enabling families to meet the needs of returning children. Reintegration is further enhanced when social workers, faith-based institutions, and government agencies collaborate to provide follow-up care and ensure continuity of services.

Despite recognition of these strategies, there remains a significant research gap. Empirical evidence on how family socio-economic stability shapes reintegration outcomes in urban, poverty-prone settings such as Lang'ata and Kibera is limited. Few studies interrogate the specific interventions that Catholic Church-run institutions employ, or the effectiveness of such measures in sustaining family reintegration. This gap is both contextual and methodological: contextual because urban informal settlements present unique vulnerabilities, and methodological because most existing studies are descriptive rather than evaluative. Addressing this gap is essential for designing context-specific, evidence-based strategies that move beyond temporary reunification toward durable, family-based care solutions.

## 2. Literature Review

### 2.1 Theoretical Framework

The reintegration of institutionalized children into family settings can be understood through the complementary lenses of attachment theory and social network theory.

Bowlby's attachment theory (1944, 1951) underscores the foundational role of early caregiver-child bonds in shaping emotional, cognitive, and social development across the lifespan. Secure attachments foster cooperation, prosocial behavior, and resilience, while insecure patterns, often stemming from disrupted caregiving, predispose children to maladaptive behaviors and relational difficulties (Ainsworth, 1979; Bruce, 2005). Institutional care often exacerbates attachment disruptions, resulting in avoidance, disorganized traits, or impaired socialization. Reintegration efforts, therefore, require deliberate strategies that rebuild trust and strengthen parent-child bonds, supported by psychosocial counseling and structured caregiver engagement. Attachment theory thus offers a critical framework for understanding the challenges children face in transitioning back to family life and highlights the importance of supportive interventions that secure positive adjustment.

Complementing this, social network theory emphasizes the role of relational ties and communal linkages in reintegration. Granovetter (1973) and Wellman (1983) argue that social networks, defined by nodes (actors) and ties (relationships), provide vital resources, social support, and opportunities for stability. In the context of Catholic Church-run institutions, networks comprising families, faith communities, and local organizations can either facilitate or hinder reintegration. Strong supportive ties offer emotional reassurance, information exchange, and material assistance, while weak networks risk isolation and relapse into institutional care (Kenis & Knoke, 2016; State, 2018). Effective reintegration thus requires leveraging community-based networks, fostering collaboration between institutions, families, and local support systems.

Together, these theories highlight that reintegration is not solely a matter of returning children home but a dynamic process shaped by emotional bonds and social support structures. Applying attachment and network perspectives provides a holistic understanding, essential for designing context-specific strategies in Catholic Church institutions within Lang'ata and Kibera.

## 2.2 Empirical Review

The reintegration of children raised in institutions into family environments remains a complex challenge across global, regional, and local contexts. Worldwide, an estimated 5.4 million children live in institutional care, with many facing barriers to reintegration due to poverty, weak social support systems, and unresolved emotional trauma (UNICEF, 2021). Reintegration is not a single event but a process requiring holistic strategies that address economic, social, and psychological dimensions. Attachment theory (Bowlby, 1951) emphasizes the

enduring importance of caregiver-child bonds, while social network theory (Granovetter, 1973; Wellman, 1983) highlights the role of relational ties in sustaining reintegration. When viewed together, these theories reveal that both intimate family relationships and broader community networks are critical to ensuring sustainable reunification.

Globally, research has shown that children leaving institutions often face challenges of reattachment and stigma. In Asia, Chuo (2019) demonstrated that careful preparation and assessment of family readiness are vital for successful reunification. Similarly, Willi, Reed, and Houedenou (2020) argued that reintegration efforts in India must be accompanied by direct financial support and provision of basic needs, reflecting the intersection of economic and emotional stability. Studies in Eastern Europe reinforce these findings, noting that institutionalized children frequently return to families struggling with unemployment, addiction, or violence, underscoring the need for comprehensive, state-supported interventions (Csáky, 2009). From the perspective of attachment theory, the absence of secure caregiving during formative years often leads to maladaptive coping strategies, making reintegration fragile unless targeted support addresses these deficits.

