

Relationship Between Self-Awareness as an Outcome of Psychological Support Interventions and Optimism: A Study of Perceptions of Youths in Charitable Children's Institutions in Uasin Gishu County

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Abstract

Growth of self-awareness among vulnerable youth is linked to development of positive developmental trajectories in life like optimism. This paper aims to investigate the relationship between self-awareness, as influenced by psychological support interventions, and levels of optimism among looked-after youths. The study employed convergent parallel mixed methods design. Validated questionnaire and an interview guide were tools for data collection. The study investigated how self-awareness, as influenced by psychological support interventions, are associated with optimism as perceived by looked-after youth. The study found that youth in residential care found psychological support interventions helpful in enhancing self-awareness. However, reintegrated youth are uncertain about the effectiveness of these interventions. The optimism level among residential care youth was higher than reintegrated youth. This suggests that families where reintegrated youth are deployed may be facing challenges in creating an environment for them to grow out of their traumatic past and become optimistic. The chi-square findings suggest that the provision of psychological support interventions significantly enhances self-awareness and optimism among participants. The study recommends that efforts should be made to improve the quality of residential care through professionalization care services. The growing global push to promote family-based alternatives and eliminate institutional care as the principal choice for children in need of protection must be done in a way that children do not fall into more vulnerabilities.

Keywords: Looked-After Youths, Self-Awareness, Optimism, Psychological Support Interventions, Charitable Children's Institutions,

Introduction

Much attention has lately focused on the well-being and development of youth residing in care facilities. Many countries of the world, including Kenya, are becoming cognizant of the fact that young people in these environments often face distinctive challenges related to emotional well-being, identity formation, and future prospects. Psychological support interventions have been found as key moderator in managing these challenges through working to enhance self-awareness and foster optimism among youth in care set up.

A Situational Analysis Report for Charitable Children's Institutions (CCI's) in Kenya cited orphan hood, poverty, abuse, neglect, family breakdown, disability, delinquency, and truancy, among other factors, as major drivers of child vulnerability and the risk of being separated from their families and placed in institutional care (Department of Children's Services, 2020). It is highly probable, then, that most of the children arrive in care homes with physical and emotional scars from their past. Moreover, some have experienced deep trauma arising from exposure to such devastating effects as poverty, conflicts at the family or community level, and HIV/AIDS. In addition, many have experienced grief arising from losing parents, experienced deprivation and abuse, been stigmatised, and witnessed atrocities. Such experiences can lead to feelings of abandonment, loneliness, and grief. These emotions can negatively impact a child's self-worth, contributing to lower self-esteem (Alvis, 2023). These mental health challenges may be managed through a well-planned, professionally staffed, and supervised environment in care set up that facilitates the child's growth in optimism in the midst of challenges (Berk, 2020).

Research in Uasin Gishu County by Braitstein et al, (2017) highlighted a number of difficulties that children who enter into institutional care face. This includes display of heightened levels of fear, anxiety, and sleep disturbances. This results in externalised behaviours such as aggression, fighting, bullying or impulsivity or internalised ones such as withdrawing from others, isolation, or failure to engage in a meaningful interaction with others causing a child to fail to develop effective social skills. Left untouched, these behavioural problems may drive children to engage in vices like stealing, breaking rules, truancy, abuse of drugs and sexual intercourse (Thomas *et al.*, 2001). Children who engage in such vices cause stress to caregivers, find it hard to make friends and have difficulties understanding social situations (Megan & McCall, 2010)). Moreover, they do poorly in class, feel worthless and blame others for their failures (Njenga, 2010). Therefore, once they enter into care, these children require greater levels of support and services in order to increase their self-awareness, which is basis for growth of optimism in the face of environmental adversities (Geldard et al, 2015).

Increase in Self-awareness among youth in care is vital (Lemos et al, 2021). This construct allows them to recognize and understand their own thoughts, feelings, behaviors, and the impact it may have on others. Youths who are self-aware introspect and often have a clear understanding of one's strengths, weaknesses, values, and beliefs (Mertens, 2022).. Institutionalised youth need to be self-aware in order to successfully navigate social interactions, make informed decisions, set realistic goals, and manage their emotions effectively both within care set up and even when they start living independently.

