

**ANALYSIS OF PREDICTORS OF BEHAVIOUR CHANGE
AMONG CHILDREN AT RISK IN JUVENILE
REHABILITATION CENTRES IN NAIROBI COUNTY, KENYA**

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University**

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DECLARATION


I confirm that this thesis is my original work and has not been presented in any other university. The thesis has been complemented by referenced works duly acknowledged. Where text, data, graphics pictures or tables have been borrowed from other works- including the internet, the sources are specifically accredited through referencing in accordance with anti-plagiarism regulations.

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DEDICATION

To my family who patiently endured and cheered me all through the development process of this study and other life achievements. No words can express my feelings for the sacrifice you have made but this token gesture is the least I can do.

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I wish to thank my family for the patience and understanding during my time of study. I am indebted to my wife who endured a lot and wholeheartedly accepted my frequent use of family resources for this study at the expense of other key family essentials.

Finally I appreciate the efforts of all the individuals and institutions whose guidance and support made this research successful.

ABBREVIATIONS AND ACRONYMS

| | |
|---------------|--|
| ADL | :Activities of Daily Living |
| CR | : Children at Risk |
| EARC | : Educational Assessment and Referral Centre |
| EBD | : Emotional and Behavioural Disorders |
| FG | : Focus Group |
| IDP | : Internally Displaced Persons |
| IEP | : Individualized Educational Plan |
| JRC | : Juvenile Rehabilitation Centres |
| SNE | : Special Needs Education |
| SNI | : Special Needs Interventions |
| SPSS | : Statistical Package for Social Scientists |
| UNESCO | : United Nations Educational, Scientific and Cultural Organization |
| USA | : United States of America |

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Abstract

The aim of this study was to analyse predictors of behaviour change among children at risk in juvenile rehabilitation centres within Nairobi County, Kenya. The target population was all the children and managers of Juvenile rehabilitation Centres in Nairobi County. This consisted of 380 boys, 160 girls, 8 managers in Kabete and Getathuru and 4 managers in Dagorreti rehabilitation Centre, all making a total of 552 respondents. Children at risk in Juvenile rehabilitation Centres within Nairobi County were sampled using probability and non-probability sampling techniques. To obtain a manageable sample from the target population, convenience, purposive, stratified random and systematic random sampling techniques were used respectively. Questionnaires, interview schedules and focus groups were used in the study as tools for data collection. Data collected was entered, coded and analyzed using inferential statistics and SPSS. The qualitative data was organized, analyzed and reported into emerging themes. The study found out that rehabilitation of children at risk in Juvenile rehabilitation Centres was not adequately addressed and it was only those children with severe and profound cases whose misbehaviours transformed to moderate levels. Educationists were left out during assessment, classification, referral and exit stages despite their rich expertise in rehabilitation. The analysis of programmes applied scored below average in terms of behaviour change. Among the predictors, Special needs intervention measures did not exist irrespective of the fact that more than ninety percent of children had special cases. Environment was not barrier free with transitional programmes being inadequate while majority of the staff were untrained in professional courses regarding behaviour change. The researcher recommended a multidisciplinary team in Educational Assessment and Referral Centres before entry into the regular schools. That all the staff should undergo a training in Special Needs Education and the Centres be placed under the Ministry of Education which has adequate personnel required to rehabilitate a child.

CHAPTER ONE

INTRODUCTION

1.0 Introduction

This chapter presents the background to the study, statement of the problem, purpose of the study, research objectives, research questions, significance of the study, delimitations and limitations, assumptions, theoretical and conceptual framework as well as definition of operational terms.

1.1 Background to the Study

Globally, society has faced the complicated predicament of how best to handle children with Emotional and Behavioural Difficulties (EBD) as outlined by Brei, Ruff and Amber (2011) who point out that community, government, families and society in general struggle to handle children at risk. They further show that in the United States of America (USA), State Juvenile corrections confine youth in many types of facilities, including: group homes, residential treatment centers, boot camps, wilderness programmes or county-run youth facilities (some of them locked, others secured only through staff supervision). These facilities are usually large, with many holding up to 200 - 300 youth. They typically operate in a regimented (prison-like) fashion and feature correctional hardware such as razor-wire, isolation cells and locked cell blocks. These institutions have never been found to reduce misbehaviour of troubled children. Quite the contrary, for decades now follow-up studies tracking youth released from juvenile corrections facilities have routinely reported high rates of recidivism.

Mendel and Case (2011) assert that pervasive violence and abuse have been regularly emerging from Juvenile Rehabilitation Centres (JRC) for as long as anyone can remember. Overall,

research findings suggest that juvenile misbehavior frequently occurs in the context of unsupervised groups of adolescents (Office of Juvenile Justice and Delinquency Prevention, 2006). Adolescents engage in riskier behaviour than adults (such as drug, alcohol use, unsafe sexual activity, dangerous driving and antisocial behaviour) despite understanding the risks involved (Boyer, 2006; Steinberg, 2005). It appears that adolescents do not consider risks cognitively (by weighing up the potential risks and rewards of a particular act), but socially and emotionally (Steinberg, 2005). The peerinfluence can heavily impact on youth risk-taking behaviour (Gatti, Tremblay &Vitaro, 2009; Hay, Payne & Chadwick, 2004).

In Africa, educators in the correction settings face difficulties specificallyfrom the environment, challenging learners, complicated systems of oversight, high staff turnover rates,shortage of resources, difficulties obtaining educational records and the competing priorities of education and maintaining security (Macomber, Skiba, Blackmon, Esposito, Hart, &Mambrino, 2010). In South Africa, it is reported thatsome adults are bad role models as they are the ones who supplydrugs tothe juveniles,they exposethem to a gangster influence with inappropriate language being used and theyalso orient them on a distorted curriculum (Gast, 2001). In Nigeria, physical discipline characterized by poor parenting practices which emphasizes corporal punishment has increased misbehaviour among children (Ugboajah, 2008). Many teachers are not primed to work in a juvenile detention setting. Even after specialized training on delinquency, many become overwhelmed by the diversity of educational needs and experience a high level of professional stress (Houchins, Shippen&Catrett, 2004).Thus there was need to analyze the predictors of behaviour change in JRC to address the misbehaviors associated with EBD learners.

In Kenya, lack of tangible government policy specific to the education of children on the streets remain a major constrain to efforts aimed at addressing the misbehaviours. Despite numerous reforms and repeals, streets children continue to be treated in ways that breach their basic human rights. For example, whenever dignitaries are visiting the capital city, it is common for authorities to ‘sweep clean’ the streets by detaining street children under charges of ‘Protection and discipline’. Although the introduction of the Children’s Act in 2001 brought children’s issues to the fore, education of children at risk (CR) especially those in Juvenile Rehabilitation Centres, remains overlooked (Undugu Society of Kenya & Cradle, 2004).

Specifically, in Nairobi, misbehaviour is not only significant due to population distribution but over 50 % of lawbreakers are youths (Juvenile Injustice in Kenya Report, 1997). Thus rehabilitation must start in time to address the multiple risk factors such as inadequate institutional interventions.

A technique that reforms, re-educates and rehabilitates a child with misbehaviour should be applied (Muhammad, 2007). The idea of the study was to get an empirical perspective in addressing misbehaviours experienced with EBD learners as already outlined. Thus, this study analysed predictors of behaviour change among CR in JRC within Nairobi County, Kenya.

1.2 Statement of the problem

Rehabilitation of CR is a global challenge as far as schooling is concerned. Cashmore and Paxman (1999); Kirby and Fraser (1997); Cashmore (2001) and Scott (2000) all concur that flexibility has emerged as a key concept associated with the behaviour rehabilitation of the child with EBD. They emphasize the importance of building resilience in children to overcome abusive experiences by developing self-coping strategies which still lacks in society to date.

Wakanyua (1995), in his Sociological study on rehabilitation of juvenile delinquents; a survey of approved schools in Kenya, found out that the child with EBD is often labeled as a Juvenile and poorly rehabilitated (ineffective behavior modification strategies and unstructured exit programmes) resulting to recidivism. Onyango (2011), in his sociological study on effectiveness of rehabilitation programmes on juvenile delinquents in Kenya; a survey of rehabilitation Schools in Nairobi County, recommends a further study on the best way to deal with challenges of rehabilitation among juveniles.

An analysis of predictors of behaviour change among CR to gain access to educational services that can substitute the detention and post disposition incarceration were paramount. The problem was to get a clear empirical picture of how to address behaviour rehabilitation among CR in JRC.

1.2. 1 Purpose of the study

The purpose of this study was to analyze predictors of behaviour change among CR in JRC in Nairobi County, Kenya. The researcher's concern was the predictors with the ability to change undesired behaviour to desired one.

1.3 Objectives of the study

The study was guided by the following objectives which sought to:

- i. Find out the behaviour of children at risk in JRC in Nairobi County.
- ii. Investigate the criteria used to refer children to JRC.
- iii. Analyze the programmes applied to CR in JRC.
- iv. Find out what determines behaviour change among CR in JRC.

- v. Establish Special needs education andbehaviourchange among CR in JRC.

1.4 Research questions

The study sought to answer thefollowing research questions:

- i. What is the behaviour of children at risk in JRC in Nairobi County?
- ii. Which criteria is used to refer CR for behaviour change in JRC?
- iii. Which programmes are applied to change behaviour of CR in JRC?
- iv. What determines behaviour change of CR in JRC?
- v. Which Special needs intervention (SNI) exist in JRC?

1.5 Significance of the study

The study findingsmay be of help to the staff (such as teachers) working in JRC in behaviour rehabilitation. Equally,the investigation may also provide knowledge in developing programmesto assist children with EBD. Moreover,this researchmay add to the body of knowledge ineducational behaviour change and gaps in research besides prompting other researchers to do similar studies.

1.6 Delimitations and Limitations of the study

1.6.1 Delimitations

This study was done in Nairobi County only despite presence of forty seven counties in the republic of Kenya.Another delimitation was that,the study was done in a busy schedule (confined environment) of JRC where fear of victimization could arise owing to the incarceration situation.

1.6.2 Limitations

Orodho (2002) defines limitation as an aspect of study that the researcher knows may adversely affect the resultgeneralization but over which he/shehas no direct control over. Gender disparity

was one of the limitations since the population of boys was more than that of girls in JRC. Lastly, the researcher was not able to study a large sample due to financial limitations.

1.7 Assumptions

The study was carried out on the assumption that the respondents provided honest, genuine and truthful responses. The researcher also assumed that respondents accepted to be interviewed, answer questionnaires and form FG.

1.8 Theoretical and Conceptual framework

1.8.1 Theoretical framework

The study was based on the social learning theory of Albert Bandura as explained by Cunia (2007) and Abbott (2007). Bandura's social learning theory posits that people learn from one another via observation, imitation and modeling as it encompasses attention, memory and motivation. Human behaviour is explained in terms of continuous reciprocal interaction between cognitive, behavioral and environmental influences. With regards to social learning theory, a CR in JRC is likely to learn from the environment. It is postulated that many risk management programmes occur within the context of broader society interventions as outlined by McIntosh, Chard, Boland and Horner (2006) that school wide positive behaviour is an approach applying to positive behaviour support to all learners.

In the Kenyan context, it is at the JRC where all forms of learning take place for the duration one is incarcerated (Undugu society of Kenya, & Cradle, 2004). Studies show that when youth have deficit in life-skills they are more likely to engage in destructive actions (Kadish, Glaser, Calhoun, & Ginter, 2001). In regards to rehabilitation, the social learning theory supports that

