

**THE CHILD REINTEGRATION PROCESS AND FAMILY WELLBEING: A CASE
STUDY OF AGAPE WORLD MINISTRIES, KAMPALA- UGANDA**

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**A DISSERTATION SUBMITTED TO THE SCHOOL OF SOCIAL SCIENCES IN PARTIAL
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DECLARATION

I, **MPIRIIRWE SUSAN OTAI** declare that the work presented in this dissertation, “**The Child Reintegration and Family Wellbeing: A Case Study Of Agape World Ministries, Kampala Uganda**” is my original work for the award of a degree of Master of Arts in Counseling Psychology from Uganda Christian University.

This has not been presented either partially or in full for publication for any award in another university or institution of higher education. All information used or indicated herein, the authors have been acknowledged in citation and indicated in references.

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Signature

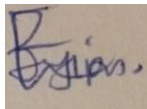
17th September 2025

APPROVAL

I confirm that the work presented in this dissertation was carried out by the candidate under my supervision.

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A small, square image showing a handwritten signature in blue ink on a light-colored background. The signature appears to be 'Betty Enyipu Akurut'.

Signature

17th September 2025

DEDICATION

I dedicate this work to my husband Mr. Moses Otai for his unwavering support and encouragement over the years. My son Nathan and daughter Faith for your daily inspiration. My sister Grace Kemirembe and friend Dr. Isaiah Eitu for always having my back and lastly to the valiant child care workers that continue to work tirelessly to make a difference in the lives of vulnerable children. God bless you all.

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ABSTRACT

This study examined the child reintegration process done in child care institutions and how it affects the social, economic and mental wellbeing of the reintegrated child and the family receiving the child. A case study was done in Agape World Ministries (AWM) that runs a childcare institution in Najjanakumbi Kampala city. The study used a descriptive design and a mixed method approach in data collection. The population comprised of key respondents the reintegrated children and parents/guardians that were randomly selected and childcare institution workers, government and school officials that were purposively selected.

The instruments used for data collection included questionnaire, a semi structured interview guide and focus group discussions. The sample size included 50 reintegrated children, 26 parent/guardians, three childcare institution staff, two probation officers, one Ministry of Gender official and two school administrators. The quantitative data was analysed with descriptive statistics and the qualitative was transcribed, categorized into themes and content analysed.

The study revealed that 85% of the key respondents agreed that Agape World Ministries practised the internationally recognized process of child reintegration and it had both positive and negative effects on the wellbeing of the family characterized by joy, relief, satisfaction, livelihood opportunities but also apprehension, economic hardships, shame and ridicule. The study concluded that the recommended reintegration process alone may not ensure family wellbeing. It recommends that individual child and family characteristics be put in consideration together with building strong collaborations with multiple stakeholders that can build and support the economic and social structures of families and communities

CHAPTER ONE

1.1 Introduction

This study examined the reintegration process and how it affects the family wellbeing which is the ultimate measure of successful child reintegration. The study reviewed the reintegration process practiced across the globe as recommended by major international bodies. It entails different stages of engagement of the child with the Government, child care institution, parent/guardian, family and the larger community and how these affect the general wellbeing of the family. This chapter focuses on the background of the study, statement of the problem, purpose and objectives of the study, research questions, scope of the study, justification of the study, significance, the theoretical and conceptual frameworks of the study and definitions of key operation terms.

1.2 Background to the Study

The background to the study is categorized into four different perspectives: historical background, theoretical background, conceptual background and contextual background.

Historical background:

Institutional care can be traced to as early as the 1700s in Britain. The first of its kind (London workhouse) kept children and made them spin wool and repair clothes. The children would stay in that workhouse until they were twelve or fourteen years when they would be released to go and work in other places. (Taylor, 2015).

According to Moyo et al (2016), Child reintegration is as old as child institutionalization. During the second world war, it is estimated that one to thirteen million people were left homeless in Europe due to several deaths and movements

that left many children orphaned and homeless. This led to opening up of care institutions mostly by religious bodies to provide care and support for these people.

Muguwe et.al (2011) reports that unlike other cultures, in African tradition, children were a responsibility of the family and community irrespective of the circumstances like war or orphanhood. Institutionalization of children was never heard of until recently because of change in the social lifestyles. The transition from traditional extended families to nuclear families has left many children homeless and orphaned in Africa.

In Uganda, the first child care institution Sanyu Babies home was opened in 1929 by a missionary midwife Milnes Winifred Walker who was driven by compassion because of the increasing number of babies that were being abandoned at Mengo hospital instead of being taken by families (Sanyu Babies Home, 2021).

Currently, according to the Ministry of Gender Labour and Social Development report of 2019, Uganda has 142 approved child Care Institutions with numerous unapproved homes accommodating between 40,000 to 50,000 children. With its given mandate, the Government works with the institutions to make sure these children are put under family-based care for better care and support through a process called child reintegration.

In Africa, there are many reasons that push children into institutional care. In its report, SOS (2016) Poverty and being an orphan may cause a parent to abandon their child or force a child to leave home and end up in an institution. Other factors include domestic violence, abuse, complicated relationships in the family, illnesses or disability, unruly children, migration and displacement.

In other instances, due to shame, fear and ignorance families and parents with special needs children usually give away or abandon their children with a hope that child care institutions will provide better care for their children. It is also generally believed that there are better life opportunities in institutions because they are usually run with donor money from developed countries. It is therefore not surprising to find that most of the children in these institutions have parents or at least an extended family member.

Child institutionalization is supposed to be done on a short-term basis given the negative effects it has on children. Children raised in child care institutions struggle with depression, concentration, obedience and social security among others due to lack of love and connection with loved ones in their early stages of development. (UNICEF Ghana, 2018)

Child reintegration became common after the adoption of the Optional Protocol on the involvement of children in Armed Conflict. The UN OHCHR (2000) put restrictions on recruitment of children into armed forces. Governments were called upon to remove recruited child soldiers and and reintegrate them back into their communities and make sure they are assimilated and accepted. Uganda had a number of former child soldiers in the Lord's Resistance Army reintegrated back into the community but they faced many challenges in their homes and communities after reintegration including stigma and violence not only to them but their families too (Okol & Nyeko, 2018).

Despite of the fact that children have a right to be protected and cared for (meeting their basic needs) by the state and their parents/guardians. Parents are

meant to be the primary care givers of their children but when the factors that push the children out of their homes are not addressed during reintegration family wellbeing is not ensured.

However, even when this is the case, most of the literature accessed by this study indicates that there is limited data on the reintegration process of children raised in child care institutions and its effect on the economic, social and mental wellbeing of the family in Africa.

Theoretical background:

The study was guided by Attachment and Social Capital theories. The attachment theory was developed by Bowlby (1958) a child psychiatrist with experience in working with maladjusted children. According to this theory there is a close link between early infant separation with a primary caregiver and later maladjustment. Attachment of children to their mother or primary caregivers in their early formative years is very important (McLeod, 2017)

The theory points out four attachment patterns based on child behaviors during absence or separation from the mother or primary caregiver. These are secure attachment pattern, insecure anxious attachment pattern, insecure disorganized pattern and insecure avoidant attachment. These attachments show the importance of a child having very close relationship with mother or primary caregiver in the early formative years.

Children raised in child care institutions are liable to face insecure attachments with their primary caregivers because they are usually few compared to the large

number of children to care for and they are not permanent they are paid workers. On the other hand, it is also equally not easy for a parent to bond with an old child. In this case, these insecure attachments will ultimately have an impact on the wellbeing of the family after reintegration. (Hope and Homes for children, 2019).

Social capital theory by Pierre Bourdieu (1986) reaffirms that capital is not only economic and that social exchanges from those around should also be embraced as capital. He also emphasizes the influence of those with power and status to direct resources to those in need (Claridge,2015). This theory was relevant in understanding how collaboration with people in power like donors, Government of Uganda officials, childcare institution workers, parents, siblings and neighbours can be used to mobilise resources and support the reintegration process. It also emphasized the importance of building strong community/family social networks that hold and sustain family wellbeing.

While the attachment theory was used to explain the child and family dynamics that may affect the wellbeing of the family, the social capital theory was used to discuss practical ways family wellbeing can be impacted positively. These included supporting the families with income generating activities, school fees and counselling.

Conceptual background:

This section provides the conceptualization of the independent variable (IV) and the dependent variable (DV). The study IV is considered to be child reintegration, while the DV is family wellbeing.

Child reintegration process done under the child care institutions begins with the placement of the child into the institution, assessment and case planning, tracing of the family of the child, preparation of the child, family and community for reunification, monitoring and post reunification support and finally case closure. All this should be done looking at the best interest of the child, no child should be put on pressure to home and likewise no family should be put to pressure to take on a child.

When a child is brought into a child care institution, thorough assessment is supposed to be done by the institution where details of the child (gender, assumed age, health status and others) are captured. These same details are meant to help in the tracing of the family. The child care institution with close support from other stakeholders like donors, Government bodies and community leaders do extensive tracing of family members for the child. When the family is found thorough assessment is done, looking at the family strengths, weaknesses, other siblings in the home, perception of family members towards the child, readiness to receive the child and ability to care and support the child holistically.

After all assessment and preparation of both the child and family is done, the child is taken to its home. From the prior family assessment, the child care institution is supposed to support and meet the needs and gaps identified while reintegration is being done this can be in terms of income generating activities, medical care and education.

Ongoing monitoring and support should continue until the child has settled in well in the family. During monitoring, the child care institution interacts with the

community leaders, school, whole family and the child alone to get their opinion on the relationship in the family. Where reintegration is deemed failing the child is taken back into institutional care as new preparations are done.

Family wellbeing:

The dependent variable is family wellbeing, for purposes of this study family wellbeing looked at the economic, social and mental state of the reintegrated child and the receiving family. Economic wellbeing focused on household income, financial security and standard of living. Did the child cause any form of financial strain or gain on the family since reintegration or does the child feel his/her economic wellbeing changed since they joined the family?

These can also be affected by personal factors like average age of people in the home, education levels, marital status and family structure. Social comparison (how a family sees itself compared to its neighbours) and the general macro-economic environment of the nation should also be put into consideration when looking at economic wellbeing. (Sirgy, 2018)

Cicognani (2014) defines social wellbeing as behaviours that show that one actively participates and belongs to a community by having social capital and cohesion. Being able to develop, share and sustain meaningful relationships with others. Both the child and family members should feel a level of attachment and acceptance for their wellbeing.

Mental wellbeing on the other hand looked more on the state of being able to realize ones' own abilities to cope with normal life stresses while being productive and

contributing to the wellbeing of the community they stay in. The child should be able to get into the family and thrive by living a normal life in the community not to live under fear or torment due to prejudice or rejection

The moderating variable was based on the core principles of the UNCRC and children's reintegration and these are non-discrimination, best interest of the child, survival and development and child participation. Reintegration of a child should be best suited for them able to meet their unique needs. Children have a right to information on where there they are being taken and should show all the signs of readiness to go into that family. The principle of non-discrimination should be well applied especially where it comes to adoption. There should not be preferences of sex, colour, age or health condition.

The study considers child reintegration as a process that should be done with utmost consciousness and intentionality to ensure that the child and family are happy, satisfied and thriving. The different stages of reintegration may not satisfactorily meet the needs of every family but they should give a foundation for the child and family to grow and thrive to minimize future family separation.

Contextual background:

Agape World Ministries is a Non-Governmental Organisation based in Kampala District Najjanakumbi Rubaga Division along Entebbe road. It was established in 2008 as a child focused organization that works with vulnerable children. It runs one of the approved Child care institution at Najjanakumbi where it keeps abandoned and destitute children both girls and boys of 2 to 12 years. It also has a drop-in centre in

Nalukolongo for street connected children that have not yet committed to going home or even join any child care institution but receive other services apart from shelter and education.

Agape World Ministries was chosen for this study because of its unique approach of working with both young children and street connected children. The Director and founder Isaac Mwambu has a vast experience of over 15 years in child reintegration work, he has grown his organization to become a transitional centre rather than an orphanage because he ensures children don't spend more than six months in the institution. The organisation does reintegration twice a year with an average of 40 children reintegrated per year. To keep abreast with what is happening in the families, regular meetings with parents and children are held at their headquarters. On average, 35 parents and 60 children attend these meetings and they were the ones used as the quantitative sample size of the study.

This study, focused on children that had lived in the institution for at least six months before reintegration and had stayed at home for at least six months. The respondent children were between 10 and 18 years because they were able to recollect and tell their reintegration journeys. The rich experience the institution has gathered over the years

1.3 Statement of the Problem

According to the resolution adopted by the UN General Assembly (2019), governments and child protection agencies should work together towards elimination of institutions and promote family-based care. This can be done by emphasizing the

role of a family to children, strengthening and supporting families through community and family-based programmes geared towards minimizing the drivers of child institutionalization. (Save the Children, 2019).

Jordanwood and Monyka (2014) reported that Institutional care has a range of negative effects on children making them incapable of becoming functional adults. Thus the promotion of both policy and practice of child reintegration from institutions into families of origin or foster families.

It is against this background, that the Government of Uganda (2016) published a National Action Plan on Children's Well-being, which acknowledges the need to do better for children. The report makes major emphasis on alternative care for institutionalized children. Children should be raised in families which will enable them to reach their full physical, mental, spiritual, moral and social potential.

Child reintegration's major purpose is to have the separated child get a permanent transition to his/her family to receive love, care and protection. It is not only about physical reunification of the family but a long-term process of forming lasting support and attachment of the reintegrated child and the family (Delap, E. & Wedge, J. 2016).

Pertinent to note though, it has been reported that quite a number of institutions, children and families have not found this process easy, recording a high rate of reintegration failures.

Walakira et al. (2016) reported that out of 95 reintegrated children, 23 left their families in a period of one to two months after reintegration. The reasons that were given for their running away from their families among others included poor living

conditions at home compared to the one in the institutions and negligence of parents to keep children home. It has therefore been observed that to ensure successful child reintegration, the family wellbeing should be put at the forefront at every stage of the reintegration process.

This study was done to examine the child reintegration process practiced by child care institutions like Agape World Ministries Uganda and how it affects the family wellbeing.

Assumptions of the Study

The major assumptions of the study were that the sample selected was representative of the population and that the key participants (reintegrated children and parents) answered the questionnaires honestly.

1.4 Purpose of the Study

The study examined the effect of the child reintegration process on family wellbeing in families where Agape World Ministries reintegrated children.

1.5 Specific Objectives

The study was based on four specific objectives:

- i. To analyse the contribution of child care institutions to family wellbeing in the child reintegration process
- ii. To establish the influence of family dynamics to family wellbeing in the reintegration process.
- iii. To examine the role of Government to family wellbeing in the reintegration process.

- iv. To investigate the contribution of counselling to family wellbeing in the reintegration process.

The researcher sought to answer four research questions enlisted below:

- i. What are the economic, social and mental effects of child care institution led reintegration processes on family members?
- ii. How do family dynamics affect the reintegration process?
- iii. What is the role of Government in the child reintegration process in ensuring family wellbeing?
- iv. What is the contribution of counselling psychology in the child reintegration process?

1.6 Justification of the Study

Over the last 10 years, Uganda has seen an increase in the number of child care institutions. Ultimately, the Government also came up with the national alternative care framework geared towards regulating the activities of these institutions. Government has tasked childcare institutions to transform their institutions into emergency centres where children are kept for a short time and taken into family-based care (Riley,2012). This turn of events has continued to put pressure on institutions to reintegrate children from their centres. They have gone ahead to invest a lot of resources into this process but unfortunately, most of them continue to report high numbers of reintegration failures. The findings of this study are key in unearthing the missing link in ensuring successful reintegration of children back into families and communities.

1.7 Scope of the Study

The scope of the study refers to the limits within which research was carried out. The study is categorized into three segments: the geographical scope, time scope and content scope.

1.7.1 Geographical Scope

The study was majorly conducted in Kampala, Wakiso and Mukono districts. Apart from the above-mentioned districts, Probation officers and local council chairpersons from Bushenyi, Busia, Gulu and Mukono where some of the children were reintegrated were interviewed on phone and are therefore considered part of the study.

1.7.2 Content Scope

The research focused on finding out how the child reintegration process is done in Agape World Ministries and how it affects the wellbeing of the family. It sought to understand the family dynamics and their influence on the reintegration process. The researcher also desired to know the role of counselling and Government as a key stakeholder in child reintegration and family wellbeing. The research looked at published journals and other research that was deemed relevant to the topic in addition to the primary data from parents, children, organizational staff and government employees.

1.7.3 Time scope

The study collected primary data from children, parents/guardians, child care institution staff and Government officials that have participated in child reintegration in the last ten years (2013 to 2023). The secondary data also covered a period of 10 years because it is during this period that the Government of Uganda gained more interest in child care institutions and promotion of family based care. The time was

close enough for the primary respondents especially family members to easily recollect their experiences and access records.

1. 8 Significance of the Study

The study will benefit the following categories of people and institutions:

Child Care Institutions: The findings from this study shall contribute knowledge and provide guidance on how to do successful reintegration.

The Government of Uganda: the study will provide information that maybe critical in the review of the alternative care policy framework. It will further inform key players like Ministry of Gender, Labour and Social Development, Development workers and donors how reintegration affects the family by identifying the gaps in social services. This may ultimately demand for further interventions at family level that may have been under looked.

Counselling psychologists: the study will clearly bring out the role of counselling in the reintegration process and help the different stakeholders to appreciate it.

Future researchers: The study findings will form a basis upon which future researchers can acquire new knowledge or refine knowledge on child reintegration. It will contribute to academic literature on child reintegration and family wellbeing.

1.9 Definition of Key Operational Terms

Child: The constitution of Uganda (1995) defines a child as any person below 18 years of age.

Child Reintegration: Better Care Network and United Nations Children’s Fund (2015)

defines child reintegration as “The process a separated child makes what is anticipated to be a permanent transition back to his or her family and community (usually of origin), in order to receive protection, care, a sense of belonging and purpose in all spheres of life.”

Family: The Constitution of Uganda (1995) defines a family as ‘a natural and basic unit of society’. It consists of people related by blood, marriage or adoption.

Child Care Institution (CCI):

Child institutionalization: according to Browne (2017) is an arrangement where ten or more children not related by blood are living together under the care of a paid caretaker. It is usually organised and structured in a way that everything is done according to programme more like a boarding school. There is a time to eat, sleep, play and engage in other activities.

Family Wellbeing: Family wellbeing is how people in a family feel secure, safe, healthy and financially stable to meet the goals they set for themselves and their children. Strong relationships based on trust and confidence among the family members, peers, neighbours and community at large are key in family wellbeing.

(Hall, 2022)

Family based care: is where orphaned and vulnerable children are being cared for from their family of origin (nuclear or extended families) or foster or adoptive families it does not include group homes or residential care (Alliance for Children Everywhere, 2020).

Economic wellbeing: also known as material wellbeing entails details of the cost of basic needs in a home, household income, financial security and standard of living.

(Sirgy, 2018)

Social wellbeing: are behaviours that show that one actively participates and belongs to a community by having social capital and social cohesion. It means one is able to grow, share, sustain and develop meaningful relationships with others. (Cicognani,

2014)

Mental wellbeing: According to World Health Organization (2023) is a state of one being able to realize their own abilities to cope with normal life stresses while being productive and contributing to the wellbeing of the community they stay in.

1.10 Theoretical framework

Given the nature of the topic and study objectives being examined, a number of theories would be applied such as ecological systems theory by Urie Bronfenbrenner (1979) resilience theory by Norman Garmezy (1991) and social identity theory by Henri Tajfel's (1979).

For instance, the ecological systems theory by Bronfenbrenner (1979) is of the view that the wellbeing of an individual is influenced by both the individual and other environmental factors around them. In this particular case, the theory upholds that the wellbeing of a child cannot be assessed from the immediate environment (family) but from the larger environments a child grows in. (Yendork, 2020)

However, for purposes of capturing all the constructs of the independent and dependent variables, this study was primarily guided by the attachment theory by John Bowlby (1958).

The attachment theory, highlights the importance of a good relationship between a child with its mother/primary caregiver to their social, emotional and cognitive development which also affects how they relate with the bigger world beyond the micro community. This theory helped understand the importance of child and family bonding or attachment in fostering family wellbeing in the reintegration process. It further emphasized the role of counselling in building the relationship of the child and the family.

John Bowlby (1958) a psychiatrist who started out as a volunteer worker in a school with maladjusted children developed the attachment theory. His experience in that school, motivated him to train in child psychology and later develop this theory that highlights the role of child mother/primary caregiver relationship in the social, emotional and cognitive development of a child.

Bowlby & Robertson (1952) observed that children exhibit a lot of distress when separated from their mothers. Even when such children were fed by other caregivers, this did not stop the child's discomfort. The bonding that takes place between a child and a mother/primary caregiver in the first five to six years of the child's life is very important for both the child and the primary caregiver. (McLeod, 2017)

According to Ackerman (2018, April 27) there are four attachment patterns children show when separated from their mothers or primary caregivers: secure attachment pattern, insecure anxious attachment pattern, insecure disorganized pattern and insecure avoidant attachment.

Secure attachment pattern is where a child feels safe and secure to explore their surroundings in the presence of their caregiver and seek their caregiver's attention when they are perturbed.

Likewise, mothers/caregivers of securely attached children are keen to recognize and consistently respond to their children's needs. This may not be possible for a caretaker in an institution who has to look after over 8 children with various needs. This lack of time and interest from the caretaker will develop the other attachments below:

A child with insecure anxious attachment will not seek for the primary caregiver's attention when distressed it will choose to look away. Such caregiver, has shown inconsistency in meeting the child's needs.

Children with an insecure avoidant attachment are detached from their caregivers. They don't show any attachment whether the caregivers are present or absent majorly because the caretakers have consistently failed to respond to the children's needs.

The insecure disorganized pattern is when a child does not act as expected while facing distressing situations. This happens if they have been exposed to severe stressors or traumas (for example physical and emotional abuse). Thus, insecure attachment patterns reflect a clear lack of sensitivity and reciprocity in the parent and child relationship.