Regionally, in sub-Saharan Africa, research underscores the importance of community-based strategies. Runge and Hofer (2019), in their South African study, found that community integration and stigma reduction are as important as direct family support. Reintegration is enhanced when families are embedded within supportive social networks that provide not only material aid but also emotional validation. This resonates with social network theory, which underscores the centrality of both strong and weak ties in sustaining reintegration outcomes (Kenis & Knoke, 2016). Community programs that encourage interaction and solidarity reduce the isolation of reintegrated children and enhance parental capacity. Yet, African studies remain limited in examining how formal institutions, such as faith-based organizations, mobilize networks to sustain reunification.

At the local level in Kenya, the reintegration of institutionalized children presents unique challenges. Weda and Mwangi (2019), in their study of Charitable Children's Institutions in Kisumu, identified the importance of multi-sectoral collaboration, where NGOs, government agencies, and faith-based institutions coordinate to provide holistic services. These include psychosocial counseling, education support, and healthcare, aligning with attachment theory's emphasis on rebuilding secure bonds. However, many reintegration efforts remain underfunded, fragmented, and unsystematically evaluated (Chege & Ucembe, 2023). The

Catholic Church, as a significant provider of institutional care in Lang'ata and Kibera, faces growing demands to facilitate reintegration amid families' socioeconomic instability. Poverty, unemployment, and inadequate housing remain significant barriers (Odongo, 2023), yet little empirical work has systematically examined how Catholic institutions leverage community networks to address these constraints.

Comparative reviews across these contexts highlight similarities and divergences. Globally, financial support and family preparation are prioritized, while regionally in Africa, community integration and stigma reduction emerge as critical. Locally, in Kenya, the emphasis has been on multi-stakeholder collaboration but with limited evaluation of outcomes (Muraguri, Mutisya & Muhingi, 2024). Despite these varied emphases, gaps persist. First, much of the literature privileges economic interventions, with insufficient focus on psychosocial dimensions of reintegration. Second, while attachment theory provides strong explanatory power for understanding children's relational struggles, its application has been critiqued for insufficiently considering cultural and socioeconomic contexts (Garelli, 1989). Similarly, social network theory is often underutilized in empirical reintegration studies, leaving a gap in understanding how specific networks—faith-based, kinship, or community—shape outcomes. Third, evidence from Kenya remains sparse, with most studies focusing on institutional care rather than post-reintegration experiences, limiting understanding of what strategies sustain long-term success.

Synthesizing these insights suggests that successful reintegration requires a multifaceted approach. Financial and livelihood support cushions families against poverty-related disruptions. Psychosocial interventions rebuild trust and strengthen attachment bonds. Community-based programs reduce stigma and create supportive environments, in line with social network theory. Moreover, faith-based institutions such as the Catholic Church are uniquely positioned to bridge economic and social interventions, given their embeddedness in local communities. Yet, without systematic research into the effectiveness of these interventions, reintegration efforts risk remaining piecemeal and reactive.

The gaps in existing literature point to urgent needs. There is limited longitudinal research evaluating long-term reintegration outcomes, particularly in sub-Saharan Africa. Few studies systematically compare the relative effectiveness of economic versus psychosocial interventions. The role of faith-based institutions, despite their prominence in Kenya, remains underexplored in scholarly discourse. Most importantly, children's voices are often absent in reintegration research, despite attachment theory's recognition of their subjective

experiences as central to adjustment. Addressing these gaps will require mixed-method studies that capture the complexity of reintegration processes across cultural and socioeconomic contexts.

In conclusion, reintegration of institution-raised children is a multidimensional process requiring the integration of attachment-based interventions, community network mobilization, and socioeconomic support (Muraguri, Mutisya & Muhingi, 2024). Comparative evidence underscores the importance of tailoring strategies to contextual realities: financial support in Asia, community integration in Africa, and multi-stakeholder collaboration in Kenya. However, research gaps remain significant, particularly in evaluating long-term outcomes, integrating theoretical frameworks into intervention design, and understanding the unique contributions of faith-based institutions. A renewed research agenda that is context-specific, child-centered, and theoretically informed is essential for advancing sustainable reintegration practices in Lang'ata, Kibera, and beyond.