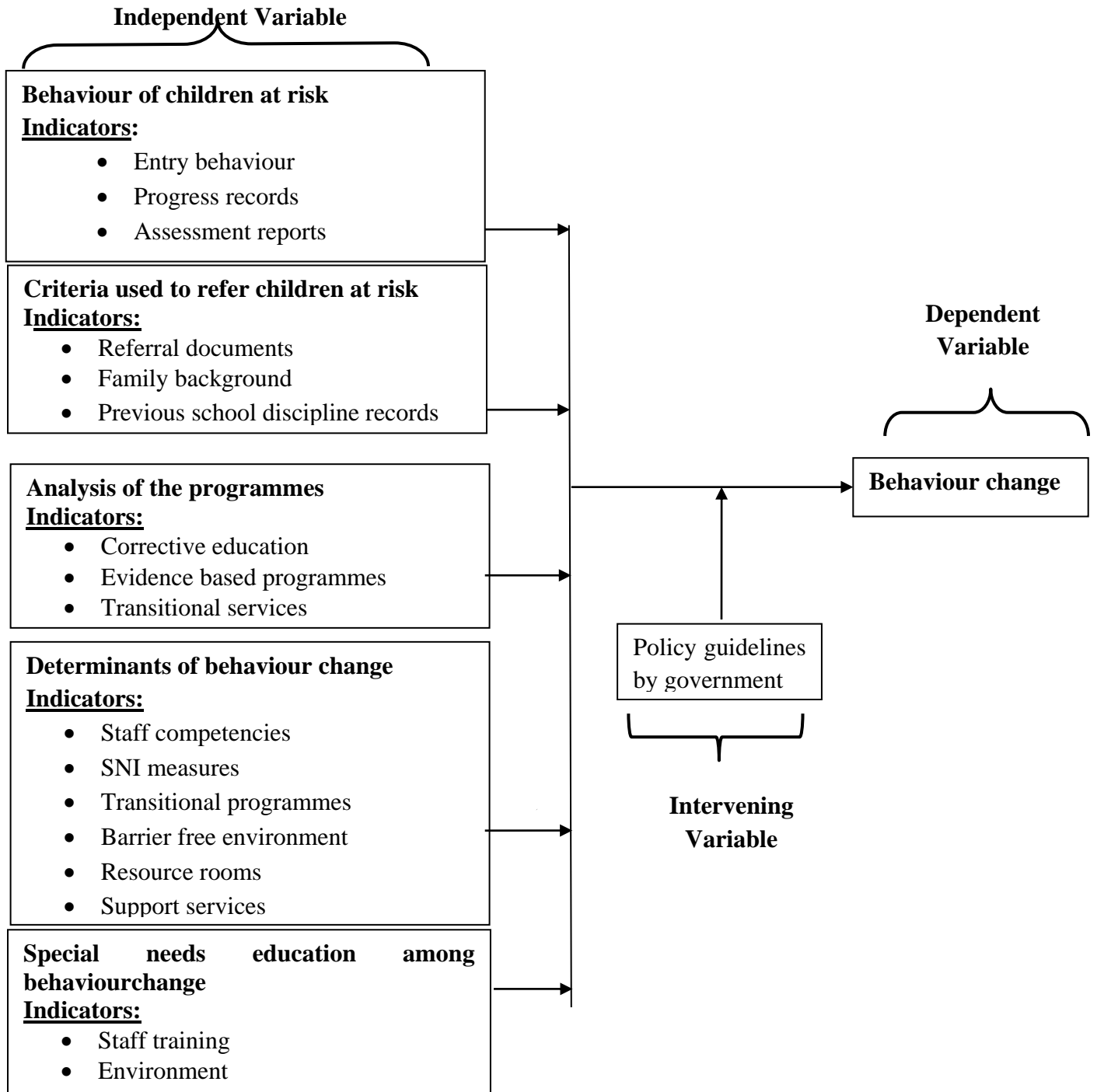
behaviour change is a cognitive process in a social context. Thoughts, beliefs, morals and feedback help to motivate people.

In an educational situation, the tenets of social learning theory enhance learner's knowledge acquisition and retention. For example using the technique of guided participation, the teacher says a phrase and asks the class to repeat it. Thus, learners both imitate and reproduce the teacher's action, aiding retention. Teachers can shape learners behaviour by modeling and visibly rewarding desired outcomes. By emphasizing the teacher's role as model and encouraging the students to adopt the position of observer, knowledge and practices can be made explicit to learners hence enhancing their outcomes (Bandura, 1997).

If tenets of social learning theory are adequately practised by educationists in regards to predictors of behaviour change among CR in JRC, achievement of desired goals to become useful citizens in society is practical.

1.8.2 Conceptual framework

Rehabilitation of children at risk in Kenya



Source: Adapted from current issues in child protection and policy practice (Tomison, 2004).

A report by the National Research Council and Institute of Medicine (2000) asserts that the course of development can be altered in childhood by programmes which change the balance between risk and protection. The rehabilitation among CR in Kenya was the focal point of the independent variable, predictors as outlined on the conceptual framework.

1.9.1 Definition of Operational Terms

Behaviour: is every action by a person that can be seen or heard. That is both observable and measurable (Alberto & Troutman, 2003). In context of this study it means the actions of a children at risk (CR) in regards to the societal norms.

Children at risk: Bluestein (2012); Mendel and Case (2011) all concur that these are children who by virtue of their circumstances (probationary status over past behavioral issues, disabling conditions, low socioeconomic status or negative peer pressure) are statistically more likely than others to fail academically. Examples in this study include: children of street families, those living with internally displaced persons (IDP) camps, orphans and generally those with Emotional and Behavioural Difficulties (EBD).

Juvenile: Children's Act (2001) describes juvenile as a child whose behaviour is in conflict with societal law, less than eighteen (18) years old and is confined in a Juvenile rehabilitation Centre.

Rehabilitation: is a combination of practices aimed at intervening on the inappropriate behaviour (Torbet & Thomas, 2005).

Juvenile Rehabilitation Centres: these are institutions tasked with the role of restoring a child to useful life, desired operation and peaceful state of mind through rehabilitation and education after placement (Children's Act, 2001).

Delinquency: Muhamad (2007) describes delinquency as inappropriate behaviour by children who conflict with the societal rules. In context of this study, it means children with EBD.

Predictor: As per Gay (2011), a predictor is a variant or information used to approximate or foretell imminent performance, action, safety or other traits. In context of this study, it means attributes likely to affect the behaviour of children at risk such as the programmes applied, referral techniques, environmental influences, and competency of staff managing children at risk in the Juvenile rehabilitation Centers.

1.9.2 Conclusion

The chapter has highlighted the following:

Based on the global, regional and county perspectives on children delinquencies, inadequate empirical strategies were found. Institutional interventions as well as professional strategies were deficient thus a need for this study.

The problem of this study was that despite children with misbehaviours being admitted in the JRC with the aim of being rehabilitated, many were found not to change their misbehaviour. Previous studies revealed recidivism and need for further studies on rehabilitation of juveniles. Thus there was a need to analyze predictors of behaviour change among CR in JRC.

The objective was to analyze the predictors which are: staff competencies, programmes offered and environment for behaviour change. This was done with the aim of establishing factors which can make rehabilitation of CR in JRC successful.

Owing to the attribute that behaviour change does not occur in a vacuum but in a social context, the social learning theory by Albert Bandura which explains behaviour change in terms of cognitive, behavioural and environmental influences formed the basis for this study.

The conceptual framework addressed vividly the influence of predictors; behaviour, criteria used for referral, the programmes, determinants and Special needs education which were the independent variable in behaviour change (dependent variable) in this study.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter reviewed literature related to the study by focusing on the objectives of the study which were: behaviour of CR, criteria used to refer CR to JRC, programmes applied and determinants of behaviour change, SNE and a summary of the reviewed literature.

2.1 Behaviour of children at risk in JRC

The term at-risk children, includes those who are trouble-makers, have behaviour problems and seem to fall farther behind each year in academic performance. They have been observed as being vulnerable to substance abuse and addiction. They are at risk of school failure and dropping out, gang involvement, early (or unprotected) sexual activity and are more prone to violence and vandalism. Moreover, they are at risk for perfectionism, overachieving, compulsive behavior, social vulnerability, intentional self-injury and suicide (Bluestein, 2012). In this study, identified children at risk were confined in the JRC for rehabilitation purposes.

Children in confinement facilities in the state of Connecticut USA repeatedly lacked motivation to learn, were difficult to engage in the classroom, experienced despair much of the time, believed that they cannot positively and realistically change their lives and generally they demonstrated a disinterest in standard academic material (Macomber et al., 2010). In the Kenyan context, it was also expected that CR in JRC lacked motivation to learn or change their behaviour positively.

On a broad inclusive description, Bluestein (2012) outlined behaviour of CR in JRC as follows: do not feel valued, listened to in a meaningful way and are insecure in the family, school and society at large. He further points out that they have a strong sense of not fitting in, feel

excluded, do not have an important aspect of their identity acknowledged, experience actual discrimination (cultural, social, religious, sexual orientation, disability), do not believe that their opinions are valued and frequently demonstrate a low tolerance for frustration. That they have unrealistic expectations of themselves, others, situations and have difficulty seeing connection between choices and outcomes, in predicting outcomes of choices, thinking things through and seeing alternatives of situations. The predictors to address the above enumerated factors positively were researcher's core objectives.

When a CR is taught at a mismatched level, there is deprivation of a suitable education. This describes why children generally with EBD are negatively affected, consequently they have a sense of low self-esteem, a sense of never being good enough, low sense of worth and may tend to equate achievement with worth thus are unable to differentiate between making a mistake and being a failure (Combs, Elliott, & Whipple, 2010). The emotional breakdowns associated with difficulty in expressing feelings constructively tend to worsen feelings, difficulty taking no for an answer and difficulty balancing consideration for others which may lead to delinquency (Frances & Potter, 2010).

The nature of having few interests may cause a child with EBD to use television and other electronics to be involved in too many activities and use busy to prove worth especially in inviting other kids to their homes hence apparent social isolation resulting to experience of low self-esteem, depression and in some cases delinquency (Khudorenko, 2011). Children strive to be productive and accepted. Adults responsible for educational systems across the world have an opportunity to help children with EBD become productive and accepted in society (Mendel & Casey, 2011).

Also as per the social learning theory of Albert Bandura (2007) and Abbott (2007), human behaviour is as a result of continuous reciprocal interaction between cognitive, behavioral and environmental influences. Thus the behaviour of CR largely depends on the environmental influences and it is the role of the educators to alter the way these children respond and behave. This attribute of proper education guidance was found to be insufficient as per the needs of the CR confined in JRC.

From objective one above, evidence based predictors in changing behaviour early enough to avoid the escalation and complexity are inadequate.

2.2 Criteria used to refer children in JRC

The juvenile court is considered the 'institution' that intervenes and rescues forcefully the lives of all CR. Other separate institutions would simultaneously protect the community and save the child (Durant, 2010). Durant further observes that, what this means in practice is a wide choice and an individualized management of a child. Measures taken are considered necessary to rehabilitate that particular individual. The severity of each child would depend on the particular circumstance. The child is then taken into the hands of State as the 'ultimate guardian' to guide him/her towards 'good citizenship'. In this way the state deals with the child as antisocial only if its interest and that of the child calls for such an action.

In the court process, a child is referred to a JRC after being charged for conflicting with the societal law as specified by National Academies Press (2011) which states that CR are sent to reformatory institutions.

In Kenya, lack of tangible government policy specific to CR remains a major constraint to efforts aimed at addressing children misbehaviours. In many instances, the street children are removed from streets by government agencies, detained and referred to JRC for protection and discipline (Undugu Society of Kenya & cradle, 2004). After a child is through with duration defined by the court, he/she is reintegrated back to society where probation officers assess, refer, coordinate, counsel, persuade and compel offending youths to reduce their risk of recidivism, be accountable for their behaviour and increase their life chances (Schawalbe & Maschi, 2009).

According to a study by the Ministry of Home Affairs (2007) most probation officers admitted that they had inadequate skills required to aid the juveniles to reintegrate back to society and track their behaviour change. These skills include: guidance and counseling, assessment, information technology and SNI measures. Also, inadequate number of probation officers supervising the CR is another challenge (Office of the Vice President & Ministry of Home Affairs, 2007).

So, in the outlined criteria for entry and exit from JRC, there is no educational assessment, placement and referral, monitoring especially prior, during and after the rehabilitation period.

2.3 Programmes applied in Juvenile Rehabilitation Centres

Juvenile justice systems in the USA have long struggled with the inherent tension between their role in meting out punishment for violations of law and an authoritative force for bringing constructive behaviour change in the rebellious youth. The central goal of juvenile system should ensure public safety and protection from any additional harm caused by child delinquents by altering their life trajectories to reduce further prohibited behaviour and improve chances to prosper as productive citizens (Howell, Lipsey, Kelly, & Carver, 2010).

Correctional education has served a variety of purposes such as controlling behaviour, improving the quality of life inside rehabilitations, providing a way for the incarcerated to broaden their understanding and knowledge base. It also enables them to acquire basic academic and vocational skills via a positive academic experience, trains them in moral and civic responsibility. Besides, correctional education provides an opportunity to change personal behaviour and values, reduce recidivism and provide a more educated workforce to support the overall operation of the rehabilitation (Corwin, 2005).

The programmes applied to juvenile offenders should encompass the following according to Lipsey, Howell, Kelly and Carver (2010): Control behaviour in the short and long-term by means of inducing self-sustaining behaviour change that will persist after supervision. Should have longstanding methods for controlling behaviour, such as community supervision and protective care, aligned along a range of care from prevention to early intervention and then to a more significant system involvement as needed in incorporated continuum with fundamental elements of valid risk and needs assessments. Also the matching of risk level and need to appropriate service, ensuring that the services provided are effective at improving outcomes for the children and youth placed in juvenile systems. Effective programming to reduce recidivism and produce positive outcomes hence, programmes at the JRC should make use of many treatment programmes whose effectiveness is easy to determine. Evidence-based programmes such as educational assessment, progress records are the best educational intervention to obtain better outcomes from juveniles and arguably the most progressive policy reform of recent years.

According to Kelly (2011), putting CR in confinement may not deal with the kind of factors which caused their recorded misbehaviours. In most cases it becomes a mere removal from their

environment. He suggests creation of professional programmes such as educational interventions, risky behaviour management and guidance and counseling. Such programmes were analyzed in this study to establish their behaviour change ability.

2.4 Determinants of behaviour change in JRC

2.4.1 Staff competencies

Over 40 percent of youth in correctional facilities say that staff is disrespectful and they physically restrain youth without justification according to Mendel and Casey (2011). Staff working in youth facilities are assaulted and abused with disturbing frequency. In four Arizona JRC in the USA for instance, 484 physical attacks on staff were reported in 2003 and an average of 40 incidents per month (Mendel & Casey, 2011). The above attribute may hinder behaviour change thus a thorough investigation was carried out to establish the current state of affairs.

