

Caregivers Knowledge, Attitude and Practices For Inclusive Home Based Child Care And Education In Kenya

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ABSTRACT

The field of Early Childhood Education Care (ECEC) has developed considerably since the advent of the pioneering US Head Start program, center based programs, and various home-based programs in the 1960s. Current times require new approaches in ECEC in order to make a positive difference for children who grow up in disadvantaged circumstances as well as those living with disabilities. This paper is part of the four - year Inclusive Home Based Model (IECCE) project run by International Development Research Canada (IDRC) with the aid of MMUST department of educational Psychology, Kenya. The paper starts by reviewing literature on home-based models that have worked elsewhere which act as a roadmap that guides the goal of the project. Further, this paper uses interviews as an exploratory approach to understand the knowledge, attitude and practices of the community towards the ECEC. Data was collected from 120 purposively sampled parents, caregivers and teachers using in depth interviews in 3 wards of Ikolomani Sub-county, Idakho North, Idakho central and Idakho East in Kakamega County, Kenya. An inductive thematic data analysis method was used, in that themes or issues were initially derived from reading the descriptions. Findings indicate that the respondents highly accepted the ECEC program to be developed in their area. They also indicated that the program to factor in inclusivity of children to help those with special needs. The skills and values important by the community for their children to learn in the program include; self-care skills, creative activities, and cultural heritage, games and fun, religion, cleanliness, good mannerisms, general life skills, and the value of being independent. Storytelling, construction, self-awareness, drawing, singing songs, toileting, play activities, modeling, dancing and respecting others. The program to nurture children in safe environment and ensure availability of quality infrastructure, human resource and furniture.

KEY WORDS: Centre Based Care; Inclusive Home Based Early Childhood Education; Model

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I. INTRODUCTION

The field of Early Childhood Education Care (ECEC) has developed considerably since the advent of the pioneering US Head Start program, center based programs, and various home-based programs in the 1960s (Guralnick, 2005). Despite the significant gains made in the field of childhood education in Kenya recently, there exist various problems in the quality and services that are provided by early childhood education centers. These include: poor access to services, inadequate physical facilities, untrained personnel, and lack of education policy for children of 3 years and below, lack of public awareness on the importance of early education, and low funding (World Bank 2003). In general, accessibility to early education programs in Kenya has been labeled as very poor. It is indicated that about 3 million children under six years do not receive early childhood education. Moreover, Kenya does not have a program of children below 3 years of age that is either home or center based. Few under 3 year old children are enrolled in preschool, yet there are no suitable activities that have been developed for them. Moreover, programs for children living with disabilities are not benefiting from educational programs. These children also face malnutrition, poor health, lack of opportunities for early stimulation and a poor education environment. Furthermore, numerous learning disruptions have occurred across the globe over the past few decades and have profoundly altered almost all aspects of education. From natural disasters to the recent unprecedented pandemic, millions have been affected. According to a report from UNESCO (2020), the COVID-19 pandemic has also entailed the largest disruption to the education system in history, affecting 94% of the world's student population in more than 190 countries. Consequently, it is essential

for school systems around the world to quickly pivot to remote teaching and learning or home-based learning (HBL), resulting in significant changes to conventional instructional practices, which must have transition from traditional face-to-face learning to learning from home using a mix of technologies; moving from child care centres to home based centres.

According to Schochet (2019), parents of preschool-age children tend to prefer center-based child care for their young ones while parents of infants and toddlers often prefer care from a parent or relative. However despite these preferences, rural families are less likely to use center-based preschool programmes thus such families need options in order for them to select a provider that best meets their family's needs. This is because many families are constrained to programs that are affordable and close to homes or workplaces while those with adequate resources and thus more child care options often insist on components of quality programs such as curriculum or small class sizes.

The difference between child care centres and home based centres is primarily in the location. Child care centres are operated in commercial care spaces while the home -based centres are run in residential spaces. Also, home based centres are in a position to accommodate parent's needs in case of those working odd hours whereas child care centres cannot. Home based centres are normally cheaper than child care centres as they have one to three caregivers for three to twelve children. This allows kids to get more bonding time with their caregivers and grow in a nurturing environment with more personalized attention (Tholen 2021). On contrary, child care centres are typically much more expensive per month than home based centres due to the overhead of the businesses since the owners need to rent space, pay salaries, and buy insurance for many employees and children making parents to pay more as a result. Tholen (2021) argues that in case the home based centre owner gets sick or goes on vacation, one might lose their children for that day or week which is catastrophic for working parents who can't stay home with kids. On the other hand, childcare centres have lots of caretakers so there's always someone there during business hours which favours working parents. There is organization in child care centres as they open and close at strict hours, they normally regulate children's schedules with mealtime, naptime, playtime, and more. These kinds of schedules can help children learn organization. On contrary, home based centres situated in individual's homes does not have an organization since children can be dropped and picked any time by parents as they don't have a scheduled organized structure. Home-based daycare is a small childcare business operated inside someone's home. On the other hand, Center-based daycare facilities are in commercial buildings. These businesses are usually much larger than home-based daycare centers and can therefore take in more kids (Miller, 2012). A Labe's Home-Based Early Childhood Development in Uganda is anchored within Family Basic Education (FABE) founded on; pre-literacy development as a key success for the majority. It is achieved through helping parents to provide an oral rich language and home literate environment and appreciating their role in preparing and supporting children as a vital step to later achievement. It caters for children of age group 3-5years facilitation done by parent educators or caregivers (PE) from the community for at least 3 Hours a day, for 3 days a week (Waithaka, 2011) The sessions are drawn from the National ECD learning framework but on traditional child-care practices and respectful for children's linguistic and cultural diversity. The curriculum covers; family learning, group organization, basic financial literacy, agro enterprise and food security. These helps the families improve their livelihoods as well as ensure sustainability of started activities. Home based care centres rely on the parents to raise money to purchase land and other materials to build schools. The community identifies educated members of the community to be Pre-school teachers, furnishing home based care centers with play and learning materials, payment of teachers' salaries, and providing feeding programme (Ng'asike, 2004).