## 3. Methodology

### 3.1 Research Design

The study utilized a convergent parallel mixed-methods design, enabling the simultaneous gathering of quantitative and qualitative data, each analyzed separately before merging to enrich interpretation. This approach, championed by Creswell (2017), enhances credibility by triangulating measurable indicators with lived experiences. Structured questionnaires captured quantifiable data on family socio-economic conditions and reintegration outcomes, while interviews elicited nuanced insights from key stakeholders. The design's flexibility and cost-effectiveness were well-suited for the complex, multifaceted context of Lang'ata and Kibera (Makrygiannakis & Jack, 2019; Mishra & Alok, 2017).

### 3.2 Study Area

The research was conducted in Lang'ata and Kibera Sub-Counties, located southwest of Nairobi. These urban informal settlements are marked by pervasive poverty, street-connected children, and fragile households. Catholic Church-run institutions play a significant role here, offering educational, health, and income-generating programs. Their embeddedness enabled access to rich, contextually grounded data (Bloomfield & Fisher, 2019). The locale's characteristics underscore the urgency of developing effective reintegration strategies.

### 3.3 Target Population and Sampling

The study encompassed 40 participants across four Catholic care institutions—directors, counselors, social workers, and caregivers—who are integral to the

reintegration process (Baldwin, 2019). Families and children were also included to capture firsthand reintegration experiences. A census sampling strategy ensured complete representation of this defined population (Kohler, 2019).

**Table 1: Distribution by sample size**

Population type	Population size	Sample size	Sample size (%)	Sampling technique
Directors	4	4	10.0	Census
Counselors	4	4	10.0	Census
Social workers	12	12	30.0	Census
Caregivers	20	20	50.0	Census
<b>TOTAL</b>	<b>40</b>	<b>40</b>	<b>100</b>	<b>Census</b>

Source: Field data (2025)

### 3.4 Data Collection Instruments

Quantitative data were collected via self-administered questionnaires for social workers and caregivers, blending structured items for comparability with open-ended items for depth (Orodho, 2018; Lavrakas, 2019). Semi-structured interviews were conducted with directors and counselors to explore complex relational dynamics and reintegration strategies (Schober, 2018).

Pilot testing involved 8 participants (10%), according to methodological recommendations, to refine the questionnaire's clarity and applicability (Whitehead et al., 2019; Schindler & Cooper, 2019). Instruments underwent content validation through literature alignment and expert review (Connell et al., 2018).

Reliability was assessed via Cronbach's Alpha using SPSS v26. As shown in Table 2, all constructs exceeded the 0.7 threshold, confirming high internal consistency (Clark, 2018).

#### Pilot Testing, Validity, and Reliability

**Table 2: Reliability**

Research Variables	Cronbach's Alpha ( $\alpha$ )	Items	Comment
Family socio-economic constraints	0.842	8	Reliable
Family employment opportunities	0.876	8	Reliable
Socio-economic stability challenges	0.853	8	Reliable
Average Score	0.860	24	Reliable

Source: Field data

### 3.5 Data Collection Procedures

Following ethical approvals from CUEA and NACOSTI, institutional consent was obtained. Data collection unfolded in two phases: questionnaires were administered first to social workers, caregivers, and counselors, followed by interviews with directors. Statistical Package for the Social Sciences (SPSS) version 26 facilitated quantitative analysis, while thematic analysis enriched qualitative interpretation (Moreira et al., 2019).

### 3.6 Data Analysis Techniques

Quantitative data were summarized using descriptive statistics, including frequencies and percentages, which facilitated the interpretation of patterns. Thematic analysis captured recurring narratives and insights, enabling the integration of data types for a holistic understanding (Moreira et al., 2019).

### 3.7 Ethical Considerations

Ethical protocols were observed meticulously: institutional permissions particularly a letter from the Department of Social Sciences and a research license, were acquired; written informed consent from respondents was obtained; confidentiality was maintained by not exposing the respondents' data and data management was ensured by keeping data under lock and key; and anonymity was assured through non-identification in data collection and analysis and presentation as proposed by Mugenda and Mugenda (2013).

## 4. Results and Discussion

### 4.1 Rate of Response

The study established the total number of respondents who actively participated in the study by answering and submitting the questionnaires, and those who took part in the interview. An analysis of the response rate is presented in Table 3.