As for Torbet and Thomas (2005) they argue that job training could benefit teens to improve chances of controlling their behaviour economically and in self-sufficiency after. Although effective interventions have been developed and validated during the past 20 years, vast majorities of current services utilized in the juvenile system have not proven effective (Henggeler & Schoenwald, 2011).

Core competencies for youth workers should entail: common ground curriculum, environment, child and adolescent development, guidance, connecting with families, communities, health safety and nutrition, professionalism and professional development programme management (Starr, Yohalem, & Gannett, 2009). The researcher concurs with the outlined competencies and notes that they are absent in the rehabilitation of CR in the world and Kenya in

particular. The professional preparedness of staff in Kenyan JRC was a key attribute in this research.

2.4.2 Special needs intervention measures

The SNI measures were not practiced even though they are key aspects to behaviour change of CR. From the intake worker who is basically a social scientist to the probation officer who integrates CR in the society, there was a deficit of SNI measures as described by Carmichael(2011) that the intake worker determines how a child's case will proceed after being taken into guardianship and can refer the child for formal misbehaviour measures, counselling, supervision, school attendance, drug assessment, restitution and community service. The researcher noted absence of educational assessment, placement and referral procedures which are basic to behaviour change process.

Schawalbe and Maschi(2009) observes that it is the probation officers who assess, refer, coordinate, counsel, persuade and compel delinquent youths to reduce their risk of recidivism. Fewer than 5% of eligible high-risk juvenile offenders in the USA are treated with an evidence based treatment (Henggeler & Schoenwald, 2011). Thus 95% of these CR are left out. A need to cater for the 95% of the CR is paramount by use of Evidence-based interventions such as individualized behaviour management plans and Individualized Educational Plan (IEP) (Cullen, Myer, & Latessa, 2009).

2.4.3 Transitional programmes

An educational intervention in juvenile facilities in USA closely reflects the education provided in public schools. Education is mandatory for all juveniles and they are required to follow the same laws and practices as their public school counterparts including special education. For

instance, if students are in a restricted status, they should still continue to receive educational interventions (Corwin, 2005). Aftercare services to assist CR to successfully make the transition from JRC to society are crucial. The services are offered by staff of juvenile centres and may include foster care and efforts to help the CR live on their own (Bohm, 1997).

The objective of regulated training should be to equip learners to perform work through acquisition of the necessary competencies in the form of knowledge, social and technical skills (Long & Shaw, 2008). Vocational training is often seen as the way to overcome unemployment problem (Krajewski & Callahan, 1998). Sarprong (2001) concurs that vocational training must be an integral part of total delivery services to children with EBD.

With regards to Forum for Actors in Street Children (2001) the training offered to persons with disabilities is too narrow and traditional where focus is mainly not child centered. Researchers will likely need to be more involved in the transition process and its evaluation if juvenile policies are to support these of effective interventions (Henggeler & Schoenwald, 2011). So, as regards the transitional programmes it is observed that there are inadequate determinants of behaviour change in JRC.

2.4.4 The JRC environment

Pierangelo and Giuliani (2004) note that when the learning environment is interesting, the learning itself becomes interesting and captivating to the learners in exploring their goals and objectives in life. The policy and practice of an institution can constrain the learners to change from the undesired behaviour (Shah, 2005). The predetermined attitude of staff dealing with CR that such children can achieve minimal in life may lead to a negative effect on their behaviour change progress (Safwat, 2000).

Maddy-Bernstein (2000) asserts that schools may contribute to inequalities in society due to their infrastructure and resources which are readily available to the learners. Mustapha (2004) states that when an institution lacks a wider choice of opportunities in terms of environment for the learner to choose from, disadvantages arise leading to misbehaviour resulting from dislikes. Ayogu (2007) demonstrates that the question is not whether infrastructure matters, but how much it does in varied contexts. For adequate delivery of predictors of behaviour change in JRC, United Nations Educational Scientific and Cultural Organization (UNESCO), (2007) states that progress across the board with regard to good quality educators and learning materials is paramount.

The physical infrastructure plays a significant role in achievement of goals in education and behaviour change (Fisher, 200; Crampton, David & Cragwood, 2008). Infrastructure in combination with other inputs of behaviour change among CR in JRC is crucial. The link between infrastructure and behaviour change remains elusive.

2.5 Special needs education and behaviour change among CR in JRC

Along with challenging students, educators in rehabilitation centres face difficulties that are specific to the environment. They include: complicated systems of oversight, shortage of resources, difficulties obtaining educational records of children and the competing priorities of education and maintaining security (Macomber et al. 2010). Children with behaviour difficulties are sent to reformatory after they are labeled delinquent (National Academies Press, 2011). Absence of coordination between SNE and safety stakeholders in reforming the juvenile was observed and investigated in this study.

World over, learners with disabilities experience difficulties in learning and traditionally have been marginalized within or excluded from schools (Clark, 2007). As observed by Ochi and Roessler(2001) children with EBD must be fully equipped with skills, self-confidence and positive career related intentions that enable them to succeed in life. The educational programmes of many states of JRC in the USA receive failing grades. There are recurrent problems which include overcrowding, frequent movement, lack of qualified educators, inability to address gaps in child's schooling and a lack of collaboration with the public school system. Of the 102 youths detained and committed, only 45% of those with a previously diagnosed learning disability receive special education services while in custody (Mendel&Casey, 2011).

Gast (2001) states that education in the juvenile centres should entail much more than just the formal classes. Many institutions do not offer the regular curriculum but run courses equivalent to the regular school course load but are focused more on business and entrepreneurial skills because many Juveniles lack the ability to tackle the regular curriculum. Many educators are not prepared to work in JRC. Even when educators have received specialized training regarding juvenile delinquency, many become overwhelmed by the diversity of the educational needs of students and experience high levels of professional stress (Houchins, Shippen,&Catrett, 2004).

Wakanyua (1995) found that recidivism resulted among rehabilitated juveniles in Nairobi Kenya mostly due to ineffective behaviour modification strategies and unstructured exit programmes. The inability to cope emanates from feelings of inadequacy aggravated by stigma and lack of acceptance from the community. As a result the CR either rebels from the system or withdrawal to a perceived discounted life option. Thus it is critical to examine the entry, the

rehabilitation period and exit strategies in rehabilitation to regulate the services offered to change behaviour.

2.6 Summary of the literature reviewed

The chapter has highlighted the following based on research themes in summary:

That behaviour of CR in JRC varies from mild to profound. Evidence based predictors in changing behaviour early enough to avoid the escalation and complexity are inadequate. The EBD child has been pointed out by scholars as being vulnerable to misbehaviour. Referral procedure involves only the court system regardless of the crucial role of education stakeholders. The reintegration procedures to society mainly involve probation officers despite their inadequacy in number, professional qualifications in behaviour change and child development. A child has to mainly commit a societal wrong to serve as identification before rehabilitation.

On programmes applied in JRC, research has shown that they should change misbehaviours and improve chances of CR to prosper as productive citizens. Majority of the programmes applied globally and in Africa do not adequately change the antisocial behavior. Of the existing programmes, specialized predictors such as SNI and barrier free environment are absent.

The determinants of behaviour change are affected by staff qualifications. Social workers were found to offer social services while probation officers were found to assess, refer, coordinate, counsel, persuade and pressure children to reduce their risk of recidivism.

The SNE and behaviour change were found to be absent in terms of the number of staff trained in SNE and barrier free environment to cater for the children with EBD. Thus the study on analysis of predictors of behaviour change among CR in JRC was feasible.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This chapter outlines the following: research design, variables, location of the study, target population, sampling techniques and sample size, research instruments, pilot study, validity, reliability, data collection techniques, data analysis, logistical and ethical considerations.

3.1 Research design

The study employed a descriptive survey design to analyze predictors of behaviour change of children at risk (CR) in juvenile rehabilitation centres (JRC) in Nairobi County, Kenya. Shuttleworth (2008) defines descriptive survey design as a scientific method which involves observing and describing the behaviour of a subject without influencing it in any way to obtain a general overview of the subject. The choice of this design was due to the determinants of behaviour change such as staff competencies, special needs intervention (SNI) measures, transitional programmes, support services, barrier free environment and resource rooms which the researcher intended to find out and explain the current state of affairs in JRC as it was. The researcher aimed to obtain quantitative and qualitative data in order to analyze predictors of behaviour change among CR in JRC.

3.1.1 Variables

3.1.1.1 Independent variable

Predictors such as staff competencies, SNI measures, transition programmes, environment and entry behaviour were the independent variable.

3.1.1.2 Dependent variable

The dependent variable of this study was behaviour change among children at risk in JRC.

3.2 Location of the study

The study was carried out in Nairobi County, Kenya (latitude 1° 17' S & longitude 36° 48' E) which hosts three JRC, the largest number per County. Travelling to the JRC from City centre is shown in appendix VII. The location was easily accessible to researcher in accordance to Singleton and Straits (2009) that ideal setting for any study should be easily accessible to permit instant rapport with the informants. Additionally, Muchai and Jefferson (2012) point out that Nairobi has the highest frequencies of juvenile cases across Kenya.

3.3 Target population

The target population was all the children and managers (JRC, Welfare, Class or Vocational trainers) in JRC within Nairobi County namely: Kabete, Getathuru and Dagorreti. This comprised of 380 boys, 160 girls and 12 managers tallying to 552 respondents as shown in Table 3.3.1.

Table 3.3.1 Target Population

| Name and Category of the Centre | Population of children | Managers | Gender Percentage |
|---------------------------------|------------------------|----------|-------------------|
|---------------------------------|------------------------|----------|-------------------|

| | | |
|--|---|----|
| GetathuruBoys' rehabilitation (B1)80450 | } | |
| Kabete Boys' Rehabilitation (B2)3004 | | |
| DagorretiGirls' Rehabilitation(G1)1604 | | 50 |
| Total54012100 | | |
| 552 | | |

Information source: 2012/2013 annual reports for the above named Centres.

3.4 Sample size and sampling techniques

3.4.1 Sample size

The sample of the study comprised of a total of 60 respondents consisting of 28 boys, 28 girls and 4 managers calculated as follows. CR from B1, 30% of 80 boys equals to 24 represented boys since B2 was conveniently not selected due to its homogeneity. 15% of 160 girls were equal to 24 thus adding up to 48 children.

Each gender of children formed 1 FG discussion consisting of 15% of 24 which equals to 4 children per FG. Thus there were 2 FG with a total of 8 children selected from CR. The researcher considered managers to be a small population hence 30% of 12 is equal to 3.6 and since they were human beings the number was rounded to 4. The managers in each center were selected randomly. The following table 3.4.1.1 outlined the researcher's sample guidelines.

Table 3.4.1.1 Sample size

| Respondents | B1 (Male 50%) | G1 (Female 50%) | Total |
|---|----------------------|------------------------|--------------|
| Finalist CR | 24 | 24 | 48 |
| Managers (JRC, Welfare, class, Vocational). | 2 | 2 | 4 |
| Children in FG | 4 | 4 | 8 |
| Total 30 | 30 | 60 | |

Source: Researcher, 2015.

3.4.2 Sampling techniques

A sample is a manageable portion of target population. Sampling is selecting a given number of subjects from a defined population which are representative of target population. Any statements made about the sample should be true of the population (Orodho, 2002). The selection was done randomly with representative in finalist CR, managers and FG in adherence to Mugenda and Mugenda (2003) who recommends 10 to 30 % sample of the study population to be selected.

The researcher initially used a non-probability sampling technique which was convenience method in choosing the CR of JRC namely B1 and G1 due to their heterogeneity and ease to obtain desired data. The convenience method enables researcher to have a theoretical representative of the study population by maximizing the scope of the range of variation (Latham, 2007). This reduced target population to 80 boys, 160 girls and 12 managers.

Purposive sampling method, a non-probability technique was then applied in selection of finalist CR and managers since they were likely to be well equipped (key informants) and could give relevant information based on the study objectives. Finalists CR were further grouped into FG.

Stratified random sampling, a probability sampling technique was then applied to each category namely CR, managers and FG. Thus according to Latham (2007), stratified random sampling method assisted the researcher in generalizing to a larger population in making inferences since each member of the category had equal chances of being selected for the study.

Systematic random sampling, a probability sampling technique was used to select the number of members in each category (managers, CR and FG) for data collection. For CR category, the n th child was sampled until the 24th for each centre. The n th value meant the odd numbered child in the strata. Every member had equal chance of selection thus it was possible

to draw conclusions. The above adhered with Mugenda and Mugenda (2003) that by gathering data from many subjects, inferences can be made about the likeliness that the measured trait generalizes to a greater population.

3.5 Construction of research instruments

The study employed the following under listed research instruments: informed consent for participants, questionnaire for CR, interview schedules for managers and FG guide.

3.5.1 Informed consent for participants (See Appendix I)

The informed consent forms for participants (CR and managers) were used in the study at data collection stage. Each child at risk or manager had to be taken through an educational process regarding his/her importance to participate in the research and sign the consent form to act as evidence of voluntary participation. For the minors, responsible adults (managers) were approached first to consent before approaching the children. The above adhered to Cohen, Manion and Morrison (2007) that informed consent is not just a form to be signed but an educational process that takes place between the investigator and the participant involving; full disclosure of the nature of research and participant involvement, adequate comprehension on the side of the potential participant and voluntary choice to participate.