Studies have linked growth of self-awareness to development of other positive developmental trajectories in life (England, Butler & Gonzalez, (Eds.), 2015). When individuals are encouraged to be self-aware, they tend to grow their level of optimism (Malekar, 2007). According to Johnson, (2019), self-aware individuals

usually discern negative thought patterns. This helps them to consciously work to shift their mindset towards more positive and constructive thoughts which in the long fosters optimism. Wilson, & Conyers (2020) add that Self-aware individuals usually reflect on their past involvements in things which brought them either success and failures. This reflection helps them improve a growth mindset, where they see challenges as openings for knowledge and development, thus nurturing optimism. Malekar posits that optimistic individuals tend to expect positive outcomes and to believe that good things will happen in the future. They maintain a positive outlook, even in the face of hardship. If institutionalised youth develop a higher level of optimism, they are more likely to approach difficulties they face in life as temporary setbacks that can be overcome with effort and resilience. Such a mindset can contribute to better coping with difficulties, higher motivation, and overall psychological well-being during adolescence and beyond.

According to Greenberg et al., (2017), improving self-awareness can, in turn, improve one's positive development including an aspect like attainment of higher optimism. This proposed link is supported by empirical research by Morrish et al. (2018) who concluded in their review that research has linked adaptive emotional self-regulation (aspect of self-awareness) to more resilience (optimism is a sub set of it) and better psychological wellbeing. Also, higher self-esteem has been associated with better adjustment, such as mental health and happiness, and can buffer the impact of stressful event (Mann et al., 2004). It is expected that providing targeted psychological programmes to youths in care set up can influence development of self-awareness perceptible in increased understanding of who one is, why they do what they do, how they do it, and the impact such actions have on others (Morin, 2011).

A large body of data concerning specific psychological support provided to vulnerable groups like the youth in care homes has been documented. These supports include: help to understand how to manage powerful emotions constructively and to keep attention focused; help to have programmes through which they are assured about safety and care; providing programmes through which they are helped on how to solve problems; inspiring youth to get on with life regardless of challenges; expressing understanding of their feelings and emotions; encouraging them to manage their thoughts well through focusing more on positive activities and helpful thinking; and finally encouraging them to make an effort to do things that are enjoyable, relaxing and recharging when experiencing difficult times (ACCIK, 2016; Hermenau, Kaltenbach, Mkinga, & Hecker, 2015; Sitienei .and Pillay, .2019; Uganda Ministry of Gender, Labour and Social Development, 2008). Childcare research further indicates that for the youth in care homes to fully reap benefits of above psychological support, such services ought to be appropriately, adequately and consistently provided (Government of Kenya, 2017).

Research in Kenya indicate there is doubt on the quality of the provision of psychological support intervention in CCI's. It is not clear if psychological services are appropriately, adequately and consistently provided. For instance, findings by Temko et al (2021) indicate that counselling services are done in the CCIs by unqualified staff. Also, skill training is done majorly as a co-curricular activity than a career training opportunity in the CCIs. This corroborates earlier findings by Muga (2011) that children do not get sufficient basic needs in the charitable institutions, especially food, clothing and psycho-social guidance.

In Uasin Gishu County, Kenya, youth residing in CCI's often face numerous psychological and emotional challenges due to their unique life circumstances. A study by Braitstein et al, (2017) found unacceptably high levels of child abuse occurring among orphaned and separated children and adolescents living in CCIs.

An analysis of 1158 orphaned and separated adolescents aged 10–18 years at baseline indicated 43{ % } of participants reported having ever experienced any abuse: 31{ % } emotional, 38{ % } physical, and 15{ % } sexual. Personal communication with the chair of Uasin Gishu Children Forum (2021) conceded that circumstances that may encourage abuse may exist in care environment. This is probable as Embelton *et al.*, (2014) in a study found that children are exposed to many different caregivers during their residency and some carers may be impersonal and lacking skills to be in touch with needs of youth under their jurisdiction.