**Table 3: Response Rate**

Respondents	Target	Actual Response	Frequency	Percentage
Directors	4	4	4	100%
Counsellors	4	4	4	100%
Social workers	12	12	12	100%
Caregivers	20	18	18	90%

Source: Field Data (2024)

From Table 3, data were gathered from Langata-Kibera sub-counties, Nairobi County. There were 36 questionnaires distributed to social workers, counselors, and caregivers. Only 34 questionnaires were correctly completed, sent back, and deemed appropriate for analysis, which translated to a 94.7% response rate on the questionnaire. Also, key respondents, that is, 4 Directors who participated in this study through interviews, responded 100%. Daikeler et al. (2020) suggested that studies can be influenced by low response rates and response bias from participants. In this study, a response rate of 95% was reported, with 38 out of 40 total samples, providing a strong level of representativeness for generalizing the respondents' opinions. Cooper and Schindler (2011) noted that return rates exceeding 50% are considered acceptable for analysis and publication, with rates over 60% deemed good, over 70% very good, and over 80% exceptional (Mugenda & Mugenda, 2019; Daikeler et al., 2020).

### 4.2. Demographic Characteristics of Respondents

This section presents demographic information about the respondents, covering aspects such as gender, age group, highest level of education, work experience, tenure with the organization, and their roles within the institution. The results from this section are illustrated in the accompanying tables and figures.

#### 4.2.1 Distribution of Respondents by Gender

The respondents were asked to identify their gender, providing valuable demographic insights for the study. This information helps to understand the gender distribution among participants, which can influence various aspects of the research findings. The results are visually represented in Figure 1, allowing for an easier interpretation of the data.

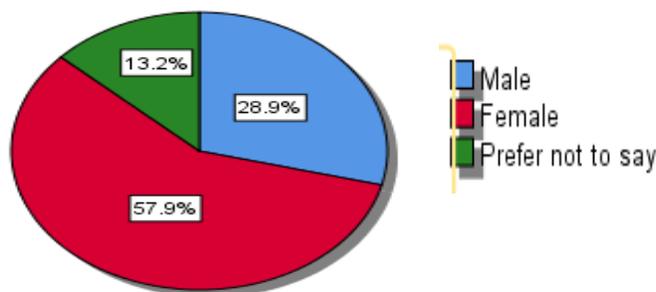


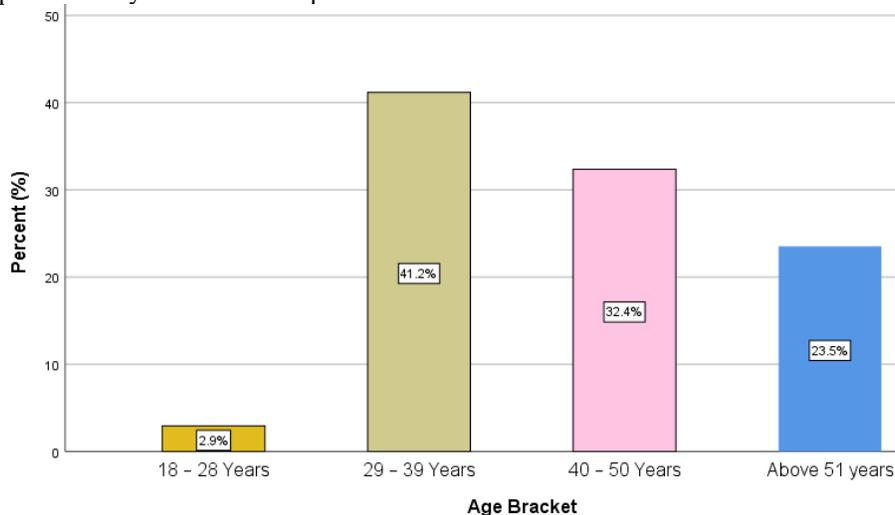
Figure 1: Respondents by Gender

As shown in Figure 1, majority (57.9%) of the respondents who participated in this study were female, followed by 28.9% who were male and the least (13.2%) prefer not to say their gender. This option may reflect a desire for privacy or a rejection of traditional gender classifications. It could also mean they were intersex. Understanding this group was important, as their perspectives may differ from those who identified as either male or female, potentially adding another layer of complexity to the research findings. The gender distribution not only informs the demographic makeup of the study but also raises questions

about how these differences might influence the overall results and interpretations of the data.