3.5.2 Questionnaire for CR (See Appendix II)

The questionnaire for CR were used to find out the behaviour, referral criteria, experiences, environment, staff competencies, problems and attitudes towards the predictors of behaviour change. The questionnaires were used in regards to Gay (2011) who states that questionnaires give respondents freedom to express their views. Kiess (2009) further adds that a questionnaire presents an even stimulus to large numbers of people simultaneously and provides an easy

accumulation of data. The researcher aimed to collect data from a large number of CR. The questionnaire consisted of three sections namely: behaviour, referral and predictors respectively. CR answered the questionnaire.

3.5.3 Interview Schedules for Managers (See Appendix III)

The interview schedules were used to interview the managers' (JRC, welfare, class or vocational trainers) preparedness in changing the behaviour of children with EBD, predictors of behaviour change, challenges they faced and their suggestions. Interviews were considered appropriate since the sample was small as the researcher was able to get more information from respondents than would be possible using a questionnaire (Kiess, 2009). In this study, the number of managers was considered to be small. The sections in the interview schedule were: background information, staff competencies, environment, challenges and suggestions.

3.5.4 Focus group guide (See Appendix IV)

A focus group is an informal discussion among a group of selected individuals about a particular topic which involves more than one participant per data collection session (Wilkinson, 2004). Broadly speaking, focus groups are 'collective conversations', which can be small or large (Kamberelis & Dimitriadis, 2008). Focus groups are group discussions which are arranged to examine a specific set of topics (Kitzinger, 2005). The group is focused because 'it involves some kind of collective activity' for example debating a specific set of social issues or reflecting on common experiences. The FG entailed discussions as per research themes to collect data on entry criteria, interactions with the programmes and exit strategies. CR formed the FG. Those CR who had answered the questionnaires were allowed to form FG.

3.6 Pilot study

The research instruments were piloted to a selected sample similar to the actual sample for the study (Gay, 2011). The researcher conducted a pilot study in P1 (Nairobi Children Rescue Centre) whose characteristics were almost similar to those of the target population. Data was collected using interview schedules for managers, questionnaire for CR and FG guide. After two weeks, the data was again collected. No changes were made to the research instruments since they were valid and reliable.

3.6.1 Validity

Validity is the degree to which a test measures what it purports to measure (Borg & Gall, 2006). The researcher assessed the clarity and relevance of the questionnaires, interview schedules and FG at pilot stage. The instruments were valid by the fact that they reflected researcher's objectives to the target population before data collection.

3.6.2 Reliability

Reliability is a measure of the degree to which a research instrument yields consistent results or data after repeated trial (Gay, 2011). To enhance the reliability of the instruments of data collection, pilot studies were done in P1 whose conditions were almost similar to target population. The pilot study assisted in improving on the research instruments.

The researcher also used the split-half technique in assessing and establishing reliability of the research instruments. Questionnaires, Interview schedules and FG guide were administered to a sample group of CR, managers and FG at pilot study stage. The total number of scored items for each subject was divided into two groups. A correlation was taken between the two groups to

estimate the reliability of each half of the test. The researcher used Spearman rank correlation formula stated below to estimate the reliability:

$$(R) = 1 - \frac{6 \sum d^2}{n^3 - n}$$

Where: (R) = Rho (r) is the Spearman correlation coefficient

(d) = difference between ranks of pairs of the two variables (the two groups)

(n) = the number of subjects in the samples (CR, Managers and FG).

Reliability of the whole test = 2r.

The research instruments scored as follows:

Questionnaires = 0.99826 \approx 1

Interview schedules = 0.90000 \approx 0.9

FG discussions = 0.93651 \approx 1

Any research instrument with a split half coefficient of between .80 and 1.00 is accepted as reliable enough (Gay, 2011). Thus the three research instruments namely questionnaires, Interview schedules and FG discussion were reliable enough.

3.7 Data collection techniques

The researcher initially collected data during pilot study after defense and subsequent approval by Kenyatta University's Graduate School and Ethical Review Committee. Research permit was obtained from Kenya's National Commission for Science, Technology and Innovation. The researcher got an authorization to carry out a study on children confined at JRC from Children's Department.

3.7.1 Data collection at pilot stage

The researcher booked an appointment with managers (JRC, Welfare, class, Vocational) for interview and later interviewed them, administered questionnaires to children while clarifying any area of concern and observed as they filled them and later formed focus groups where the researcher guided CR in the discussion. At pilot study, research instruments were tested for validity and reliability (using Spearman rank correlation formula) where they were found to be valid and reliable. Thus the researcher proceeded to collect data of the target population.

3.7.2. Data collection of the target population

During data collection on the target population, the researcher collected data from the sample. All the sampled respondents initially filled the informed consent form (See Appendix I) that is fifty six CR and four adults. The responsible adults (immediate caretakers of the CR) signed the consent form for the CR.

The sampled twenty four CR in each of the sampled JRC filled the questionnaire (See Appendix II) under observation of the researcher. A total of forty eight CR filled the questionnaire. The questions were thoroughly explained to CR before they could answer them one by one.

The researcher conducted interviews to sampled four managers (see appendix III). Confidentiality was ensured by the virtue that each of the manager was interviewed separately and at his/her time and location. Professionalism was highly maintained during these interviews.

The eight sampled CR from each of the selected JRC formed FG (see appendix IV). FG were led by the researcher in addressing the key predictors of behaviour change. The discussions lasted

for nine sessions with each session addressing one issue in appendix IV. One session was done daily and it lasted for about twenty five minutes.

All of the data collected from the sixty respondents was presented and analysed in chapter four of this study.

3.8 Data Analysis

The data was collected from the field, coded and analyzed using SPSS as follows: Quantitative data was analyzed using descriptive analysis procedures while coding was done using tallying method where the responses on rating scale(s) were piled together and frequency of responses and percentages calculated. Qualitative data was organized into themes and concepts and analyzed to answer research questions. The findings were reported in a summary form using frequency tables, pie charts and bar charts.

3.9 Logistical and Ethical consideration

The research permit was obtained from National Commission for Science, Technology and Innovation after proposal defense and subsequent approval by SNE department of Kenyatta University. The researcher proceeded to the Children's department in Nairobi where he was allowed to interview children confined in the JRC within Nairobi County. The researcher visited JRC set for pilot study and booked an appointment from the managers after which he briefed the participants that participation in research was voluntary as the respondents signed a consent form. They were enlightened on merits and demerits of being interviewed, answering questionnaires, forming focus groups, handling and usage of information acquired. After the pilot study, the researcher repeated the steps of booking an appointment to the managers of the

sampled JRC and explained that the study was voluntary and that data gathered would be used for scholarly purposes only.

The researcher avoided any unethical aspect such as plagiarism so as to remain focused and obtained an empirical solution to the research problem.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS OF RESULTS AND DISCUSSION

4.0 Introduction

This chapter presents the findings of this study in two sections. Section I on demographic information and section II on the objectives of the study.

4.1 Section One

This section represents the demographic data which is: bio data of the respondents and the distribution of research instruments namely: questionnaires, interview schedules and focus group guide.

4.1.1 Bio Data of the Respondents

All the Sixty respondents signed an informed consent form in appendix I. The immediate care takers of the children confined in JRC signed consent form to allow the children participate in the study. The ages of the CR in JRC ranged from twelve to seventeen years. The detailed bio

data of the participants such as names were not taken due to fear of them being victimized owing to the incarceration situation of CR in JRC. The above is tabulated on Table 4.1.1.

Table 4.1.1. Bio data of the respondents

| Respondents | B1 (Male 50%) | G1 (Female 50%) | Total |
|-------------------------------|----------------------|------------------------|--------------|
| Children (12 to 17 years old) | 28 | 28 | 56 |
| Adults | 2 | 2 | 4 |
| Total | 30 | 30 | 60 |

Source: Researcher, 2015.

4.1.2 Distribution of Research Instruments.

A total of 48 questionnaires were administered to the 2 (67%) of JRC where research was carried out. In the distribution, 24 (50%) questionnaires were issued to the male and 24 (50%) to the female children at risk respectively from the two selected JRC making a total of 48 CR. This was to cater for gender disparity.

Interviews were conducted to the 2 (50 %) selected male and 2 (50%) female managers from either of the JRC making a total of 4 managers.

FG discussions were carried out among the selected representation of 4 (50%) male and 4 (50%) female CR from the selected JRC making a total of 8 children at risk.

The above summed up the total interaction of the researcher with the respondents to sixty by means of questionnaires, interviews and FG guide. This meant that the researcher interacted with 11% of the target population of the study. The findings were entered, coded and analyzed using inferential statistics and SPSS. The qualitative data was organized, analyzed and reported into emerging themes.

4.2 Section Two

This section represents the objectives of the study which sought to:

- i. Find out the behaviour of children at risk in JRC in Nairobi County.
- ii. Investigate the criteria used to refer children to JRC.
- iii. Analyze the programmes applied to CR in JRC.
- iv. Find out what determines behaviour change among CR in JRC.
- v. Establish Special needs education and behaviour change among CR.

4.2.1 The behaviour of children at risk in JRC in Nairobi County.

Objective one above, Sought to find out the behaviour of CR in JRC in Nairobi County, Kenya.

This objective had two indicators; entry behaviour and progress (assessment) records of CR as discussed below.

4.2.1.1 The entrybehaviour

The findings on entry behaviour of CR in JRC in Nairobi County were analysed as shown in Table 4.2.1.1.1 below

Table 4.2.1.1.1 Entry Behaviour of Children at Risk in JRC in Nairobi County

| Gender | Mild | Moderate Severe Profound | | | | Total | | | |
|-------------------|-------------------|---------------------------------|-------------------|-------------------|--------------------|--------------|-----|----|-----|
| Frequency% | Frequency% | Frequency% | Frequency% | Frequency% | Frequency % | | | | |
| Male | 8 | 13 | 7 | 12 | 7 | 12 | 813 | 30 | 50 |
| Female | 7 | 128 | 13 | 6 | 10 | 9 | 15 | 30 | 50 |
| Total | 15 | 25 | 15 | 25 | 13 | 2217 | 28 | 60 | 100 |

Source: researcher, 2015.

From table 4.2.1.1.1 above, majority of children at risk who joined the JRC had profound behavioural problems (28 %) with severe ones being 22 %. This meant that the misbehaviour of CR had escalated by the time of identification whose key trait was conflict with societal law. This identification does not concur with a report by the National Research Council and Institute of Medicine (2000) who states that misbehaviours should be identified early enough by a multidisciplinary team. Children with mild and moderate behavioural problems were 25 % implying that their misbehaviours could easily be addressed without a need for incarceration by SNE teachers in regular schools. The above view is supported by Combs et al. (2010) that if Special Needs Interventions (SNI) are applied to children with mild and moderate EBD, their delinquency can be adequately addressed.

Findings on entry behaviour of CR in JRC in Nairobi County in Table 4.2.1.1.1 were graphically represented using a pie chart as shown in the subsequent illustration on figure 4.2.1.1.1

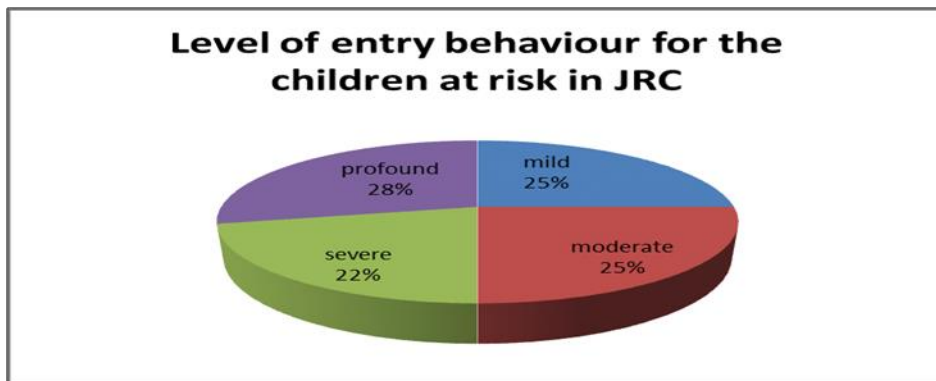


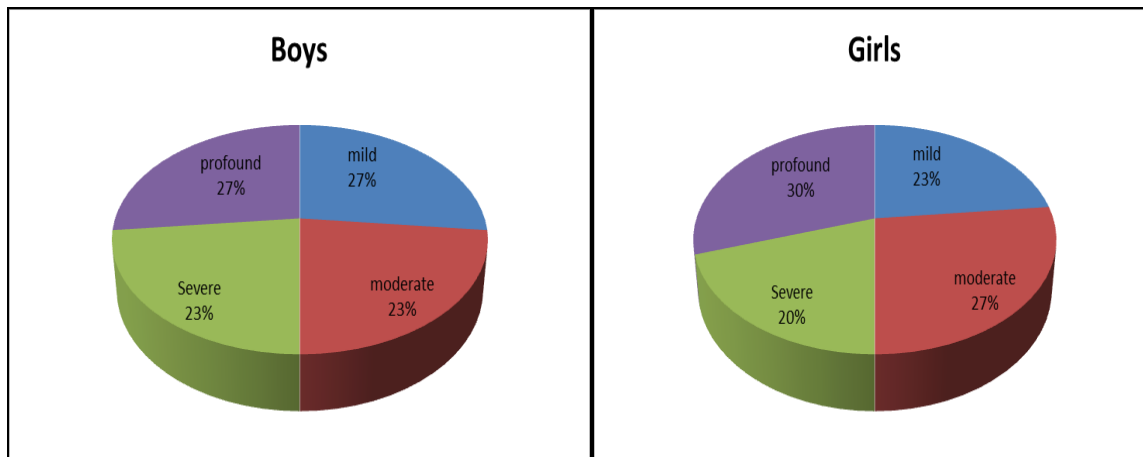
Figure 4.2.1.1.1 Levels of Entry Behaviour of Children in JRC in Nairobi County

Source: Researcher, 2015.

