

**AN ASSESSMENT OF FACTORS RELATED TO THE EFFECTIVENESS OF  
GOVERNMENT REHABILITATION SCHOOLS FOR DELINQUENT  
ADOLESCENTS IN NAIROBI AND KIAMBU.**

**BY**

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### DECLARATION

This research project is my original work and has not been presented for a degree in any other university.

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This research project has been submitted for examination with my approval as the University Supervisor.

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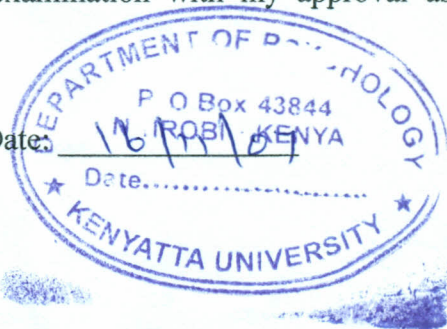
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**DEDICATION**

I dedicate this work to my husband John Gachara who encouraged me to undertake this course and continued to support and guide me throughout the course. To my children, Eric Njau and Lucy Wanjiku for their patience and love which always pushed me a step ahead. To my parents Benson Njau and Margaret Ruguru who I owe my current status.

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**ABSTRACT**

The problem adolescence delinquency is a worldwide social phenomenon. Of most concern is the impact of delinquency on the adolescence, their families, and the society at large, and the relationship between delinquency and adult crime, which has also been on the rise. It has been argued that delinquency leads to adult crime and therefore a life long career. There is need therefore to deal with adolescence delinquency to curb the trend of adolescents maturing to adulthood with criminal behaviors. The government of Kenya has established rehabilitation schools with the aim of correcting and reforming the delinquent adolescents into productive citizens. The rehabilitation schools then have programs designed to meet this objective. The study aimed at assessing the factors related to the effectiveness of rehabilitation schools with particular attention to the availability of rehabilitative programs, rehabilitative qualities of the rehabilitators, parent's involvement, school environment and at identifying the intervention measures that can increase the effectiveness.. This was done using a descriptive survey with the target population being the children, staff members of the rehabilitation schools in Nairobi and Kiambu. Stratified random sampling was applied to get samples of the sub-groups in the population. The research instruments were questionnaires; interview schedules and observation checklist while data collection procedures were structured interviews and observations. The data was analyzed using both manual and computer programs and presented using descriptive statistics in form of percentages and frequency distribution.

The study found that the adolescents had inadequate perception about the rehabilitation schools and process. Proper orientation process was also not in place. The rehabilitation programs, education, spiritual, guidance and counseling and recreation were found to be in place but enhancements on them were suggested by both the adolescents and staff members. Parents were found to be minimally involved, that is only in the provision of basic needs to their children. There was need to put new physical facilities and renovate the old one especially at Dagoretti rehabilitation school. Various recommendations were also suggested which included proper orientation that include the adolescents and staff members, regular attendance to refresher courses and opportunities to be availed for the parents to be involved in the rehabilitation process which could include family therapy restorative conference. The study also recommended that this study be done in other rehabilitation schools outside Nairobi and Kiambu to help in making general conclusion for the whole nation for intervention measures to be taken. This study also suggested a study on the relevance of the reception centre.

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## CHAPTER ONE

### INTRODUCTION

#### 1.1 Background to the study.

Adolescence is a Latin word derived from the verb *adolescere*, which means to grow into adulthood. This is a period when human beings experience major physical, cognitive and social changes as they transit from immaturity of childhood to maturity of adulthood. Cobb (1992) gives three definitions based on the major changes that occur during the adolescence stage. The biological definition emphasizes the events of puberty that transforms the bodies of children into those of sexually and physically mature adults; psychological definition distinguishes adolescence in terms of the developmental tasks which adolescents face and relates to the central task of achieving a stable personal identity.

Sociological definition perceives adolescence in terms of their status within the society viewing it as a transitional period between childhood and adulthood. This transition results from the operations of internal pressures, which are psychological, and emotional and also external pressures emanating from peers, parents, teachers and the society at large (Coleman and Hendry 1990). The internal and external pressures results to a number of challenges the adolescents face. Physically they must come into terms with their rapid physical growth and significant development of primary and secondary sex characteristics. Morally, children's reasons for good behavior progresses from sheer interest to a desire for the approval of others and of their own conscience, and to a concern of their own values. Psychologically adolescence may be a period of much confusion over established

independence, striving for recognition and being under anxiety producing academic and social pressures.