#### 4.2.2. Age Distribution of the Respondents

The researcher established age distributions of the social workers, counselors and caregivers who participated in this study. The findings were presented in Figure 4.2 in terms of percentage and frequency.



Source: Field Data, 2025

Figure 2: Age Distribution of Social Workers, Counselors, and Caregivers

Figure 2 shows that the majority, 41.2% of social workers, counselors, and caregivers who participated in this study were age between 29-39 years, 32.4% were aged between 40-50 years, 23.5% were above 51 years and those who were between 18-28 years were 2.9%. Including **diverse age brackets** in the study ensures a **comprehensive analysis** on the family's economic stability and the reintegration of catholic church institutionalized children in Langata-Kibera sub counties.

#### 4.2.3. Highest Level of Education of the Respondents

This section examines the educational qualifications of the respondents, providing insights into their academic backgrounds. Understanding the highest level of education attained by participants is crucial, as it can influence their perspectives, approaches to their work, and overall professional competencies. Findings were presented in Table 4.

Table 4: Educational Level of the Respondents

N=38

Education Level	F	%
Postgraduate	5	13.2
Undergraduate	17	44.7
Diploma	7	18.4
Certificate	3	7.9
Secondary	6	15.8
<b>Total</b>	<b>38</b>	<b>100</b>

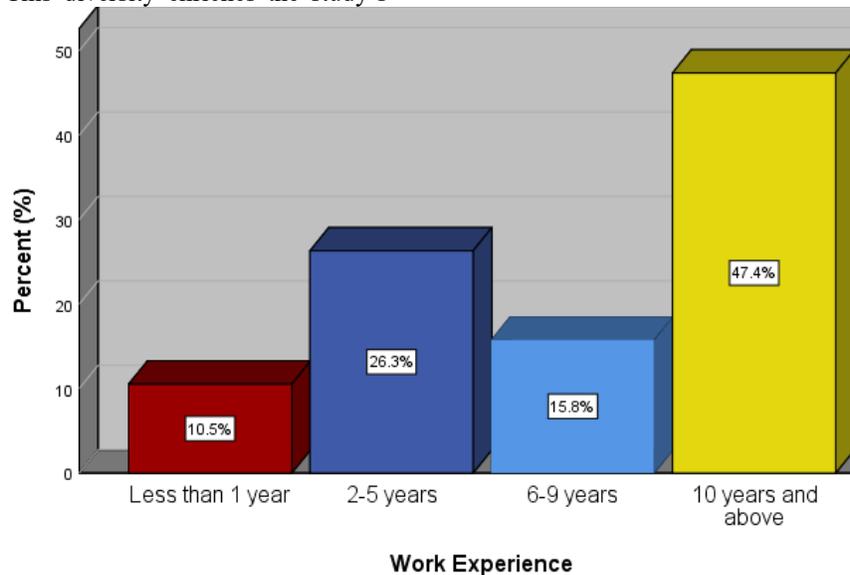
Source: Field Data, 2024

From Table 4, majority 17(44.7%) of the respondents had undergraduate as their education level, 7(18.4%) had diploma, 6 (15.8%) had reached secondary education, 5(13.2%) had postgraduate. The educational distribution among respondents provided a rich context for understanding the dynamics of family socioeconomic stability and the reintegration of institutionalized children. The varied educational backgrounds suggest that the respondents can draw from a wide range of knowledge and experiences, which is crucial for addressing the multifaceted challenges faced by families in the Langata-Kibera sub counties. This diversity enriches the study's

findings and enhances the relevance of the proposed interventions aimed at improving family stability and supporting the successful reintegration of children.

#### 4.2.4. Work Experience

The researcher established work experience of the social workers, counselors and caregivers who participated in this study. The findings are presented in Figure 3 in terms of percentage and frequency.



Source: Field Data, 2025

**Figure 3: Work Experience**

The findings in Figure 3 revealed that majority, 47.4% of the respondents, that is, social workers, counselors and caregivers had work experience of over 10 years and above, those who had work experience between 2-5 years were 26.3%, 15.8% had 6-9 years' experience and those who had less than 1 year were 10.5%. The work experience distribution among respondents underscores the diversity of expertise within the study sample. This variety enriches the research findings, as it allows for a comprehensive understanding of the challenges and opportunities in

addressing family socioeconomic stability and the reintegration of institutionalized children in the Langata-Kibera sub counties.