National Standards for Best Practice in Charitable Children's Institutions (2013) and Association of Charitable Children Institutions in Kenya (2016) have identified a range of psychological support interventions that if provided to youth in care have potential to enhance self-awareness of youth which ultimately fosters their level of optimism. These interventions ought to assist youth in care take up a more constructive attributional approach for stressful and unpleasant occurrences and also encouraged to adopt a brighter perspective for the future by strengthening their focus for and the discovery of positive aspects in their lives. This way they acquire a sense of direction over their future as they have a feeling of having mastered their personal and environmental spaces. According to Helmreich *et al.* (2017), such interventions will assist the youth have higher levels of optimism in order not to engage in risky behaviour.

However, the effectiveness of these interventions from the perspective of the youth themselves remains under-researched. Understanding youth perceptions of these interventions is crucial for improving their mental health outcomes and overall well-being. First, it explored the perceptions of looked-after youths in charitable children's institutions regarding the impact of psychological support interventions on their self-awareness. Secondly, it sought to determine the levels of optimism of looked-after youths. Finally, it examined the relationship between self-awareness, as influenced by psychological support interventions, and levels of optimism among looked-after youths in Uasin Gishu County. By addressing these objectives, the research will provide valuable insights into the efficacy of psychological support programs and inform strategies to optimize their implementation for better mental health outcomes among youth in care homes in Uasin Gishu County.

Methodology

Design

This study utilized mixed method approach in sourcing for data from the respondents. It specifically employed convergent parallel mixed methods design where the researcher collected both quantitative and qualitative data, analysed them separately, and then compared the results to see if the findings confirmed or disconfirmed to each other (Cresswell, 2014).

Participants

Seven care homes in Uasin Gishu County providing both family and residential based care were purposively selected for the study. Selection of the actual children who responded to a questionnaire was done using census which was basically a survey of every element of a defined population. A census of the youth (260) in targeted care homes was possible in this study because their population was small, defined and accessible (O'Leary, 2014). In addition, the longest serving youth in each of the seven care homes was purposely selected for an in-depth interview. The views of this group of youths were invaluable as they had in-depth

lived experiences and realities in care environment. Care was taken to ensure no one gender constituted more than two thirds of interview sample

Measures

The researcher came up with three instruments to solicit data from the respondents. The instruments were developed based on the focus of research objectives and related literature. These were the Self-Awareness as an Outcome of Provision of Psychological Support Intervention Questionnaire, Looked-After Youth Optimism Questionnaire and an Interview Guide for Youth in care homes. The scoring of the two questionnaires was done based on the mean values as follows: Strongly Agree = mean of over 4.50; Agree = mean between 3.50 to 4.49; Neutral/Undecided = mean between 2.50 to 3.49; Disagree = mean between 1.50 to 2.49; and Strongly Disagree.= mean less than 1.49.. The study used triangulation method of data collection in order to ensure that no essential information was left out. This potentially improved the confidence in the accuracy of findings (Berg, 2001; Howitt & Cramer, 2011).

Trustworthiness

In order to comprehensively address the quality and integrity of the study, the researcher ensured that research design, data collection, and analysis methods were robust and credible. To achieve this several criteria were used. First, the questionnaires were appraised by four psychology experts by use of Content Validity Index (CVI). This validation entailed seeking perspectives of four psychology lecturers to determine the level with which the instrument measures what it is supposed to measure. A variable was considered to have content validity if there was a general agreement among the experts that a measurement item covered all aspects of a concept under consideration (Polit & Beck, 2014). Construct validity was tested using factor analysis by deriving the dimension of psychological support interventions targeting at developing self-awareness and the dimensions of optimism from literature. Items intended to measure the dimensions were expected to highly correlate with each other and load strongly on the same factor. This indicated that the items converge on a common construct. The interview guide was piloted with two youths who did not participate in the main study. This validation of the instrument led to some adjustments being made for the final guide used during the main study. The pilot also sought and verified difficulties with the flow of questions, as well filled informational gaps which had been left out and needed to be incorporated.

Reliability of the questionnaire was determined using the Cronbach's alpha method for internal consistency. Psychological support interventions targeting developing self-awareness which had 5 items had a reliability coefficient of .721, while the dimensions of optimism had a reliability coefficient of .826. According to Koul (1988), a reliability coefficient of 0.70 is considered acceptable for internal consistency levels. The upshot of this is that the questionnaire was reliable as the coefficient was above the agreed threshold.