From figure 4.2.1.1.1, it was found that the entry behaviour of CR varied from mild to severe. This finding concurred with Bluestein (2012) who states that behaviour of children with EBD varies from mild to severe.

Also the entry behaviour was classified in terms of gender as shown in the following figure 4.2.1.1.2.

Figure 4.2.1.1.2 Entry Behaviour in Regards to the Gender.



Source: researcher, 2015.

From figure 4.2.1.1.2 above, profound cases, girls were more than boys by 3% while for severe cases boys were more by 3%. For moderate cases, girls were more than boys by 4% while for mild cases, boys were more than girls by 4%. This meant that the misbehaviours were not affected by the gender but by the upbringing and environment as stipulated by Maddy-Bernstein

(2000) who states that society contributes to inequalities of children regardless of their gender orientation. The severity in both genders was almost similar.

4.2.1.2 Assessment and progress records

The analysis of findings on assessment and progress records on CR in JRC in Nairobi County on a tabular form is as shown on Table 4.2.1.2.1 in the next page.

Table 4.2.1.2.1 Assessment and Progress records of Children at Risk in JRC

| Gender | Mild | | Moderate | | Severe | | Profound | | Total | |
|---------------|------------------|-----------|------------------|-----------|------------------|-----------|------------------|-----------|------------------|------------|
| | Frequency | % | Frequency | % | Frequency | % | Frequency | % | Frequency | % |
| Male | 6 | 10 | 10 | 16 | 7 | 12 | 7 | 12 | 30 | 50 |
| Female | 4 | 7 | 13 | 22 | 7 | 11 | 6 | 10 | 30 | 50 |
| Total | 10 | 17 | 23 | 39 | 14 | 23 | 13 | 22 | 60 | 100 |

Source: researcher, 2015.

From table 4.2.1.2.1 above which has data of the oldest CR (key informants by virtue that they had optimally interacted with the programmes available in the Centres and that they were about to be reintegrated back to the society) the following was gathered:

That profound cases were 22% (boys 12% and girls 10%) from assessment and progress evaluation while at entry behaviour to the JRC was 28% (boys 13% and girls 15%) cases. This

implied that behaviour change at profound level had been addressed to 6% (boys 1% and girls 5%) cases. It was easier to change the behaviour of girls at this level than that of boys.

Severe cases were 23% (boys 12% and girls 11%) from assessment and progress evaluation while that of entry behaviour was 22 % (boys 12% and girls 10 %). No change difference was noted implying behaviour change was not achieved.

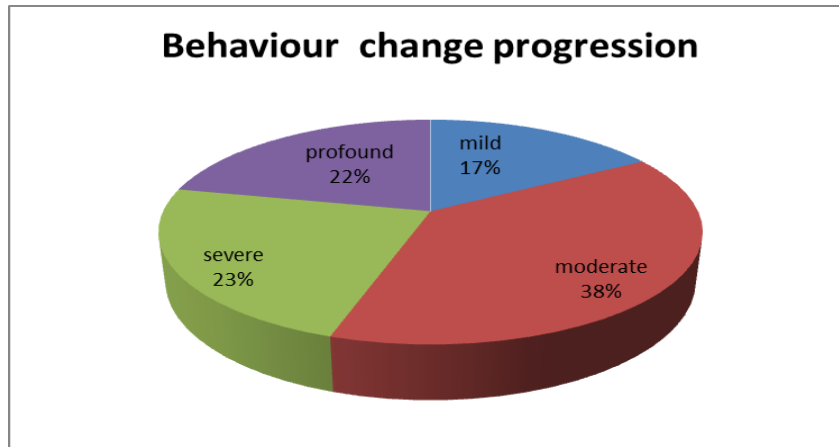
Moderate cases were 38% (boys 16 % and girls 22%) from assessment and progress evaluation, while at the entry behaviour was 25 % (boys 12 % and girls 13 %). This showed that complexity of behavioural problems attributed to programmes applied had increased by 14% (boys 5% and girls 9%).

Mild cases were 17% (boys 10 % and girls 7%) from assessment and progress evaluation while from entry behaviour was 25 % (boys' 13 % and girls' 12%). Mild cases had dropped by 8% (boys 3% and girls 5%).

The researcher observed that the two extreme misbehaviours namely mild and profound had reduced in percentage while the intermediate ones namely severe and moderate had increased. This was attributed to inadequate behaviour change and influence by the extreme cases as observed by Kelly (2011), that putting CR in confinement may not deal with the factors which caused their recorded misbehaviours but a mere removal from their environment. Thus those CR with mild cases need not to be confined and also need not to be mixed with those who have severe and profound levels. The programmes need to be improved to address the misbehaviours in regards to complexity and gender since from the assessment, gender uniformity was not observed in regards to percentage of behaviour change.

The presentation of data on table 4.2.1.2.1 is as shown on the figure 4.2.1.2.1 below.

Figure 4.2.1.2.1 Levels of Behaviour Change of Children in JRC

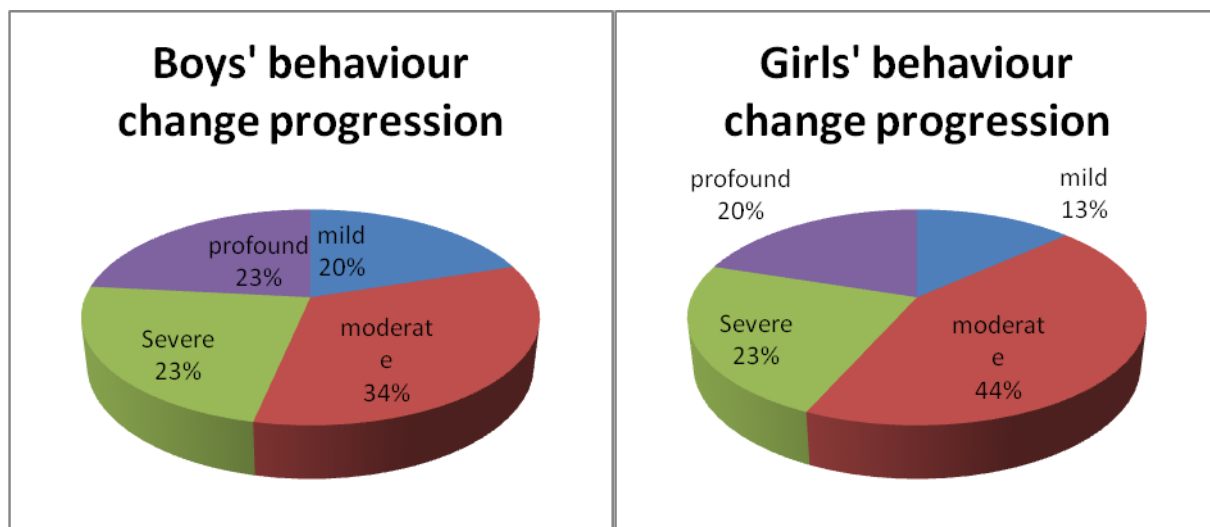


Source: researcher, 2015.

From figure 4.2.1.2.1 in the preceding page, different levels of severity in misbehavior as found in the study were as follows: mild (17%), moderate (38%), severe (23%) and profound (22%) from the assessment and progress records.

The researcher also analysed behaviour change progression in terms of gender as shown in the following figure 4.2.1.2.2

Figure 4.2.1.2.2 Behaviour Change Progress in Regards to Gender



Source: researcher, 2015.

From figure 4.2.1.2.2 above, boys had 3% more than girls in profound and severe cases. At moderate level, girls had 10% more than boys while at mild level; boys were more than girls by 7%. This shows that the behaviour change pattern for a girl child is not the same as that of a boy child. It implies that the strategies to change the behaviour should be gender sensitive, an observation pointed by Starr et al. (2009) that core competencies should entail adolescent development. Girls with extreme (profound and mild) behaviour problems were easily assimilated by the moderate category more than the boys by 10%.

In summary, the findings of objective one generally concurs to Onyango (2011) findings that the current rehabilitation programmes in JRC are outdated and do not address the needs of CR. For instance, at entry level moderate cases were 25% while at exit stage they were 38% with an increase of 13% contrary to the expectation of reduction.

4.2.2 Criteria used to refer children at risk to JRC in Nairobi County.

Objective two above Sought to investigate the criteria used to refer children at risk to JRC in Nairobi County Kenya. This objective had three indicators namely referral documents, family background and previous school discipline. They all led to the findings shown in the following table 4.2.2.1.

Table 4.2.2.1 Criteria used to refer Children at Risk to JRC

| Gender | EARC | Court | Police | Streets | Total |
|---------------|-------------|--------------|---------------|----------------|--------------|
| Male | 0 | 30 | 0 | 0 | 30 |
| Female | 0 | 30 | 0 | 0 | 30 |

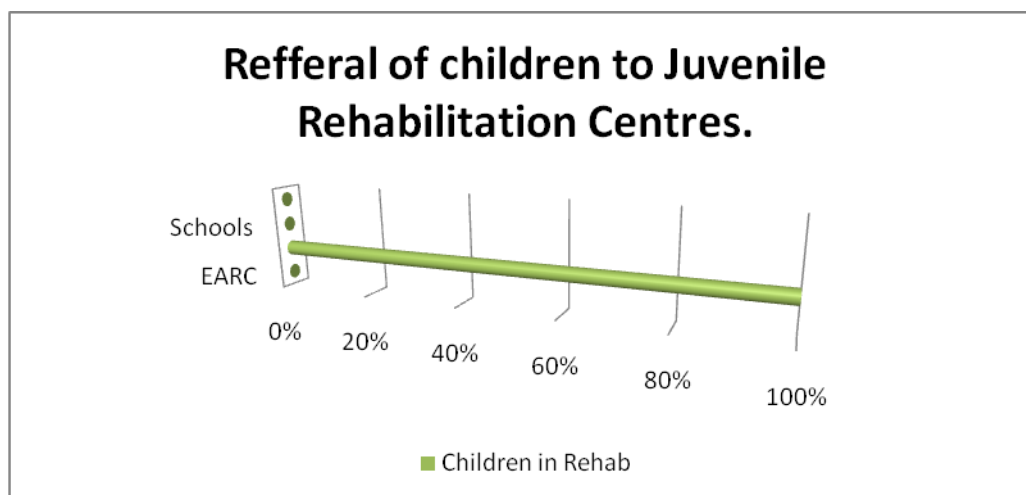
| | | | | | |
|--------------|----------|-----------|----------|----------|-----------|
| Total | 0 | 60 | 0 | 0 | 60 |
|--------------|----------|-----------|----------|----------|-----------|

Source: Researcher, 2015.

From table 4.2.2.1, it was established that all the CR present in Kenyan JRC were placed by the court. The court incarcerates these children for various periods of time depending on the societal wrong they are alleged to commit (Undugu Society of Kenya & Cradle, 2004). Before being taken to rehabilitation centres, these children are taken for duration of about one month in a reception and discharge centre where they are placed in various JRC within the republic. It is of importance to note that Educational Assessment and Referral Centres (EARC) are not involved in the assessment of CR, thus implying that SNI measures are not addressed. Also the researcher established that the JRC are under the Ministry of Labour, Social Security and Services and not the Ministry of Education whose mission is to provide, promote and coordinate quality education, training and research.

The data on table 4.2.2.1 above was graphically represented as shown on the following figure 4.2.2.1

Figure 4.2.2.1 Referral of Children at Risk in JRC



Source: researcher, 2015.

From the preceding figure 4.2.2.1 it was found out that judiciary (court) scored almost 100% in regards to catchment area of children who are found in Juvenile Rehabilitation Centres in Kenya. It was noted that almost 0% children came to the Centres through EARC despite their capability to assess and refer children for behaviour change through educational process. This concurs with the findings of Wakanyua (1995) that a child with EBD is labelled juvenile and poorly rehabilitated. This implies that the referral aspect was incomplete.

4.2.3 Programmes offered in JRC in Nairobi County.

Objective three above Sought to analyze the programmes applied to CR in JRC in Nairobi County, Kenya. This objective had corrective education, evidence based programmes and transitional services as indicators. The indicators were used in finding out the programmes and the results are as given on table 4.2.3.1 below.