The attachment theory study was also done in Uganda by Psychologist Mary Ainsworth from 1953 to 1955. The study observed 28 unweaned babies including a pair of twins from 23 families from their natural environment in six local villages. Back

then, it was a tradition to remove babies from their mothers at one year after weaning and hand them over to their grandmothers. This custom helped the researchers study how children would behave when separated from their birth mother. (Brogaard, 2016)

Ainsworth discovered that babies of mothers who were responsive to their babies' needs in the first year they were with them, developed a secure attachment style with their grandmothers, whereas babies of mothers who were non responsive or aloof developed an insecure attachment style. Five of the 28 infants apparently had failed to develop an attachment to their mother, and this correlated with a largely unapproachable or unpredictable parenting style. Seven babies were attached in an insecure way and experienced great difficulties being separated from their mother, probably as a result of the mother's inconsistency and own insecurities.

Bowlby & Robertson (1952) observed that children exhibit a lot of distress when separated from their mothers. Even when such children were fed by other caregivers, this did not stop the child's discomfort. The bonding that takes place between a child and a mother/primary caregiver in the first five to six years of the child's life is very important for both the child and the primary caregiver. (McLeod, 2017)

Zeanah et.al. (2005) reported a similar study done in Romania on institutionalized and non-institutionalized (community) children and their attachment to their primary caregivers. The study was done on children of 12-31 months of age who can form meaningful attachments. With the presence of their primary caregivers,

institutionalized children showed low attachment levels to their caretakers compared to the children who had never been institutionalized.

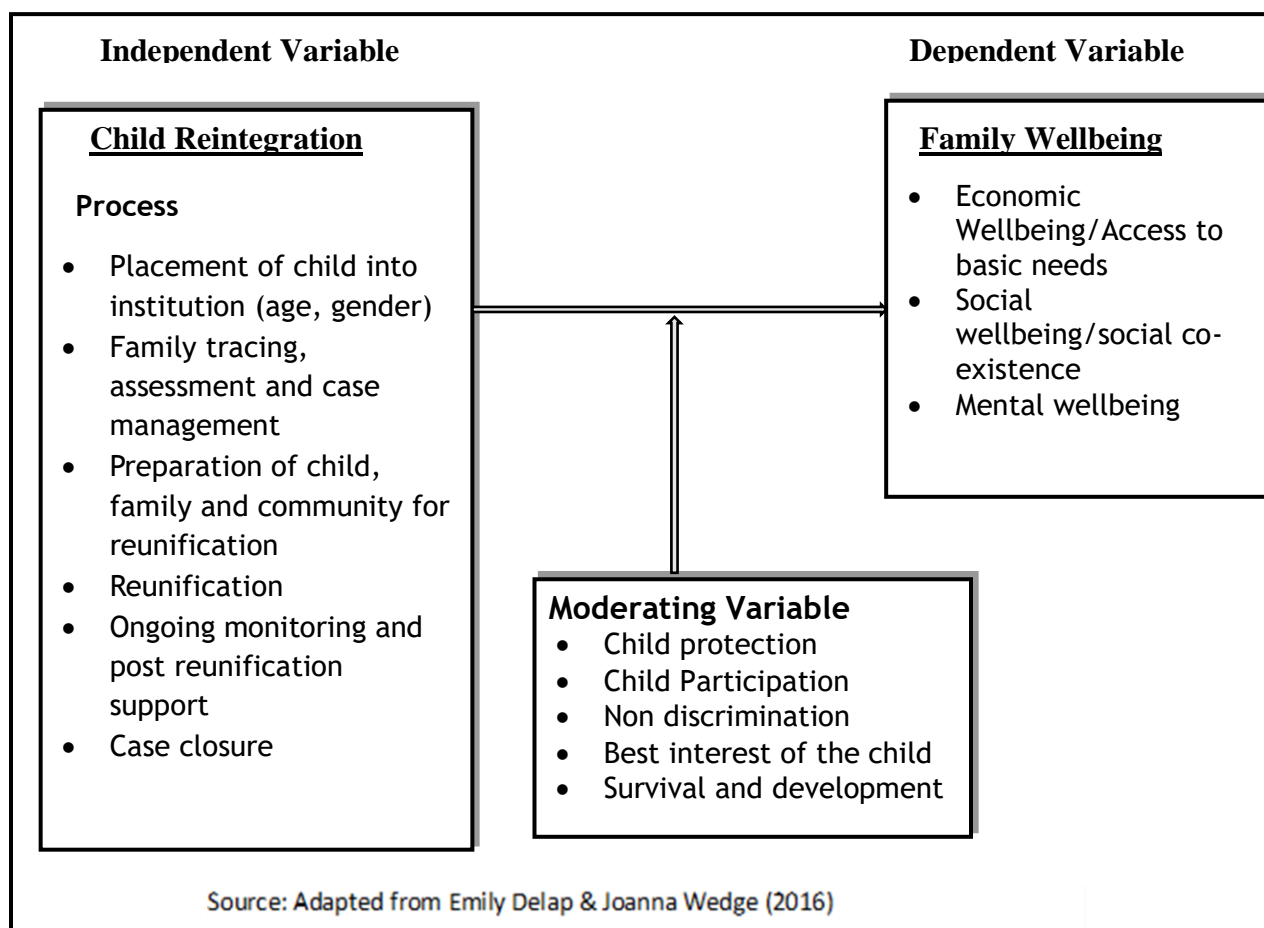
This makes it clear that children raised in child care institutions are liable to form insecure attachments with their primary caregivers because it is nearly impossible for one paid worker 'mother' to give over 8 children full attention at all times. These children consequently will find it hard to form secure relationships even after reintegration with their new caretakers/parents a situation that may create distress in the family. The children tend to act out as they cope with the childhood wounds of rejection and insecurity.

Schrader and Herrera (2016) used attachment theory to emphasize the need for proper preparation of both child and families (including siblings and extended family) before reintegration. It is very important to treat each child uniquely as they are being prepared for reintegration. Preparation of a child that has never stayed outside of the institution cannot be the same with one who first stayed with the parent/guardians.

More focus too should be put on rectifying the factors that led the child to be institutionalized; is it a runaway child, abandoned, neglected or child abuse victim? As recommended by Schrader and Herrera (2016) a phased reintegration process allows the child and family to bond.

1.11 Conceptual Framework of the Study

Figure 1: Conceptual framework for the study showing the child reintegration process and how it affects family wellbeing



The study considers child reintegration as the independent variable, family wellbeing as the dependent variable and the core principles of the United Nations Convention on the Rights of the Child as the moderating variable. The Independent variable child reintegration presents the different stages of reintegration right from the time the child is placed into the institution up to when the case is close or when the child has settled well into the family.

This process usually takes averagely 6 months and it involves back and forth engagements with the institution, child and family. The dependent variable family wellbeing focuses on economic, mental and social implications on the family through

the different reintegration stages. Similarly, the constructs under the moderating variable (child protection, child participation, non-discrimination, best interest of the child, survival and development) are key primary considerations in the reintegration process every decision made should look into the needs of the child first. The child is largely the biggest determinant of family wellbeing because he/she is the one coming into the family. The moderating variable remained a constant and was not considered under the study.

The child reintegration process should primarily ensure that at every stage the child and family wellbeing is put into consideration. This starts with bridging the gap between the child and family from the time the child gets in contact with the family. The closer a child gets to the parent/care giver even before reintegration, the easier it becomes to relate well and minimize extreme social, emotional and mental problems that affect the general wellbeing of the family after reintegration.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter gives a review of empirical literature on child reintegration and family wellbeing. Using the data collected from the key respondents, the main thesis of this study is that child reintegration has both positive and negative effects on the wellbeing of the family. The chapter is comprised of three major parts the theoretical review, empirical literature and gaps in the literature.

2.3 Empirical Literature Review

Child reintegration according to Terziev, & Arabska (2016) is the process of replacing child institutionalization with home-based care where children are raised and cared for in a family setting. This process does not stop at only putting children into families but also ensuring that relevant mechanisms and programs on family empowerment and conflict management are put in place to prohibit children from being institutionalized.

According to Jabbari & Rouster (2021) family dynamics is defined as the characteristics of the family members and the way relatives relate and interact with each other given their different roles and responsibilities. Family is the primary source of emotional, physical and economic support, a place people receive and give love, care and support enabling every family member to relate and survive in the bigger world.

Simran (2022) adds that family dynamics vary from family to family based on the culture they are in, the age of the parents and children, gender roles who does

what and personality types of family members and how compatible they are. These play differently in the current different types of families: nuclear, extended, blended, single, divorced/separated, lesbian/gay, foster and adoptive families.

With this background, it is important to note that the type of family a child is reintegrated into determines the wellbeing of the child and family at large.

(Berns,2009).

2.3.1 The Contribution of child care institutions to family wellbeing in the child reintegration process.

A Future Of Every Child (April,2023) defines a Child Care Institution, according to the Juvenile Justice (Care and Protection of Children) Act, 2015, as a place like an orphanage, children's home, open shelter, place of safety, Specialised Adoption Agencies (SAA), or any other kind of facility that provides care and protection for children. Both government and non-government organizations (NGOs) can set up such facilities as long as they are recognized and registered under the act.

Child Care institutions extend same services to all children irrespective of their unique needs, age, gender, abilities and reasons for separation from parents. Given their set up, the institutions are run under strict routines with few staff that are not able to give personal attention to every child because the ratio of children to the staff is usually big. The children in the long run are isolated from the larger community and their families. Hence the promotion of child reintegration. (Hope and Homes, 2019).

The UN Guidelines on alternative care, principle 123 stipulates that child care institutions' major role should be provision of temporary care and shelter for destitute children and active involvement in making sure these children are

reintegrated into families (Save the children, 2012). With these guidelines firmly in place this study, sought to examine their application in the Ugandan context.

Child Care Institutions and Family Wellbeing in the reintegration process

Miller & Beazley (2022) conducted a child focused participatory research in Cambodia titled 'We have to make the tourists happy' in one of the orphanages in Siem Reap. The study was done after Government's commitment to close some of the child care institutions following international pressure over the negative effects of institutionalization on children.

During the study, it noted that most of the children were not orphans but had parents. It was the parents themselves creating demand for these institutions because of the free food and education they were giving the children. The parents were freely handing over their children to 'escape' the impoverished situations of poverty, lack of economic opportunities and social injustices back in their rural communities. These children, now viewed this orphanage as their home, they even had support systems amongst themselves and did not want to go back to their families.

For reintegration to happen there has to be consensus among all the players and more so the child because it emphasizes child participation; the child should be involved at every stage of reintegration. Reintegration should not be done for them but with them. Such scenarios frustrate the process especially in developing countries that are largely characterized by household poverty.

This orphanage was also promoting its services by using these children to perform through traditional dances for tourists. Tourists and volunteers from developed countries would pay for these shows, the volunteers would come to teach

children English and other arts and pay weekly for being with these children. Ultimately most of these people would end up as donors after engaging and hearing the different stories of these children. With this background, it is not easy for such an organization to fully support reintegration because it does not fully align with the organization's vision.

In a related study by Milligan (2016) in the Alternative Child Care and Deinstitutionalisation case study done in Uganda, it was reported that much as the child care institutions have the mandate of ensuring that the children in their custody stay for a short time and are put into families, most of the institutions reported challenges in following through the reintegration process because of the issue of donor funds.

Most of the funding of these institutions comes from well-wishers from outside countries who are more interested in seeing their money invested in building structures and maintaining the children in the institutions than taking them back into family based care. This has proven to be a big hindrance in the child reintegration process and later on ensuring family wellbeing.

On the other hand, Better care network (2000) documented an experience report from Jerusalem Association Children's homes on transitioning from institutional care of orphans to community based care. The report noted that the institution developed a strategic plan to support the reintegration process whereby before reintegration the children were given an opportunity to go and trace their own families in the different communities and later document their findings. This made the reintegration process a success as the children were involved and the parents did

not have to meet the children inside the institutions. These prior visits by the children themselves gave the children a feel of what life out there was all about.

Ferguson & Heidemann (2009) too, did a qualitative study on strengths and challenges of NGOs in Kenya working with Orphans and Vulnerable children. The study worked with 34 NGOs out of these 24 were child care institutions. The study reported that most of these institutions registered success in reintegrating children back into families. They attributed this to their giving adequate support to the families for education and medical expenses during the reintegration process. They further noted, that these organisations have been able to make partnerships with other agencies back in the communities that support the families in formal and informal education after reintegration.

These comparative studies give a clear feel of how complex the child reintegration process to families can be. Each institution, child and family are unique and should be treated as so as they go through this process.

2.3.2 Influence of Family dynamics on the family wellbeing in the child reintegration process

Frimpong-Manso & Bugyei (2019) did a qualitative study on challenges facing children reunified with their families from an orphanage in Ghana. The study held in depth interviews with eight children (three girls and five boys) aged between 12 and 16 years together with their families. Out of the eight children, three were reunified with their parents and the other five with extended family (aunt, uncle, sister, grandparents). Also, five of these families were living in a rural setting.

The findings of this study indicated that after reintegration, all the children reported lack of basic needs including education, adequate food and clothing on top

of stigma and discrimination from community and other family members. They also felt their 'real family' was the one in the orphanages and missed them.

Interestingly, children that were reintegrated into extended families reported lack of care and provision of basic needs from their guardians ever since the support they were getting from the orphanage stopped. Despite of their relatives having the capacity to care and support them, they were instead physically and emotionally abused and being constantly reminded how they are orphans and to go back to their other family in the orphanage. This study highlights how family dynamics play out especially in the face of economic hardships.

Dubois et.al, (2021) did a meta-analysis research to find out if children and adolescents (0-21 years) in foster care were at greater risk of mental health problems than children staying with biological parents. The study was conducted in U.S.A., England, Belgium, Australia, Canada, Chile, Croatia, Ireland, the Netherlands, Norway, Serbia, Spain, and Turkey. The study pointed out the issue of mental wellbeing of family members after reintegration. It reported that youth that were reintegrated into foster families faced more mental health problems compared to those in biological families due to various reasons including length of time spent in foster home with no disruptions.

This though may be argued out that the study focused on developed countries which are known to have higher rates of mental health problems. 2021 Statistics showed that developed countries like Australia and New Zealand had the highest rates of anxiety at 8% and 7.9% respectively compared to developing countries like Nigeria and Uganda that were at 0.1% (Jacinto Convit World Organization, 2021).

Belancourt (2010) did a longitudinal study on former child soldiers between 10 to 17 years (boys and girls) that were affected by the war in Sierra Leone. The study sought to capture the psychosocial adjustment and social reintegration of the youth at reintegration back into the community. A cross section of children and care givers from five districts of Sierra Leone were interviewed. One of the notable findings was that social support from family, school and community was very key in ensuring successful reintegration.

According to the study, family acceptance which is one of the facets of family dynamics is key in creating harmony and development of positive attitudes and behaviours. It promotes smooth transition of child reintegration and fosters social cohesion in the family which ultimately supports family wellbeing.

2.3.3 Role of Government on family wellbeing in the Child Reintegration Process

United Nations Convention on the Rights of the Child (1989) Article 20 states that ‘state parties shall provide special protection and assistance to children who no longer have a family or who are temporarily deprived of their family’. The state should make sure that children are raised in a family environment of love and understanding and not under institutional care. The states are given the mandate to see all children raised to fulfil their potentials in all fronts right from their homes. They are therefore responsible for children both under institutional care and in families/communities.

Muguwe et.al. (2011) in their study on the reintegration process in Zimbabwe reported that limited financial resources was a big hindrance to proper reintegration

and recommended that the Zimbabwean government gives more financial support for successful reintegration of children from institutions to family care.

Human Rights Watch (2014) reports of a study on ten child care institutions with children living with special needs in Russia. Over 200 parents, children and young people living and those who used to live under institutional care were interviewed. It was reported that nearly 30% of children with special needs live separately from their families/communities despite of them having at least one living parent.

The main reason for this as reported by the respondents was the lack of Government supported services to families like inclusive education, rehabilitation services and other relevant support after reintegration. These two studies' primary respondents were child care institutions, the children and foster parents, they highlight the missing mandate of Governments in ensuring family wellbeing.

2.3.4 Contribution of Counselling to family wellbeing in the Child Reintegration Process

American Psychological Association (2022) defines counselling psychology as a 'general health service that uses a broad range of culturally informed and sensitive practices to help people improve their wellbeing, prevent and alleviate distress and maladjustment, resolve crises and increase ability to function better in their lives.'

Betancourt et al. (2010) in their study of war children in Sierra Leone agree that trauma, stigma and discrimination lead to psychological distress to most children who find themselves in one way or the other out of their families due to various factors including institutionalization. They recommend special attention to the psychosocial needs of such children while in and out of home.

Marathe (2021) reviewed a paper entitled “Tools for Working with Children in Institutional Care”. The resource gave practical tools and calming techniques that can be used by counsellors and other care givers working with children under institutional care. Children under institutional care usually undergo anxiety, anger, emotional and psychological trauma that calls for psychosocial support and counselling on top of meeting other basic needs. The same tools are being used in psychological preparation of children for reintegration.

Gaps in the literature

The study identified both knowledge and contextual gaps. Much as Frimpong-Manso & Bugyei (2019), Muguwe et.al. (2011) and Belancourt (2010) gave extensive literature on child reintegration and family wellbeing citing issues of economic hardships, mental and social distress in families where children were reintegrated, the Ugandan context had been missing. The existing literature conducted in Uganda spoke more on child institutionalization and less on the well being of the family beyond six months after reintegration. There are other studies that give relatively an elaborate process and the underlying challenges to the reintegration process but were done under different context (in other countries) other than Uganda. This study filled these gaps by interviewing parents and children after years of reintegration when most of the support from the child care institutions and other stakeholders had ceased bringing out the exact wellbeing of the family and learning more on the coping mechanisms of the families which later informed the recommendations of the study.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

The sections present the methodology used in collecting and analyzing data. It has the research design, study area, study sample size, sampling techniques, sources of information study population, data collection procedures and methods, quality/error control, data processing, data analysis, and ethical considerations, as well as the limitations that were encountered throughout the study.

3.1 Research Design

The study used a descriptive design and a mixed method approach in data collection. According to Kumar (2011) descriptive case study describes a real-world situation or problem by giving factual information that helps understand the root cause of the problem and the underlying forces behind the solutions.

Given the nature of the study variables, the study adopted a mixed method approach in data collection and analysis. Together the qualitative and quantitative approaches helped to triangulate the findings. Qualitative data provided in depth explanations on the family dynamics, wellbeing and the roles of the different stakeholders while quantitative data provided an objective numeric information on the reintegration process.

3.2 Area of Study

This was a case study on Agape World Ministries which runs a child care institution based in Kampala District Najjanakumbi Rubaga Division along Entebbe road. It was chosen for this study because of its unique approach of working with both

young children and street connected children. It has for the last five years been implementing the Government directive of having institutions act more of transitional centres for children rather than permanent homes.

Information about child care institutions and reintegration was majorly got from Agape World Ministries office headquarters in Kampala where the Director and social workers sit. A sample of the reintegrated children and their parents/guardians despite of coming from diverse parts of the country were also accessed through the support of the organization management.

The study also gathered information from the school administrators, probation officers and a Ministry of Gender Labour and Social Development Official in Kampala.

3.3 Sources of information

The study used both primary and secondary sources of information in carrying out this study.

3.3.1 Primary source

The primary data was obtained from the key informants using a pre-tested semi structured interview guide, questionnaire and Focus Discussions Groups.

3.3.2 Secondary source

The secondary data was obtained from published information available in newspapers, online journals and articles, magazines, textbooks, journals and reports from the childcare institution.

3.4 Population and Sampling Techniques

According to Hu (2014) population is a subset of the target population from which the sample is actually selected for the study. The key study population was of the

resettled children which was 60 and the parents/guardians were 35 (in total 95) spread across the country of Uganda.

Sample size

Sample size is the number of observations taken from a population through which inferences are made for the entire population. A sample size of 76 (50 reintegrated children and 26 parents and guardians) respondents were drawn from the study population. The 76 respondents were administered copies of questionnaire, while another 24 key informants purposively sampled by the researcher were interviewed.

Table 1: Showing categories and number of respondents

Category	Female	Male	Sample size	Sampling Method	Research Instrument
Reintegrated Children	16	34	50	Simple Random sampling	Questionnaire
Parents/Guardians	21	05	26	Simple Random sampling	Questionnaire
Probation Officer	01	01	02	Purposive sampling	Semi structured interview guide
Community Leader (LC1)	01	0	01	Purposive sampling	Semi structured interview guide
Agape World Ministries staff	1	2	03	Purposive sampling	Semi structured interview guide
MoGLSD Officer	0	01	01	Purposive sampling	Semi structured interview guide
School Administrator	01	01	02	Purposive sampling	Semi structured interview guide
Reintegrated children	3	7	10	Purposive sampling	Focus Group discussion
Parents and guardians	3	2	05	Purposive sampling	Focus Group discussion
Total			100		

Source primary, 2023

3.4.1 Quantitative Methods

The population of the resettled children was 60 and the parents/guardians were 35 (in total 95).

Therefore,

$$\text{Sample size} = \frac{95}{1+(95 \times (0.05)^2)}$$

Sample size = 76 (50 were the reintegrated children and 26 parents and guardians).

The calculated number of respondents were further selected using simple random sampling generated from records from Agape World Ministries. These were interviewed using a questionnaire.

3.4.2. Qualitative data collection technique

The participants for the qualitative aspect of the study were purposively selected and interviewed using a key informant interview guide based on their experience and knowledge on the topic. These included three staff from Agape World Ministries child care institution (The director and 2 social workers/wardens), Probation officers (2), school administrators (2) and a representative for child affairs in MoGLSD. Five parents and 10 reintegrated children (divided into two age groups 8-12 years and 13-18 years) participated in the Focus Group Discussions. A total of 23 key informants participated.