On the other hand home-based programs are targeting children as well as parents to create favorable home environment for the child physical, emotional and educational developments (Miller, 2012).Home-Based programs aim to optimize children's developmental out comes through educating, training and supporting parents in their own home to provide a more nurturing and stimulating environment for their child (Miller, 2012). Home-based center, children between the ages of 2-8 years are provided with a stimulating and healthy child care environment and nutritious daily meals, while complementary programming reaches out to the community, creating an environment conducive to child development. The programme informs the community about child nutrition, parenting skills, and child rights, leading to increased demand for home base care services. Powell (1999) indicates that home-based programs are aimed at improving the child's development status by enhancing the child-rearing and child-care environment at home and the benefits would spread to other children within the family and possibly also to the neighbors. It was also expected that mothers would drive benefits for themselves, and many programs include activities to help mothers to develop more positive self-concept, feeling of competence and skills training (Klein and Gilkerson, 2000). Wachs (2000) posits that Sociologists and psychologists agree on the high value of analyzing the dynamic interactions between the child and his or her physical and social environments. In the same breath Iltus (2006) indicate that home environment is important in the learning of young children and a major factor in their development.

According to the United Nations Educational Scientific and Cultural Organization (UNESCO) Report of 2003, early childhood care and development programs in Kenya include children from birth to five years of age who comprise about 20 percent of the Kenyan population (UNESCO 2003). Since its independence, the Kenya Government has been providing education in collaboration with other partners such as local communities, nongovernmental organization, donor agencies, churches, foundations and individual sponsors. Majority of preschools are initiated and managed by the local communities who have an enormous task of providing land, constructing buildings, and providing physical facilities, furniture, and recruitment and payment of teachers among other things. Other leading partners, who have been supplementing the government effort in the field of Early Childhood Education, include United Nations Children's Fund (UNICEF), Bernard van Leer, and World Bank. The main aim of preschool in Kenya is to socialize children and prepare them with the basic information to enter primary school (World Bank, 2016).

Despite the significant gains made in the field of childhood education in Kenya recently, there exist various problems in the quality and services that are provided by early childhood education centers. These include: poor access to services, inadequate physical facilities, untrained personnel, and lack of education policy for children of 3 years and below, lack of public awareness on the importance of early education, and low funding (World Bank 2016). In general, accessibility to early education programs in Kenya has been labeled as very poor. It is indicated that about 3 million children under six years do not receive early childhood education. Moreover, Kenya does not have a program of children below 3 years of age that is either home or center based (Waithaka, 2011). Few under 3-year-old children are enrolled in preschool, yet there are no suitable activities that have been developed for them. Moreover, programs for children living with disabilities are not benefiting from educational programs. These children also face malnutrition, poor health, lack of opportunities for early stimulation and a poor education environment. Furthermore, numerous learning disruptions have occurred across the globe over the past few decades and have profoundly altered almost all aspects of education. From natural disasters to the recent unprecedented pandemic, millions have been affected. According to a report from UNESCO (2020), the COVID-19 pandemic has entailed the largest disruption to the education system in history, affecting 94% of the world's student population in more than 190 countries. Consequently, it is essential for school systems around the world to quickly pivot to remote teaching and learning or home-based learning (HBL), resulting in significant changes to conventional instructional practices, which must transition from traditional face-to-face learning to learning from home using a mix of technologies. These issues call for thorough possible interventions. As part of the intervention this paper provides a framework for the systematic development and maintenance of CHBC in resource-limited settings and to help community members in establishing, monitoring and maintaining Home Based Care Projects. In order to gain insight into the different practices available and what parents can do in a home based learning center to promote children's learning, the parents and caregivers were interviewed on individual basis with regards to Home based early learning Centers. The theme under study was knowledge of parents and care givers. The interviews were guided by the following specific research objective:

Research Objectives

The objectives under study were

- i. To establish the community views about how best inclusion and equitable HBECD program can be managed in their area.
- ii. To determine skills and values held important by the community for their children to learn at HBECD
- iii. To find out what the community would like their children to do while at the HBECD
- iv. sustainability of the project of HBECD

1.5 The research questions were

- i. How do the community view inclusion and equitable HBECD program and its management in their area?
- ii. What are the skills and values held important by the community for their children?
- iii. What would the community like their children to do while at HBECD?

1.6 Purpose of the paper

The overall purpose of this document is to provide a framework for the systematic development and maintenance of CHBC in resource-limited settings and to help community members in establishing, monitoring and maintaining Home Based Care Projects by getting insight into the different practices available and what parents can do in a home based learning center to promote children's learning.

2.1 Comparison of Home Based and Centre Based Early Child Care

A home based centre is a small childcare business operated inside someone's home. In this case, parents or caregivers can organize themselves and make a routine of taking care of the children within the centre. On the other hand, a child care centre is a facility in a commercial building as it is a business that is usually much larger than home-based daycare hence it accommodates many children. The caregivers within the centres are paid and the centres operate under a tight scheduled program with set rules.

When it comes to similarities, childcare centres have got a greater peer interaction due to the larger class sizes which allows children to play with their peers. This helps with sharing, learning from others, conscientiousness, and making friends. Also, home based centres with limited facilities are most likely not to have enough separate spaces to keep newborns and toddlers thus it combines all the age groups allowing children to learn to be aware of each other.

The difference between child care centres and home based centre is primarily in the location. Child care centres are operated in commercial care spaces while the home based centres are run in residential spaces. Also, home based centres are in a position to accommodate parent's needs in case of those working odd hours whereas child care centres cannot. Home based centres are normally cheaper than child care centres as they have one to three caregivers for three to twelve children. This allows kids to get more bonding time with their caregivers and grow in a nurturing environment with more personalized attention (Tholen 2021). On contrary, child care centres are typically much more expensive per month than home based centres due to the overhead of the businesses since the owners need to rent space, pay salaries, and buy insurance for many employees and children making parents to pay more as a result.

Tholen (2021) argues that in case the home based centre owner gets sick or goes on vacation, one might lose their children for that day or week which is catastrophic for working parents who can't stay home with kids. On the other hand, childcare centres have lots of caretakers so there's always someone there during business hours which favours working parents. There is organization in child care centres as they open and close at strict hours, they normally regulate children's schedules with mealtime, naptime, playtime, and more. These kinds of schedules can help children learn organization. On contrary, home based centres situated in individual's homes does not have an organization since children can be dropped and picked any time by parents as they don't have a scheduled organized structure.