At the course of data analysis, the preliminary report was taken back to the research participants in order to determine whether they feel the findings reflect their initial representations. Also, the researcher ensured reality of issues was safeguarded by presenting contradictory evidence that do not build the case for the theme. This ensured the accounts presented as findings were more realistic and more valid.

Procedures

The researcher sought and got permission from the National Commission for Science, Technology and Innovation (NACOSTI) (Nacosti permit No.19/23353/28675) for the purposes of conducting the research in the sampled care homes in Uasin Gishu County. In addition, the researcher sought and received the authorisation of the Uasin Gishu County Commissioner and County Children Officer . Appointments were then booked with the management of sampled homes. After being granted permission by the authorities of the various institutions, questionnaires were hand-delivered to the respondents in the respective homes. On the day of delivery, the researcher introduced himself to the respondents and explained the objectives of the study. The participants were assured of confidentiality and encouraged to answer all questions truthfully. The questionnaires were self-administered by the researcher. The researcher asked the respondents to complete the questionnaire themselves during the researcher's visit to the care homes. During these visits, the researcher conducted an in-depth interview with the longest serving youth in the home. On the other hand, the researcher arranged with care homes' management and the children's department where 14 of the children would meet for purposes of conducting focus group discussion.

Data Analysis

A side-by-side comparative analysis of the data was done. This involved the researcher reporting the quantitative statistical results and then discussing the qualitative findings drawn from the focus group discussions and interviews that either confirmed or disconfirmed the statistical results.

Results

Self-Awareness as an Outcome of Provision Of Psychological Support Intervention

The researcher sought the respondent's perception in regard to the self-awareness as an outcome of provision of psychological support intervention This was done on a 5-point Likert scale, where: 5 = strongly agree; 4 Agree; 3= Neutral; 2= Disagree and 1= strongly Disagree. The means and standard deviations values were established to enable the researcher make inferences concerning the study variable. The finding from the analysis were as presented in Table 1.

Table 1: Means and SD Scores for Self-Awareness as an Outcome of Provision of Psychological Support Intervention

	Residential Youth		Reintegrated Youth	
	Mean	SD	Mean	SD
When I make plans, I follow through with them because I have been helped to have clear idea about how my feelings affect my behaviour	3.76	1.210	3.50	1.349
I usually manage one way or another because when feeling bad, I have been trained to deal with my problems and concerns	3.71	1.182	3.40	1.385
I am able to depend on myself more than anyone else because I have been assisted to know what cause my mood	3.81	1.282	3.03	1.441
I am determined because I have been trained to write down what I'm feeling and analyse it	4.01	1.193	3.16	1.561

I feel that I can handle many things at a time because I have been shown how to analyse recent events to try to understand why I'm upset	3.93	1.217	3.10	1.446
AVERAGE	3.84		3.38	

Table 1 indicate that all the five items on self-awareness as an outcome of provision of psychological support intervention had means of between 3.71 and 4.01 with standard deviation figures of between 1.182 and 1.282 for youth in residential care. This imply that they agree that psychological support interventions provided had assisted them grow self-awareness. The five items are: When I make plans I follow through with them because I have been helped to have clear idea about how my feelings affects my behaviour; I usually manage one way or another because when feeling bad, I have been trained to deal with my problems and concerns; I am able to depend on myself more than anyone else because I have been assisted to know what cause my mood; I am determined because I have been trained to write down what I'm feeling and analyse it; and I feel that I can handle many things at a time because I have been shown how to analyse recent events to try to understand why I'm upset. These findings imply that youth who live in care home agree that psychological support interventions provided had assisted them grow self-awareness with an overall mean of 3.84. This was augmented in the abstract below by a youth in residential care:

During school holiday daddy (Home Manager) organizes visits by professionals to talk to us. counsellors talk to us about our issues, and we get time to ask questions. One visitor I remember said we should never despise ourselves, but to always know areas of strengths and work and areas of weaknesses .. Youth 1

Another youth in a different residential home opined:

Our chaplain has taught us to trust in God, and to know that everything will work out well ultimately...she has shared books which have motivated many of us to work hard in school and life... Youth 4

Another youth in residential care added the following:

We have people who visit to inspire us to cope with life and avoid certain practices like drugs so as to achieve the set goals...we have missionaries, religious people and those who lived with us in the past who support individuals at different levels. Youth 2

These interviews indicate that youth in residential care do receive some form of psychosocial care. This could be assisting them grow their psychological assets like self-awareness

Turning to views of reintegrated youth, Table 1 indicate that they rated all the five items on self-awareness as an outcome of provision of psychological support intervention at means between 3.03 and 3.50 with standard deviation figures of between 1.349 and 1.561. The overall mean for the five variables was 3.38. This imply that they are undecided and therefore are not sure if psychological support interventions provided had assisted them grow self-awareness. An interview with a youth who has been reintegrated shed some insights into this state of affairs:

.... major challenge of psychosocial support services is lack of regular physical follow-up to check on the progress by those responsible for our welfare...uncle and auntie are busy struggling for their children...a lot of bad things are happening in the society and it is necessary to have someone to turn to.

Apparently, the family-based care has not been matched with prerequisite provision of capacities to families who receive and care for the vulnerable children. This has left the reintegrated youth vulnerable to additional psychological challenges.

Optimism Among the Looked-After Youth

In order to determine the extent of optimism among youth in care, perceptions of the youth were captured through a questionnaire. This was done on a 5-point Likert scale, where: 5 = strongly agree; 4 = Agree; 3 = Neutral; 2 = Disagree and 1 = strongly Disagree. The means and standard deviation values were established to enable the researcher make inferences concerning the study variable. The findings from the analysis were as presented in Table 2.

Table 2: Means and SD Scores for Optimism among the Looked-After-Youth

	Residential Youth		Reintegrated Youth	
	Mean	SD	Mean	SD
I do not give up on tasks started even if I meet setbacks and obstacles at work	4.00	1.086	3.50	1.227
I push myself to work hard even when I feel like giving up, I complete what I have started	4.20	0.955	3.72	1.189
I train myself to be focused at work and not to give in to criticisms or fruitless talk	4.22	0.959	3.62	1.179
I desire to progress with my work in spite of unsupportive team members.	3.95	1.098	3.35	1.303
I do not get discouraged of failures but I believe that there is always a next time	4.16	1.100	3.76	1.270
AVERAGE	4.11		3.59	

The findings from table 2 shows the item scores for youth in residential care were as follows: I do not give up on tasks started even if I meet setbacks and obstacles at work $M=4.00$, $SD=1.086$; I push myself to work hard even when I feel like giving up, I complete what I have started $M=4.20$, $SD=0.955$; I train myself to be focused at work and not to give in to criticisms or fruitless talk $M = 4.22$, $SD = 0.959$; I desire to progress with my work in spite of unsupportive team members $M = 3.95$, $SD = 1.098$; and I do not get discouraged of failures but I believe that there is always a next time $M = 4.16$, $SD = 1.100$. Table 2 indicate that all the five items describing the extent of optimism among youth in residential care had means of between 3.95 and 4.22 with standard deviation figures of between 0.955 and 1.100. the overall mean was 4.11 which implies that the youth in residential care agree that they are optimistic

On the side of the reintegrated youth, table 2 show that four items had means of between 3.50 and 3.76 with standard deviation figures of between 1.179 and 1.270. The four items were: I do not give up on tasks started even if I meet setbacks and obstacles at work $M = 3.50$, $SD = 1.227$; I push myself to work hard even when I feel like giving up, I complete what I have started $M = 3.72$, $SD = 1.189$; I train myself to be focused at work and not to give in to criticisms or fruitless talk $M = 3.62$, $SD = 1.179$; and I do not get discouraged of failures but I believe that there is always a next time $M = 3.76$, $SD = 1.270$. However, they were undecided (mean of 3.35 and SD of 1.303) if they had desire to progress with work in spite of unsupportive

team members.. On average, majority of the respondents in reintegrated care arrangement agreed (Mean of 3.59) that they were optimistic. This implies that youth who have been reintegrated into community generally agree that that they are optimistic, although the mean tended to lean towards undecided.

The findings appear to indicate that levels of optimism among looked-after youth is fairly high. However, those who have been reintegrated need to be assisted more to further improve their level of optimism.