3.5 Variables Definitions and Measurement Levels

The independent variable (IV) was child reintegration process. This is the process of taking children from institutions and making a permanent transition back to their families/communities so as to receive protection, care, belongingness and purpose. (Better Care Network and United Nations Children's Fund:2015)

The dependent variable (DV) of the study was family wellbeing and by this the study looked at how people in a family feel secure, safe, healthy and financially stable able to realize the goals they sent for themselves and their children. Strong

relationships based on trust and confidence among the family members, peers, neighbors and community at large are key in family wellbeing. (Hall, 2022)

Family wellbeing was assessed by the quality of relationship the reintegrated child has with other family members and the community and the financial strain or relief that could be traced to the reintegration process. (financial income and standard of living).

The moderating variables were based on the core principles of the United Nations Convention on the Child these are non-discrimination, best interest of the child, survival and development and child Participation.

Measurement scale levels

The study used nominal scale level which helped categorize the different respondents for example male and female. The Ordinal scale level was used to measure the family wellbeing (social, economic and mental) by ranking the most affected in percentages to understand the severity of the problem. While, the Interval scale level helped perform arithmetical operations on data collected assessing how the reintegration process affects the wellbeing of the family for example is there a correlation between the time the child spends in the institution and the wellbeing of family after reintegration.

3.6 Procedure for data collection

The researcher obtained an Introductory letter from Uganda Christian University which was used to access the different offices where the study was carried out. It also acted as proof that this was an academic study and removed any kind of

suspicion from respondents. Two research assistants were hired and trained to support the study.

For every self-administered questionnaire, a letter seeking for consent, assurance of confidentiality and introducing the purpose of the study was attached.

The one-on-one interviews and focus group discussions were done through appointment and limited to maximum one hour and one and a half hours respectively. Before accessing the children, the researcher got consent from both the school administrators and the children themselves.

3.7 Data collection instruments

The study used a mixed method approach and employed four data collection instruments namely Focus discussion group interview guide, semi structured interview guide, questionnaire and document review/checklist.

3.7.1 Questionnaire

The study used structured questionnaires which were easy to administer in both hardcopy and online to cater for the different categories of respondents. It was set into four different sections. Section A captured the demographic data of the respondents, Sections B, C and D had questions for study objectives 1, 2, and 3 respectively.

The questionnaires' design was guided by the Child Reintegration Monitoring Kit developed by Samuel Hall (2021) for International Organisation for Immigration and customised to cover themes of the study objectives. The questionnaires used close ended questions designed using various formats, including multiple-choice questions that required the selection of one or two options, dichotomous questions that required a "Yes," "No," or "I don't know" response, and self-assessment items measured on a 4-

point Likert scale rating: Very good relationships, good relationships, poor relationship, very poor relationships. There were also some open-ended question options especially for demographic data. The questionnaire was both self and researcher administered to parents/guardians and reintegrated children.

3.7.2 Semi structured Interview guide

For purposes of picking respondents' diverse rich experiences on child reintegration, an interview guide with pre-determined short open ended guiding questions was designed. The other follow up questions in the interviews were drawn from the respondent's answers. These included the child care institution staff, Government officials and school administrators.

3.7.3 Focus Group Discussion guide

A focus discussion guide with open ended questions was carefully designed to elicit in-depth data from randomly selected parents/guardians and the reintegrated children. The respondent parents comprised of biological and non-biological parents (relatives and guardians) female and male each of them were able to share their experiences. For the children two different meetings were organized based on age group one for the 8-12 years and another for the 13-17 years this was done among other reasons not to let one group dominate the discussions.

3.7.4 Document Checklist

The document review enabled the researcher to obtain information on already existing literature about the effect of the child reintegration process on family wellbeing. This information was collected from reports, internet, journals and magazines.

3.8 Quality/Error control

The researcher used triangulation that helped in looking at different information sources. The respondents of the questionnaires (parents and children) also participated in focus group discussions this ensured consistence and accuracy. The field notes and recordings of the qualitative data was transcribed into different themes and secured properly for future reference. All the data corrected was double checked for correctness and completeness before being entered into excel

3.8.1. Validity

Kimberlin & Winterstein (2008) defined validity as the degree to which the interpretation of the results is approved or accurately measured. There are two ways of measuring validity face and content validity. Under face validity, the questionnaire was determined by five professionals including the researcher's supervisor to check the appropriateness, volume, clarity of language of the questions, if all the items of study had been captured and the length of time required to answer the questions upon her approval it was also forwarded to the research committee for further scrutiny. (Lawshe, 1975).

Content validity is the extent to which an instrument reflects all items of the construct being measured. The content validity index (CVI) is calculated as the total number of items declared as valid in the data collection instrument over the total number of items in the instrument. The Content Validity Index (CVI) should be equal or greater than 0.80 (Zamanzadeh et al, 2015)

$$\text{CVI} = \frac{\text{Number of valid items according to experts}}{\text{Total number of items in the data collection instrument}}$$

$$\text{CVI} = \frac{28}{32} = 0.88$$

The Content Validity Index for this data collection instrument is at 0.88 which is greater than 0.80 this means the questions in the data collection instrument were found to be valid in meeting the study objectives.

3.8.2 Reliability

Heale & Twycross (2015) define reliability as the consistency and dependability of research findings. The Cronbach alpha was used by the researcher in testing the reliability of the data collection instrument. The data from the five expert scores is presented on the table below:

Cronbach alpha reliability instrument

Study Objectives	Exp. 1	Exp.2	Exp.3	Exp.4	Exp. 5	Average	Interpretation
1. Contribution of Child Care Institutions on the family wellbeing in the child reintegration process	0.75	0.80	0.85	0.81	0.73	0.79	Acceptable
2.Influence of family dynamics on family wellbeing in the child reintegration process	0.82	0.81	0.79	0.80	0.75	0.79	Acceptable
3.Role of government on family wellbeing in the child reintegration process	0.70	0.78	0.81	0.83	0.80	0.78	Acceptable

4. Contribution of counselling on family wellbeing in the child reintegration process	0.85	0.80	0.85	0.81	0.75	0.81	Good
TOTAL	0.78	0.80	0.83	0.81	0.76	0.80	Good

From the above Cronbach alpha table, the data collection instrument used in this study was judged as good because the coefficient was found to be 0.80.

3.9 Data Processing and Analysis

Given that two different data were collected for this study, the researcher used various methods of data processing to be able to explain and visualize the data.

3.9.1 Qualitative Data Analysis

The data collected was organized under identified themes and content that were generated from the objectives. The process involved assessment of the correctness and uniformity of data collected from the field and editing of the answers from the respondents.

3.9.2 Quantitative Data Analysis

Quantitative data for this study was analyzed using the Stata 13.0 MP application. The researcher used frequency counts and percentage distributions to analyze respondents’ demographic data as it was nominal in nature. Each quantitative variable was described using frequency and percentages for categorical variables or means (standard deviations) or medians (interquartile ranges) for continuous variables. In terms data analysis qualitative q content analysis data was organized in themes quantitative statical analysis was used using the stata data analysis set

The researcher first got a University Introductory letter from the Ethics and Research Committee which was used for introduction to the different respondents. The information got from respondents was held and protected with utmost confidentiality. During data collection, the questionnaires did not capture the names of the respondents instead initials were used. The purpose of the study was clearly explained to respondents both by word and in writing for them to make informed consent to participate or not.

Consent from caregivers of the children respondents (minors) and their own assent was first sought before any engagement in the research exercise. They were also given leeway not to answer questions they were not comfortable with.

All sources of data, particularly secondary data used in the study were acknowledged in the list of references.

3.11 Methodological Constraints

Meeting the children in their schools was quite an uphill task it was not easy penetrating the school system to administer the questionnaire and also carry out a focus group discussion. The time allocated was usually limited (during break times) therefore the researcher had to make several visits to the schools to meet all the children and unfortunately this could only be done during school time since in holidays they would be going to their individual families that are dispersed all over the country.

Some respondents especially parents/guardians were illiterate so responding to the questionnaire was a challenge to them. The researcher had to put in more time to

interpret each question as well as fill in the answers. This was time consuming but nonetheless the desired objective was achieved.

Male respondents (parents and guardians) were not comfortable availing details about their current family conditions especially in the focus group discussion but they opened up when having one on one. Questions in relation to how the child ended up leaving home, how they feel about the children being back home and what this means to the family income and expenditure seemed hard questions to answer in a group.

Most of the respondents got a false assumption/hope that the researcher was coming in with support for the families. Despite of them being informed this was purely an academic study, they showed a lot of enthusiasm and interest to the point of sharing their contact details just in case the researcher needed another follow up session. This is understandable because the field of child reintegration has been one of the heavily funded until recent when the donors started withdrawing.

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND INTERPRETATION OF FINDINGS

4.0 Introduction

This chapter presents detailed findings from the data collected through document review, interviews with Agape Children Ministries' staff, Government officials (Ministry of Gender, Labour and Social Development official, Probation officers), questionnaire and focus group discussions with reintegrated children and parents/guardians.

The findings are categorized based on the study objectives that included:

- i) To analyse the contribution of child care institutions in family wellbeing
- ii) To establish the influence of family dynamics in family wellbeing.
- iii) To examine the role of Government in family wellbeing.
- iv) To investigate the contribution of counselling in family wellbeing.

A total of 100 (60 children and 40 adults) out of the 104 targeted respondents participated in the study, yielding an 96% response rate, indicating that the findings were a true representative of the population. The study integrated quantitative data with qualitative insights to bring out key patterns, recurring issues, and evaluate the overall effect of the child reintegration process. The goal is to present a comprehensive understanding of the reintegration process, highlight areas for improvement, and inform future policies and practices to enhance the outcomes for children transitioning from institutional to family-based care.

The following section presents the demographic information of the respondents. It should be noted that these respondents were got through simple random sampling so

they do not necessarily come from the same households/families. This also means the data from the children and parents/guardians may not tally in some cases.

4.1 Socio-demographic characteristics of key respondents Children and Parents

CHILDREN

Table 2: Socio-demographic characteristics of children

Characteristics	Gender		Total
	Male	Female	
Region of Origin			
Central	22(64.71%)	9(56.25%)	31(62%)
Eastern	5(14.71%)	1(6.25%)	6(12%)
Northern	3(8.82%)	2(12.5%)	5(10%)
Western	4(11.76%)	4(25%)	8(16%)
Total	34(68%)	16(32%)	50(100%)
Education			
Primary	22(64.71%)	11(68.75%)	33(66%)
Secondary	7(20.59%)	4(25%)	11(22%)
University	4(11.76%)	1(6.25%)	5(10%)
Vocational	1(2.94%)	-	1(2%)
Total	34(68%)	16(32%)	50(100%)
Age			
Prefer not to share	2(5.88%)	1(6.25%)	3(6%)
8-12'	2(5.88%)	7(43.75%)	9(18%)
13-17	30(88.2%)	8(50%)	38(76%)
Total	34(68%)	16(32%)	50(100%)
In or out of School			
No	4(11.76%)	-	4(8%)
Yes	30(88.24%)	16(100%)	46(92%)
Total	34(68%)	16(32%)	50(100%)
If in school who pays the school fees			
Organisation	29(96.67%)	15(93.75%)	44(95.65%)
Parent	1(3.33%)	1(6.25%)	2(4.35%)
Total	30(65.2%)	16(34.8%)	46(100%)
If not in school Why?			

Awaiting graduation	2(50%)		2(50%)
I finished my carpentry training	1(25%)		1(25%)
lack of school fees	1(25%)		1(25%)
Total	4(100%)		4(100%)

Source: Field data, 2024.

Table 1 above provides a breakdown of demographic characteristics among child respondents, offering insights into their regional distribution, age groups and education levels. The majority of respondents (n=34, 68%) were boys and (n=16, 32%) girls. Most of the children fell in the age bracket of 13-17 years (n=30 88.2% boys) and (n=8 50% girls) with (62%, 22 boys: 9 girls) originating from the central region of Uganda the least of the children were coming from Northern Uganda at (5%, 3 boys and 2 girls).

In terms of education, most of the children were in school for both genders (88.24% for boys and 100% for girls), indicating a high level of educational participation supported largely by organizations. Primary level of education predominates among both male (64.71%) and female (68.75%) respondents, highlighting foundational educational backgrounds. Secondary education follows with significant representation (20.59% for boys and 25% for girls), while a smaller but significant percentage (11.76% for males) is out of school (75%) of which finished school the other is out primarily due to lack of school fees.

PARENTS/GUARDIANS

Table 3: Social-demographic characteristics of parents

Characteristics		Male	Female	Total
Age group	18-25	1(20%)	1(4.76%)	2(7.69%)
	26-35	1(20%)	5(23.81%)	6(23.08%)
	36-45	1(20%)	7(33.33%)	8(30.77%)
	46-55	2(40%)	7(33.33%)	9(34.62%)
	56-65	-	1(4.76%)	1(3.85%)
	Total	5(19.23%)	21(80.77%)	26(100%)
Marital status	Married	2(40%)	11(55%)	13(52%)
	Separated	-	1(5%)	1(4%)
	Single	3(60%)	6(30%)	9(36%)
	Widowed	-	2(10%)	2(8%)
	Total	5(19.23%)	20(80.77%)	25(100%)
Religious Affiliation	Born Again	-	7(33.33%)	7(26.92%)
	Catholic	2(40%)	7(33.33%)	9(34.62%)
	Muslim	-	2(9.52%)	2(7.69%)
	Protestant	3(60%)	5(23.81%)	8(30.77%)
	Total	5(19.23%)	21(80.77%)	26(100%)
Occupation	Casual Labour	-	1(4.76%)	1(3.85%)
	Employed/Professional	2(40%)	8(38.1%)	10(38.46%)
	Farmer	-	4(19.05%)	4(15.38%)
	House Wife	-	1(4.76%)	1(3.85%)
	Religious	-	1(4.76)	1(3.85%)
	Self-Employed/Business	2(40%)	6(28.57%)	8(30.77%)
	Student	1(20%)	-	1(3.85%)
	Total	5(19.23%)	21(80.77%)	26(100%)

The demographic analysis in table 2 above reveals that the majority of parents surveyed were in the 36-55 age range for both male and females. 52% of the sample size of parents are married (11 females and 2 males), with a significant portion being employed or professionals (38.1% for females and 40% for males).

Additionally, while both genders showed a high level of employment, males are more prevalent in self-employment (30.77% for males) compared to females (28.57%), and females are more frequently in housewife roles (4.76% for females).

4.1.1 Implication of the demographic characteristics

Most of the reintegrated children were boys because it was reported that girls unless they are still babies do not usually stay long on the street they easily get absorbed in the community working as housemaids or bar attendants. This could also mean more boys are likely to run away from home than girls.

The big number of children are teenagers an age group that does not relate well with authority and may be more susceptible to social and mental challenges after reintegration with their parents, school and local authorities.

Most of the children were at primary level of education which means they still had a long way to go in terms of education, this implies there is critical need for finances in the family to support these children in school. For the families that do not have enough income sources their economic wellbeing will be affected.

On the other hand most of the parents lied in the mid age of 36-55 a working class tending to retirement but also with a number of family responsibilities. Child reintegration in this case could lead to diverse effects on the family wellbeing of these households.

4.2 Presentation and Interpretation of findings

Given that the study employed a mixed method approach, data presentation and analysis includes both qualitative and quantitative data. For statistical data, descriptive analytic tool of frequency tables was used to summarise the data. For qualitative data, the content analysis in the form of a reported speech was used to present the data. The study findings were chronologically presented in line with the study objectives. The researcher used convergent parallel reporting approach to give a consistent interaction between the quantitative data and the qualitative data.

- i. To analyse the contribution of child care institutions in family wellbeing
- ii. To establish the influence of family dynamics in family wellbeing.
- iii. To examine the role of Government in family wellbeing.
- iv. To investigate the contribution of counselling in family wellbeing.

4.2.1 Analysing the contribution of child care institutions on family wellbeing in the child reintegration process

The first objective of the study, aimed at examining the contribution of child care institutions (Agape World Ministries) in ensuring family wellbeing in the reintegration process. Specific data on this was qualitatively collected from the child care institution, the children and parents responded from both a questionnaire and focus group discussions. Agape World Ministries was a key respondent to this question was presented with the following questions:

Question One. What is your role in the child reintegration process?

The respondents (the Director and social workers) reported that they follow the internationally recognized steps of child reintegration which starts with children being brought into the child care institution either through referrals from Government law enforcement officers from Police and Kampala city council authority or through street outreaches. The referred ones are mostly the abandoned children while the street outreaches focus on the street connected children.

These children on entering into the institution are informed of their impending reintegration into family based care this usually comes with mixed feelings. After a child is admitted into the child care institution, a personal file with a court order and personal details is opened for gatekeeping purposes to ensure the child's safety and protection. The file also has other personal details like their places of origins and names of their parents/guardians for those that are of age.

“A child should never be kept anywhere illegally in whatever state they are in even if they were abandoned at a rubbish pit, proper documentation is very necessary otherwise one can land into problems, so we are very keen on this”!

(AWM Director: April 2024)

Children ideally stay in the institution for a minimum of three months. This duration can vary based on individual needs, including the factors that led to their being away from their families for example some children are a product of incest and their families do not want to associate with them such children stay longer and have to be connected to a foster or adoptive family.

Institution staff are responsible for tracing the families of these children. Those that are too young to give the details especially those that were found abandoned,

details of where they were picked are captured incase leads of their origin can be got otherwise they are usually put up for foster care and adoption.

After tracing, the AWM staff together with Government officials (Probation officer or Local council) meet the family and share their intentions of bringing the child home. The family will either agree or give reasons why they can't have the child back especially where they are not biological parents (father/mother) they can choose not to accept the children.

2. Question two: How to do you prepare children for reintegration to ensure their wellbeing when they get into their families?

Economic wellbeing

While in the institution as part of preparation, children undergo catch-up classes for approximately four months. These classes reintroduce them to structured learning and provide an incentive for reintegration.

At reintegration the child is given some material support in form of beddings and food stuff though this is a one off the institution also provides school fees for as long as the child is willing to go. Where funds allow the family is sometimes supported with an Income Generating Activity and skills to boost their household income.

Social wellbeing: Preparation for both the child and family has to be done until it is deemed right to take the child back home. For successful transition usually the family and child are given social support through monitoring visits that are supposed to be done for atleast six months though the institutions sometimes fails to commit to this especially when the family stays a bit far from Kampala. The costs become high given

the fact that there are other children spread across the country that need to be supported too.

Data from qualitative interviews concurs with the above finding as reported by one of the institution child care worker:

“When these children are under our care, we prepare them for reintegration/resettlement through counselling, educational catch classes for four months to reintroduce them to a school setting because usually we provide education for these children when they go back home. We have come to realize that offering support like school fees is a great incentive for both child and parent for successful reintegration.” (Social worker 1: field interview February 2024)

Mental wellbeing:

In some instances, the process is not easy especially where some parents/guardians refuse to allow the children to come back or are hesitant based on the reasons that led the child to be away from home these range from misconduct at home or being born out of incest. In such cases, families are given more time to forgive and heal through counselling as the child is put for foster care. Where there are complicated relationships parents and children are taken through counselling and rehabilitation.

Children’s voice on the contribution of child care institutions in child reintegration and family wellbeing

To be able to understand the critical contribution of child care institutions in reintegration and family wellbeing, the researcher had to also see it through the eyes of the key participants of this study the children and their parents/guardians. The

children and parents filled a questionnaire and also participated in focus group discussions that was able to bring out in depth information on this study.

Table 4: Children experience of the Reintegration from Child care institutions

Characteristics	Response	Male	Female	Total
Who told you that you were going to leave the institution to go back home or be	Childcare	31(91.18)	15(93.7)	46(92%)
	Myself	1(2.94%)	00	1(2%)
	No one	1(2.94%)	00	1(2%)
	I don't Know	1(2.94%)	1(6.25%)	2(4%)
	Total	34(68%)	16(32%)	50(100)
How did you feel when you were told you are coming home?	Bad/Sad	3(8.82%)	3(18.75)	6(12%)
	Excited	3(8.82%)	00	3(6%)
	Good/ Happy	20(58.8)	9(56.25)	29(58%)
	I can't tell	2(5.88%)	1(6.25%)	3(6%)
	Scared/ Anxious	6(17.65)	3(18.75)	9(18%)
Total	34(68%)	16(32%)	50(100)	
Who brought you home	Childcare Institution	28(82.35)	15(93.7)	43(86%)
	Parent	2(5.88%)	1(6.25%)	3(6%)
	Myself	3(8.82%)	-	3(6%)
	Still in	1(2.94%)	-	1(2%)
	Total	34(68%)	16(32%)	50(100)
During and after reintegration, were you given anything	No	2(5.88%)	-	2(4%)
	Yes	32(94.12)	16(100%)	48(96%)
	Total	34(68%)	16(32%)	50(100)
what did you receive?	Financial assistance	1(3.13%)	-	1(2.08%)
	Material support	5(15.63)	1(6.25%)	6(12.5%)
	School fees and	9(28.13)	4(25%)	13(27.08)
	Material support			
	Tuition/ School fees	16(50%)	11(68.75%)	27(56.25)
	Upkeep and accommodation	1(3.13%)	-	1(2.08%)
Total	32(66.67)	16(33.33%)	48(100%)	
Who provided that support above?	Childcare Institution	32(66.67%)	16(33.33%)	48(100%)
	Total	32(66.67%)	16(33.33%)	48(100%)
Has anyone checked on you at home since you left the organisation?	No	9(26.47%)	3(18.75%)	12(24%)
	Yes	25(73.53%)	13(81.25%)	38(76%)
	Total	34(68%)	16(100%)	50(100%)
If YES who was that?	The Childcare Institution	25(100%)	13(100%)	38(100%)
	Total	25(100%)	13(100%)	38(100%)

If YES how often do they check on you?	After 3 months	12(48%)	5(38.46)	17(44.74)
	Many times	1(4%)	-	1(2.63%)
	Monthly	7(28%)	4(30.77)	11(28.95)
	Once	2(8%)	-	2(5.26%)
	Twice in 5 years after a year	-	1(7.69%)	1(2.63%)
	Total	25(100)	13(100)	38(100)

As shown in the table 3 above, 92% of the children were informed about their departure by the institution. 58% were happy that they were going home while 12% felt sad and 18% had mixed feelings of fear and anxiety. One of the child respondents retorted:

“when they told me I was going back home I got scared because I felt I was not yet ready to meet my stepmother.” (RC1 12yrs: April 2024)

The majority were taken home by the institution (86%) and received significant support, including financial aid and school fees, predominantly provided by the institution. Post-reintegration, a substantial majority of children were checked on by the institution (76%), with follow-ups most commonly occurring after three months.