2.2 Benefits of home based and Center Based Early Child Care

Both the home based and child care centres are important for the young children as they allow for children's higher level of wellbeing through the sensitive caregivers. This is in line with Gordon et al (2013) argument that the quality of childcare can play a significant role in promoting wellbeing and reducing the stress level of young children. There is development of secure relationships which forms the foundation for attitudes and behaviour in children's relationships later on in their lives.

The home based and childcare centres provide so much flexibility for parents as they have someone to care for their children while they are away. Moreover, the educational resources within the centres help to provide a high quality of care and education for families. They also offer playgroups where children are able to interact with other educators and children in the area. (Baenett, 2012)

In UK, an assessment for children had participated in PEEP program after 2 years of parental participation concluded children in the PEEP group were ahead of their matched (non-PEEP) peers in Language and Literacy (Verbal Comprehension, Vocabulary and Concepts about print); Numeracy (Early Number Concepts) and Self-esteem (Cognitive and Physical Competence). Children in the PEEP group made gains in several areas between 4 and 5 years of age when compared to similar children whose parents had not participated in PEEP. The gains were: Language and Literacy (Verbal Comprehension, Vocabulary and knowledge of upper case letters) and Self-esteem (Cognitive and Physical Competence) (Evangelou, 2003). In article had published by Australian institute of family studies found HIPPY has significant effect on reducing the level of hostile parenting (Baenett, 2012). Recent study found the majority (84.8%) of HIPPY program in USA were ready for school and analyses showed the HIPPY kindergartners had higher attendance rates, higher pre-kindergarten enrollment, and higher promotion to 1st grade compared to other kindergartens in school district. The results suggest that HIPPY had positive relation with families and schools through improved parent involvement and student school outcomes (Johnson, 2012).

For home-based programs, possible success factors have been shown to vary with regard to parent or child outcomes. When child outcomes are the focus, more intensive programs, working with professionals and single-site programs are more effective, although the associations that have been found are not strong (Sweet and Applebaum, 2004). Quality community-based ECD centers for children foster a childcare setting that serves as an effective community focal point around which a portfolio of services benefiting children, caregivers, and households can be organized and delivered.

Community-based centers can meet the needs of young children and their families or caregivers by providing comprehensive, child-friendly services such as education, nutrition, health, HIV care and treatment

and water and sanitation through a central location. This includes incorporating strategies that involve parents, caregivers, and community members in the healthy development of young children (Seifmann and Surrency 2003). These centers can also serve as a gathering point for community meetings, classes, and health services such as growth monitoring and vaccinations. Home-based programs are highly diverse and include an array of interventions that vary widely in goals, methods, and target groups. Proceeding from the assumption that parents mediate the development of their children, home-based programs rely on indirect methods of stimulating children's development and they often assume a cascading set of influences (New & Cochran, 2007).

It has been hypothesized that home-based programs lead to a change in parental attitudes, behavior, and school involvement. These changes result in more and higher quality parent-child transactions and family-orchestrated child experiences, all of which have positive effects on the child. According to the philosophy of home-based programs, therefore parent education goes hand in hand with child development. Home visiting model in child care from literature had been shown to make some impact in improving mental health outcomes of caregivers (Dawes, Biersteker and Hendricks, 2012).

2.3 Challenges of Home-Based Models

Despite the sound theoretical bases of home-based program Baenett, (2012) carried out the evaluation of the effectiveness of the program to be controversial. Brookes (2006) claimed that researches on home visiting programs showed disappointing results and argued that the overall studies indicate little long-term impact on families and children. Wagner and Clayton concluded in their study in two states in USA that the evaluation to Parents as Teachers (PAT) program has indicated little effects on parents' knowledge and no effect on children developments (Wagner, 1999).

3.0 Methodology

This study used survey design to get opinions of participants on viability of home based ECD in their community's. Purposive sampling technique was used to select 120 participants because they were respondents with relevant information. Stratified random sampling technique was also used to get a good representation of participants those with children with disabilities and those with regular children. This was to factor in the element of inclusivity of education in the mixed model. Local administrators, Parents, Caregivers and teachers in local established day care centers were subjected to an interview after giving their consent. The interview comprised of items cutting across community's knowledge, attitude and practices towards inclusive home based early childhood education which respondents were to respond to. An inductive thematic data analysis method was used in that themes or issues were initially derived from reading the descriptions of various models of running a home-based care center for children. This inductive process was however, also intertwined with interviews with local community in Ikolomani Sub-County. The findings were presented in themes, table and graphs.

4.0 FINDINGS

4.1. Introduction

The section presents the findings of a qualitative study of home-based child care undertaken in Ikolomani Sub County. The study examined caregivers' activities and their interactions with the children aged 4 months to 4 years. The methods included practitioner interviews, narrative observations, and document analysis of activity records and documentations of the structural and process features of the settings.

4.2 Demographic information of Respondents

A total of 120 respondents interacted with the researchers individually after an open public participation on the establishment of Idakho East Home based day care center in Mutondo Friends church. In the church MMUST staff did an exposition on what the home based day care center would be and what is the expectation of the donors.

From observation and respondents turn out, the region was poverty stricken. All 120 interviewees in the region were women with an average of 2-3 years children in their households. Only 54 were mothers while majority were old woman (grandmothers or care givers) of the children. Among them there were 13 mothers with children (7 boys and 6 girls) living with special needs (SNE). However, two girls were young adults (ages 13 and 16) in primary schools.