#### 4.2.5. Role in the Institution

Respondents were asked to indicate the role they play in the organization. The findings were presented in Table 5.

**Table 5: Role of the Participants in the Institution**

<b>Role of Participants</b>	<b>F</b>	<b>%</b>
Caregiver	18	47.4
Social Worker	12	31.6
Counselors	4	10.6
Director	4	10.5
<b>Total</b>	<b>38</b>	<b>100</b>

**Source: Field Data, 2025**

Most of the participants in this study, as in Table 5, were caregivers at 18(47.4%), social worker was 12(31.6%), and the remaining 4(10.6%). Generally, the distribution of roles among participants reflects a diverse array of perspectives and expertise that enriches the study. The combination of caregivers, social workers, counselors, and directors allows for a comprehensive exploration of the challenges and strategies related to family socioeconomic stability and the reintegration of institutionalized children in the Langata-Kibera sub-counties. This diversity in professional backgrounds enhances the relevance and applicability of the study's findings.

### **4.3 Strategies Enhancing Reintegration of Children Institutionalized in the Catholic Church-run Institutions**

The findings in Table 5 reveal that successful reintegration of institutionalized children in Lang'ata-Kibera requires a combination of financial, psychosocial, educational, and community-based interventions. These results reinforce theoretical perspectives from performance theory and ecological systems theory, which emphasize that children's adjustment is shaped not only by individual attributes but also by family and community dynamics (Schechner, 1985; Bronfenbrenner, 1994). In practice, reintegration is a multilayered performance where families, institutions, and communities enact roles that either stabilize or destabilize children's return to family life.

Economic support emerged as the most strongly endorsed strategy, with over 80% of respondents agreeing that financial assistance enhances reintegration. This resonates with evidence from Kenyan and wider African studies showing that poverty remains the single greatest barrier to sustained family care (Better Care Network, 2021; Waweru & Kimamo, 2023). Families unable to meet basic needs often see children return to institutional care, perpetuating cycles of separation. This highlights a critical research and

policy gap: while financial support is acknowledged, few empirical studies in Kenya have systematically tested cash-transfer or livelihood-strengthening interventions specifically within reintegration programs.

Psychosocial interventions were also valued, particularly family counseling and therapy, which respondents argued help caregivers manage children's emotional and behavioral adjustment. This aligns with Weda and Mwangi's (2019) findings that therapeutic services improve family readiness. Globally, studies in West Africa and Southeast Asia emphasize the protective role of counseling in reducing placement breakdowns (Willi, Reed, & Houedenou, 2020). Yet, in Kenya, systematic integration of psychosocial support into reintegration programming remains under-researched, with most interventions focusing narrowly on economic needs.

Education and vocational training for children were seen as essential to building resilience and reducing family dependency pressures. Respondents observed that training enhances self-reliance, echoing Runge and Hofer's (2019) argument that vocational empowerment reduces reinstitutionalization risks. Similar outcomes have been documented in South Africa and Uganda, where vocational programs provided pathways for reintegrated youth to support themselves (Delap, 2020). Still, few Kenyan studies rigorously assess the long-term impact of education and vocational initiatives on reintegration sustainability—a gap that demands further longitudinal inquiry.

Strengthening family bonds through regular visits during institutional care was also emphasized, reflecting ecological theory's notion that ongoing interactions between children and caregivers sustain attachment. Respondents' views confirm empirical findings from Nigeria and Ghana, where family contact reduced adjustment problems post-reintegration (Ame et al., 2022). However, in Nairobi, inconsistent visitation policies and

resource constraints undermine this strategy, suggesting a need for structured visitation programs backed by policy.

Community-based follow-up and social work support were also highlighted, with nearly three-quarters of respondents endorsing this approach. Such findings align with Chuo's (2019) argument that reintegration is most effective when embedded in community systems of care. In Kenya, recent child protection frameworks call for stronger community linkages (Department of Children's Services, 2022), yet evidence on how these linkages function in urban informal settlements remains scarce.