During the focus group discussion, the children were very grateful to the institution and the opportunity to go to school. One of them said,

“We were promised from the institution that we would be supported with school fees as far as we want to go and for me I am ready to study until university and beyond I am now serious I feel I wasted a lot of time on the street.” (RC2, 15 years: April 2024)

On post placement follow up, over 60% of the children felt the follow up was not sufficient after being taken home, there was a big gap between them and the organization. One of them reported

“After dropping you at home you will never see them again apart from when they visit our school to pay school fees but we also need them to visit at home.” (RC3, 10 years: April 2024)

Parent’s voice on the contribution of child care institutions in child reintegration and family wellbeing

Table 5: Parents experience of the Reintegration process from child care institutions

Characteristics		Female	Male	Total
How long did it take you to receive the child from the time you were informed the child was coming home/into your family?	0-3 months	6(28.5)	3(60%)	9(34.62%)
	3-6month	9(42.86%)	1(20%)	10(38.46)
	more than 6 months	6(28.57%)	1(20%)	7(26.92%)
	Total	21(80.77)	5(19.23)	26(100%)
Who organized the process of bringing the child?	Institution	20(95.24)	5(100%)	25(96.15)
	Self	1(4.76)	-	1(3.85%)
	Total	21(80.77)	5(100%)	26(100%)
During and after reintegration did the family or child receive any resettlement package?	No	3(14.29%)	1(20%)	4(15.38%)
	Yes	18(85.71)	4(80%)	22(84.62)
	Total	21(80.77)	5(100)	26(100)
If Yes, what did you receive?	Financial Support and Material Support	1(5.55%)	2(50%)	3 (13.63%)
	Material Support and Food Supplies	12(66.67)	-	12(54.55)
	School fees/ Tuition	5(27.78%)	2(50%)	7(31.82%)
	Total	18(85.71)	4(80%)	22(100%)
Who gave you that package?	Child Care Institution	18(88.89)	4(100)	22(100%)
	Total	18(85.71)	4(8%)	22(100%)

The parents also acknowledged that the reintegration process was largely organized by the child care institutions (96.15%), with only 3.85% being organized by the families. The institution organized bonding activities with their children and also equipped them with parenting skills which strengthened the relationship between the child and the family.

A significant majority of families (84.62%) received resettlement packages, which included material support and food supplies (54.55%), provided predominantly by the child care institutions (90.91%).

The data showed that most children (42.86%) were received within 3 to 6 months from the time they were informed they were coming home, while 28.57% were received in less than 3 months and the remaining 28.57% after more than 6 months.

Parents appreciated the packages especially the school fees but there were some concerns too, one of the parents shared her fears:

“before COVID19 the organization was meeting all the school dues but now some of the children were getting half the support. I am worried because I don’t know what I will do with this child when he is not in school.” (Biological parent 1: March 2024)

This concern was also shared by AWM Director during the interview that he had lost most of his donors that were supporting the families and was facing financial challenges at the moment but was hopeful that things would be better.

Child care institution reintegration process effect on family wellbeing

The structured support provided by institutions has proved to be well appreciated and necessary for ensuring successful reintegration as highlighted by both parents and children.

Wood (2021) defines wellbeing as a state of feeling well physically, emotionally, experiencing good health, happiness and prosperity. It entails having good mental health, satisfaction, meaning in life and personal resources to meet social, physical and psychological needs.

For purposes of this study, family wellbeing was looked at from the point of the social, mental and economic state of a family as they go through the reintegration process. A process that goes through four stages admission of the child into the institution, Pre-reintegration, Reintegration and post reintegration.

The researcher sought to understand how this whole process, had social, economic or mental effect on the family. Relevant data was collected from the key family members in this process; the reintegrated child and the directly responsible parent/guardian that worked closely with the child care institution (AWM).

A series of questions were posed through a questionnaire and focus group discussions for children and parents to capture their participation in the reintegration process, their feelings and effect on their wellbeing.

The findings revealed that the children were more involved in all the stages compared to the parents/guardians that got more involved in the last three stages. The most critical stage is the last stage (post reintegration) an ongoing stage that ultimately determines if the process was successful or not.

Table 6: Children experience of Reintegration and family wellbeing

Characteristics	Response	Male	Female	Total
Are you happy that you left the institution you are now home?	Yes	27(79.41%)	14	41((82%)
	No	6 (17.65%)	(87.5%)	7(14%)
	Somehow	1 (2.94%)	1 (6.25	1(2%)
	I do not know	34(68%)	1 (6.25)	1(2%)
	Total		16 (32%)	50(100%)
Current relationship with family members	Very Good	3(8.82%)	5(31.25%)	8(16%)
	Good	18(52.94)	10(62.5%)	28(56%)
	Very Poor	6(17.65%)	1(6.25%)	7(14%)
	Poor	7(20.59%)	0(%)	7(14%)
	Total	34(68%)	16(32%)	50(100%)
Whom do you like most at home?	Father	3 (8.82%)	3(18.75%)	6(12%)
	Mother	16(47.05)	3(18.75%)	19(38%)
	Other relative /Guardian	8(23.53%)	5(31.25%)	13(26%)
	Sibling	5(14.70%)	2(12.5%)	7(14%)
	Everyone	1(2.94%)	1(6.25%)	2(4%)
	None	1(2.94%)	1(6.25%)	2(4%)
	I do not know	0	1(6.25%)	1(2%)
	Total	34(68%)	16 (32%)	16 (100)
What situation bothers you most currently?	Desertion and rejection by biological parent	5(14.70%)	3(18.75%)	8(16%)
	Physical and emotional abuse	10(29.44)	8(50%)	18(36%)
	Alcoholism	4(11.76%)	0(0%)	4(8%)
	Too strict	3(8.82%)	0(%)	3 (6%)
	Poverty	3(8.82%)	0(%)	3 (6%)
	Misunderstanding in the family	4(11.76%)	0(%)	4 (8%)
	Too much housework	0 (0%)	2(12.5%)	2 (4%)
	Nothing	5 (14.70%)	3 (18.75)	8 (16%)
	Total	34(68%)	16(32%)	50 (100%)
	Does your family own property?	No	15(44.12)	4(25%)
Yes		17(50%)	11(68.75)	28(56%)
I do not know		2(5.88%)	1(6.25%)	3(6%)
Total		34(68%)	16(32%)	50(100%)
What property?	Motorcycle	1 (5.88%)	0(0%)	1 (3.57%)
	Home	6(35.29%)	6(54.54%)	12(48.85%)
	Land	5(29.41)	2(18.18%)	7(25%)
	Land and a home	5(29.41)	2(18.18%)	7(25%)
	Home and motorcycle	0 (0%)	1(9.1%)	1(3.57%)
	Total	17(100%)	11(10%)	28(100%)

Socially, 82% of the children reported were happy to be back home/into family with a significant number of 72% having a good relationship with family members with mothers (26%) being the most favourite people in the family.

Mentally, 36% of the children reported that they face both physical and emotional abuse. With 16% identifying rejection from biological parent being a wound that is not yet healed, this specifically came from children that were abandoned and are now either staying with relatives or under foster care. But also another 16% said they do not have anything disturbing them.

Economically, for children the researcher used ownership of family property (ownership of land, home, vehicle) as a minimum measure for the standard of living. Over half, 56% reported to own some kind of property 48.9% at least staying in their own home and 25% owning both land and a home

Table 7: Parents' experience of Reintegration and its effects on the family wellbeing

Characteristics	Response	Male	Female	Total
How do you feel now that the child is home?	-Happy	3(60)	17(80.9)	20(76.93)
	-Glad I am making a difference in someone's life/giving back to society (foster/adoptive parents)	0(0%)	2(9.52%)	2(7.69%)
	-Great relief I was worried	2 (40%)	1(4.79%)	3(11.54%)
	-Okay	0(0%)	1(4.79%)	1(3.84%)
	Total	5(19.23%)	21(80.77%)	26(100%)
Current relationship with family members	Very Good	2(40)	11(52.38%)	13(50%)
	Good	3(60)	10(47.62%)	13(50%)
	Total	5(19.23%)	21(80.77%)	26(100%)
Since the child came home have you had any major discipline issues with him or her?	Yes	1(20%)	6(28.57%)	7(26.93%)
	No	4(80%)	15(71.43%)	19(73.07%)
	Total	5(19.23%)	21(80.77%)	26 (100%)

If Yes what was the issue	-Not obeying home rules	1(100%)	4(66.6%)	5(71.4%)
	-Not respecting step father	0(0%)	1(16.7%)	1(14.3%)
	-Wanted to drop out of school	0(0%)	1(16.7%)	1(14.3%)
	Total	1(100%)	6(100%)	7 (100%)
How was the problem solved?	-Engaged AWM social worker and the child was counselled.	0	6(100%)	6(85.7%)
	- I caned him	1(100%)	0	1(14.3%)
	Total	1(100%)	6(100%)	7 (100%)
What situation bothers you most currently?	-Nothing	2(40%)	6(28.57%)	8(30.7%)
	-Inadequate finances	3(60%)	8(38.09)	11(42.3)
	-Child changed in character and language.	0(0%)	2(9.52%)	2(7.7%)
	-Government should support families more.	0(8.82%)	4(19.0%)	4(15.4%)
	-Foster/adoptive families need more pre and post placement counselling	0(0%)	1(4.79%)	1(3.9%)
	Total	5 (19.23%)	21(80.77%)	26(100%)
Does the household have a regular source of income	Yes	4(44.12%)	14(25%)	18(69.2%)
	No	0(0%)	0 (0%)	0(0%)
	Occasional	1(%)	7(6.25%)	8(30.8%)
	Total	5(19.23%)	21(80.77%)	26(100%)
Has the child put any financial strain/burden on the family	Yes	03 (60%)	15 (71.43%)	18(69.24%)
	No	02 (40%)	06 (28.57)	08(30.76%)
	Total	05(19.23%)	21(80.77%)	26(100%)
Kind of Financial strain	General basic needs	01 (33.33%)	04 (26.67%)	05 (27.78%)
	School fees	02 (66.67%)	09 (60%)	11 (61.11%)
	Medical bills (sickly child)	00 (00%)	02 (13.33%)	02 (11.11%)
	Total	03 (100%)	15 (100%)	18 (100%)

Socially, just like the children, most parents 76% confess of having a good relationship with their children apart from 26% that have faced disciplinary issues due to misconduct. These though were easily ironed out through counselling 85.7% with only 14.3% using a cane. The counselling was done by the AWM social workers. The children came back when they are looking good, and well-disciplined which was

actually one aspect the parents’ least expected. These findings concur with the reports from the children. Qualitative data also agrees with the assertions:

“my greatest satisfaction in life now is to know that I am making a positive difference in the life of someone. (Foster mother 1: May 2024)

Another mother commented:

I was so happy to see my child I was almost giving up I was worried that he had been killed (Biological mother 1: February 2024)

Table 8: Parents experience of the Reintegration Process Post Placement stage

Characteristics		Female	Male	Total
Since the child came home, has anyone come to check on the child and family	No	1(4.76%)	00	1(3.85%)
	Yes	20(95.24%)	5(100%)	25(96.15%)
	Total	21(80.77%)	5(19.23%)	26(100%)
If Yes, who came to check on the family?	Child Care Institution (AWM)	19(95%)	5(100%)	24 (96%)
	Government official	1(5%)	0 (0%)	1(4%)
	Total	20(80%)	5(20%)	25(100%)
How often do they come to check on the family?	Once a year	4(20%)	2(40%)	6(24%)
	Rarely	1(5%)	00	1(4%)
	Regularly	12(60%)	1(20%)	13(52%)
	They used to come regularly, they eventually stopped	3(15%)	2(40%)	5(20%)
	Total	20(80%)	5(20%)	25(100%)

The data indicated that only 3.85% of caregivers never received any visits to check on the child and family after reintegration. The 96% were visited majorly by the child care institution (AWM) only 5% reported to have been visited by a Government official. Regarding the frequency of these visits, 52% of the families who did receive follow-up reported regular visits initially, though 20% noted that these visits decreased over time from regular to infrequent. Only 24% of families experienced visits once a year.

This data highlights a significant gap in ongoing support and monitoring post-reintegration, underscoring the need for more consistent and frequent follow-ups to ensure effective reintegration and continued family well-being.

On this particular issue the foster and adoptive parents felt that they received more counselling when they were being prepared to receive the children but at this time of post reintegration they do not get any psychological support and yet unlike other families that are biological their situation is different because they have to put in more effort to bond with these children.

“As adoptive parents, it’s not easy on both the children and us to bond compared to other families. The government and other stakeholders should put systems that support us for example continuous counselling and emotional support after reintegration”.
(Adoptive parent 1: May 2024)

Economically, 69.24% parents said the presence of these children in the home increased the financial burden of the family because the children were coming from the institution where almost everything they needed was being provided easily. Some parents have continued to struggle with this up to now because they cannot live to

the standard of the institution. Actually, to emphasize this one of the children commented:

“I mostly miss my friends, the food and the bazungu (Americans) that used to come and visit, play games and take us for outings. At home there is no good food and also freedom is limited we do a lot of housework.” (RC 4 10 years: May 2024)

This is also one of the concerns the official from Ministry of Gender, Labour and social development raised, he said as a ministry they had continued to find challenges of regulating the activities of the organisations especially in relation to their donors. Donors get attached to these children and literally spoil them with things. This kind of lifestyle becomes hard to maintain at home when children are reintegrated and most of them become a big bother to the family and end up running away from home again.

Only 30.76% mostly adoptive parents said they did not experience any financial strain. Parents with financial burden complained of school fees (61.11%) followed by general basic needs (27.78%) and those that had children with special medical needs (11.11%)

Nonetheless, five of the parents said they felt they were saving on money spent on food because of the increased labour both at home and in the garden. Most of these children come back home with some level of maturity and survival skills that makes them resourceful. One of the males (father) commented that:

I am very proud of my son, he came back a changed and more responsible boy. These days we talk and share ideas about our family business (Biological Father 1: March 2024)

The children especially those that were street connected, by the time they go back home they are used to having money, something that has also made some parents uncomfortable.

“I know money is good and my son came back very money minded and has started a small business at home, he keeps looking for casual work to earn a bit of money. But my biggest worry is the day he fails to get it won't he start stealing again?”

(Biological mother 2: February 2024)

On the other hand, the children also complained that they are not given adequate financial support by their parents yet when they try to look for work during holidays the parents frustrate them. Some of them have tried to rear poultry and other animals at home but when they go back to school the family members eat or sell them and they never get to see the money. A 16yr old boy lamented

“At my age I cannot start asking my mother for underpants I want to work and get money to meet some of my needs but she does not want me to go out of the home during holidays for fear that I am going to join bad groups again on the street and yet she is also not providing this is very frustrating.” (RC 5 16 years: May 2024)

Mentally, there is still fear and mistrust among some parents that think these children haven't changed since they lived on the streets and a lot occurs there. Which makes them suspicious of everything that goes wrong at home. They reported they had changed a lot and acted aloof. One of the parent complained that the son came

back speaking a strange language. They said they get a lot of backlashes from their own relatives blaming them for poor parenting. Stigma is not only faced by the children but the parents too.

This was one of the major challenges all the children brought out in the focus group discussion. They feel they too face a lot of stigma at home, in the community and at school. When anything gets lost at home or school they are the first suspects, in the community neighbours don't want their children to associate with them in fear that they will learn bad behaviors. As reported earlier over 60% of the children said they have not had post placement follow up from the institution yet they feel the people at the child care institution understood them better.

“If the social workers could spare time and visit us at home we would feel good, they made us feel better while we were living with them, they actually encouraged us to come back home, we are who we are because of them but since they took us back home they don't bother much to know what is happening in our lives COVID 19 lockdown was the worst time of my life. It is tough!”

(RC 6 16 years: May 2024)

4.3.3 Government's response

Most of the government officials appreciated the work the child care institutions are doing in taking children into family based care. They acknowledged that they were overwhelmed by shortage of staff and resources to do it satisfactorily

“We get overwhelmed with work because we have so much to do, the work of reintegration and family is just a portion of what we are

supposed to do because in the whole district. So when such people come up to walk with us we really appreciate and the good thing for them they are focused on only those children.” (Probation officer 1: May 2024)

On the other hand, though they have also identified gaps that need to be well addressed to promote wellbeing in families. The support package that is usually given at reintegration that includes but not limited to beddings or school support focuses only on the reintegrated child. This brings some dissatisfaction and rift among family members especially where there are different family dynamics at play for example where there is a step parent.

“We understand the funds are limited to cater for the whole family but this issue has led to conflicts in families after reintegration. There is also the issue of donors that tend to be so attached to these children. A case was reported to us where the donor kept in contact with the child even after reintegration and because of the money and opportunities that were coming in the child became so unruly that the children could not control him even the child care institution could not do much because the donor was obviously supporting their activities.” (Ministry of Gender official: May 2024)

This same issue was supported by one of the teachers who reported that these children when they come back to the community and they are put in school they are unmanageable because first of all they come when they are too old for the class they

are in given that they missed out while away. But they are also bullies and disrespectful.

“One of the children told me off that even if we chase him from the school his sponsor can afford any other school because they have money. They bully other students and in most cases we call their parents for disciplinary action and besides that class performance for most of them is not good.” (Primary teacher in Mukono district: March 2024)

Implications of the findings:

A continuous relationship between the family and the child care institution is very key for successful reintegration issues. As seen above, reintegration is not only the physical location of a child from the institution to the family. A lot goes into it which sometimes may be underestimated therefore the role of ongoing support from the institution and other stakeholders cannot be overemphasized.

4.2.2 Establishing the influence of family dynamics on family wellbeing in the child reintegration process.

Jesuit Social Services (2009) define family dynamics as a pattern or way that family members relate and interact. Children right from birth are influenced by the dynamics in their families they come from which in turn also influences the way they see and relate to the world. The report goes on to say that it does not matter whether a child had little or no contact with the family in its earlier years, the family will still influence them throughout their lives.

There are various factors that influence family dynamics, but for purposes of this study, the researcher looked at factors like the circumstances that made the

child end up in the institution, health of the reintegrated child, the gender, age of both the child and parent/guardian at reintegration, marital status of parent and type of family (biological/foster or adoptive).

Influence of Family dynamics in the reintegration process

Table 9: Parents' family dynamics in the reintegration process

Characteristics		Male %	Female %	Total %
Circumstances that led the child to end up in child care institution	-Abandonment	1 (20)	9(42.85)	10(38.46%)
	-Lost mother at birth	0	2(9.52%)	2(7.69%)
	-Teenage Mother	0	1(4.76%)	1(3.84%)
	-Street connected	0	2(9.52%)	2(7.69%)
	-Ran away	1(20)	5(23.8%)	6(23.1%)
	-Conflict with step parent	1(20)	1(4.76%)	2(7.69%)
	-Misunderstanding between parents	2(40%)	1(4.76%)	3(11.53%)
	Total	5(19.23%)	21(80.77%)	26(100%)
Relationship with the child from the institution	Adoptive Parent	0	3(14.29)	3(11.53)
	Biological Parent	4(80%)	8(38.1%)	12(46.15%)
	Extended Family	0	4(19.04)	4(15.38)
	Foster Parent	0	6(28.570%)	6(23.1%)
	Sibling	1(20%)	0(0%)	1(3.84%)
	Total	5(19.23%)	21(80.77%)	26(100%)
Sex of child	Boy	4(80%)	9(42.86)	13(50%)
	Girl	1(20%)	12(57.14%)	13(50%)
	Total	5(19.23%)	21(80.77%)	26(100)
Age of child at reintegration	0-5 years	1(20%)	12(57.14%)	13(50%)
	6-10 years	0(0%)	1(4.76%)	1(3.84%)
	11-15 years	4(80%)	8(38.1%)	12(46.16%)
	Total	5(19.23%)	21(80.77%)	26(100)
Current Age of the child at home	07-10	0	1(4.76%)	1(3.85%)
	11-14	1(20%)	9(42.86)	10(38.46%)
	15-18	3(60%)	10(47.62%)	13(50%)
	19-22	1(20%)	1(4.76%)	2(7.7%)
	Total	5(19.23%)	21(80.77%)	26(100)

Number of people in the household	1-5'	3	9	12(46.15)
	6-9'	2	10	12(46.15)
	=>10	0	2	2(7.69%)
	Total	5(19.23%)	21(80.77%)	26(100%)
Did the institution/organization consider you and the child's age, general health conditions, sex, your social and economic status before the child was brought home?	Considered some	2(40%)	7(33.33%)	9(34.6%)
	I don't know I think they just considered the fact that I am the father/relative	1(20%)	1(4.76%)	2(7.7%)
	Yes, they considered them all	2(40%)	13(61.9%)	15(57.7%)
	Total	5(19.23%)	21(80.77%)	26(100%)
If Yes, do you think these considerations were important?	Maybe	3(60%)	2(9.52%)	5(19.23%)
	Yes	2(40%)	19(90.48%)	21(80.77%)
	Total	5(19.23%)	21(80.77%)	26(100%)

Table 10: Children's family dynamics in the reintegration process

Characteristics		Male	Female	Total
Number of people at home	1-5'	11 (32.35%)	7(43.75%)	18(36%)
	6-9'	15(44.12%)	5(31.25%)	20(40%)
	=>10	8(23.53%)	4(25%)	12(24%)
	Total	34(68%)	16(32%)	50(100%)
Lives with a Biological parent	No	11(32.35%)	6(37.5%)	17(34%)
	Yes	23(67.65%)	10(62.5%)	33(66%)
	Total	34(68%)	16(32%)	50(100%)
Has siblings at home	No	2(5.88%)	4(25%)	6(12%)
	Yes	32(94.12%)	12(75%)	44(88%)
	Total	34(68%)	16(32%)	50(100%)
Do you have other relatives living with you at home	No	8(23.53%)	4(25%)	12(24%)
	Yes	26(76.47%)	12(75%)	38(76%)
	Total	34(68%)	16(32%)	50(100%)
Do you have a domestic worker at home	No	16(47.06%)	9(56.25%)	25(50%)
	Yes	18(52.94%)	7(43.75%)	25(50%)
	Total	34(68%)	16(32%)	50(100%)

According to the data, 38.4% of the children ended up under institutional care due to abandonment by biological parent, 7.7% lost a mother at birth, 3.84% were born to a teenage mother another remarkable 11.53% were victims of misunderstandings between their parents. Another 7.7% had conflicts with their step parents and run away like the 23.1% that also run away. There is also 7.7% that were got from the street.