Emergent themes

Through an interaction with the community at Idakho North ward and Idakho East in Ikolomani, Sub-County, Kakamega to the collect data on their knowledge, attitudes and practices, six emergent themes came up during interviews. The themes are;

Theme One: Children Competence by the Age of 6 Years

Participants indicated that by the age of 6 years they wished to see their children with competences presented in fig 1

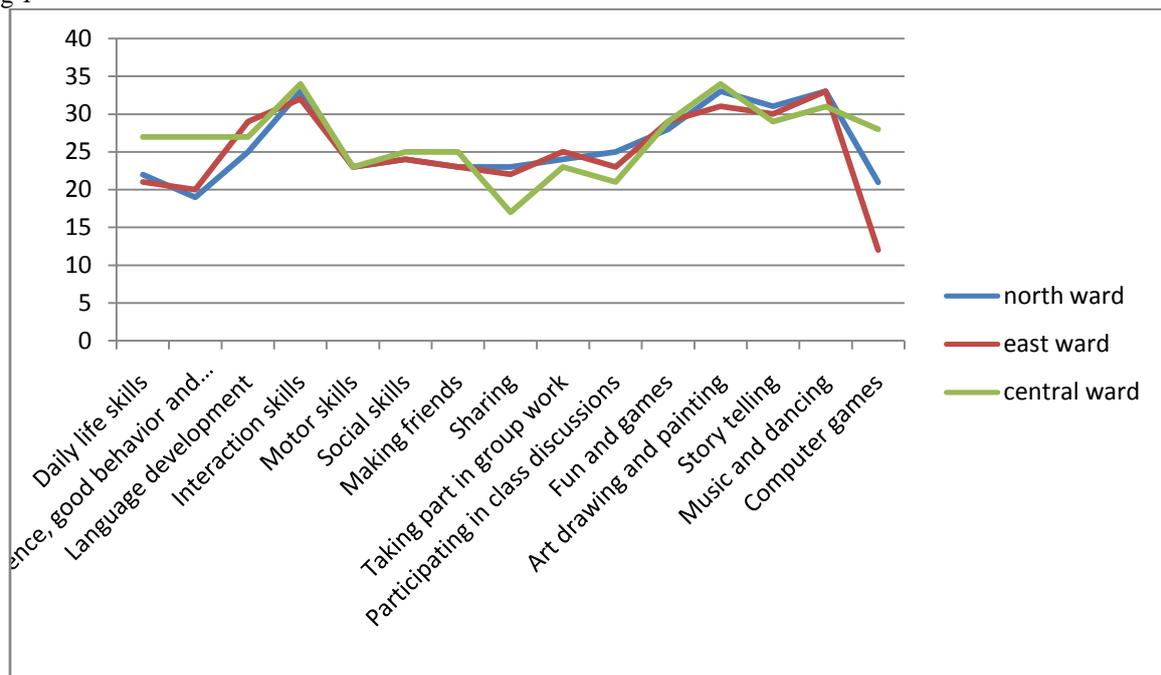


Fig 1: Children Competences by Age 6 Years

Source: Field Data (2021)

From fig 1, findings from Northern ward 22, Eastern ward 21 and central ward 27 of the participants in indicate that daily life skills be taught to the children. Interaction skills was indicated by 33 respondents in Northern ward, 32 respondents in the Eastern ward and 34 respondents in the Central ward. Art drawing and painting was 33, 31, 34 respondents from Northern ward, Eastern ward and Central Ward respectively. Storytelling skill was cited by 31, 30 and 29 of the respondents from Northern ward, Eastern ward and Central Ward respectively while music and dancing leading in all the wards by 33, 33 and 31 of the respondents from Northern ward, Eastern ward and Central Ward respectively. Independence, good behavior and respect was also cited by 19, 20 and 27 of the respondents in the three wards; North, East and Central respectively. Language development was indicated by 25, 29 and 27 of the respondents in the North, East and Central wards respectively. Motor skills was indicated by 23 respondents in each of the three wards. Social skills was cited by 24 of the respondent in the Northern ward and Eastern ward while in the Central ward 25 of the respondents cited social skills. Making friends was reported by 23 of the respondents in North and East while in the Central ward 25 of the respondents indicated making friends. Sharing as a skill was indicated by 23, 22 and 17 of the respondents in the North, East and Central respectively. Taking part in group work was also reported by 24, 25 and 23 of the participants respectively in the North, East and Central ward. Participating in class discussions was indicated by 25, 23 and 21 participants in the North, East and Central ward respectively. Computer games was indicated by 21, 12, and 28 participants in the three wards, North, East and Central respectively.

Self-care activities such as good grooming and toilet training, religious values such as obedience, honesty and being able to say short prayers were also indicate by a few respondents. The community also has high expectation for social value such as respect, daily life skills such as dressing toileting and feeding self to be acquired by their children alongside academic skills such as numeracy and literacy skills. Socio-emotional skills like playing and communication were also proposed by community leaders.

These findings are in line with UNICEF (2018) which established that opportunity families view play as a learning tool for young children that is why they recognize the value of play. This concurs with (Pesau, Widyorins & Sumijati 2020) study which showed that learners have different levels of self-care skills which they acquire from parents and teachers in some of the activities. According to Reis et al (2013) using qualitative study special needs learners who experience barriers often depend on other regular children for help and have difficulties in self-care skills such a cleanliness and toileting. On the same note similar sentiments were indicated by Akhmetzyanova (2014) that skills are acquired faster if they are introduced step by step. Researches such as Golin Koff (???) on play as a long life learning revealed that it supports children to be happy, healthy thinking, caring creative competent and responsible citizens tomorrow.

Theme two: Parents / guardian support of inclusive practices in HBCCD

Findings regarding parents / guardian support of inclusive practices are summarized in fig 2