Table 4.2.3.1 Present Programmes versus Behaviour Change in JRC

| Program | Strongly Agree % | Agree % | Disagree % | Strongly Disagree % |
|----------------------------|-------------------------|----------------|-------------------|----------------------------|
| Activities of Daily living | 83 | 13 | 4 | 0 |
| Educational | 83 | 10 | 7 | 0 |
| Vocational | 34 | 33 | 33 | 0 |
| Counselling | 92 | 7 | 1 | 0 |
| Spiritual welfare | 80 | 17 | 3 | 0 |
| Games and sports | 67 | 29 | 3 | 1 |

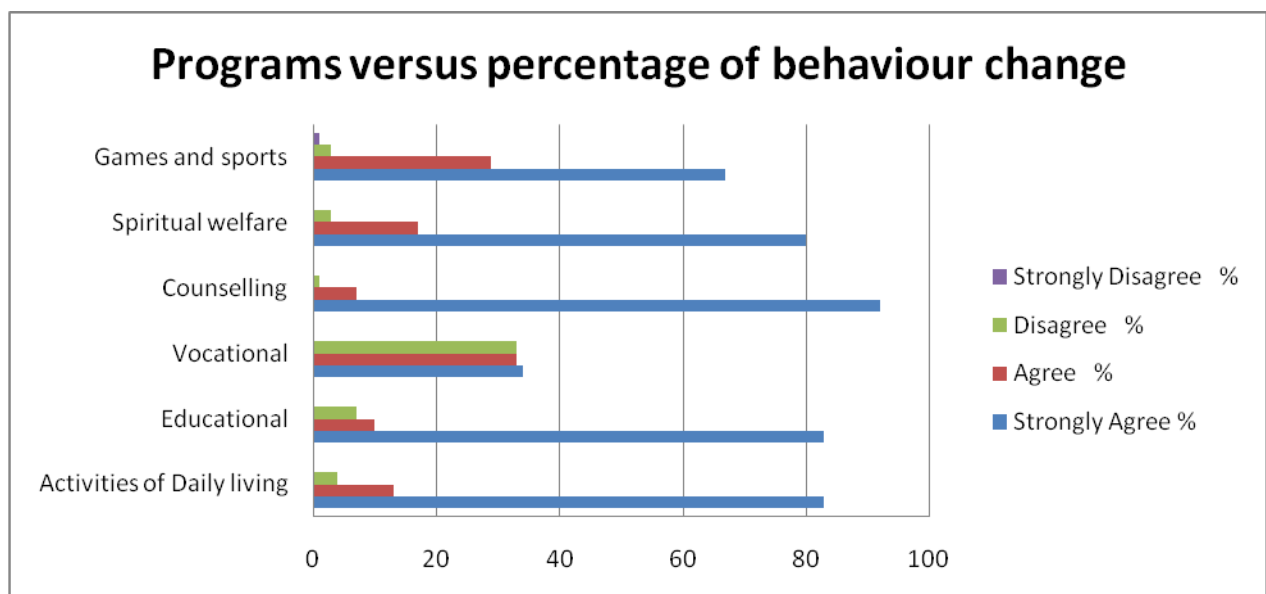
| | | | | |
|----------------|-----------|-----------|----------|------------|
| Total % | 73 | 18 | 9 | 0.2 |
|----------------|-----------|-----------|----------|------------|

Source: researcher, 2015.

From table 4.2.3.1 above, suitability and ability to change behaviour of programmes present in JRC was analyzed from interviews done to managers, FG and questionnaires filled by CR. It was found that 73% of the target population strongly agreed that the present programmes were capable of changing behaviour positively while 18% agreed, 9% disagreed and 0 % strongly disagreed. This implied that if the programs were adequately implemented, 91% (sum of strongly agree 73% and agree 18%) of the children would be effectively rehabilitated. This concurs with Howell et al. (2010) that programs present in JRC are capable of changing behaviour of CR provided they are adequately implemented. For instance, 92% of target population strongly agreed that counselling can change the behaviour of CR positively.

The data on table 4.2.3.1 was graphically represented in figure 4.2.3.1 as shown below.

Figure 4.2.3.1 Programs versus Percentage of Behaviour Change in JRC



Source: Researcher, 2015.

From figure 4.2.3.1, the attitude of Children and staff in regards to programs offered in JRC and their ability to change behaviour positively were found as follows:

Except for the vocational skills, other programmes scored above 60% in terms of respondents confidence (strongly agree) in changing behaviour. The lower score in regards to vocational skills was attributed to inadequate awareness and number of instructors. Educational, activities of daily living (ADL) and counselling programmes were rated the highest with over 80% score. This implied that the respondents had confidence in rehabilitation by means of educational, ADL and counselling programmes as observed by Scott (2000) that educational services are key components of rehabilitation.

4.2.4 Determinants of behaviour change among CR in JRC in Nairobi County.

Objective four above Sought to find out what determines behaviour change among CR in JRC in Nairobi County. This objective had the following indicators: staff competencies, Special Needs Interventions (SNI), transitional programmes, barrier free environment, resource rooms and support services.

4.2.4.1 Staff Competencies

The findings on the staff competencies were analysed as shown on table 4.2.4.1.1 below.

Table 4.2.4.1.1 Staff Academic Level

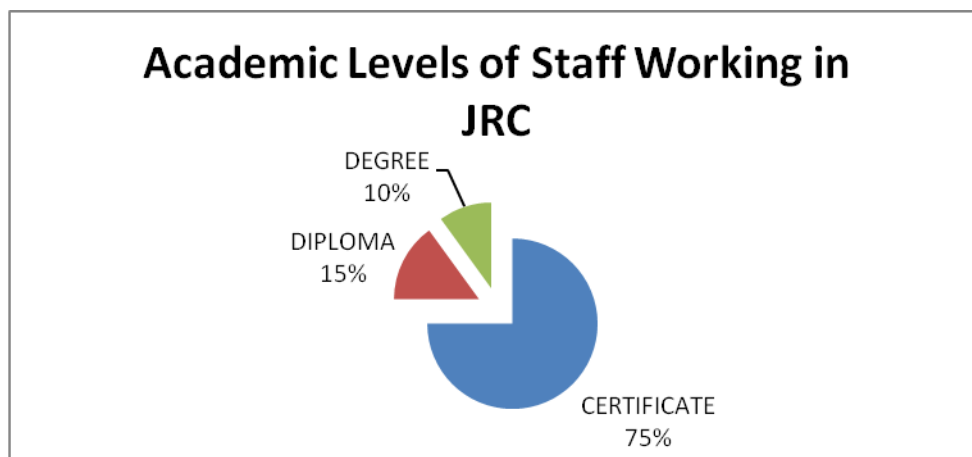
| Gender | Certificate | Diploma | Degree | Total |
|---------------|--------------------|----------------|---------------|--------------|
| Male % | 40 | | 5 | 50 |
| Female % | 35 | | 10 | 50 |

| | | | | |
|--------------|-----------|-----------|-----------|------------|
| Total | 75 | 15 | 10 | 100 |
|--------------|-----------|-----------|-----------|------------|

Source: researcher, 2015.

As per table 4.2.4.1.1 above, it was established that Certificate holders were the largest in number with 75% followed by diploma at 15% and lastly degree holders were the least with 5%. This implied that staff members with lower qualifications (certificate) were the majority, thus showing why implementing the programmes was a challenge. This conformed to the observation of Mendel and Casey (2011) that some members of the staff in JRC were abused by CR. The researcher attributed such abuses to inadequate behaviour change skills by the staff.

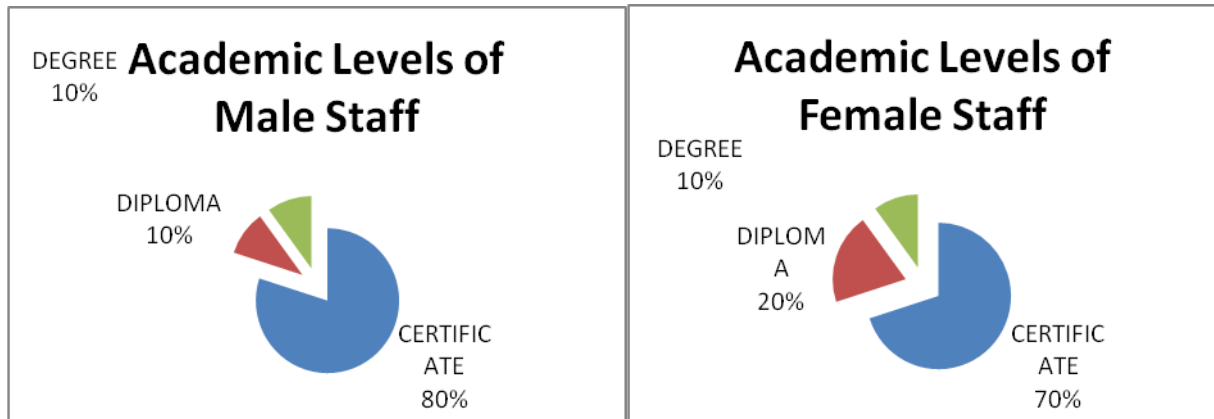
The data in table 4.2.4.1.1 above was graphically represented by figure 4.2.4.1.1 in the next page.
Figure 4.2.4.1.1 Academic Levels of Staff working in JRC



Source: researcher, 2015.

Also the data of table 4.2.4.1.1 was graphically represented in terms of gender representation by the following figure 4.2.4.1.2

Figure 4.2.4.1.2 Academic Levels of Staff working in JRC in terms of Gender



Source: researcher, 2015.

Figure 4.2.4.1.2 shows that in terms of gender; at graduate level, both genders scored equally. Females were more than males by 10% at diploma level while males were more than females by 10% at certificate level. This implied that more male working in JRC need more of behaviour change awareness skills compared to ladies at a ratio of 2:1 in the opinion of the researcher.

4.2.4.2 Programmes and Structures in JRC

Findings as to the programmes and structures in behaviour change and their existence in JRC: Special Needs Interventions (SNI), transitional programmes, barrier free environment, resource rooms and support services were as shown in the following table 4.2.4.2.1.

Table 4.2.4.2.1 Programs and Structures in JRC

| Program Existence | SNI | Transitional Services | Resource rooms | Support rooms | Barrier free Services | Total Environment |
|-------------------|----------|-----------------------|----------------|---------------|-----------------------|-------------------|
| Male JRC | 0 | 3 | 18 | 8 | 1 | 30 |
| Female JRC | 0 | 4 | 15 | 9 | 2 | 30 |
| Total | 0 | 7 | 33 | 17 | 3 | 60 |

Source: researcher, 2015.

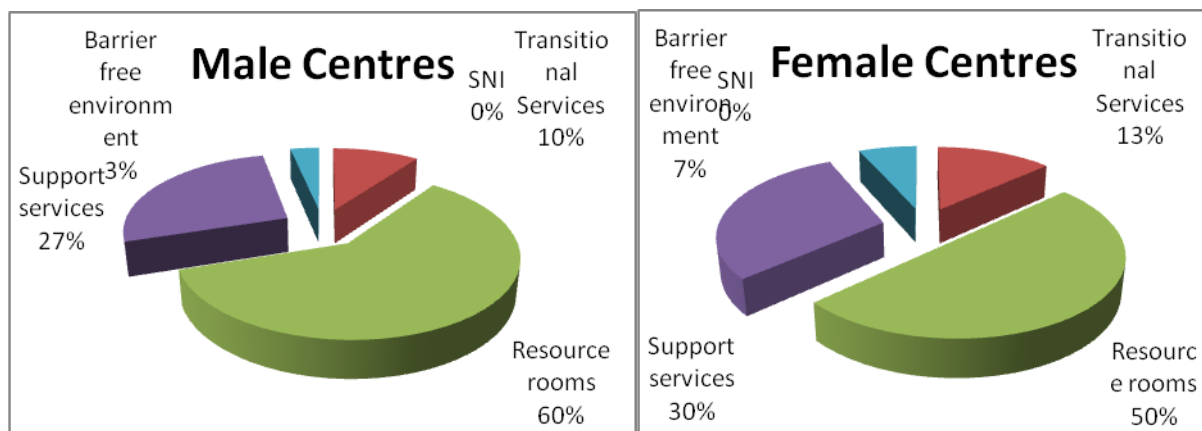
From the above table 4.2.4.2.1, frequency of the tallied programmes and structures were found from the target population as follows:

SNI 0, Transitional services 7 (male 3 and female 4), resource rooms 33 (male 18 and female 15), support services 17 (8 male and 9 female) and barrier free environment 3 (male 1 and female 2).

The absence of SNI means that special needs of CR are not addressed by the JRC. This finding concurs with Carmichael (2011) who observes that there is deficit in specialized educational services.

A graphical representation of data in table 4.2.4.2.1 in terms of the percentage of behaviour change in regards to gender is as shown on figure 4.2.4.2.1 in the next page.