The data indicates that biological parents were the predominant caregivers for reintegrated children, accounting for 46.15% of placements, followed by foster parents at 23.1% and extended family members at 15.38%. The distribution of reintegrated children is balanced between boys and girls, with 50% of each with most female parents taking on female children especially the foster and adoptive parents.

Parents' data showed that most of the children are reintegrated between 0-5 years (50%) and 11-15 years (46.16%). The younger ones are usually preferred by foster and adoptive parents. In terms of family sizes both children (76%) and parents reported to have between one to ten members in their families.

The parents' data further showed that most caregivers felt that the child care institution took into account critical factors such as age, health, and socio-economic status before reintegrating the child, with 57.69% affirming that all relevant considerations were made. However, only 84% of caregivers believe these considerations were truly important, reflecting a broad agreement on their value.

4.4.2.1 Implications from the above findings

The researcher observed that the presence of biological parents is predominant across both male and female respondents' homes, indicating a strong presence of

nuclear family units. Siblings and relatives are also commonly found, underscoring robust family networks and extended support systems within these households. Additionally, approximately half of the surveyed households employ domestic workers, reflecting a reliance on external help for household management and caregiving responsibilities.

The household findings highlighted the diversity in household compositions and relational dynamics among the surveyed population. They underscore the importance of familial relationships, with a majority of households maintaining close ties through the presence of biological parents, siblings, and extended family members.

The qualitative data findings showed that respondents believed family dynamics affected the reintegration process.

In relation to gender, the child institution workers said that they found boys easier to rehabilitate and reintegrate compared to the girls. The girls were not easy to work with and reintegrate because when they get on the street they usually end up engaging in prostitution. Rehabilitating such girls takes long and they are usually not willing to go back home. The ones that they manage to take back are the ones that have not spent a long time on the street. These usually they are the kind that got lost or are running away from mistreatment as domestic workers.

Social workers also reported that in terms of age, teenagers were the hardest to reintegrate because to them, they are in a dangerous age bracket (teenage) which has issues with authority. They tend to be disobedient and few parents/guardians were ready to accommodate such children. This is worse if the child is not reintegrated to biological parents.

Effect of Family dynamics on the wellbeing of the family during the reintegration process

Children born out of incest are not received by the family and community they are considered bad omen. The social worker reported of a case where the mother of the girl was not willing to have her daughter and grandchild back because she had led to the imprisonment of her husband (the father of the girl that had defiled her).

Socially, for children that left after committing some crimes like stealing, the community is usually not ready to receive them however much the family is willing the larger community shows stigma which affects reintegration.

There is mental distress especially for children that have parents that are abusive, alcoholic, negligent, intolerant, domestically violent and also polygamous especially the fathers. In most cases these are the same factors that push the children to run away in the first place and if at reintegration they are not resolved the reintegration process does not go well. There is a lot of back and off for the child.

There was a lot of stigma from the community because they thought the reintegrated children were going to spoil their children which made some children to feel unwanted in society.

Most extended family members are intolerant with ill-mannered children so as a social worker you are always in reconciliatory meetings that never end and sometimes the children end up running away again especially if they are not in boarding school. the children in most cases end up left at their mercy and if they didn't comply, they chased them or the children were forced to run away again. (SW 1: April 2024)

On the other hand, some of the teenagers acknowledged that it can be tough at home but they chose to stay because they feel street life now cannot favour them

because they are growing. The group of those boys that one lived on the street said when they were younger, they received some level of sympathy from the public compared to the bigger boys who were always on the run from law enforcement officers. They also said that the time they spent in the institution, they got to understand and appreciate their parents/families.

On the side of parents, single parents especially the mothers reported to struggle with poor income levels to ably meet the basic needs of the children. Children from families that have some money to meet the basic needs of the family can stay home when reintegrated compared to those from poor families, the child finds nothing much to come back to especially if this condition is also coupled with other issues like domestic violence and child abuse.

4.2.3 The role of Government on family wellbeing in the reintegration process. To examine the role of Government in the child reintegration process in ensuring family wellbeing.

Table 11: Government involvement

Characteristics		Female	Male	Total
Did government officials participate in bringing the child home?	I don't know	-	1(20%)	1(3.85%)
	No	16(76.19%)	3(60%)	19(73.08%)
	Yes	5(23.81%)	1(20%)	6(23.08%)
	Total	21(80.77%)	5(19.23%)	26(100%)
If Yes, how?	Local council involvement	3(50%)	1(100%)	4(57.14%)
	Probation officers' involvement	3(50%)	-	3(42.86%)
	Total	6(85.71%)	1(14.29%)	7(100%)
Ever since the child was brought home	No	20(95.24%)	5(100%)	25(96.15%)

has any government personnel come to check on the family/follow up	Yes	1(4.76%)	00	1(3.85%)
	Total	21(80.77%)	5(19.23%)	26(100%)
Do you think it is necessary for government to be involved in the taking children home	I don't know	2(9.52%)	1(20%)	3(11.54%)
	No	-	2(40%)	2(7.69%)
	Yes	19(90.48%)	2(40%)	21(80.77%)
	Total	21(80.77%)	5(19.23%)	26(100%)

Government involvement in the reintegration process was reported by 23.08% of caregivers, primarily through local councils and probation officers. Despite this, 96.15% of caregivers indicated that no government personnel followed up after the reintegration. There is a strong consensus (80.77%) among caregivers on the necessity of government involvement in the process, suggesting a need for enhanced support and oversight to improve the reintegration outcomes. This underscores the importance of thorough pre-reintegration assessments and the potential benefits of more consistent governmental engagement.

The Role of Government in the Reintegration Process and Family Wellbeing

The study findings showed that the Government through Ministry of Gender, Labour and Social Development mostly played a supervisory role. Right from the community level, the government has a management committee that comprises of the area probation officer, division mayor and the health inspector, police officer in charge of family affairs and the local council chairperson that meet twice a year to monitor what is happening in the institution.

The ministry official emphasized that they provide oversight in the whole process but have been able to be hands on in the area of adoption

We have an adoption committee that brings together Ugandans that are interested in fostering and adopting some of these children. These days we encourage local adoption to international adoption because international adoption in the past was abused because it was financially lucrative and the children were taken without full consent of the parents. Formerly, different institutions organized their own adoptions now the Government has regulated it by putting up a panel to screen potential foster and adoptive parents right from the district level. (Ministry of Gender official; May 2024)

The government is in charge of licensing and approving the child care institutions making sure they meet the standards for the safety of the children. So far, 176 institutions are approved though there are many that are not registered while others masquerade as churches or schools.

“We visit these institutions and make sure every child has a personal file, care and exit plans. We continuously sensitise the owners of these institutions that child institutions should be more of transit centres as children are put under home/family based care. We give due support when time for reintegration comes the only challenge we have is limited resources and work overload. Reintegration is

just a small component of what we do but we do our best.”

(Probation officer 2: April 2024)

The government put a Management Information system that helps to track the institutions and the children coming in the institution and those being reintegrated. This has helped in planning and policy making on issues of children and families. The Director of AWM had this to say on this:

“The management information system has helped us monitor how the children move in and out of institutions. There are instances where you take a child home and he/she comes back to Kampala even before you return back and joins another institution this has helped us as owners of these institutions to track the movement of these children and act accordingly. It is very helpful.” (AWM Director: April 2024)

In line with family wellbeing the government came up with the Uganda National Parenting Guideline (2018) that is supposed to guide in making parents better in their parenting journey.

“The issue of children ending up in child care institution largely is due to poor parenting and parenting can only be done by a parent. The government cannot parent for you your child. We are in a society where there is a lot of irresponsibility among people that they want everything to be done by someone else. We have continued to engage parents and caretakers right from the grassroot through community outreaches at all levels through District

Probation and community development offices, health centres, schools. So in terms of family wellbeing we are doing all we can not only to support reintegration but to prevent the children from being institutionalized looking at the push and pull factors that make children end up in institutions it is from this that the Government came up with a parenting manual/guide.” (Ministry of Gender official; May 2024)

4.2.4 To investigate the contribution of counselling on family wellbeing in the reintegration process.

To investigate the contribution of counselling psychology in family wellbeing in the child reintegration process.

Table 12: Counselling experience by children

Characteristics	Gender	Male	Female	Total
Counselled before you left the institution	No	05(14.71%)	01(6.25%)	06(12%)
	Yes	29(85.29%)	15(93.75%)	44(88%)
	Total	34(68%)	16(32%)	50(100%)
If YES how long did the counselling take?	A week	12(41.38%)	06(40%)	18(40.91)
	I don't know	04(13.79%)	04(26.67%)	08(18.18)
	Month	03(10.34%)	-	03(6.82%)
	More than a month	09(31.03%)	05(33.33%)	14(31.82)
	Often	01(3.45%)	-	01(2.27%)
	Total	29(100%)	15(100%)	44(100%)
If YES who offered the counselling services?	Government official	01(3.45%)	-	01(2.33%)
	Mother	01(3.45%)	-	01(2.33%)
	Father	00(0%)	-	00(0%)
	Child Care Institution	27(93.10%)	14(100%)	41(95.35)
	Total	29(100%)	14(100%)	43(100%)
Did this counselling continue after you left the institutional home?	No	4(14.29%)	1(6.67%)	5(11.63%)
	Yes	24(85.71%)	14(93.33%)	38(88.37)
	Total	28(65.12)	15(34.88)	43(100%)
who has been offering this counselling	Child care institution	23(92%)	12(92.31%)	35(92.11%)
	Mother	01(4%)	-	1(2.63%)
	Father	01(4%)	1(7.69%)	1(2.63%)
	Total	25(65.79)	13(34.21)	38(100%)

Based on the table(counselling), 88% of the children said they were counselled before leaving the institution and 12% said they weren't counselled at all. A majority 40.91% of the children were counselled for only a week, followed by 31.82% for more than a month, 18.18% didn't know how long they had been counselled, 6.82% were counselled for a month and only 2.27% were counselled often. Most of the children 95.35% were counselled by an organizational worker, 2.33% by government officials and 2.33% by the mothers of the children.

After the children left the institution, 88.37% of them continued with counselling and 11.63% were not offered any counselling. 92.11% of children said they were counselled by the organization staff after they left the institution, 5.26% said they were counselled by their parent.

Table 12: Counselling experience by parents

Characteristics		Female	Male	Total
Did you receive any form of counselling before you received the child?	Yes	19	04	23
	No	02	01	03
	Total	21	05	26
If Yes who offered the counselling?	• Child Care institution	19	04	23
	• Government officials	00	00	00
	Total	19	04	23
How long did the counselling take?	• More than a month	10	03	13
	• A month	05	00	05
	• Less than a month	03	02	05
	• Still ongoing	01	00	01
	Total	19	05	24
Do you think counselling for a parent receiving a child and the child coming home is important?	Yes	21	05	26
	No	00	00	00
	Total	21	05	26
Why do you think so?	○ It helped address the challenges of adoptive and foster parenting.	08		08

	○ Prepares us family mentally	10	03	13
	○ Encouraged my child to go back to school	01		01
	○ My child came back changed and better	02	01	03
	○ Calmed my fears of being a single father	00	01	01
	Total	21	05	26

The data shows that most caregivers 88.46% received counselling before the children were reintegrated into family based care though 11.54% said they did not receive counselling. All the counselled caregivers reported that they had received it from the child care institution. The majority of the parents 54.17% received counselling for more than a month and only 4.17% of the parents are still receiving counselling.

Implications of the findings

Most of the respondents acknowledge that they received counselling especially at the pre placement, placement/reintegration stages. After reintegration counselling was very minimal with only 4.17% parents reporting receiving compared to the 88.46% that were receiving at the beginning. For most of the children who are still receiving the counselling it is being done at school or when they are being given school fees to go back to school. This means there is a gap in counselling especially during the post reintegration period.

The role of counselling in the reintegration process and family wellbeing

All parents including those that didn't receive counselling acknowledged that counselling is important in the reintegration process. The parents gave different

reasons for counselling, the majority of them 50% said that it prepared them mentally while 30.77% foster and adoptive parents said it helps address the challenges that come with raising a non-biological child. One of the males confessed that counselling calmed his fears of being a single father.

Based on qualitative data the research findings indicated that counselling helped to reconcile the parents and children before reintegration. Parents reconciled with their children through counselling.

Another finding indicated that counseling, helped the children to appreciate who they are and where they were coming from.

Some children that felt hopeless were now hopeful and in school seeking a brighter future. There were also success stories from the institutions that children have studied and finished school and are now working because they followed what their counselors advised them to do.

During community meetings, parents were counseled generally on parenting skills but the challenge was that most of these meetings are attended by women than men.

One child respondent stated;

” our parents need that counselling they really don’t know how to relate with us and some of their manners are appalling it is hurting to hear your father being the talk of the village because of the things that he does some of the parents are quarrelsome they are at war with everyone in the community, some are drunkards, they are promiscuous.”

CHAPTER FIVE: DISCUSSION OF FINDINGS

5.0 Introduction

This chapter presents the discussion of the study findings addressing the child reintegration process and its effects of child reintegration on the family wellbeing.

This chapter gives an analysis and summary of the research findings already given in Chapter 4

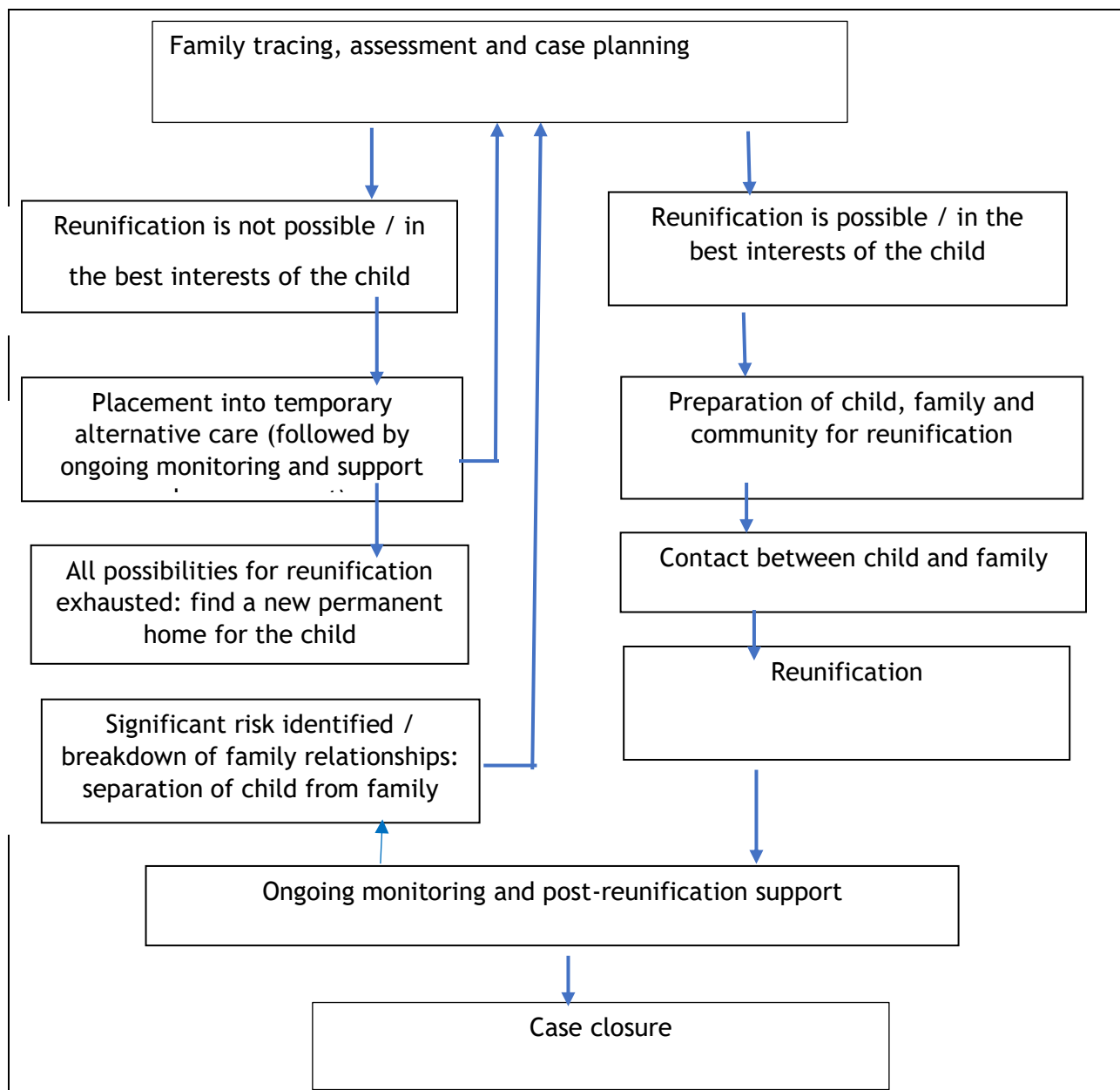
5.1 Discussion of key findings

The findings from this study give a detailed understanding of the child care institutions and the reintegration process done by the child care institutions in this case Agape World Ministries and how it affects the wellbeing of the families where the children are taken. Ultimately family wellbeing determines the success or failure of the reintegration process.

The child reintegration process practiced by Agape World Ministries is guided by the Internationally recognized UN guidelines on alternative care. The study revealed that the reintegration process ideally goes through four stages the admission of children into the institution, the pre-reintegration, the reintegration stage and post reintegration stages. Each of these stages involves different activities all geared towards permanently resettling the child into family-based care.

5.2 Internationally Recognized Child Reintegration Process

Figure 2: Stages of Reintegration Process



Source: Adopted and modified from Emily Delap & Joanna Wedge (2016)

The above illustration shows the reintegration process that was developed by the Inter-agency group (2016) that comprised of 66 agencies spread across the world. These guidelines have continued to be endorsed and used by several other organisations and governments. (Delap & Wedge, 2016).

Uganda used these same UN guidelines to come up with the alternative care framework to promote family based care over child institutionalization. It has called upon child care institutions and other players to ensure that children grow in families not institutions. Institutions should act more as transit centres and not necessarily permanent homes for children. (Riley, 2012)

5.2.1 The contribution of Child care institution to family wellbeing in the reintegration process

The study revealed that Agape World Ministries has a systematic process it follows as it does reintegration. Response from the study, showed that 92% of the children were informed about their departure by the institution and given counselling. The majority (86%) were taken home by the institution worker and received significant support, including financial aid and school fees, predominantly provided by the institution. Post-reintegration, a substantial majority of children were checked on by the institution (76%), with follow-ups most commonly occurring for three months.

Over the years, solid guidance on how children should be reintegrated into families has been limited until recent when a group of 66 child and family focused agencies across the world came together and came up with guidelines that can be used to support the reintegration process. These guidelines were intended to improve the reintegration of different kinds of children those living under institutional care,

the trafficked, child soldiers, refugees foster and the street connected. They emphasize that a safe and secure environment is key for every child at reintegration. However, the developers further acknowledged that the guidelines are unable to give detailed guidance because successful reintegration ultimately depended on the context, circumstances and experiences of the children and families. (Delap, E. & Wedge, J. 2016)

This study further aligns with existing study that confirms that the reintegration process/steps maybe the same across the different organisations but the difference will largely depend on the preparation and readiness of individual families and children. (www.faithtoaction.org, 2024).

The above study seems to support the findings that the success of the child reintegration done by Agape World Ministries despite of following the given guidelines largely depended on the family circumstances of the children. Over 90% of the children in the focus group discussion said they felt the organization (AWM) neglected them after reintegration especially during the COVID 19 lock down when they were not in school. The parents also felt that the post reintegration support in terms of school fees and psycho social support were inadequate. This also meant that besides the family situations the implementers of the reintegration also need to have adequate resources to ensure the wellbeing of the family.

Agape World Ministries which largely depends on donations from well-wishers to support these families acknowledged that indeed post reintegration support was not very concrete as before because of limited funds. This was attributed to the

withdrawal or limited funding coming in especially during and after the COVID 19 global pandemic.

A study done on 28 countries in South East Asia and Sub Saharan Africa (Uganda inclusive) on the effect of COVID 19 on Non Governmental Organisations reported that over 60% of the organisations experienced a decrease in their revenues and many had to reduce their scope of operations or even closed while others had to change the way they operate to keep running. "(Somerville et al., 2023)".

Munthali (2019) also emphasizes that reintegration of a child demands a lot. It should be done carefully through a rigorous participatory assessment of child and parent, preparing the family and community as they look towards restoring trust and rebuilding relationships in both the family and community at large.

5.1.2 Effect of Child Reintegration on Family Wellbeing

Responses of returning children home varied, with a majority feeling good or happy (58%) but a significant portion also feeling scared or anxious (18%) about going home. On the parent's side, all of them (100%) were generally happy to have the children into the family. As time went on 30% faced disciplinary issues with the children while 42% were experiencing financial challenges especially in meeting the basic needs mostly school fees (61%). The study majorly looked at the family economic, social and mental wellbeing resulting from child reintegration.

The results therefore showed there was both positive and negative effect of child reintegration on the families. There was joy, happiness and relief in most families as the children came home but this also came at a cost of increased responsibility, relationship and bonding challenges that instilled fear and uncertainty

in some families. The reintegration process tried to mitigate some of these effects through provision of school fees and home packs to the children as they were being taken home and also do counselling and follow up visits to both the child and family. These initiatives were very much appreciated by the families but overtime became insufficient in some families.