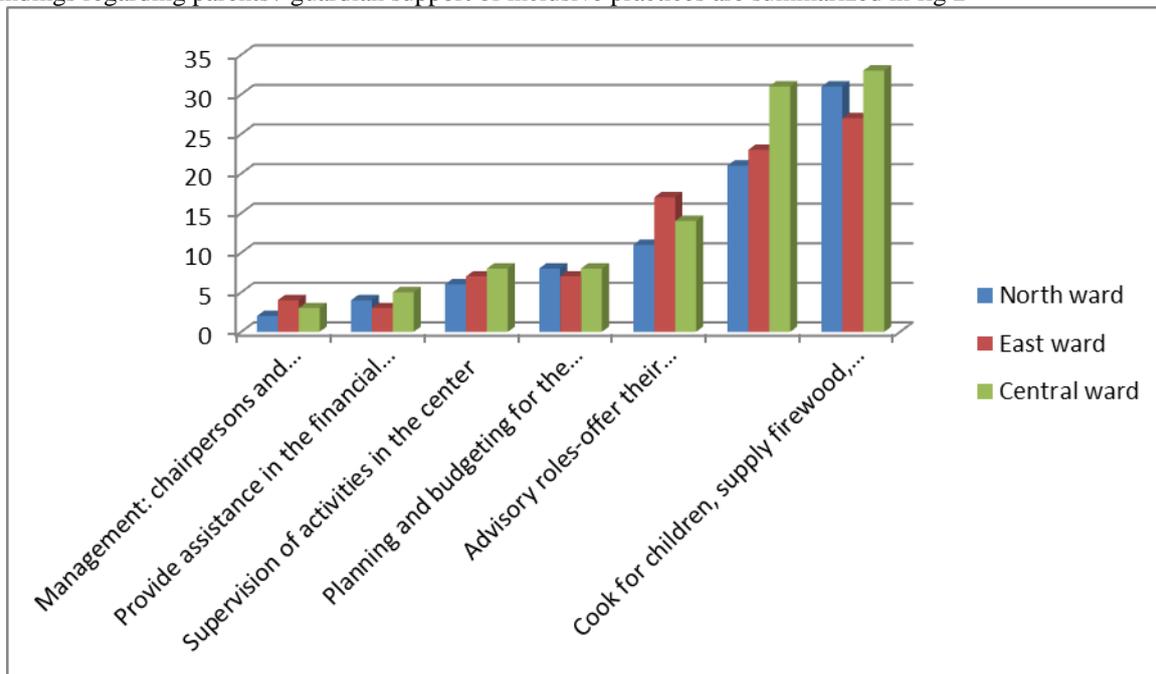


Fig 2: Specific roles that parents are able to play to support HBCCD

Source: field data (2021)

Findings from Fig 2 indicate that 2, 4 and 3 participants from Northern ward, Eastern ward and Central ward respectively can be offered for management positions as chairpersons and committee members while 4, 3 and 5 participants indicated they can Provide assistance in the financial management from Northern ward, Eastern ward and Central ward respectively . Six, seven and eight of the Participants also indicated that they can offer themselves for Supervision of activities in the center. For Planning and budgeting for the project 8,

7 and 8 participants from the Northern ward, Eastern ward and Central ward respectively indicate they can assist. Eleven, seventeen and fourteen of the participants from the Northern ward, Eastern ward and Central ward respectively indicated they will play advisory roles by offering their constructive views. Others 21,23 and 31 respectively from the three wards indicated they would offer services: such as local teaching and learning materials and pay fees for their children.Finally, 31, 27 and 33 participants from Northern ward, Eastern ward and Central ward respectively can in cooking for children, supply firewood, cleaning, security services, and donating food stuffs and financial support

Theme Three: Views on the quality and nature of Home Based ECD Center

Generally the idea of inclusive learning was agreed by most of the parents who claimed that it will allow all children equal opportunity to learn from the same environment since they are all created by God. However for those parents who found it difficult for special need children to learn with normal children had reasons like; they thought it would be waste of time since the special need learners develops slowly and may drag the normal children behind. They also saw it as a burden for the teacher to handle special cases together with regular given that children with special needs usually have special trained teachers. They further argued that a separation for classrooms to cater for individual needs to be considered. Some of them argued that children with special needs usually manifest their violence and could hurt their children. However the general view was that inclusion was a good idea. Parents need sensitization on the need of education of their children whether they are regular of special need. Qualified special need teacher in the HBCCD will encourage the enrolment of the special need learners because they will be sure of proper care of their children. Visitation of resource person on particular days like Psychiatric will also encourage the enrolment as some parents are not in a position of meeting them. Provision of Guidance and counseling services to parents to minimize traumatization, stress, depressions and stigmatization was proposed by some parents. Support services must also be there like parenting program, physiotherapy and nutritionist. They also talked about provision of special need equipment like white cane for the blind, brails, crutches etc. that will support their children in the center. The participants gave little engagement of their children in school related activities. Majority were illiterate old care givers while the few young parents indicated that they don't understand the new curriculum to support their

children. On probing further, two participants revealed that they overwork to fend for their families. They are employed to provide service in the rich men houses only to come back with no energy reserve hence any time to support their children.

All the participants welcomed the idea of starting a home based ECD in their region. They indicated that the home based ECD center will facilitate them with care of their children as they look for labour. They also indicated that they will be able to work on their small farms as children play in school as well as assisting their children socializes. Participants indicated that majority of their children never attain ECDE because of costs and being far. They indicated fear of insecurity for their children walking to the centers especially during rainy season. Basic infrastructure such as Kitchen, Classrooms adequate learning materials such as books, toys, Nutrition elements such as good food qualified teachers Technological devices such as computers security such as caretaker, fenced compound. Good leaders such as financial managers' centralist for accessibility of every learner. Owner of the home should be agreeable to everyone in the society (trustful, accountable, and sociable) These findings match evidence provided by Barret, Zhang, Davies and Barret (2015) appropriate infrastructure contributes to teacher progress there is a difference between learning spaces and learning opportunities classrooms which are well designed, meets the needs of the learners. These results also validate Abaya (2014) study in Matungu division in Kakamega which revealed the importance of teaching and learning resources in early childhood learning readiness

Theme Four: Skills and values to Be Taught to the Children in Home Based ECD Center

When the participants were interviewed on their views regarding skills and values to be taught to the children in HBECDC from the three wards. In Idakho North ward participants indicated the skills to be taught to their children among others included; communication, public speaking, children games (swings, skipping ropes, playing with dolls), swimming, team work, modeling, painting, singing and dancing in order of priority. Four parents in Idakho East ward participants indicated that they would like their children be trained in self-care activities like brushing their teeth, bathing and communication. Obedience, faithfulness, honesty and respect for elders were also opined by 3 parents to part of the values imparted to the children. Cultural aspects such as dressing and communication protocol were proposed to be included in the learning values. Participants were of opinion that if the values were incorporated in their children learning activities, their children would grow up into responsible people. In Idakho central ward participants indicated that they would like they children be taught the value of respect, socialization skills, being good role models, praying, and singing. Some would teach Kiswahili activities, self-care skills, creative activities, and cultural heritage they would also sports, importance of going to church, farming activities, cleanliness, good mannerisms, general life skills, and the value of being independent. Storytelling, construction, self-awareness, drawing, singing songs, toileting, play activities, cooking, modeling, dancing and respecting others. However, Ngware in a study on Tayari Pre- Primary programme in Kenya indicate they are lacking in most important values such as, Christian values such as prying singing, Cultural values such as respect and obedience, Self-care skills such as toileting, Social skills such as socialization, respect, good manners, Academic skills such as reading writing and learning Kiswahili, Daily life skills such as farming activities, Communication skills such as storytelling, Creative activities such as modeling, crafts and drawing and Patriotism. According to Wessell's (2009), the skills generally targeted in home based are self-reflection and decision making of the children. Thus, the community also aims at engaging communities' sense of agency, values, and physical cultural resources as well as ensuring child protection. There are also skills of establishing support and promotion of child protection, defining roles, responsibilities, and training support and synthesis of crisis/emergency and long term development of children.