Relationship Between Self-Awareness as an Outcome of Provision of Psychological Support Interventions and Optimism

A chi-square test for association was conducted to assess the relationship between self-awareness as an outcome of psychological support interventions and levels of optimism. The results are presented in table 3.

Table 3: Test for association between self-awareness as an outcome of psychological support interventions and optimism

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	719.981 ^a	400	.000
Likelihood Ratio	331.813	400	.994
Linear-by-Linear Association	50.028	1	.000
N of Valid Cases	225		

The analysis in table 1 was based on 225 participants, providing a substantial sample size for the statistical tests. The results revealed a large Pearson chi-square value (719.981) and very small p-value (.000) suggesting a significant relationship between self-awareness awareness as an outcome of psychological support interventions and optimism. The lower Likelihood Ratio Chi-Square value (331.813) and very high p-value (.994) indicate that while this statistic confirms the relationship is significant, it might be slightly less robust than Pearson's chi-square in this case. The chi-square value (50.028) and small p-value (.000) suggest a significant linear trend between self-awareness and optimism. This means that as self-awareness increases or decreases, there is a corresponding trend in optimism.

Discussion

The main objective of this study was to examine the relationship between self-awareness, developed through ongoing psychological support, and levels of optimism among looked-after youths in charitable children's institutions in Uasin-Gishu County, Kenya. The emphasis was on whether the interventions offered by care homes enhances youths' self-awareness which is expected to ultimately foster their sense of optimism.

This study found out that that youth who live in residential care agree that psychological support interventions provided had assisted them grow self-awareness. However, reintegrated youths are undecided and therefore are not sure if psychological support interventions provided had assisted them grow self-awareness. This implies that either the youth in residential care receive higher level of psychosocial support than their reintegrated colleagues or the reintegrated youth face unique additional challenges in family type of care. Provision of psychosocial according to Morin (201) have positive impact as far as development of self-awareness is concerned. Morin points out that major outcomes of enhanced exposure to psychosocial

services include engaging in self-exploration process through reading and interpreting own emotions, strengths, limitations and values. Moreover, it assists one to be able to recognize the link between thinking or feelings and its impact on every behaviour, choice and decision one makes. This seems to be the case in residential care. Qualitative findings indicate the residential care managements have invested a lot on psychosocial care strategies used with youth in care homes

These findings mirror those of Embelton et al (2014) who established that children and youth living within residential set up had favourable consideration of residential care. Apparently, the quality of psychosocial provision in residential care is satisfying and youths residing in them are therefore able to adequately deal with their fears and needs. Roche (2019) further established that Children in residential set up have good attitudes towards their care arrangements. There they experience a very connected lifestyle with extensive peer networks and community ties. They also enjoy the material benefits of residential homes as compared to previous care with family, as well as the educational possibilities that they bring. All these factors put together have potential to nurture psychological assets like self-awareness among the children.

The findings of the study disagree with Gutterswijk et al (2020) who found that Non-residential youth care shows better outcomes than residential youth care. This inconsistency in study findings could be attributed to the fact that most studies analysed in Gutterswijk's study was done in global north where community welfare programmes are working well as they are adequately funded by the state. Shift to family-based care in resource constrained communities like those in the study area need to be done with care. According to Zahda (2019), deinstitutionalisation should be viewed as a process of securing a quality, appropriate alternative care placement in the best interests of the child, rather than solely relying on the availability of one placement over another.

The reintegrated youths are undecided if psychological support interventions provided had assisted them grow self-awareness. This goes counter to the belief that residential care is harmful to children's wellbeing and should therefore be done away with and children be reintegrated into their communities (Milligan et al, 2016; Mwenda-Jalasi, 2016; National Standards for Best Practice in Charitable Children's Institutions, 2013; Department of Children's Services, Kenya, 2020). It is apparent that the shift to deinstitutionalization has not been smooth, and children have encountered new challenges in family type care. Three issues in regard to this are discernable from the qualitative findings of this study. First, children who have been reintegrated lack adults who are ready to dedicate their time and resources to have the children's psychological needs met. Care homes having ceded some control to families are no longer doing follow-ups as it used to. Families on the other hand have been slow to act dutifully due to variety of reasons. Two, gradual disappearance of extended family systems over the last few decades are having negative impact on care of vulnerable children. The traditional way of caring for vulnerable children it seems hardly exists in study area. There is lack of will on the part of families to fully step in and support their needy young. Thirdly, with many schools and society in general reporting an increase in delinquent behaviours among learners (Njenga, 2010), youths who have been reintegrated could be more vulnerable to abuse and depression if caregivers are not close to them and work to try to meet their psychological needs. These challenges could be hampering efforts of growing youth's mental assets like self-awareness.