Despite of these incentives, a related research done by Chrobok & Akutu (2008) on child soldiers reintegrated in eastern Uganda reported that the packages that were given to the children on their return back home were a great incentive though they made the other children that were found home jealous given the economic challenges in most families. This consequently affected the social and mental state of the family.

On the side of foster and adoptive families, besides the joy and gratitude of offering a home to a non-biological there was also no reported financial strains or burden, this can be attributed to the fact that usually foster and adoptive parenting is a choice one makes after broad consultation and preparation.

It should however be noted that adoptive families usually face different kinds of challenges compared to the biological families in the reintegration process. According to a study done in Spain on children in kinship care, foster care and adoption, out of the children put out for foster and adoption 95% had a history of being under institutional care, 57.1% faced childhood maltreatment, 75% had chronic illnesses and 50% had developmental delays. (Jiménez-Morago et.al 2015)

This means for such families a different kind of post reintegration is needed to ensure family wellbeing.

In conclusion, various studies show that successful reintegration demands extensive collaboration to ensure that the interests of the child are put at the forefront. These include preparing the child and the family, initiating and encouraging mutual connection between the child and family before and after reintegration. Provision of relevant family strengthening services and post reintegration follow up support are very key too. (www.faithtoaction.org, 2024)

5.2.2 The influence of family dynamics on the family wellbeing in the reintegration process

Data received showed that almost half of the children; 49.94% were under institutional care due to various reasons including abandonment, family disagreements, death of parent or being born to a helpless teenage mother. This means that most of these children were coming from families with unique characteristics. At reintegration, 46.15% were biological parents to the children, 15.4% were giving extended family, 3.8% was under sibling care with a 34.6% under foster and adoptive care.

During the focus group discussion, 45% of the children reported not having good relationships with their parents, most of them were either staying with single mothers or step parents. They reported mistreatment and verbal abuse and said they preferred to be at school (boarding) than at home and mentioned that COVID19 lockdown was the worst time of their lives because they were at home most of the time.

Related study on how dysfunctional families affect the reintegration and settlement of children in families was done on juvenile delinquents in Pakistan. The study showed that children from families where the biological father or mother was

not present faced challenges of identity, rejection and abuse. One of the boys had to be responsible for the socioeconomic wellbeing of the family because of the absence of the father which led to further criminal offences as he was caught in illicit activities. The lack of social and emotional support increased loneliness detachment and vulnerability in the family which affected the reintegration process. (Hussain, Z. (2024)

In terms of age, the study showed 50% of the children were between 0-5 years at the time of reintegration and 46.1% were between 11- 15 years. Results from the focus group discussion with children of this particular age group reported having misunderstandings with their parents. They complained of not having freedom to go out and make money of their own and when they make it or start income generation activities the parents take away the money from them or use it without seeking their consent.

A report by Children in families organisation (2019) pointed out that reintegrating children in this age group (11-18 years) can be difficult especially when they have grown up in the child care institution. It is hard to rebuild the trust between these children with their parents. The report recommended that such children can be given other alternatives like being reintegrated into the community (living independently) where they have a bit of independence.

From the study, 80% of the parent respondents were female; grandmothers, single mothers, foster and adoptive mothers. With the largest number of children (38%) reporting that their mothers were their favourite people at home since they

were reintegrated because they showed them care and love. The role and presence of female care takers in ensuring family wellbeing cannot be undermined.

Save the Children (2021) in Gender Intersectionality and Family Separation, Alternative Care and the Reintegration of Children reported that indeed most of the reintegrated children were being cared for by grandparents or mothers with girls giving support in domestic chores. The report further recommended that special considerations should be made for females in the reintegration process for the wellbeing of the family.

Most of the foster and adoptive parents called for support from government and social workers to walk with them in the post reintegration stage where they face levels mental and social distress. It takes time for the child and entire family to get used and blend in well with one another and also deal with the general acceptance from the extended families and community.

Marengu (2020) sheds more light on this that in Africa adoption is still a foreign practice and those that opt for it are usually viewed differently by society as either failing to have their own biological children or just acting foreign because there will always be needy children from extended family members one does not need to get a stranger to raise. This explains the reason why foster and adoptive families may need more post reintegration support to address their unique needs.

This cry from non-biological parents can further be understood from another related study that reported that one of the major challenges faced by adoptive parents and children is emotional bonding and openness in communication. Depending largely on the factors that led to adoption, most adopted children experience anger

and rejection because they feel their biological parents didn't want them and left them to be cared for by other people. (Jones & Hackett: 2007)

The adoptive parents on the other hand also struggle to reassure these children that they love them and for those with young children that do not understand yet, the fear is always how they will tell them that they are not their biological parents and still maintain that bond with them.

5.2.3 The role of Government on family wellbeing in the reintegration process

Findings from caregivers revealed that government involvement in the reintegration process was 23.81%, primarily through local councils and probation officers. Despite this, 95.24% of caregivers indicated that no government personnel followed up after the reintegration. There is a strong consensus (80.77%) among caregivers on the necessity of government involvement in the process, suggesting a need for enhanced support and oversight to improve the reintegration outcomes.

Marengu (2020) report concurs that in Zimbabwe most of the adoptive parents complained of inadequate support from Government social workers. Their social workers usually gave excuses of lack of transport to do post reintegration monitoring and support even when some parents volunteered to pay for the transport the social workers would refuse that it is against their work ethics.

On the other hand though, the interviews from the Agape World Ministries and the different Government officials showed that the Government plays a key supervisory role in the reintegration process. Making sure that the child care institutions have the right qualifications and standards for keeping the children in their spaces. Regular supervisions are done by the probation officers, nothing is done

without approval from the government which is commendable in ensuring family wellbeing otherwise children are abused and mismanaged in some institutions.

The role of Government in child reintegration and ensuring family wellbeing is well documented. The ministry of Gender, labour and social development working closely with other ministries like Education, health together with other informal structures at community level is committed to creating an enabling environment for children and families to thrive. There have been major successes on this in terms of child protection and family empowerment through various government programs. The main challenges faced have been inadequate funding and limited human resource. (Government of Uganda: National Child Policy 2020)

5.2.4 The role of counselling on family wellbeing in the reintegration process

Findings revealed that 88% of both children and parents received counselling from Agape World Ministries (95.35%) government official (2.33%) and mothers (2.33%) during the reintegration process especially during the pre and reintegration stages. Majority of the children reported that they are still receiving the counselling when at school though not at home, only 14.7% of the parent respondents acknowledged that the counselling is still going on.

Both children and parent respondents admitted that counselling helped them to understand, prepare and accept the eventualities in the reintegration process.

A study done in Guatemala on case management procedures reported that counselling of children and families should be done professionally looking at the children and families case by case. Looking at their needs at each stage of reintegration all for the best interest of the child. The counselling should not be

hurried it should take time to bring the child and family on the same page.

Transitioning from the child care institution to family setting is a process that has to be given ample time and care taking note of the privileges and losses incurred that may be overlooked in some instances. For example, the loss of the friends and ‘family’ the child had formed in the institutions should not be minimized because it can affect the family wellbeing after reintegration (Guillermo, 2020)

6.0 CHAPTER SIX: CONCLUSIONS AND RECOMMENDATIONS

The conclusions were presented in relative to the study objectives. However, the conclusions were contextualized in relation to the field data and the existing literature. The recommendations focused on possible ways to address the challenges identified by the study. Also, the chapter provided an area of future research

6.1 Conclusion

6.1.1 Contribution of child care institution on family wellbeing in the child reintegration process

Key findings revealed that following the international recognized reintegration process can ensure successful reintegration but as deduced from the field reports, diverse as it is family wellbeing, cannot be ensured by only the child care institutions but calls for concerted effort from all key stakeholders including the children, family, community and government.

6.1.2 The influence of family dynamics on family wellbeing in the child reintegration process

Family dynamics make every child and family unique and different from another. This is something that cannot generally be addressed in the child reintegration process as is but calls for case by case management of every child and family to ensure family wellbeing. For example, one family may report successful

reintegration with only financial support or psycho social support while another may need multiple interventions for proper sustainable reintegration.

6.1.3 Role of government on family wellbeing in the reintegration process

The government plays a key role in regulating the activities of child care institutions without which reintegration would not happen or even be successful. At family level the impact of the government is not much felt because of failure to meet the pressing physical and financial needs involved in the reintegration process.

6.1.4 Contribution of counselling on family wellbeing in the reintegration process

Counselling contributed positively to successful reintegration of children since it enabled the children to reconcile with their family members. Most parents and children acknowledged that beyond the physical support provided, the counseling received at the different stages of reintegration were key in promoting peace and harmony in their families.

6.2 Recommendations from the Study

For child reintegration to be successfully completed and for it to positively impact family wellbeing, the following recommendations are hereby made basing on the findings and conclusions drawn:

6.2.1 Child care institutions and family wellbeing

Enough time and resources should be invested in all the stages of child reintegration to strengthen the economic, mental and social state of the family and community at large.

Family Dynamics, Child Reintegration and Family Wellbeing

Reinforce community social networks like it was in the early African tradition where a child was raised by the village, government and other stakeholders should support social groups targeting families. These are able to provide support to one

another and advocate for broader change to address the root causes of separation or leaving home.

6.2.3 Role of Government

Enforcing and supporting the already existing policies like the national child policy, parenting manual to strengthen community and family units. Most of the successful child reintegration were because children were given opportunity to go to school. Education builds confidence and brings hope to the children however complicated their family situations may be. Universal primary and secondary education should be made favourable and affordable to all families.

Government should re-examine its social and economic safety initiatives towards vulnerable households for example the economic empowerment projects in the community should target the most vulnerable families with such children.

6.2.4 Role of Counselling

Acquisition of specialized and trained counselling professionals because most of the counselling services offered by child care institutions is done by social workers who are not trained as counsellors.

6.3 Study Limitations and future research

Given the nature of the reintegration process where families are spread across the nation and beyond, the researcher was not able to find the respondents especially the parents and children in their physical homes. This this in one way hindered the use of observation as a tool in giving more accurate insights from how families behave and interact with each other.

The researcher proposes that future research be done on the unique challenges faced by foster and adoptive families in Uganda. This is because these practices are still new in Uganda.

REFERENCES

- Abuya, W. O., Onsarigo, T. G., Adeli, S. N., Ochieng, F., Musyoka, M. and Ogutu, J. (2024). Challenges Facing Children Reintegration in Uasin Gishu County, Kenya. *East African Journal of Education and Social Sciences* 5(4)24-.37. Doi: <https://doi.org/10.46606/eajess2024v05i04.0390>.
- Ackerman, C. A. (2018, April 27). What is Attachment Theory? Bowlby's stages explained. *PositivePsychology.com*.
<https://positivepsychology.com/attachment-theory/>
- A future for every child (2008). What is a child care institution.
<https://afec.giving/what-is-a-child-care-institution/>
- Amani, M. (2009). Examining the roles of child care institutions in Kampala. (Kampala International University)
<https://ir.kiu.ac.ug/bitstream/20.500.12306/11579/1/img-0038.pdf>
- American Psychological Association. (2022). Counseling psychology.
<https://www.apa.org/ed/gradutae/specialize/counseling#:~:text=Counseling%20Psychology%20is%20a%20generalist,and%20increase%20their%20ability%20to>
- Amin, M.E. (2005) *Social Science Research: Conception, Methodology and Analysis*. Makerere University Press, Kampala.
- Battaglia, M. (2008). Purposive sample. In P. J. Lavrakas(Ed.), *Encyclopedia of survey research methods* (pp. 645-647). Sage Publications, Inc.
<https://dx.doi.org/10.4135/9781412963947.n419>
- Belancourt, T.S. (2010) A Longitudinal study of psychosocial adjustment and

- community reintegration among child soldiers in Sierra Leone. *International Psychiatry* 7 (3): 60-62. https://www.academia.edu/50473789/A_Longitudinal_Study_of_Psychosocial_Adjustment_and_Community_Reintegration_among_Former_Child_Soldiers_in_Sierra_Leone
- Betancourt, T. S., Agnew-Blais, J., Gilman, S. E., David R. Williams, D.R. and Ellis, H. (2010). Past horrors, present struggles: *The role of stigma in the association between war experiences and psychosocial adjustment among former child soldiers in Sierra Leone*, *Social Science & Medicine*, Vol 70, Issue 1, Pages 17-26, ISSN 0277. <https://www.sciencedirect.com/science/article/pii/S0277953609006297>
- Berns, R.M (2009). *Child, family, school, community: Socialization and support*, (8th ed) Belmont, CA 94002-3098 USA: Wadsworth
- Better Care Network and United Nations Children's Fund (2015) Making decisions for the better care of children: The role of gatekeeping in strengthening family based care and reforming alternative care systems. <https://bettercarenetwork.org/sites/default/files/Making%20Decisions%20for%20the%20Better%20Care%20of%20Children.pdf>
- Better care network. (2000). *Transitioning from institutional care of orphans to community based care: The experience of Ethiopia's Jerusalem Association Children's homes*. <https://bettercarenetwork.org/sites/default/files/Transitioning%20from%20Institutional%20Care%20of%20Orphans%20to%20Community%20Care%20in%20Ethiopia.pdf>
- Brogaard, B. (2016) Parental attachment problems; *child neglect and its consequences*. *Psychology today*: <https://www.psychologytoday.com/us/blog/the-mysteries-love>
- Browne, E. (2017). *Children in care institutions*. K4D Helpdesk Report. Brighton, UK: Institute of Development Studies. <https://opendocs.ids.ac.uk/opendocs/bitstream/handle/20.500.12413/13208/029%20Children%20in%20Care%20Institutions%20v2.pdf?sequence=1&isAllowed>
- Cicognani, E. (2014). Social wellbeing. In. Michalos A.C. (eds) *Encyclopedia of*

quality of life and wellbeing Research. Springe, Dordrech.

https://doi.org/10.11007/978-94-007-0753-5_2797

Claridge, T. (2015). Theory of capital. Institute for Social Capital.

<https://www.socialcapitalresearch.com/bourdieu-on-social-capital-theory-of-capital/>

Children in families organisation. (2019). Family reintegration? 3 things are key...

<https://www.childreninfamilies.org/family-reintegration-3-things-are-key/>

Chrobok, V. and Akutu. A., S. (2008). Returning home, children's perspective on reintegration: A case study of children abducted by the Lord's Resistance Army in Teso, eastern Uganda. Coalition to stop the use of child soldiers. www.child-soldiers.org

Delap, E. & Wedge, J. (2016) Guidelines on children Reintegration.

<https://bettercarenetwork.org/sites/default/files/Guidelines%20on%20Children%27s%20Reintegration%20DIGITAL%20.pdf>

Developmental Psychology (1992), 28, 759-775. Reprinted in from R. Parke, P. Ornstein, J. Reiser, & C. Zahn-Waxler (Eds.) (1994). A century of developmental psychology. (Chapter 15, pp. 431-471).

http://www.psychology.sunysb.edu/attachment/online/inge_origins.pdf

Dries, V.D., Juffer, F., Ijzendoorn, V. H. M., Kranenburg, B.J.M., & Alink L.R.A. (2012) Infants' responsiveness, attachment and indiscriminate friendliness after international adoption from institutions or foster care in China: Application of emotional availability scales to adoptive families. Development and Psychopathology, Cambridge University Press, 24, 49-64.

<https://doi:10.1017/S0954579411000654>

Dubois-Comtois, K., Bussièrès, Eve-Line, Cyr, Chantal, St-Onge, Janie, Baudry, Claire, Milot, Tristan, Labbé, Annie-Pier. (2021). Are children and adolescents in foster care at greater risk of mental health problems than their counterparts? A meta-analysis," Children and Youth Services Review, Elsevier,

- vol. 127(C).
<https://ideas.repec.org/a/eee/cysrev/v127y2021ics0190740921001766.html>
- Elangovan, N & Sundaravel, E. (2021). Method of preparing a document for survey instrument validation by experts, *MethodsX*. Volume 8.
<https://doi.org/10.1016/j.mex.2021.101326>.
- Faculty of Public health. (2022). Concepts of mental and social wellbeing.
<https://www.org.uk>
- Family for Every Child (2013) Towards a family for every child: A conceptual framework.
https://bettercarenetwork.org/sites/default/files/Conceptual_Framework.pdf
- Faith to Action Initiative (2024). Journey of transition toolkit.
<https://www.faithtoaction.org/transitioning-toolkit/implementing/reintegration-children-families/>
- Ferguson, K. and Heidemann, G. (2009). Organisation strengths and challenges of Kenyan NGOs serving orphans and vulnerable children: A template analysis. *International Journal of Social Welfare*. 18. 354 - 364.
<https://doi.org/10.1111/j.1468-2397.2009.00637.x>.
- Frimpong-Manso, K. and Bugyei, A.G. (2019). The challenges facing children reunified with their families from an orphanage in Ghana. *Child Soc*,33: 363-376. <https://doi.org/10.1111/chso.12314>
- Hall, S. (2021). Child reintegration monitoring toolkit:EU-IOM Knowledge management hub. returnandreintegration.int
- Hall, Tracey. (2022). What is family wellbeing? Child Care Resources of Monmouth. <https://ccrnj.org/what-is-family-well-being/>
- Heale, R., & Twycross, A. (2015). Validity and reliability in quantitative studies. *Evidence-based nursing*, 18(3), 66-67.
https://www.researchgate.net/publication/276355813_VValidity_and_reliability_in_quantitative_studies
- Hu, S. (2014). Study Population. In: Michalos, A.C. (eds) *Encyclopedia of Quality of Life and Well-Being Research*. Springer, Dordrecht.
https://doi.org/10.1007/978-94-007-0753-5_2893

Human Development Index (2020)

https://www.theglobaleconomy.com/rankings/human_development/

Human Rights Watch HRW. (2014). Abandoned by the State: *Violence, Neglect, and*

Isolation for Children with Disabilities in Russian Orphanages.

<http://resourcecentre.savethechildren.se/sites/default/files/documents/5416cec64.pdf>

Hope and Homes (2019, July 4). What is institutional care? 15 characteristics of orphanage -based systems. <https://www.hopeandhomes.org/blog-article/what-is-institutional-care/>

Huseynli, A. (2018). Implementation of deinstitutionalization of child care institutions in post-soviet countries: The case of Azerbaijan, *Child Abuse & Neglect*, Vol. 76, 160-172, ISSN 0145-2134,

<https://doi.org/10.1016/j.chiabu.2017.10.020>

Hussain, Z. (2024) Family role in the reintegration of juvenile delinquents: a post release analysis in Dir Valley Pakistan: *Pakistan Journal of Criminology* Vol.16, No. 02, April-June 2024 (19-34). Retrieved from

<https://www.pjcriminology.com>

Jabbari, B. & Audra S. Rouster, A, S. (2021). Family dynamics. <https://www.ncbi.nlm.nih.gov/books/NBK560487/#:~:text=Family%20dynamics%20refers%20to%20the,of%20relationship%20security%20or%20stress>

Jacinto Convit World Organization.(2021). Social Science Series #5: Mental health

in developed vs developing countries. <https://www.jacintoconvit.org/social-science-series-5-mental-health-in-developed-vs-developing-countries/#:~:text=Perception%20of%20mental%20health%20in,%25%20and%207.9%25%2C%20respectively.>

Jesuit Social Services. (2009). Family dynamics: Strong bonds-building family connections. www.strongbonds.jss.org.au

Jhangiani, R. S, Chant, A. I, Chiang, Cuttler., C and Leighton, D. C. (2019).

Research methods in psychology (4th ed.)

<https://kpu.pressbooks.pub/psychmethods4e/>

Jiménez-Morago J. M, Esperanza L. and Maite R. (2015). Adversity and adjustment in children in institutions, family foster care and adoption. The Spanish journal of psychology, 2015;18E45. <https://doi.org/10.1017/sjp.2015.49>

Jones, C. and Hackett, S.(2007). *Communicative openness within adoptive families: Adoptive parents' narrative accounts of the challenges of adoption talk and the approaches used to manager these challenges*: Adoption quarterly 10 (3-4), 157-178; Taylor & Francis

Justice and Reconciliation Project (2018) Reintegration: Working for Justice and Reconciliation with grassroots communities.

<https://www.justiceandreconciliation.org/>

Jordanwood, M.& Monyka, M. (2014). Achieving positive reintegration: assessing the impact of family reintegration. Phnom Penh: Friends International.

Kang, H. (2016). Theoretical Perspectives for Child Welfare Practice on Kinship

Foster Care Families: Article in Families in Society: the Journal of Contemporary Human Services <https://doi.org/10.1606/1044-3894.3680>

https://www.researchgate.net/publication/270399155_Theoretical_Perspectives_for_Child_Welfare_Practice_on_Kinship_Foster_Care_Families

Kimberlin, C. L, Winterstein, A. G. (2008). Validity and reliability of measurement instruments used in research, American Journal of Health-System Pharmacy, Volume 65, Issue 23, 1 December 2008, Pages 2276-2284,

<https://doi.org/10.2146/ajhp070364>

- Kumar, R. (2011). Research methodology: a step-by-step guide for beginners. (3rd ed)
https://www.academia.edu/33999877/Ranjit_Kumar_Research_Methodology_A_Step_by_Step
- Lawshe, C. H. (1975). A quantitative approach to content validity. *Personnel psychology*, 28(4), 563-575. https://www.researchgate.net/profile/Dr-Tulsi-Bhandari/post/Can_anybody_tell_me_the_difference_between_Content_Validity_Ratio_and_Content_Validity_Index/attachment/59d622bac49f478072e98fe4/AS%3A272118808285184%401441889587114/download/000+Lawshe_content_validity.pdf
- Lukaš, M. (2014). SOS children's friendly community historical overview. In Berbić Kolar, B. Bognar, M. Sablić, B. Sedlić (Eds.), *Challenges in building child friendly communities: Proceedings of International conference Zadar 2014, Croatia* (p. 44-55). SlavonskiBrod: Europe House SlavonskiBrod.
<https://files.eric.ed.gov/fulltext/ED556330.pdf>
- Marathe, K. (2021). Tools for children in institutions.
<https://bettercarenetwork.org/sites/default/files/2021-03/633cae86b26c59e81197f0157e84349d.pdf>
- Marengu, S. (2020). *Challenges experienced by adoptive parents in the adoption of orphans and vulnerable children in Zimbabwe*. University of South Africa
- Masten, A.S. (2001) Ordinary magic: Resilience processes in development. *American Psychologist* 56(3) 227-238.
[https://scholar.google.com/scholar?q=%E2%80%A2+Masten,+A.+\(2001\)+Resilience+processes+in+development.+Journal+American+Psychologist+56,+227-238&hl=en&as_sdt=0&as_vis=1&oi=scholar](https://scholar.google.com/scholar?q=%E2%80%A2+Masten,+A.+(2001)+Resilience+processes+in+development.+Journal+American+Psychologist+56,+227-238&hl=en&as_sdt=0&as_vis=1&oi=scholar)

McLeod, S.A. (2017, Feb 05). Attachment theory. Simply psychology:

<https://www.simplypsychology.org/attachment>

Miller, A. & Beazley, H. (2022) We have to make the tourists happy: orphanage tourism in Siem Reap, Cambodia through the children's own voices, Children's Geographies, Vol. 20:1, 51-63,

<https://doi.org/10.1080/14733285.2021.1913481>

Moyo, S., Susa, Richard. &Gudyanga, E. (2016). Impact of institutionalisation of

orphaned children on their wellbeing. https://docshare.tips/impact-of-institutionalisation-of-orphaned-children-on-their-wellbeing_585fb07fb6d87fa7438b6fd3.html

Muguwe, E., Taruvinga, F.C, Manyumwa, E. & Shoko, N.(2011). Reintegration of

institutionalised children into society: A case study of Zimbabwe. Journal of Sustainable Development in Africa. 13. 142-149.

https://www.researchgate.net/publication/303014356_Reintegration_of_institutionalised_children_into_society_A_case_study_of_Zimbabwe/citation/download

Munthali, C. A. (2019). Reintegrating children from institutional care: A Feasibility

study on a model for Malawi.