Figure 4.2.4.2.1 Programs versus Percentage of Behaviour Change in JRC

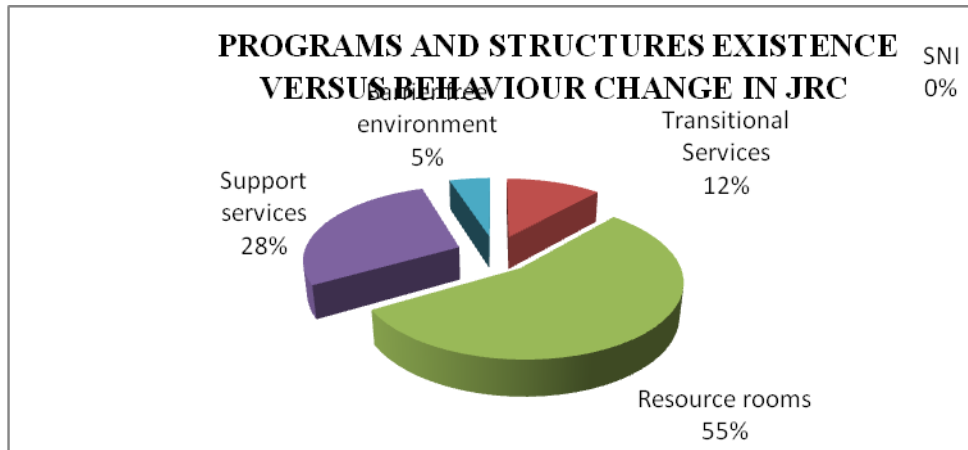


Source: researcher, 2015.

Figure 4.2.4.2.1 illustrates crucial programmes in behaviour change namely SNI measures, support and transitional services, barrier free environment and resource rooms in regards to their existence in JRC as per their gender. However, there is no gender disparity observed. Thus the above determinants of behaviour change were found not to vary in relation to the gender.

An overview of the programmes was illustrated in figure 4.2.4.2.2 below.

Figure 4.2.4.2.2 Programs and Structures Existence versus Behaviour Change in JRC



Source: Researcher, 2015.

From table 4.2.4.2.2 above, summation of crucial programmes in JRC was that resource rooms highly existed while SNI were absent. It was observed that JRC overlooked the child’s immediate environment which entailed the surrounding communities in contrast to Barbour (2008) who confirms that institutions offering education, can not ignore the child’s immediate environment.

4.2.5 Special Needs Education and behaviour change among CR in JRC

Objective five above Sought to establish Special needs education and behaviour change among CR in JRC in Nairobi County. This objective had two indicators namely staff training and the environment. The findings of the above in relation to the study is as tabulated in table 4.2.5.1

Table 4.2.5.1 Special Need Education in JRC

| | | | |
|-----|----------------|-----|-------------------|
| SNE | Ease of access | SNE | Staff training on |
|-----|----------------|-----|-------------------|

| Existence | (Environment) | Teachers | SNE |
|------------------|----------------------|-----------------|------------|
| Male JRC | 0 | 00 | |
| Female JRC | 0 | 0 | 0 |
| Total | 0 | 0 | 0 |

From table 4.2.5.1 above, it was established that:

Despite JRC admitting children who are of special needs by virtue of their previous non conformity with societal norms among other disadvantaging aspects, SNE was absent in terms of ease to access the institution (inclusion), Specially trained teachers and general staff training on special needs of the CR.

No in-service or short training on SNE or even involvement of EARC was established in the JRC during the time of study hence the study concurs with Clark (2007) who states that learners with disabilities have been marginalized within or excluded from learning institutions.

That most of the infrastructures in the JRC are not friendly to children with special needs and this is in agreement with the findings of Gast (2001) who notes that education in JRC should entail more than just formal classes. The CR who use wheel chairs, white canes, Kenyan sign language and those with physical coordination challenges, find the environment of JRC highly intimidating.

It was also established that in the rehabilitation process at JRC that children are reintegrated into the society which they were isolated from when they could not conform to the norms. However, they often do not conform to the society for more than a year. Thus, the cycle of recidivism commences until these children are eighteen years when some are likely to spend most of their time in confinement and fail to become productive citizens. Thus it was found out that the JRC

did not adhere to Epstein (2008) model of school community partnerships in the development of education through collaboration with the community.

It was also found that teaching in JRC is done partially by untrained teachers an aspect attributed to the fact that these centres are not under the Ministry of Education which has the mandate to change individual behaviour through education and monitoring of curriculum implementation for the benefit of the society. This is despite the overwhelming diversity of educational needs in juvenile detention setting (Houchins et al., 2004).

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

The aim of this study was to analyze predictors of behaviour among children at risk in juvenile rehabilitation Centres within Nairobi County, Kenya. This chapter outlines the following: summary, conclusion, recommendations and suggestions for areas of further research of the study.

5.1 Summary and Findings

5.1.1 Behaviour of Children at Risk in JRC in Nairobi County

The entry behaviour of CR varied from mild to profound levels in severity. The children were rehabilitated for the period they were confined in the institution while isolated from the general

society. Actually, any visitor to the centre required a pre-authorization from the children department in writing. This made the rehabilitation process closed, which meant that children had been taken from various parts of the republic and brought together in an isolated place.

Those with mild misbehaviour were easily influenced by the profound ones making learning negative traits from each other easy. At the end of the programme when children were to be taken back to the society, the following was observed. That each of the behaviour categories changed at the exit level, the profound cases had reduced while the mild cases worsened to moderate or severe categories. This implied that the centres were incapable of handling learners with severe and profound cases of misbehaviour satisfactorily. For the categories of mild and moderate misbehaviours, they could be addressed better while in context of the general society without a need for isolation or confinement. Isolating the mild and moderate cases from the general society and confining them escalates their behaviour. Hence, an inclusive approach lacked in addressing the misbehaviours.

5.1.2 Criteria used to refer children to JRC

The main catchment area of children at risk in Juvenile rehabilitation process is the court/police. Nearly all the CR came to JRC from the court whereas none came from educational institutions. After the child is incarcerated for the period determined by the court, he/she is placed in a placement and discharge center where assessment is done to classify the level of behaviour challenge. The researcher observed that not even at this stage was the expertise of EARC utilized or professional counsellors.

However exit after the rehabilitation period, was mainly to educational institutions and the society in general notwithstanding the rehabilitation process being done in a confined

environment from the society at large without involving the stake holders in education. That is, educational programmes are offered despite non- involvement of educationists in the process such as those from the Teachers' Service Commission.

5.1.3 Analysis of the programmes applied to CR in JRC

The study established that the following programmes were offered: Educational (Mathematics, English, Kiswahili, Science and Social studies), Vocational (Carpentry, Masonry, Mechanics, Electricals, Tailoring and Agriculture), Counseling (Individual and group), Spiritual welfare, Activities of daily living and Sports (soccer).

From the analysis and information gathered from CR through questionnaires, focus group discussion and interview to managers; the above programmes were ranked in descending order as follows in terms of their capability to change behaviour; Counselling, educational and activities of daily living, spiritual welfare, games and sports and vocational respectively.

The quality of programs offered was below average due to the following hindrances: poor classification of children due to lack of a multidisciplinary team hence CR were at different levels of learning, majority of staff were inadequately trained, poor infrastructure such as filling systems, lack of modern technological devices such as computers, limited games and sports.

5.1.4 Analysis of determinants of behaviour change among CR in JRC

The determinants analysed were Staff competencies, SNI measures, transitional programmes, barrier free environment, resource rooms and support services. Also rated were the academic credentials of staff in JRC in terms of the most common to the least as follows: certificate, diploma and university degree. The researcher did not encounter any staff member trained in special needs at certificate, diploma or degree level or who has attended any in service or short

course in regards to SNE for the last six months. Thus there was an urgent need for training staff in JRC in Nairobi County and the entire Country on SNE.

On SNI measures, transitional programmes, barrier free environment, resource rooms and support services existence as well as functionality in JRC were in ascending popularity as follows: SNI measures, barrier free environment, transitional programmes, support services and resource rooms. Of all the predictors of behaviour change analyzed all were rated below average in existence and functionality. This was a clear indicator that the process of behaviour change in JRC was not in order and a change into the approach to yield results was overdue and inevitable.

5.1.5 Special Needs Education and behaviour change among CR in JRC

From the data gathered through interview of managers, questionnaires and focus group discussions to CR in JRC, it was established that children with special needs were admitted at the centres. The special children requires special care in order to change behaviour but it is regrettable that the whole process of rehabilitation does not involve any special education experts from referral, reception, assessment and classification, educational programmes, vocational up to the time learners are reintegrated back to the society and their monitoring. If the programmes offered in JRC can be addressed by the educationists varying from academic subjects, vocational training, professional counselling to games and sports, change in behaviour and performance of children in JRC would be practical.

5.2 Conclusion

It is apparent from the researcher's findings on predictors of behaviour change that:

The behaviour of CR in JRC was not adequately addressed due to the fact that severe and profound misbehaviours did not reduce significantly. A quarter of mild cases deteriorated to moderate levels at the end of rehabilitation period.

Transitional programmes in existence mainly involved only probation officers despite the use of education to change misbehaviour of CR and the key role of teachers in educational process. For instance the referral was only through court system. This was despite the fact that teachers are best suited in educational assessment, classification and referral of the CR in various institutions and keeping track of their progress in behaviour change. This was attributed to teacher training and day to day work with children.

SNI measures did not exist irrespective the fact that majority of children in JRC required special needs services due to their incapacitated state. That staff competencies were below average in the opinion of the researcher since those at diploma level and above were lower than one eighth of the total staff population. Hence determinants of behaviour change were affected by staff qualifications.

The environment was not barrier free and the resource rooms found were deficient of essential equipment such as visual aids and ramps for physical and visually challenged and support services such as physiotherapy.

The study further revealed that SNE was lacking as a skill among JRC staff and programmes being offered. This made the objective of behaviour change unachievable. SNE awareness had not been done to staff in JRC by any agent of the government involved in practice of SNI measures such as the Teachers Service Commission, Kenya Institute of Special Education, Kenya Institute of Curriculum Development or EARC for the last six (6) months.

Of the programs applied to CR in JRC, most of them scored below average in behaviour change. This was attributed to the inadequate facilities, infrastructure and human capital. Counselling was rated the best in changing behaviour but since there was no adequate trained educational counsellors, the end goal of addressing misbehaviours was puzzling to achieve.

5.3 Recommendations

Based on the study findings, the following was recommended:

That the Ministry of Education should ensure that a multidisciplinary team comprising of SNE teachers, educational counsellors, law enforcers and members of the judiciary perform assessment, placement and referral of CR. Also a compulsory screening by the EARC should be done before, during and after placement of CR in JRC.

The educational, transitional and support programmes should be offered by competent individuals and with at least a minimum qualification of diploma in education by virtue that JRC are referral institutions. All the staff working in JRC should undergo a SNE training in order to be better placed to handle CR. Teachers Service Commission, Kenya Institute for Curriculum Development and the Kenya Institute of Special Education should address the above.

Kenya Institute of Special Education in collaboration with the Ministry of Education should ensure that the environment of CR in JRC is barrier free and with a variety of resources aimed at

changing behaviour such as different games and sports adapted for learners with special needs, up to date information communication devices such as computers and inclusion with the society.

The Ministry of Education and that of labour, social security and services should ensure that all head teachers of regular and special schools work in conjunction with the probation and law enforcement officers in monitoring the rehabilitated child for the period which should be determined by the EARC team to minimize recidivism.

The That the JRC be placed under the Ministry of Education as special schools for learners with EBD for ease of inclusion instead of the Ministry of labour, social security and services.

5.4 Suggestion for furtherresearch

The following areas were identified by the researcher as being potential for further studies:

- i. The exit strategies of children at risk in Juvenile Rehabilitation Centres.
- ii. Assessment and placement procedures of children in Juvenile Rehabilitation Centres.
- iii. Competency of staff offering educationalprogrammes at Juvenile Rehabilitation Centres.
- iv. The curriculum offered in Juvenile Rehabilitation Centres.

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APPENDIX I: INFORMED CONSENT FOR PARTICIPANTS

My name is James Muthomi Rintaugu, a student from Kenyatta University pursuing a Master of Education degree. Conducting a study entitled “Analysis of Predictors of Behaviour Change among Children at Risk in Juvenile Rehabilitation Centres in Nairobi County, Kenya”. The information gathered will be used by Kenyatta University for research purposes only.

Procedures to be followed

Participation in this study will require you to fill in the questionnaires or answer interview questions and form discussion groups to discuss questions posed to you.

You have the right to participate or not in this study and your choice will not affect your management in the centre. Participation is voluntary and you can ask any question at any stage.

There are no consequences if you fail to answer the questions, filling the questionnaire or forming discussion groups at any stage of the study.

Risks

Some of the questions posed may be uncomfortable since they touch on personal attributes being handled by the centre. In case of such a situation, you will be counselled and guided in the best context possible depending on your reaction.

Benefits

With your participation in this study, best ways to change behaviour from undesirable to desirable in society will be realized.

Confidentiality

The name and other personal information will not be asked or written in the questionnaires, interview responses and focus group discussions thus safeguarding confidentiality. Information gathered will be used for research purposes only.

Contact Information

In case you have any question(s) to address with my supervisors, feel free to contact Dr. Madrine Kingendo or Dr. Jessica Muthee on chairperson.specialneeds@ku.ac.ke, or the Kenyatta University Ethical Review Committee Secretariat on chairman.kuer@ku.ac.ke, or secretary.kuerc@ku.ac.ke, ercku20008@gmail.com.