Theme five: Role to be played by participants in the sustainability of the project of HBECDC

Sustainability of the project in a community is very important for children to be able to reach their potentials. For this to be achieved, most parents gave views presented on fig 3

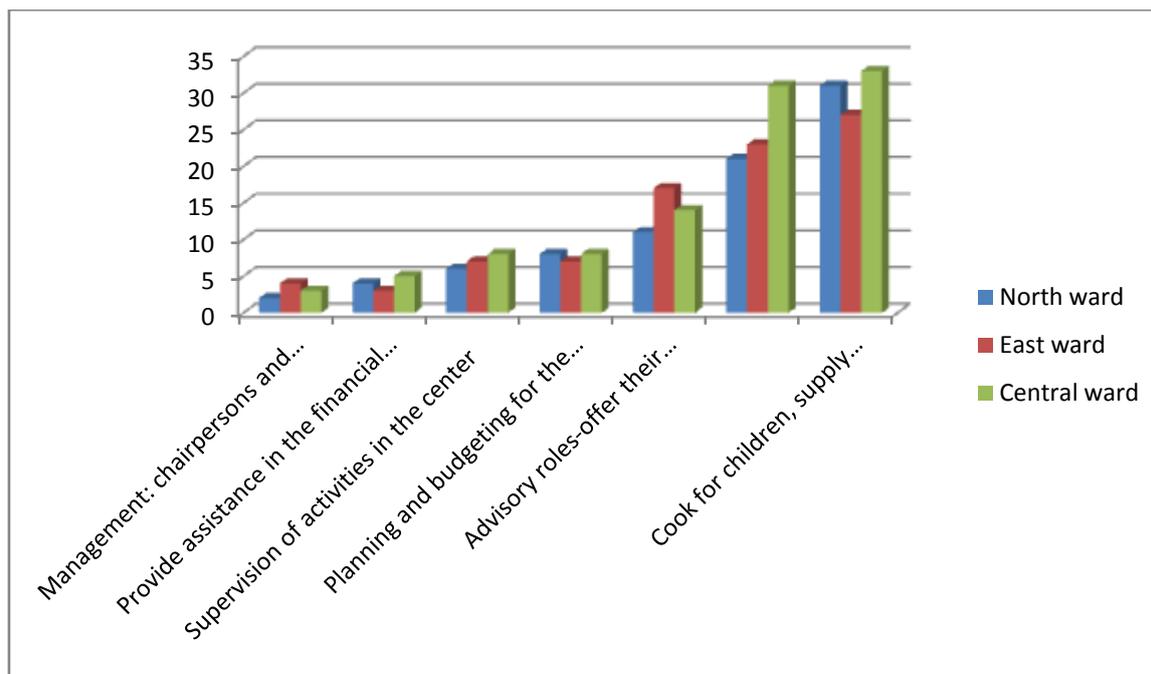


Fig 3: Specific roles that parents are able to play to support HBECDC

Source: Field Data (2021)

From Fig 3 indicate that 2, 4 and 3 participants from Northern ward, Eastern ward and Central ward respectively can be offered for management positions as chairpersons and committee members while 4, 3 and 5 participants indicated they can Provide assistance in the financial management from Northern ward, Eastern ward and Central ward respectively. Six, seven and eight of the Participants also indicated that they can offer themselves for Supervision of activities in the center. For Planning and budgeting for the project 8, 7 and 8 participants from the Northern ward, Eastern ward and Central ward respectively indicate they can assist. Eleven, seventeen and fourteen of the participants from the Northern ward, Eastern ward and Central ward respectively indicated they will play advisory roles by offering their constructive views. Others 21, 23 and 31 respectively from the three wards indicated they would offer services: such as local teaching and learning materials and pay fees for their children. Finally, 31, 27 and 33 participants from Northern ward, Eastern ward and Central ward respectively can in cooking for children, supply firewood, cleaning, security services, donating food stuffs and financial support. The support is aimed at sustaining the project.

Participants also highly believed that they need to foster the development of the centers by holding frequent school meetings, being committed to their work and embracing teamwork in the home based care centers. Most of them are likely to engaging in income generating activities, and mobilizing each other on the importance of proper school management to make their HBECDC center to develop and not collapse. They also need to be good role models by upholding good leadership skills by ensuring all learners are in school at the required time as well as avoid teacher absenteeism. Some parents thought that keeping a good name in the community was also important for popularity. Participants indicated that they will pay some little levies to meet overhead costs, do some small scale farming to supply some farm produce to the school, others could seek to be cleaners or cooks and importantly all participants indicated that they will fight corruption for the sake of continuity and sustainability of the project.

Despite many common experiences, the roles of parents are highly variable across the course of caregiving. The diversity of families, the timing of entry into the caregiving role, the duration of the role in relation to the overall life course of the caregiver, and transitions in care experienced over time all shape the nature of the caregiving role. Majority of Parents and caregivers believed that they can play different roles in the effort of supporting home based care programs. This is in line with Forry et al who indicated that parents can ensure quality service integration by focusing on children's safety, health and happiness, supporting the early care and education workforce, use of observations and assessments to support every child's needs across all developmental domains, create a culture of continuous quality improvement, and build partnerships to support quality (Forry et al. 2013).