Stable housing, healthcare access, and parenting training were also identified as important. While less unanimously endorsed than financial or psychosocial interventions, these factors represent foundational determinants of family stability. Respondents explained that insecure housing or untreated health needs undermine reintegration, consistent with global research linking social determinants of health to child welfare outcomes (UNICEF, 2021). Parenting skills training, meanwhile, was strongly supported, echoing Willi et al. (2020), who found that caregiver capacity predicts reintegration success. However, Kenyan studies rarely evaluate parenting interventions within reintegration contexts, underscoring a gap in empirical validation.

Overall, the evidence demonstrates that reintegration is not a single intervention but a composite process requiring financial empowerment, psychosocial support, educational opportunities, family connection, community systems, and basic social determinants. While these findings align with both African and global literature, they expose critical research gaps in Kenya—particularly the limited empirical testing of interventions such as direct cash support, structured visitation, community follow-up, and parenting training. Addressing these gaps through mixed-methods and longitudinal designs will not only strengthen reintegration policy but also ensure that children in vulnerable urban contexts like Lang'ata–Kibera achieve durable family-based care.

## 5. Conclusion and Recommendations

### 5.1 Conclusion

The study established that reintegration of institutionalized children in Lang'ata–Kibera is a multifaceted process requiring financial, psychosocial, educational, community, and structural interventions. The most significant strategies identified included financial support, family counseling, vocational and educational training, family visitation, community-based follow-up, healthcare access, stable housing, and parenting skills training. These findings align

with ecological and performance theories, which highlight the interplay between family, community, and institutional systems in shaping children's reintegration outcomes. While there was broad consensus on the importance of these strategies, the study also revealed existing gaps in implementation, particularly in integrating psychosocial support, structured visitation programs, parenting interventions, and sustainable community-based systems into reintegration frameworks. Addressing these gaps is essential to achieving durable family-based care in disadvantaged urban settings.

### 5.2 Recommendations

Based on these findings and in line with UNICEF's *Guidelines for the Alternative Care of Children* (2010) and Save the Children's reintegration frameworks (2019), several recommendations are proposed.

1. First, at the family level, targeted financial support such as conditional cash transfers, school fees subsidies, and livelihood programs should be prioritized. UNICEF emphasizes that economic strengthening is vital to prevent re-institutionalization, while Save the Children advocates for linking reintegrated families to social protection schemes.
2. Second, families should be provided with structured counseling and therapy to prepare them emotionally and psychologically. Both UNICEF and Save the Children underscore the importance of psychosocial support as a foundation for reintegration success.
3. Third, parenting skills training programs should be institutionalized to build caregivers' capacity, echoing global best practices that stress equipping families with positive parenting techniques to manage reintegrated children's needs.
4. Fourth, for children themselves, access to quality education and vocational training should be integrated into reintegration programs, reflecting UNICEF's call for child-centred approaches that prioritize lifelong learning opportunities.
5. Fifth, healthcare provision, including mental health services, should be guaranteed, consistent with international guidelines emphasizing holistic wellbeing in reintegration.
6. At the community level, the sixth recommendation is to strengthen support systems through regular follow-up visits by social

workers, peer-support groups, and collaborations with faith-based organizations. Save the Children highlights that community participation reduces stigma and creates sustainable safety nets.

7. Seventh, community sensitization programs should be implemented to foster acceptance of reintegrated children and to reduce discrimination, aligning with UNICEF's recommendation on inclusive community care.
8. At the institutional and policy level, the eighth recommendation is to establish clear visitation frameworks during institutional care, sustaining family bonds as promoted in UNICEF's alternative care standards.
9. Ninth, partnerships between government agencies and non-state actors should be developed to provide stable housing solutions, resonating with Save the Children's emphasis on safe and supportive living environments.
10. Finally, the tenth recommendation is that reintegration should be mainstreamed into national child protection policies, with sufficient resources allocated for sustainability. Both UNICEF and Save the Children stress that reintegration must not be treated as a one-off event but as a long-term process requiring monitoring, evaluation, and accountability. In addition, longitudinal studies are recommended to evaluate the long-term effectiveness of financial, psychosocial, and community-based interventions, thus strengthening the evidence base for reintegration practices in Kenya and beyond.

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