These assertions are supported by Ochanda (2016), who established in their study that several care-leavers felt that their families and societies were not willing to receive and accommodate them. Moreover, the study

report that level of support to youth by most institutions declined after reintegration. These according to Chege & Ucembe (2020) has often had adverse effects on the care-leavers forcing them out of school or even to relapse back to the street life. If these underlying childcare and child protection issues are not addressed satisfactorily, efforts to make the youth self-aware through provision of psychological support interventions will be in vain.

The results of the study found a mean score of optimism among the youth in residential care to be 4.11 while for reintegrated youth to be drifting towards undecided at 3.59. This means that most of the respondents in residential care believed that they had sense of physical security, a sense of a safety net now and in the future, and self-efficacy in being able to succeed in life. Narvaez, (2006) opines that such optimistic persons have important goals for their life, have what it takes to succeed in life and belief that somebody will take care of them when they are old. Of note however, is the apparent weaker scores attributed to the youths who have been reintegrated into families and community. Could this be an indicator that shows that families where children are reintegrated into face some difficulties which may be hindering them from creating an environment where the looked after youths can safely grow out of their traumatic past and become optimistic? A study by Miseki, (2018) alluded to this scenario as the deinstitutionalisation then was beset with challenges. This state of affairs needs to be addressed before full blown shift is instituted. The findings agree with results of Lukšik (2018) that indicate that the development of resilience factors like optimism may vary according to type of care setting, whether a facility allow the development of multiple individual strategies for dealing with adversities, or whether they provide psychosocial support.

The findings suggest that the provision of psychological support interventions significantly enhances self-awareness and optimism among participants. The Pearson Chi-Square test indicates a strong relationship, while the Linear-by-Linear Association supports the idea of a systematic increase in these psychological traits. However, the Likelihood Ratio's high p-value raises questions about the robustness of the relationship, indicating that further investigation may be warranted to understand the nuances of these findings. These results imply that interventions aimed at enhancing self-awareness are likely to impact levels of optimism, making it an important consideration in psychological support strategies.

Conclusion

The findings indicate that youth who live in residential care agree that psychological support interventions provided had assisted them grow self-awareness. However, those who have been reintegrated are undecided and therefore are not sure if psychological support interventions provided had assisted them grow self-awareness. In addition, the results of the study found level of optimism among the youth in residential care to be higher than for reintegrated youth. There are therefore indications that families where children are reintegrated into face some difficulties which may be hindering them from creating an environment where the looked after youths can safely grow out of their traumatic past and become optimistic. Of note is the results that affirm that the interventions aimed at enhancing self-awareness are likely to impact levels of optimism.

Implications

The growing global agreement on the need to promote family-based alternatives and eliminate institutional care as the principal choice for children in need of protection is facing systemic challenges. Unless a variety

of family-based care choices for children are secured and properly resourced, residential care will continue to be a reality. On the interim, efforts should be made to improve the quality of residential care through professionalization, national quality standards, and improved implementation of core program concepts and elements, such as care leaver services and family involvement. It is important that youth in care homes are facilitated to continually engage in self-exploration process through which they study and make sense of own feelings, fortes, limits, standards and purpose, and appreciate the connection between thoughts, emotions and their effect on every conduct, and decision. It is expected that this will build their optimism to be able to manage challenges better. Likewise, those who have been reintegrated need to be assisted more to improve further and be self-aware so as to improve their level of optimism. Caregivers should improve their level of attachment as a strategy to have children express higher levels of optimism. This will entail caregivers modelling an optimistic stance on life issues as children adopt a level of optimism consistent with that modelled by their caretakers through social learning processes. The care environment too ought to be more open and proactive in order to tap new ideas and assistance. For instance, access to supportive people and models must be enhanced to influence children's positive expectations for the future.

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