Theme six: perception of participants regarding an inclusive learning at HBECD

The main objective under this theme was to find out on how best inclusion and equitable program can be managed. The research questions included how the inclusive and equitable home based program would be managed, how was the involvement of male and female parents in the home based centres and how has been the management of the home based centres. There was also a question on parents anticipation on proper management of home based centres, how the treatment of special needs children has been and how parents can be supported in taking care of the special needs children. Parents were also asked on who they think can be providers in the home based centres and where the providers can be tapped from as well as how the inclusive service delivery can be strengthened.

The findings indicated that there are children living with disabilities in the community. These included the physically challenged, mentally challenged, short sightedness among others who are staying with their parents. Most of them are at home while a few are admitted in special school units. Hence it has been difficult for these children’s caregivers as they lack necessary facilities to help care for the children. Moreover, most of the children are rowdy and destructive such that they cannot be left alone yet parents have to leave them to make ends meet which is very challenging. These findings are in line with Mitchell (2015), whose notion of inclusive education is a multifaceted concept which involves integration of vision, placement, adapted curriculum, and adapted assessment. It also involves adapted teaching, acceptance, access, support, resources, and leadership in the education of learners. Thus, these caregivers need to be supported when it comes to care of their children with special needs for them to be able to take them to education centres as well as to help them come up with income generating activities to cater for their daily living since these children are in dire need of proper care and close monitoring and special education.

Participants viewed inclusive HBECD positively. They indicated that it will assist SNE children socialize and acquire some skills from regular children. Others indicated that SNE learners shall be happy to be in school. The participants in the three wards indicate some strategies to be employed in the HBECD to facilitate learning of their children. The strategies are presented in figure 4

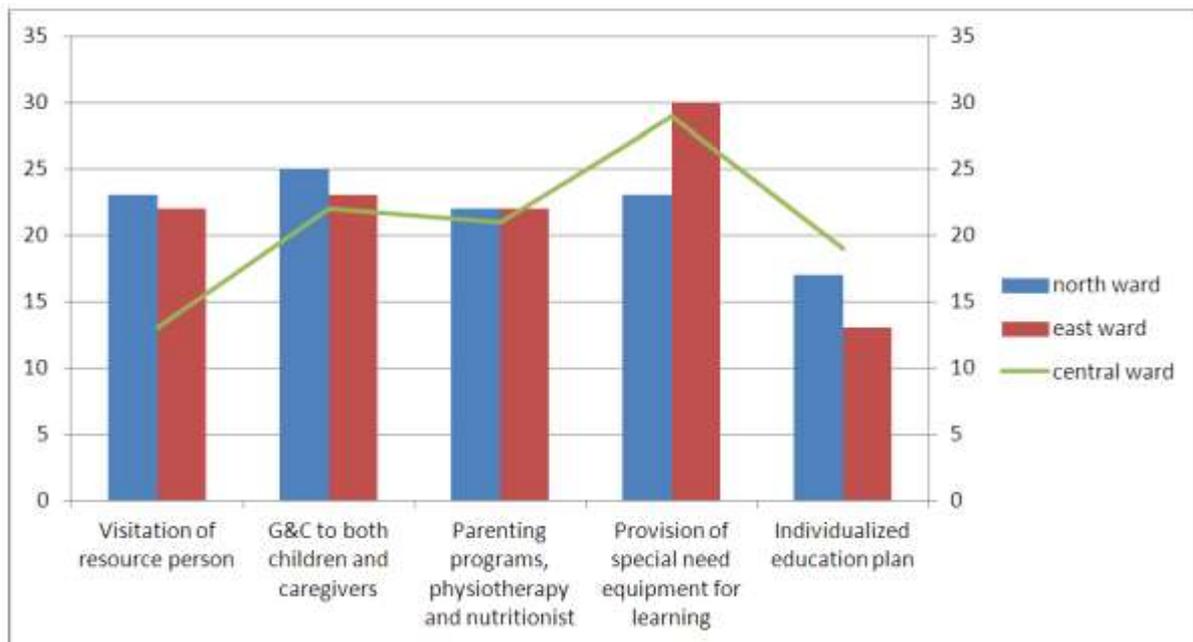


Fig 4: Best strategies that can be used to ensure learning in HBECD

Source: Field Data (2021).

From Fig 4 participants indicated the best strategies to be used to ensure effective learning in the HBECD. 23, 22 and 13 of the participants from North, East and central ward respectively indicated Visitation of resource person while guidance and counseling to both parents/ caregivers and children was indicated by 25, 23 and 22 participants from North, East and central ward respectively. Similarly 22 of the participants from the North, East wards and 21 participants from central ward indicated Parenting programs, physiotherapy and nutritionist programs as strategies to be used at the HBECD. Also provision of special need equipment for learning to cater for SNE learners was proposed by 23, 30 and 29 participants from North, East and central ward respectively. Individualized education plan was indicated by 17, 13 and 19 participants from North, East and central ward respectively. The finding concurs with findings of Mbise (2013) who highlighted

that for successful establishment and functioning of early childhood education, a variety of strategies should be employed in teaching for holistic development of a child.

Theme seven: Current Practices in Care and Development of Regular Children / Children with Special Needs

All the respondents had children in their homes whose age's ranges from 1 year to 8 years. All the participants were willing to join with other families to care for their children in a home based care facility. All the respondents indicated that some parents still lock up children with disabilities in their homes even houses. They gave reasons for locking them up being stigma, shame of bad omen and sometimes children living with disabilities are a burden to educate and in case they are seen by the community, a parent is forced to her/ him to school. From the finding children with disabilities are segregated; those in schools were either harassed by teachers or care takers. One parent had this to say:

'I took my physically disabled child to Joy-land special school to learn but the care was not good, every time I went to school I found my child dirt and ever crying. I decided to withdraw her from the school. She is currently not attending any school'

Four parents also indicated that stigma is a major challenge to parents with children living with disabilities. Siblings isolate them and regard them as bad omen to the family. Such feelings have caused the special needs children withdraw from public. All the participants revealed that children with disability are not given equal opportunities with regular children in the community because those children with disabilities are rarely taken to school. From the findings the community is involved in the development and welfare of both normal and disabled children. The respondents indicated that the local community monitors all children in their jurisdiction to ensure they are in school irrespective of disability or not. During the interaction a participant said

'Chief came to my neighbor's home where they had locked up 17 year old physically disabled boy and arrested parents. The boy became violent after seeing many people and he was taken to hospital.'