<https://www.unicef.org/malawi/media/1291/file/UNICEF%20Reintegration%20Children%20Feasibility%20Study.pdf>

New Economics Foundation (2012) *Measuring Wellbeing: A guide for practitioners,*

London: New Economics Foundation. Retrieved from [measuring-wellbeing.pdf](https://www.neweconomics.org/measuring-wellbeing.pdf) ([neweconomics.org](https://www.neweconomics.org))

Okol,B.& Nyeko, O. (2018).Building a future together: *two families joining hands*

- to change the lives of those who experienced LRA captivity. Justice and Reconciliation. <https://www.justiceandreconciliation.org/tag/child-reintegration/>
- Riley, M. (June 2012). Baseline Study: *The state of institutional care in Uganda*. Kampala: Ministry of Gender, Labour and Social Development. <https://bettercarenetwork.org/sites/default/files/Baseline%20Study-%20The%20state%20of%20Institutional%20Care%20in%20Uganda.pdf>
- Save the children. (2021). Gender intersectionality and family separation, alternative care and the reintegration of Children. Retrieved from <https://resourcecentre.savethechildren.net>
- Save the children. (2019). UNGA 2019 resolution on the rights of the child. <https://resourcecentre.savethechildren.net/ocument/ung-2019-resolution-rights-child/#:~:text=This%20resolution%20was%20adopted%20by,children%20to%20have%20a%20family>
- Save the children. (2012). Guidelines for the alternative care of children policy brief. <http://resourcecentre.savethechildren.se/node/6892>
- Schrader, A., & Herrera, E. (2016). The Successful family reintegration of street-connected children: Application of attachment and trauma theory. *Journal of children's services*, 11 (3), 217-232. <https://doi.org/10.1108/JCS-09-2015-0028>
- Schulpen, L., van Kempen, L., Elbers, W., & van Uden, D. (2023). Beyond the Immediate Effects of COVID-19: Exploring the Consequences of the Pandemic on the Southern NGO Partners of Dutch INGOs. *Journal of Civil Society*, 20(1), 74-92. <https://doi.org/10.1080/17448689.2023.2268755>
- Simran (2022). Family dynamics: *Meaning, Types, Factors Affecting And More* https://mantracare.org/therapy/what-is/family-dynamics/#A_Word_From_Mantra_Care
- Sirgy, M. J. (2018). The psychology of material well-being: *Applied Research in Quality Of Life*, 113(2), 2773-301. <https://doi.org/10.1007/s11482-017-9590-z>

- SOS (2016) *Alternative child care and deinstitutionalization: A case study of Uganda*. Kampala: author.
- Taylor, J. (2015). *Tracing orphans in your ancestry: Modern-day DNA research is beginning to unlock longstanding mysteries regarding orphans*.
<https://daily.jstor.org/tracing-orphans-in-your-ancestry/>
- Terziev, V. & Arabska, E. (2016). *Process of Deinstitutionalization of Children at Risk in Bulgaria*. *Procedia - Social and Behavioral Sciences*. 233. 287-291.
 10.1016/j.sbspro.2016.10.130.
https://www.researchgate.net/publication/309486481_Process_of_Deinstitutionalization_of_Children_at_Risk_in_Bulgaria
- The Republic of Government. (1995) *Constitution of Uganda*. Kampala: Author
- The Government of Uganda. (2016). *National Action Plan for Child Well-being 2016-2021*. Author
- The Republic of Uganda. (2020). *National child policy 2020*. Author
- The Republic of Government. (2016) *The children amendment act: Chapter 59*.
 Kampala.
[https://www.bing.com/search?q=%E2%80%A2+The+Republic+of+Government.++\(2016\)+The+children+amendment+act%3A+Chapter+59.+Kampala%3A+The+Republic+of+Uganda.&cvicid=d8c4fa714b2b41bda971373b8e571c37&aqs=edge..69i57j69i59i450l8.1681930j0j9&FORM=ANAB01&PC=U531](https://www.bing.com/search?q=%E2%80%A2+The+Republic+of+Government.++(2016)+The+children+amendment+act%3A+Chapter+59.+Kampala%3A+The+Republic+of+Uganda.&cvicid=d8c4fa714b2b41bda971373b8e571c37&aqs=edge..69i57j69i59i450l8.1681930j0j9&FORM=ANAB01&PC=U531)
- Truell, R. (2019) 'Closing orphanages isn't enough': the centres supporting children and families in Uganda. <http://humantrafficking.co.za/index.php/news/2867-closing-orphanages-isn-t-enough-the-centres-supporting-children-and-families-in-uganda-8-october-2019>
- UNICEF Ghana. (2018) *The negative impact of institutionalisation of children 0-3 years*

<https://www.unicef.org/ghana/media/3026/file/The%20Negative%20Impact%20of%20Institutionalisation%20on%20Children.pdf>

UNICEF. (2022). Transforming childcare institutions and services to support family care and community life.

<https://www.unicef.org/eca/media/22071/file/Case%20study%205.pdf>

UNICEF Uganda. (2016) Country programme action plan 2016-2020: Government of Uganda. Kampala: UNICEF Uganda.

<https://www.unicef.org/uganda/reports/government-uganda-unicef-country-programme-action-plan-cpap-2016-2020>

United Nations Convention on the Rights of the child UNCRC. (1989). Article 20.

<https://www.ohchr.org/en/instruments-mechanisms/instrument/convention-rights-child>

Walakira, E.J., Dumba-Nyanzi I, Luwangula R. (2016). Strong Beginnings—A family for All Children Project. End of Project Evaluation Report. Kampala: Terres des Hommes Netherlands and Makerere University

Wakiso District. (2022). District profile. <https://wakiso.go.ug/about-us/district-profile/#:~:text=The%20district%20currently%20has%20a,0%20males%20per%20100%20females.>

Wedge, J. (2013) Reaching home: Global learning on family reintegration in low and lower-middle income countries, The Interagency Group on Reintegration. <http://www.cpcnetwork.org/wp-content/uploads/2015/03/Reaching-for-Home-learning-on-family-reintegration-2013.pdf>

Wood, G.W. (2021). The psychology of wellbeing. Routledge, Taylor & Francis Group: London and New York

World Health Organisation. (2023). Health and wellbeing.

<https://www.who.int/data/gho/data/major-themes/health-and-well-being>

Yendork, J, Salifu. (2020). Vulnerabilities in Ghanaian orphans: Using the

ecological systems theory as a lens, *New Ideas in Psychology*, Vol 59

<https://doi.org/10.1016/j.newideapsych.2020.100811>. (<https://www.sciencedirect.com/science/article/pii/S0732118X19302764>)

Zamanzadeh V, Ghahramanian A, Rassouli M, Abbaszadeh A, Alavi-Majd H, Nikanfar

AR. (2015). Design and implementation content validity study: Development of an instrument for measuring Patient-Centered Communication;4(2):165-78. doi: 10.15171/jcs.2015.017. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4484991/#:~:text=Zamanzadeh%20V%2C%20Ghahramanian,26161370%3B%20PMCID%3A%20PMC4484991>

Zeanah, C. H., Smyke, A. T., Koga, S. F. & Carlson, E. (2005). Attachment in

institutionalised and community children in Romania: *The Bucharest Early Intervention Project Core Group*: *Child Development*, Sep. - Oct., 2005, Vol. 76, No. 5 pp. 1015-1028: Wiley on behalf of the Society for Research in Child Development. <https://www.jstor.org/stable/3696612>

APPENDICES:

APPENDIX I: Consent Form

My name is Susan Mpiriirwe Otai, a student at Uganda Christian University. I am pursuing a Masters of Arts in Counselling Psychology. One of the university’s requirement for the award of a Master’s degree is to carry out a research project in their area of interest and speciality. I therefore, seek your consent to participate in this research on “effect of the Child Reintegration Process on Family Wellbeing: A case study of Agape World Ministries Kampala Uganda”

Participant Statement

The researcher has clearly explained to me this exercise and I agree to take in this study. I have had the opportunity to ask questions. I understand that I can choose not to answer some questions and can stop participating in the study at any time.

If you agree to participate please sign here below:

Signature of the Participant Date

APPENDIX II: Assent Form For Minors

My name is Susan Mpiriirwe Otai, a student at Uganda Christian University. I am pursuing a Masters of Arts in Counselling Psychology. One of the university’s requirement for the award of a Master’s degree is to carry out a research project in their area of interest and speciality. I am carrying out a study on “effect of the Child Reintegration Process on Family Wellbeing: A case study of Agape World Missions Kampala Uganda.” You have been identified as one of the children to participate in this research but you have a right to refuse to participate though your participation would be highly appreciated. However, even after acceptance, if you feel like changing your mind you or prefer not to answer certain questions you are free to do so.

Confidentiality

All information given in this study will be kept confidential. For instance, your true name will not be mentioned in the researcher’s report. Your identifying information, will not appear anywhere on the interview record. The researcher will ensure security and safety of your personal details and responses. All paper information will be destroyed once the research purposes are fulfilled.

Benefits of Participation

The information you share will be used to help child care institutions to carry out child reintegration in a better way. It will also help parents and other community child care givers to know how best to look after children that have been reintegrated from child care institutions.

Participant Statement

The researcher has clearly explained to me this exercise and I agree to take in this study. I have had the opportunity to ask questions. I understand that I can choose not to answer some questions and can stop participating in the study at any time.

If you agree to participate please sign here below:

Signature of the Participant Date

APPENDIX III: Parent Informed Consent Form

My name is Susan Mpiriirwe Otai, a student at Uganda Christian University. I am pursuing a Masters of Arts in Counselling Psychology. One of the university’s requirement for the award of a Master’s degree is to carry out a research project in their area of interest and speciality. I am carrying out a study on “effect of the Child Reintegration Process on Family Wellbeing: A case study of Agape World Missions Kampala Uganda.”

The purpose of this form is to seek your permission to allow your child to participate in this study. The child’s participation will help the researcher achieve the stated purpose of the study

If permitted, your child will be scheduled for an interview with the researcher to give his experience on the topic of study. The child’s personal details such as the name will not be used or mentioned in the final report. Participation in this study is voluntary thus the child has a right to decide whether to participate or not. Whichever the decision your child takes will be respected.

Child’s Name.....

Date of Birth..... Sex:.....

PARENT/GUARDIAN

Name.....

Home Address.....

Telephone contact

SignatureDate

Appendix IV: Questionnaire for parents/guardians of reintegrated children

1: Quantitative data collection questionnaire

A. DEMOGRAPHICAL DATA

1. Name of Enumerator: _____

2. Name of Respondent _____ Age: _____ Sex: _____
 Last Education Level _____ (1= primary, 2=secondary, 3=tertiary)

3. Identification of location: **Home District:** _____

Sub-County: _____ **Village** _____

4. Date of interview _____

5. Time Started: _____ Time Ended: _____

6. Number of members in the household? _____ (1 (1-5 members), 2 (6-9 members). 3 (10 and above))

7. Who are the other household members?

Member	Sex 1= Male 2= Female	Relationship 1 = Head 2 = Spouse 3= Son/ daughter 4 = Son / daughter in-law 5 = Grand child 6 = Parent 7 = Other relative (specify 8 = Domestic worker 9 = Other (specify)/	Age	Marital Status 1=Single 2= married 3 = Widowed 4= Separated 5 = Divorced 6=Co- habiting 7 = Unknown	Religion 1= Catholic 2= Protestan t/ 3= Muslim 4 = Orthodox 5 = Adventist 6=Born again 8=Traditi onal 9 = Others	How long has child stayed in the village	What is the last place of reside nce	Highest level of educati on (1=Prim ary, 2=Secon dary, 3= tertiary)

8. How long did it take from the time you were told about reintegrating the child and when he/she was actually reintegrated back to the family? _____ (1= 1-10 days, 2= 11- 30 days, 3= 2 months and more)

9. Who organised the reintegration process? _____ (1=AWM staff, 2=person from ministry of gender, 3=Local government worker, 4=LC1 executive member,

5=police officer, 6= others (specify _____)

10. During and after reintegration, did family or child receive any resettlement package? _____ (1= Yes, 2= No)

a. If yes, what did the family or child receive? _____ (1= Financial support, 2= material support, 3= others (specify _____))

b. If yes, who provided that support? _____ (AWM, Government, LOCAL Government, others (specify _____))

11. Since child was reintegrated to the family, has anyone come to check on the family and child to see how you were doing? ____ (1= Yes, 2= No)

a) If yes who came to check on the family? _____ (Government worker, AWM staff, Others (Specify _____))

b. If yes, how often have they come to check on the family? _____ (Monthly. After 3 months, after 1 year)

12. What is the economic activity by which the Family survive?

_____ (1=Subsistence farming, 2=Commercial farming, 3=Wage employment, 4=Non-agricultural enterprises, 5=Property income, 6=Transfers (pension, allowances, social security benefits,), 7=Remittances, 8=Organizational support (e.g. food aid, WFP, NGOs etc), 9=Other (specify) _____)

13. How has this survival activity changed since the child was reintegrated in the home? _____ (1= Remained the same, 2= Completely changed, 3= changed for better, 4= changed for worse)

14. What role does the respondent play in the survival activity? _____ (1=Lead, 2=support, 3= none)

15. If respondent doesn't participate why? __ (1=young, 2=do not have the skill, 3= not allowed)

16. If you were asked to classify the level of poverty for your family, where would you put it? _____ (1=Very poor, 2=Poor, 3=Neither poor nor rich, 4=Rich)

17. How has this poverty level changed since the time a child was reintegrated in your family? _____ (1= Remained the same, 2= somewhat improved, 3= better improved, 4= worsened)
18. On a scale of 1 - 5, how would you rank your standard of living in your family in comparison to other households in your community? _____ (1=poorest, 2=Poor, 3=Average, 4=Above average)
19. Comparing the time before the child was reintegrated back home, how would you describe the changes in the living standards of the family? _____ (1=Improved, 2=Stayed the same, 3= worsened)
20. Since the child returned home (reintegration), have you ever been victimised for committing any crime? _____ (1= Yes, 2= No)
- If yes, what was the crime? _____
 - How was it settled? _____
 - Has any other member of the family committed a similar crime? _____ (1= Yes, 2= No)
 - If yes, how different is the way they handled your case in comparison to the other person? _____
21. Do you own any property at home? _____ (1= Yes, 2= No)
- If yes, what do you own? _____
 - Does other members in the family own any property too? ____ (1= Yes, 2= No)
 - If yes, which member of the family own what? _____
22. How did the AWM consider the family relations (age, sex, social status, income levels, health, disability issues, etc.) before reintegrating the child in the family? _____ (1= Considered it, 2= Somewhat considered, 3= Did not Consider at all)
23. How did this decision affect the wellbeing of the family later? _____ (1= Negatively affected, 2= did not affect, 3= positively affect)
24. How does the reintegrated child relate with other family members? _____ (1= very poor relation, 2= poor relationship, 3= good relationship, 4= very good relationship)
- Why? _____

25. Are you happy now that the child was reintegrated back home? ___ (1= Yes, 2= No)

- a) If yes, what makes you happy? _____
- b) What change has this child brought to this home/family? _____

26. Since child returned home (reintegrated) who does the child like most? _____

- b. Why? _____
- c. Who doesn't the child like much at home? _____
- d. Why? _____

27. Did government participate in the child reintegration process? _____ (1= Yes, 2= No, 3= Don't know)

- a. If yes, how did it participate? _____ (1= counselled or talked with the family, 2= None, 3= Don't Know,)

28. Since child was reintegrated to the family, has any person from government come to check on the family or child to see how they were doing? ___ (1= Yes, 2= No)

- a) If yes, how often have they come to check on you? _____ (Monthly, After 3 months, after 1 year)
- b)
- c) How do you think their coming or not coming to visit have affected the family in the reintegration process? _____

29. Did anyone offer counselling services to the family before reintegration? _ (1= Yes, 2= No)

- a) If yes, how long did the counselling take? ___ (1= 1 week, 2= 1 Month, 3= More that 1 months, 4= don't know, 5= Others (specify _____))
- b) If yes, who offered the counselling service? _____ (AWM, Government, LOCAL Government, others (specify _____))
- c) If yes, did this counselling continue after reintegration? _____ (1= Yes, 2= No)
- d) If yes, who offered the counselling after reintegration? _____ (AWM, Government, LOCAL Government, others (specify _____))

30. Did anyone offer counselling services to the child before reintegration? __ (1= Yes, 2= No)

- a) If yes, how long did the counselling take? ____ (1= 1 week, 2= 1 Month, 3= More that 1 months, 4= don't know, 5= Others (specify _____))
 - b) If yes, who offered the counselling service? _____ (AWM, Government, LOCAL Government, others (specify _____))
 - c) If yes, did this counselling continue after reintegration?____ (1= Yes, 2= No)
 - d) If yes, who offered the counselling after reintegration? _____ (AWM, Government, LOCAL Government, others (specify _____))
31. If counselling was offered, do you think it helped in improving the wellbeing of the family? _____ (1= Yes, 2= No)
- a) If yes, how did the counselling help? _____
32. What do you want to see changed in the way children are reintegrated back in the community? _____

Appendix V: Questionnaire for reintegrated child

B. DEMOGRAPHICAL DATA

1. Name of Enumerator: _____
2. Name of Respondent _____ Age: _____ Sex: _____
Last Education Level _____ (1= primary, 2=secondary, 3=tertiary)
3. Is respondent still in school? _____ (1=Yes, 2=No)
4. If still in school, what type of school? _____ (1= Public, Day, 2 = Public, Boarding, 3 = Private, Day, 4 = Private, Boarding, 5= Community schools)
5. Who pays the school fees _____ - (1. AWM, 2. Family 3. Other)
6. Identification of location: **District:** _____

Sub-County: _____ **Village** _____ (Enumerator should fill this him/herself)

7. Date of interview _____
8. Time Started: _____ Time Ended: _____
9. How many members are there in the household? _____ (1 (1-5 members), 2 (6-9 members). 3 (10 and above))
10. Who are the other household members?

Member	Sex	Relationship	Age	Marital Status	Religion	How long has stayed in the village	What is the last place of residence	Highest level of education
	1= Male 2= Female	1 = Head 2 = Spouse 3= Son/daughter 4 = Son / daughter in-law 5 = Grand child 6 = Parent 7 = Other relative (specify) 8 = Domestic worker		1=Single 2= married 3 = Widowed 4= Separate 5 = Divorced 6=Co-habiting	1= Catholic 2= Protestant/ 3= Muslim 4 = Orthodox 5 = Adventist 6=Born again			(1=Primary, 2=Secondary, 3= tertiary)

		9 = Other (specify)/		7 = Unknow n	8=Tradit ional 9 = Others			

11. Who told you about coming back home? _____
12. How did you feel about the idea of coming back home? _____
13. Who brought you home? _____ (1= AWM staff, 2= police, 3= I do not know)
14. During and after reintegration, were you given anything? _____ (1= Yes, 2= No)
- a. If yes, what did the family or child receive? _ (1= Financial support, 2= material support, 3= others (specify _____))
- b. If yes, who provided that support? _____ (AWM, Government, LOCAL Government, others (specify _____))
15. Has anyone come to check on you since the time you were brought home? _____ (1= Yes, 2= No)
- a) If yes who came to check on the family? _____ (Government worker, AWM staff, Others (Specify _____))
- a. If yes, how often have they come to check on the family? _____ (Monthly. After 3 months, after 1 year)
16. Do you own any property at home? _____ (1= Yes, 2= No)
- a) If yes, what do you own? _____
- b) Does other members in the family own any property too? _____ (1= Yes, 2= No)
- a. If yes, which member of the family own what _____
17. How does the reintegrated child relate with other family members? _ (1= very poor relation, 2= poor relationship, 3= good relationship, 4= very good relationship)
- a. Why? _____
18. Are you happy now that you are brought home? _____ (1= Yes, 2= No)
- c) If yes, what makes you happy that was missing in the child institution?

d) If no, what is missing at home that was there in the child institution? _____
19. At home who do you like most? _____

a. Why? _____

b. Whom don't you like much at home? _____

c. Why? _____

20. Did anyone talk (counsel) you before being brought home? _____ (1= Yes, 2= No)

e) If yes, how long did the counselling take? _ (1= 1 week, 2= 1 Month, 3= More than 1 months, 4= don't know, 5= Others (specify _____))

f) If yes, who offered the counselling service? _____ (AWM, Government, LOCAL Government, others (specify _____))

g) If yes, did this counselling continue after you were brought home? _____ (1= Yes, 2= No)

h) If yes, who offered the counselling after reintegration? _____ (AWM, Government, LOCAL Government, others (specify _____))

21. What would you want to see changed in future in a way children are brought back home from institutions? _____

APPENDIX VI: Semi structured Interview Guide for CCI Director and Social Workers

1. How do you do reintegration of children?
2. What challenges do you commonly face in the reintegration process?
3. What role does the government play in the child reintegration process?
4. Do you do counselling of the family and the child during and after reintegration by AWM and other actors? When does this happen? How? How long?
5. How does counselling help in improving the wellbeing of the family?
6. What kind of support do you provide children and family during and after the reintegration?
7. Tell us about the monitoring process and follow up by AWM and other actors since the child was reintegrated?
8. In your own assessment do you think family dynamics (age, sex, social status, income levels, health.) influences the reintegration process? How?
9. If you could, what would you change on the way child reintegration is currently being done?