Participant Statement

The above information is clear in terms of my participation in this study. I have been offered a chance to ask questions and they have been addressed to my satisfaction. I have participated entirely on a voluntary basis. I understand that I will not be victimized at the rehabilitation centre or any other place as a result of participating or not participating in this study.

Acknowledgment sign.....

Investigator's Statement

I the undersigned has explained to the volunteer participant in the means of communication he/she best understands in regards to procedures to be adhered to, risks and benefits.

Name of interviewer.....Signature.....

Date.....

APPENDIX II: QUESTIONNAIRE FOR CHILDREN AT RISK

Congratulations! You have been selected as a respondent to this study. The researcher is a post-graduate student at Kenyatta University. Kindly give honest answers as confidentiality is safeguarded by not writing your name since the information will be used for research **only**.

Instructions: Use a { ✓ } to respond to the questions below.

SECTION A: BEHAVIOUR

1. Do you concentrate in class or programmes you like? Yes { }, No { }.
2. Do you have friends? Yes { }, No { }.

3. Does your centre have regulations that guide your stay? Yes { }, No { }.
4. Do you follow the regulations of this centre? Yes { }, No { }.

SECTION B: REFERRAL CRITERIA

5. What is the gender of your centre? Boys' { }, Girls' { }.
6. You came to this centre from where?
 - a) Rescue Centre, { },
 - b) Children Court, { },
 - c) Streets, { }
 - d) Educational Assessment Centre, { }.

Any other (specify)

7. How many months have you stayed in this Centre?
 - a) Less than 6 { },
 - b) More than 12 { },
 - c) More than 24 { },
 8. What makes you happy in this centre? Play { }, Learning { }.
- Any other (specify).....

SECTION C: PREDICTORS OF BEHAVIOUR CHANGE.

9. Which is your favorite programme in this Centre?

- a) Educational { },
- b) Vocational { },
- c) Counselling { },
- d) Spiritual welfare { },
- e) Sports { }.

Any other (specify).....

10. Which subjects are taught in this Centre?

- a) Mathematics { },
- b) English { },
- c) Kiswahili { },
- d) Science { },
- e) Social studies { },
- f) Activities of daily living { }.

Any other (specify).....

11. Which vocational skills are offered?

- a) Carpentry { },
- b) Masonry { },
- c) Mechanics { }
- d) Electricals { },
- e) Tailoring { },
- f) Agriculture { }.

Any other, (specify).....

12. If there is Counseling, how is it offered? Individual { }, Group { }. Any other way

(specify)

13. Are you? Christian { }, Islam { }. Any other
(specify).....

14. Have you been assisted by the programmes in this Centre? Yes { }, No { }.

15. Would you like to go back home now? Yes { }, No { }.

THANK YOU.

APPENDIX III: INTERVIEW GUIDE FOR MANAGERS.

Congratulations! You have been selected as a respondent to this study. The researcher is a post-graduate student at Kenyatta University. Kindly give honest answers as confidentiality is safeguarded by not writing your name since the information will be used for research **only**.

Instructions: Use a { ✓ } to respond to the questions below.

SECTION A: BACKGROUND INFORMATION.

1. What is your academic background?
2. What is your current position?

3. How long have you worked in this centre?

SECTION B: STAFF COMPETENCIES.

4. How is your expertise and experience affecting the rehabilitation process in this centre?

5. How are the children in this centre categorized?

6. Are the programmes effective in rehabilitating the children?

7. Do you have adequate qualified staff?

8. Which predictors of behaviour change are relevant and not offered currently due to shortage of staff?

SECTION C: ENVIRONMENT

9. What are the environmental hindrances in terms of service delivery?

10. How does the environment affect the rehabilitation process?

SECTION D: CHALLENGES AND SUGGESTIONS ON PREDICTORS

11. Which challenges do you encounter while delivering services to children in this centre?

12. What are the appropriate ways to address challenges in terms of behaviour change?

13. Which are the management policies and guidelines on the rehabilitation process?

14. Are the children ready to go home after completion of their duration on rehabilitation?

15. What can be done to change the behaviour of juveniles?

Any general comments by the manager

THANK YOU

APPENDIX IV: FOCUS GROUP DISCUSSION GUIDE.

Congratulations! You have been selected as a respondent to this study. The researcher is a post-graduate student at Kenyatta University. Kindly give honest answers as confidentiality is safeguarded by not writing your name since the information will be used for research **only**.

DISCUSSION ISSUES

1. Why are the children referred in rehabilitation centres in terms of gender?
2. What made you to come to this centre?

3. Which of the programmes have addressed your behaviour problems?
4. Do you understand what you are taught while at the centre?
5. What can make the rules and regulations friendly?
6. In the rules and regulations, what do you like and dislike?
7. For the time you have been in this centre, what activities did you miss most?
8. How is the school environment?
9. What will you do at the end of your duration in rehabilitation school?

Thank you for cooperation.

APPENDIX V: A MAP SHOWING THE 47 COUNTIES OF KENYA



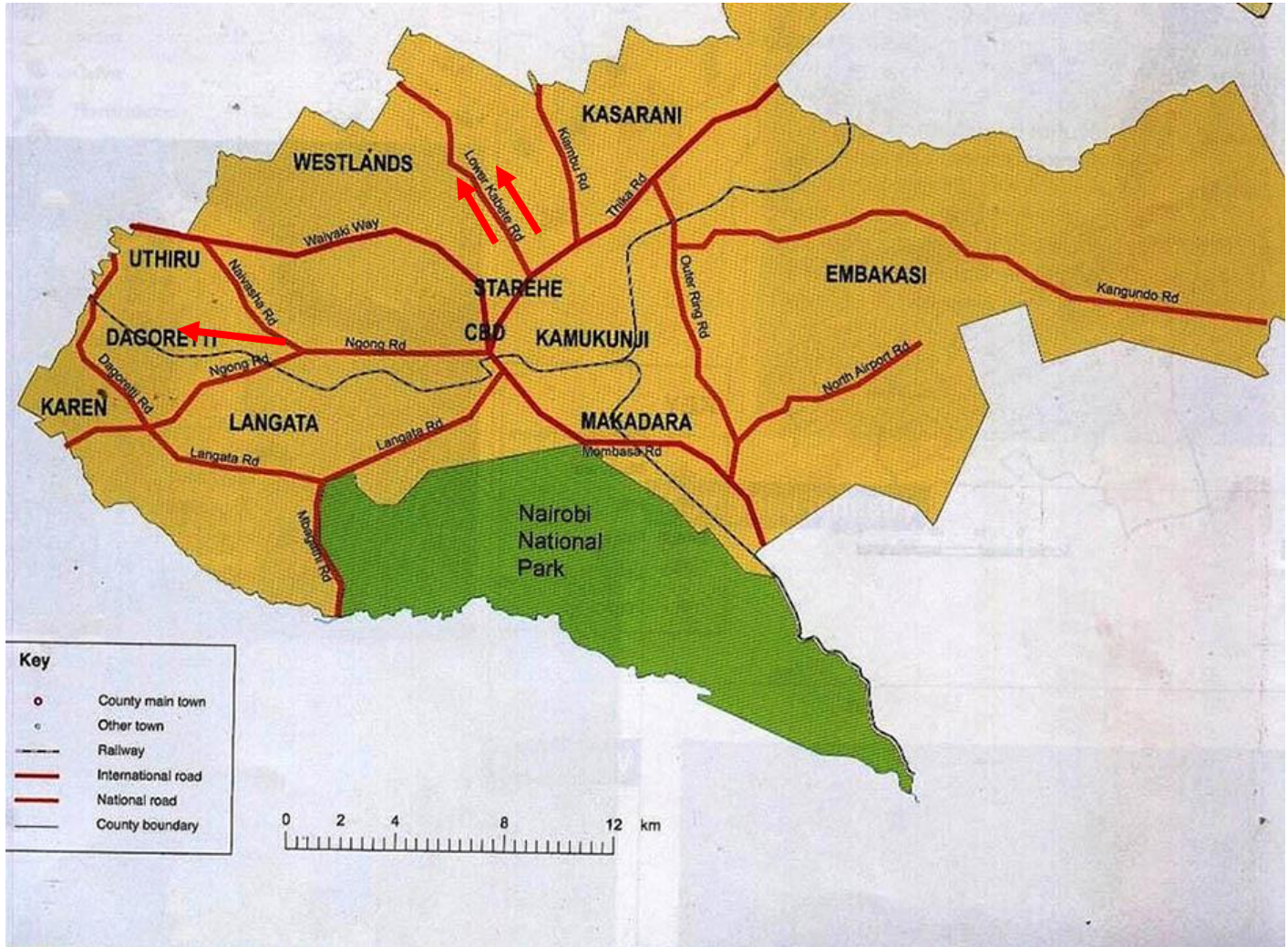
North



Latitude 1° 00' N and Longitude 38°00' E

Source: Ministry of lands, 2013.

APPENDIX VI: A MAP SHOWING NAIROBI COUNTY OF KENYA



Latitude 01° 17' S and Longitude 36°48' E

Source: Ministry of lands, 2013. Nort



APPENDIX VII: CENTERS UNDER CHILDREN'S DEPARTMENT

| | |
|--|--|
| <p>Children rescue Centres.</p> | <ol style="list-style-type: none"> 1. Nairobi 2. Garissa 3. Thika 4. Machakos <p align="right">} Mixed gender.</p> |
| <p>RehabilitationCentres</p> | <ol style="list-style-type: none"> 1. Kirigiti. 2. Dagorreti. 3. Othaya 4. Getathuru 5. Wamumu 6. Kabete 7. Kericho. 8. Kakamega 9. Kisumu 10. Likoni <p align="right">} For girls'</p> <p align="right">} For boys'</p> |

Source: Kenya children's department, 2014.

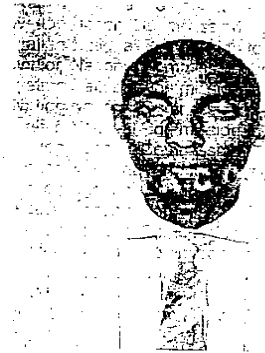
APPENDIX VIII: RESEARCH PERMIT FROM NACOSTI

MR. JAMES MUTHOMI RINTAUGU
of **KENYATTA UNIVERSITY, 2335-100**
Nairobi, has been permitted to conduct
research in *Nairobi County*

Permit No : **NACOSTI/P/15/2340/5595**
Date Of issue : **13th April, 2015**
Fee Received : **Ksh 1,000**

on the topic: **ANALYSIS OF PREDICTORS
OF BEHAVIOUR CHANGE AMONG
CHILDREN AT RISK IN JUVENILE
REHABILITATION CENTRES IN NAIROBI
COUNTY, KENYA.**

for the period ending:
31st August, 2015



[Signature]
.....
**Applicant's
Signature**

.....
Director General
**National Commission for Science,
Technology & Innovation**

CONDITIONS

1. You must report to the County Commissioner and the County Education Officer of the area before embarking on your research. Failure to do that may lead to the cancellation of your permit
2. Government Officers will not be interviewed without prior appointment.
3. No questionnaire will be used unless it has been approved.
4. Excavation, filming and collection of biological specimens are subject to further permission from the relevant Government Ministries.
5. You are required to submit at least two(2) hard copies and one(1) soft copy of your final report.
6. The Government of Kenya reserves the right to modify the conditions of this permit including its cancellation without notice.



REPUBLIC OF KENYA



**National Commission for Science,
Technology and Innovation**

**RESEARCH CLEARANCE
PERMIT**

Serial No. A **4855**

APPENDIX IX: RESEARCH PERMIT FROM KENYATTA UNIVERSITY

KENYATTA UNIVERSITY
GRADUATE SCHOOL

E-mail: kubps@yahoo.com
dean-graduate@ku.ac.ke
 Website: www.ku.ac.ke

P.O. Box 43844, 00100
 NAIROBI, KENYA
 Tél. 8710901 Ext. 57530

Our Ref: E55/CE/24265/12

Date: 14th March, 2015

The Principal Secretary,
 Higher Education, Science & Technology,
 P.O. Box 30040,
NAIROBI

Dear Sir/Madam,

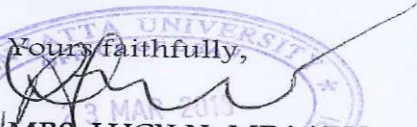
RE: RESEARCH AUTHORIZATION FOR MR. RINTAUGI J. MUTHOMI-REG. NO. E55/CE/24265/12

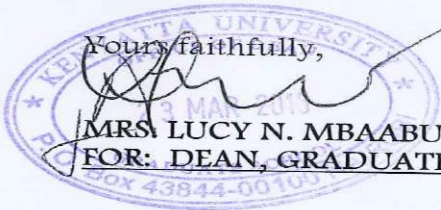
I write to introduce Mr. Muthomi who is a Postgraduate Student of this University. He is registered for a M.Ed. degree programme in the Department Special Needs Education in the School of Education.

Mr. Muthomi intends to conduct research for a thesis Proposal entitled, "Analysis of Predictors of Behaviour Change among Children at Risk in Juvenile Rehabilitation Centres in Nairobi County, Kenya

Any assistance given will be highly appreciated.

Yours faithfully,


 MRS. LUCY N. MBAABU
 FOR: DEAN, GRADUATE SCHOOL



JMO/cao