All the respondents indicated that caregivers and parents have no skills to take care of their children living with disabilities. Two parents revealed that when they go for post-natal care clinics the nurses mention casually on how to feed their children on balanced diet. The respondents opined that if workshops and seminars could be put in place to train parents and entire community on how to care for their children both the regular and those with disabilities will help them overcome cultural negative beliefs. Those parents with physically impaired children opined that well-constructed door-ways to classes and mobility devices could help their children overcome the challenge of traveling for long distance to learning institutions. Further, respondents indicated various ways in which they support their children at home. A summary is presented in fig 5

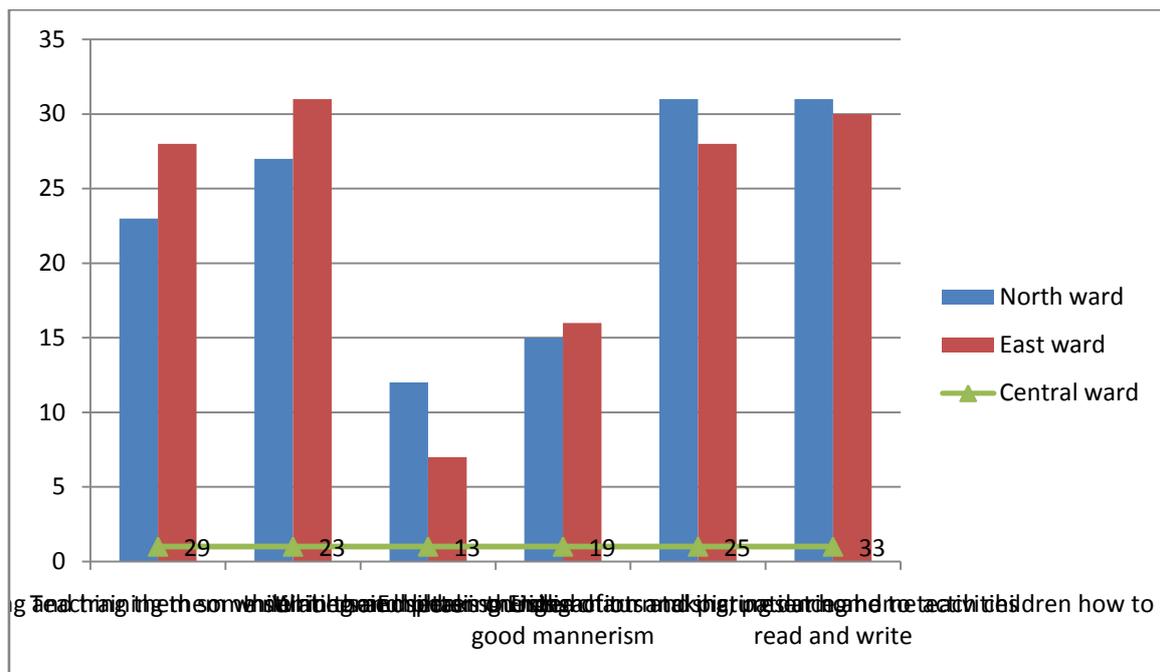


Fig 5: Current Practices in Care and Development of Regular Children / Children with Special Needs from home

Source: Field data (2021)

Fig 5 indicates that participants responses on the then current practices in the care and development of regular and children with Special Needs. 23, 28 and 29 of the participants from the North, East and Central wards respectively indicated coaching and training them while at home while 27,31 and 23 of the participants from the North, East and Central wards respectively indicated teaching them some numbers and letter sounds. 12, 7 and 13 of the participants from the three wards respectively indicated that they assist them with writing and speaking English and 15, 16 and 19 of the participants from North, East and Central ward indicated they instill in their children the idea of turn taking, patience and good mannerism. 31, 28 and 25 of the participants from the three wards respectively indicated that they emphasis on interaction and sharing during home activities and finally 31,30 and 33 of the participants from North, East and Central ward respectively indicated to be using charts and pictures at home to teach children how to read and write. The finding concurs with Crump and Ellis who indicated that Parent and community involvement programs also need to embrace the diversity of cultures and practices that are carried out in different homes. Finally, linking the various groups and agencies that home based care with both schools and families strengthens the overall partnership in child development (Crump and Ellis, 1995).

CONCLUSION

- i. From the findings, the most parents are willing to have their regular children learning together with children with special needs and take part in the program so that their children can be taught other skills, values and responsibilities before going to school apart from the ones they teach them at home.
- ii. Values held important by the community for their children to learn at HBECD include Obedience, faithfulness, honesty and respect for elders. Cultural aspects such as dressing and communication protocol, socialization skills, being good role models, praying, and singing.
- iii. The community would like their children to develop the following competences among others; daily life skills; Language development; Interaction skills, motor skills, Social skills, making friends, taking part in group work, Participating in class discussions, fun and games, art drawing and painting and storytelling. Music and dancing and Computer games while at the HBECD
- iv. The community wish their children to be nurtured through collective responsibility of both specialist and non-specialists from the community. These include; Visitation of resource person G&C to both children and caregivers/parents, Parenting programs, physiotherapy and nutritionist, Provision of special need equipment for learning and by use of Individualized education plan (IEP)
- v. Specific roles and support parents are able to offer for the sustainability of the project of HBECD include Management as chairpersons and committee members, financial management, supervision of activities in the center, Planning and budgeting for the project, advisory role offering local teaching and learning materials, paying fees for children, cook for children, supply firewood, cleaning, security services, donating food stuffs and financial support

Recommendations

From the finding these are the recommendations objectively:

1. The program to be developed to factor in inclusivity of children to help those with special needs.
2. The skills and values important by the community for their children to learn in the program include; self-care skills, creative activities, and cultural heritage, games and fun, religion, cleanliness, good mannerisms, general life skills, and the value of being independent. Storytelling, construction, self-awareness, drawing, singing songs, toileting, play activities, modeling, dancing and respecting others.
3. The program to nurture children in safe environment and ensure availability of quality infrastructure, human resource and furniture.

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