APPENDIX VII: Semi structured interview guide for Government Officials
(Probation officers, Ministry of Gender and school administrators)

Name of Enumerator: _____

Name: _____

Title: _____

Identification of location: District: _____

Date of interview _____ Time Started: _____ Time Ended: _____

1. What is your role in the reintegration process?
2. What are some of the successes you have registered as government in this process?
3. What challenges do you face in the reintegration process?
4. How have the children blended with the whole community/at school?
5. What is the behavioural difference between the children that once lived in an institution and those that have never left their families?
6. What challenges do these children face at school, community?
7. If you could, what do you think you would change in this reintegration process
8. Any message for parents and children

.....Thank you for your time.....

APPENDIX VIII: Focus Group Discussion Guide for children
Name of Enumerator: Susan M Otai

Location Of Interview:

Time Started: _____ Time Ended: _____

1. How were you reintegrated back home? (who, how and when were you told?)
2. How did you feel? And Why?
3. How is life in the institution different from that of home? What do you miss or enjoy most at home?
4. Who helped you most in the reintegration process while still at AWM?
5. What did you like most in the reintegration process?
6. Did you receive any counselling before you came home? What about at home?
7. Have you faced any difficulties at home with family?
8. Do you have anyone you share with your secrets or challenges in the family? Who and why? I share with no one
9. If you were to be taken back to the institution how would you want to be reintegrated?
10. Any word for parents and community leaders on the way you feel you are being treated?

APPENDIX IX: Focus Group Discussion Guide for for parents

Name of Enumerator: _____

Name of respondent: _____

Identification of location: District: _____

Date of interview _____ Time Started: _____ Time Ended: _____

1. How was the reintegration process done? Do you think you were prepared enough?
2. Do you feel you have a close connection with the child? How?
3. How does the family survive? How has this survival activity changed since the child was reintegrated in the home? What role does the reintegrated child play in the livelihood activity?
4. Tell us about the counselling of the family and the child during and after reintegration by AWM and other actors? When did this happen? How? How long?
5. What kind of support was provided to the child and family during and after the integration? Who provided the support?
6. Tell us about the monitoring process has the child care institution or government official come to vi and other actors since the child was reintegrated?
7. How did the family dynamics (age, sex, social status, income levels, health, disability issues, etc.) influence the reintegration process?
8. Have you had any support or visit from local council or probation officer?
9. Who has been there for you in this whole process?
10. What has been your greatest source of encouragement as you were going through this reintegration process.

APPENDIX X: Introductory Letter from University



September 26th 2023

TO WHOM IT MAY CONCERN

Dear Sir/Madam

Re: INTRODUCTORY LETTER FOR RESEARCH

This is to introduce to you **MPIRIIRWE Susan Otai** Registration number **RM19M03/008**, a student of Uganda Christian University, pursuing Master's degree IN Counseling Psychology. She is expected to carry out research in the final year under the guidance of a university supervisor in partial fulfillment for the requirements of the above mentioned award.

Topic: "The Effect of the Child Reintegration Process on Family Wellbeing: A Case Study of SOS Children Villages Wakiso District - UCUREC-2023-592."

The purpose of this communication is to request your office to allow her collect data from your organization. Any assistance rendered to her will be highly appreciated.

Yours Faithfully,
26 SEP 2023

Jeremy Waiswa, PhD

HoD, Research & Postgraduate Studies Department

Tel: 0752319951

Email: jwaiswa@ucu.ac.ug

APPENDIX XI: Letter from Ethics Committee



UGANDA CHRISTIAN UNIVERSITY

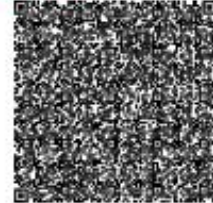
A Centre of Excellence in the Heart of Africa

18/09/2023

To: Susan Otai

+256772638174

Review Type: Initial Review



Re:UCUREC-2023-592: The effect of the child reintegration process on family wellbeing: a case study of SOS children villages Wakiso district

I am pleased to inform you that the Uganda Christian University REC, through expedited review held on 14/09/2023 approved the above referenced study.

Approval of the research is for the period of 18/09/2023 to 18/09/2024.

As Principal Investigator of the research, you are responsible for fulfilling the following requirements of approval:

1. All co-investigators must be kept informed of the status of the research.
2. Changes, amendments, and addenda to the protocol or the consent form must be submitted to the REC for re-review and approval **prior** to the activation of the changes.
3. Reports of unanticipated problems involving risks to participants or any new information which could change the risk benefit: ratio must be submitted to the REC.
4. Only approved consent forms are to be used in the enrollment of participants. All consent forms signed by participants and/or witnesses should be retained on file. The REC may conduct audits of all study records, and consent documentation may be part of such audits.
5. Continuing review application must be submitted to the REC **eight weeks** prior to the expiration date of 18/09/2024 in order to continue the study beyond the approved period. Failure to submit a continuing review application in a timely fashion may result in suspension or termination of the study.
6. The REC application number assigned to the research should be cited in any correspondence with the REC of record.
7. You are required to register the research protocol with the Uganda National Council for Science and Technology (UNCST) for final clearance to undertake the study in Uganda.

The following is the list of all documents approved in this application by Uganda Christian University REC:

No.	Document Title	Language	Version Number	Version Date
1	Data collection tools	English	One	2023-08-02
2	Protocol	English	One	2023-08-02

Yours sincerely,



UGANDA CHRISTIAN UNIVERSITY

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UGANDA CHRISTIAN UNIVERSITY

SCHOOL OF RESEARCH & POSTGRADUATE STUDIES

DISSERTATION CORRECTION COMPLIANCE REPORT BY THE CANDIDATE (POST VIVA FORM)

Date: 17th September 2025

Name of Candidate: MPIRIIRWE SUSAN OTAI Reg. No: RM1903/008

Title of Dissertation The Child Reintegration Process And Family Wellbeing: A Case Study Of Agape World Ministries, Kampala-Uganda

SN	COMMENTS BY EXTERNAL EXAMINER	ACTION TAKEN	INDICATOR
1	General Comments		
	(i) The Dissertation should be written in the recommended font type of the UCU. (ii) All titles and headings should be descriptive and in title case. (iii) All Tables and Figures should be auto-fitted to window. (iv) The APA guidelines should be adhered to in citations and references.	(i) A thorough report check was done to ensure the whole report is written in the Trebuchet MS 12 font. (ii) All titles and headings were put in descriptive form and title case. (iii) All the Tables and Figures were auto-fitted to window (iv) Citations and references were corrected in accordance to APA guidelines.	The Trebuchet MS 12 font was used from cover page to end. From Pages 1 to the end, titles and headings are descriptive and in title case. All the tables and figures from pages 45 to 79 are autofitted to window. Citation and references adhere to the APA guidelines.

2	Preliminary Pages		
	<p>(i) All level 1 titles should be written in capital letters e.g. TABLE OF CONTENT, and only level 1 titles should be in bold fonts.</p> <p>(ii) List of Tables and List of Figured should be in their own separate pages.</p> <p>(iii) All headings should be written in title case.</p> <p>(iv) The abstract should be one block paragraph on its own page.</p> <p>(v) The abstract should have an opening statement explaining briefly what study was all about.</p> <p>(vi) The abstract is lacking Purpose statement, the problem, research approach and design, population, sample size, sampling method, reliability and validity of instruments, data analysis methods.</p> <p>(vii) The abstract should have one major finding and one major recommendation.</p>	<p>(i) All titles were corrected and written in capital letters and only level 1 titles are in bold font.</p> <p>(ii) The List of tables and list of figures are on separate pages</p> <p>(iii) All headings were put in title case</p> <p>(iv) The abstract was put in one block paragraph on its own page.</p> <p>(v) An opening statement explaining what the study is about was put in the abstract. were all included</p> <p>(vi) Findings on objective one and major recommendation was highlighted.</p> <p>(vii)The abstract was rephrased to include the purpose statement research approach and design, population, sample size, data analysis methods, sampling method, reliability and validity of instruments.</p> <p>(viii) The abstract redone to indicate the major finding and the major recommendation.</p>	<p>Page 5 to the end were corrected</p> <p>List of tables and figures have been separated on Pages vii and ix</p> <p>Pages 12 to the end all the headings are in title case.</p> <p>The changes on in the abstract were all made on page x</p>
3	Chapter One		
	<p>(i) The statement of the problem contradicts the title with regard to the aim of the study. Was the study about adherence to protocols by Agape of the effect of reintegration on family wellbeing? This is a major inconsistency.</p> <p>(ii) Objectives should have action verbs (as suggested in the document), and there should be consistency on the Independent and Dependent Variables from the title of the study.</p> <p>(iii) The significance of the study is very scanty. Identify all the potential beneficiaries of the study and show how they are likely to benefit.</p> <p>(iv) A theoretical framework should come before</p>	<p>(i) The study examined how child reintegration affects the wellbeing of the family. The adherence to protocol is part of reintegration process</p> <p>(ii) The objectives have been written in action verbs e.g Objective 2: To establish the influence of family dynamics on family wellbeing in the child reintegration process.</p> <p>(iii) The significant of the study has been revised by highlighting the potential beneficiaries and how they are likely to benefit.</p> <p>(iv) The theoretical and conceptual framework have been beefed up and reallocated</p>	<p>Page 10 aim of the study revised</p> <p>Page 11 objectives changed accordingly.</p> <p>Page 14 clearly reflects this.</p> <p>Page 16 and 21</p>

	<p>the conceptual framework and ideally at the end of the literature review. The C.F should tie up the researcher's thinking and the broader body of knowledge in the discipline.</p> <p>(v) Family dynamics should actually be a moderating variable and not an independent variable as shown in the model. Further, the child's characteristics should be part of the independent variable since they affect family wellbeing. This model should be thoroughly revised,</p> <p>(vi) Get a descriptive title to the Conceptual Framework and place the title below the figure as per APA guidelines.</p> <p>(vii) The Chapter does not have Limitations and Delimitation.</p> <p>(viii) The Chapter does not have Assumptions of the Study.</p> <p>(ix) The Chapter does not have an Operational Definition of Terms.</p>	<p>(v) Family dynamics has been removed it is no longer part of the variables.</p> <p>(vi) Descriptive title has been put.</p> <p>(vii) The limitations and delimitations were captured under the scope</p> <p>(viii) Assumptions were put</p> <p>(ix) The operational definition of terms has been put</p>	<p>Changes made on page 21</p> <p>Page 21</p> <p>Page 13</p> <p>Page 11</p> <p>The Operational definitions are on page 14</p>
4	Chapter Two		
	<p>(i)The APA guidelines should be adhered to in the chapter, especially in citations and numbering.</p> <p>(ii) The chapter should begin by exhaustively explaining the concept of reintegration and family wellbeing before going to the relationships and interrelationships.</p> <p>(iii) The literature fails to show what is the situation globally, in Africa, in the region, nationally and locally.</p> <p>(iv) Have an exhaustive Theoretical Framework with several relevant theories that underpin the study to the discipline.</p> <p>(v) Have a Conceptual Framework to tie up the</p>	<p>(i) The citations and numbering have been changed according to APA guidelines</p> <p>(ii) The chapter begins by giving clear explanation of the concepts of child reintegration and family wellbeing.</p> <p>(iii) The literature review section was thoroughly re-written.</p> <p>(iv) Two more theories were added to support the study.</p>	<p>Citations and numbering follow APA guidelines pages 17-30</p> <p>Changes made on Pages 23</p> <p>Page 23 - 31</p>

	literature review.		
5	Chapter Three		
	<p>(i) The Population section is scanty; fully describe the population and giving numbers and characteristics. Have a table showing the population with strata or clusters of interest (characteristics/features).</p> <p>(ii) Follow this section with Sampling Procedures and Sample Size. Give a table for the Sample as well.</p> <p>(iii) Reorganize the chapter for logical flow. Follow the University publication guidelines.</p>	<p>(i) The population section has thoroughly been written with a table showing population details.</p> <p>(ii) The sampling procedures and sample size are written down</p> <p>(iii) The chapter has been organized to follow the University publication guidelines</p>	<p>Pages 33-35</p> <p>Pages 32-43</p>
6	Chapter Four		
	<p>i). What was the role of demographic characteristics if they were not used further to enrich the analysis? Why not use them to establish patterns, trends, and predictions?</p> <p>(ii). This chapter needs to be reorganized for logical flow, grammar and paragraphs revised for communication, Tables reformatted for aesthetics and readability, all sections, tables and figures be given proper descriptive titles.</p>	<p>(i) Descriptive information has been added to make predictions e.g most of the children were teenagers a delicate age that may face or cause social and mental issues in the family.</p> <p>(ii) Chapter was organized accordingly</p>	<p>Page 45</p> <p>Pages 44-85</p>
7	Chapter Five		
	<p>The discussions should logical, they should follow the sequence of the objectives, should have adequate and scholarly outlook.</p> <p>(ii). Recent literature should be used.</p> <p>(iii). Compare more with studies conducted elsewhere. Where these do not agree, account for the differences.</p> <p>(iv). Check paragraphs and grammar.</p> <p>(v). Format for readability and aesthetics.</p>	<p>(i) Chapter five has been reviewed to offer analysis and synthesis of the findings.</p> <p>ii) Current literature reviewed and incorporated.</p> <p>(iii) The paragraph and grammar has been checked</p> <p>(iv) Format done</p>	<p>Pages 84-94</p>

8	Chapter Six		
	<p>i). Section 6.1 should be a summary and it should be followed by a clear summary of findings.</p> <p>(ii). Conclusions should be listed, brief and based on the findings.</p> <p>(iii). Recommendations should be brief and based on the conclusions.</p> <p>(iv). Suggestions for further research should be based on gaps identified in the study.</p> <p>(v). Findings, conclusions, and recommendations should be listed and numbered and should be emanating from the stated objectives.</p>	<p>(i) Section 6.1 has been summarised reviewed and improved</p> <p>ii) Conclusions have been listed and revised according to the findings</p> <p>(iii)Recommendations are in line with conclusions.</p> <p>(iv)The suggested research on unique challenges of adoption was an identified gap.</p> <p>(v)Findings, conclusions and recommendations have been changed accordingly</p> <p>The examiner’s recommendation v has not been acted on:</p>	<p>Pages 92-94</p>
9	References and Appendices		
	<p>(i) Ensure APA format is followed in references and that all cited sources are referenced.</p> <p>(ii) Ensure all cited works are referenced and vice versa. Cite and reference fully and correctly.</p> <p>(iii) The research instruments need to be better organized and formatted, have proper section titles and not objectives, checked for grammar and spelling.</p> <p>(iv) Appendices should include map of study area, university authorization to collect data, letter form Ethics Committee, Authority to Collect Data, and Research Permit.</p>	<p>(i)References have been corrected to reflect APA format</p> <p>ii) All cited references indicated</p> <p>(iii)research instruments have been better organized with proper section titles and not objectives.</p> <p>(Iv)The authorization letter and letter from ethics committee all attached</p>	<p>Page 111 - 120</p> <p>Page 121,122</p>

SN	COMMENTS BY INTERNAL EXAMINER	ACTION TAKEN	INDICATOR
1	General Comments		
	The transitions between chapters could be smoother, with clearer connections between sections, summary chapter and conclusion.	This has been done	Page 1 to the end
	Additionally, the in-text citations do not conform to APA style. For example, the placement of full stops in relation to parentheses is inconsistent, such as on page 12, where the sentence ends with 'reintegration. (Hope & Homes, 2019)'.	The correct APA style was used to correct the quotation (Hope & Homes, 2019).	Page 5
2	Chapter One		
	The research topic does not align with the objectives, research questions, problem statement, or findings.	The research topic and objectives have been revised accordingly	Cover page and 11
	Include section with Definition of key terms	The section of definition of key terms has been incorporated	Page 14
	To ensure coherence in background and introduction sections	Introduction and background have been revised	Page 1
	Explain sufficiently the contextual and theoretical background, as outlined in the UCU Revised Research Manual	The contextual and theoretical background was improved upon according to the UCU research manual	
	Problem Statement should have a logical flow	The problem statement was rewritten showing the ideal, reality and the proposed research direction	Page 9-10
	Improve on the rationale/justification of the study to the research focus.	More information was added on the justification highlighting potential benefits and outcomes for children	

		and families.	
	Make the scope of the study clear	The scope was made more clear classifying it into geographical, content and time scope.	Page 12
	On the conceptual Framework family wellbeing seems misplaced	The family wellbeing is not a variable and has been removed	Page 22
	On There is no explanation of how the moderating variables indicated in the diagram relates to the dependent variable.	The moderating variables are key principles in the reintegration process they put into account the vulnerability of the children and seek to protect them at all stages though they were held as a constant	Page 22
3	Chapter Two		
	Revise the literature review aligned with the new objectives and research questions.	Objectives were changed and literature review adjusted accordingly	Pages 17-31
	Identify gaps in theoretical and empirical literature	The gap was identified and rectified	Page 31
4	Chapter Three		
	There is a discrepancy between the research design stated in the abstract (concurrent mixed method design) and the one described in the methodology chapter (descriptive case study design).	The research design is a descriptive case study	
	There is no reference justifying the population of children and parents	The population of children and parents is got from Agape World Ministries that reported reintegrating averagely 40 children per year and having annual meetings that bring 35 parents and 60 children.	Page 9
	The study should clarify whether ethical approval was obtained and provide details about the review process.	The researcher first got a University Introductory letter from the Ethics and Research Committee which was used for introduction to the different respondents. The information got from respondents was held and protected with utmost confidentiality	Pages 42, 123,124
5	Chapter Four		
	The study lacks qualitative data analysis, particularly in identifying themes related to the	the study employed a mixed method approach, data presentation and analysis includes both qualitative and quantitative data. For statistical	Page 49

	child reintegration process.	data, descriptive analytic tool of frequency tables was used to summarise the data. For qualitative data, the content analysis in the form of a reported speech was used to present the data. The study findings were chronologically presented in line with the study objectives. The researcher used convergent parallel reporting approach to give a consistent interaction between the quantitative data and the qualitative data	
	<p>The study employed four data collection tools (questionnaire, semi-structured interview guide, focus group discussion, and document checklist), but it is unclear how data from these diverse sources were analyzed and integrated. The analysis process should be clarified to demonstrate how data from each tool contributed to the findings.</p> <p>Furthermore, the study appears to have analyzed quantitative data despite none of the objectives seeking quantifiable data or hypothesis testing. This inconsistency raises concerns about the study's methodology and data analysis approach.</p>	This was done	Page 41
6	Chapter Five		
	Revision of objectives and findings	Objectives and findings revised accordingly	Pages 84-94
7	Chapter 6		
	Change conclusion and recommendation based on the new objectives.	Objectives, conclusions and recommendations changed accordingly	Page 94-98
8	References and Appendices		
	Some References are outdated e.g. Chrobok & Akutu (2008). To improve the study, it is essential to incorporate newer references both in the in-text citations and the reference list.	Most of the outdated references had the information the researcher needed e.g Chrobok & Akutu were reporting on the first reintegration of children (the child soldiers in Uganda)	Page 89
SN	COMMENTS BY VIVA VOCE PANNEL	ACTION TAKEN	INDICATOR

1	The student does not show the relationship between the child reintegration process and family wellbeing under objective 1, since it is a mixed methods research the student must indicate quantitative and qualitative results there-in.	The objectives have been changed accordingly	Page 11
2	Most results presented seem to leave out the concept of the family well-being (Economic wellbeing, social well-being, mental well-being). The student should include the results on family well being.	The concept of family wellbeing has been adequately written about	Pages 7, 8
3	The verbs to understand should be changed to better verbs for a master's level.	To understand has been removed from the objectives and replaced with assess, examine	Page 11
4	The respondents seemed to be many, the parents, administrators, children, government officials, who was the main respondents, from whom are the results coming from.	The main respondents were children and parents	Page 45
	Why did researcher study 60 children and only 30 parents???	<ul style="list-style-type: none"> The Researcher used the statistics found at the organization. The researcher did not find the respondents (parents and children) in their homes because of the implied costs given that children are reintegrated to different parts of the country. Agape World Ministries has regular joint meetings where they bring together all parents in a central place at their office that is where the researcher interacted with the parents from 	Page 9
	There is need for more information on the reintegration process (Who is involved, what are the challenges, what are the success stories etc	This was captured in the findings	Pages 85-88
	The student would also do correlations and regressions to emphasize the family wellbeing aspects if these were investigated.		
	The study was committed to a mixed methods study but the student's presentation did not show the full together results, it is only the qualitative results were concentrated on. There were only descriptive results rather than correlations and regressions. The student might	The study integrated quantitative data with qualitative insights to bring out key patterns, recurring issues, and evaluate the overall effect of the child reintegration process	Page 44-48

	<p>consider moderating title to results they have by changing the title and verbs.</p> <p>§ Results from focus groups were not clear because she seemed to have bundled all results together.</p>		
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Susan Mpiriirwe Otai

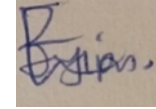
Candidate's Name



Signature

Dr. Betty Enyipu Akurut (PhD)

Supervisor's Name



Signature