Although all adolescents experience the biological, cognitive and social transitions of adolescence stage, the effects of these changes are not uniform for all adolescents. Many adolescents will cope and others will not (Cobb, 1992). Each child is an individual born with a distinct personality and a set of inherited traits. They grow up in a unique environment while being affected in different ways by adults and other children around them. According to Joy (1990) heredity provides the potential for development while the environment provides the context in which the genetic potential can be realized. Therefore, the impact of adolescence stage is shaped largely by the environment in which the changes takes place (the family, peer groups and schools). (Steinberg, 1993)

According to Coleman and Hendry (1990) it is the interplay of these external and internal forces, which contributes to success, or failure of the transition to maturity. The adolescence period therefore, becomes a pivotal point in human growth and personality development where adolescents may be swayed to either becoming adjusted human beings or maladjusted beings. Hoffnug and Seifert (1997) contends that adolescence is associated with behavioral and psychological problems for some, while Sethna (1952) terms adolescence as a period of instability with often a disturbed emotional state when they tend to defy paternal admonitions and are prepared to defy those in authority. In adventures to find pleasure they are prepared for violent deeds, More so, some adolescents feel alienated

from the society leading to increase in drinking, delinquency sexual promiscuity, drug abuse and suicide.

Delinquency refers to any illegal activity engaged in by a child or an adolescent. According to Kazdin, (1995) many different terms have been applied to denote these behaviors including: acting out, externalizing behaviors, conduct disorders, conduct problems and delinquency. For the purpose of this study delinquency is preferred. Delinquent adolescents <sup>3</sup> are likely to engage in theft, running away, lying, setting fires, truancy, defying and authority and other antisocial behaviors. Many of such behaviors in mild forms emerge over the course of normal development raising little or no concern, however persistent and extreme patterns of these behaviors among children and adolescents reflect a serious problem with personal and social impact on the adolescent, the family and the society.

According to Regoli and Hewitt (2000) research in the United States indicates that by 1800 Juvenile Street gangsters had become an unwanted feature in many cities. The habits of hanging out on the street corners, verbally abusing pedestrians and pelting citizens with rocks and snowballs were among the least threatening behaviors. More serious crimes were acts of violent gangs of Juvenile robbers, use of dangerous weapons such as guns with cases of Juvenile shooting schoolmates, teachers and parents and use of drugs. According to Tauchi Masahiro director of United Nations Asia and Far East Institute for the prevention of crime and treatment of offenders. (UNAFEI) In Phillipines about 1,340 youth offenders were confined in various regional rehabilitation centers while 5,651 of youth offenders are under the community based rehabilitation program (Resource material serial

No. 68, 2006). In Kenya according to Oywa (2004) there is congestion in confinement facilities such as Juvenile Remand Homes and other rehabilitation Institutions showing that the number of delinquent cases is also quite high.

Steinberg (1993) noted that violations of Law are far more common among adolescents and young adults than between any other age segment of the population: and that violent crimes of assault, rape, murder and property crimes: robbery, theft and arson increase in frequency between the pre- adolescence years and adolescence years. Daily Nation on 4<sup>th</sup> March (2003) carried a story of a teenage secondary student who pulled a pistol on his school bursar and made a way with 40,000 Kenyan Shillings. The same paper on March 13<sup>th</sup> reported of six pupils charged over Mungiki fight with carrying offensive weapon, assault and smashing the windscreen of a police land rover. On August 2006, the same paper carried a story of a 12 year old pupil who hurt his classmate in acid attack. A school teacher reported that he was a habitual offender and counseling had failed to change his behavior.

Otunge (2004) cited the problem of street children engaging in delinquent acts of theft, mugging, drug abuse and illicit sexual behaviors. On drugs and alcohol abuse, a study by population and communication Africa (2002) reported that some 20% of adolescents smoked cigarettes,9% have tried sniffing bhang while 23% drink commercial beer and spirit .Steinberg (1993) contend that most chronic delinquents go on to commit serious and

violent crimes and continue their criminal behavior into adulthood. The problem however does not end when the children become adults as parents, they are likely to pass along delinquent behaviors to their offspring who continue the cycle (Kazdin, 1995) Hence the need to curb the progression of delinquent behaviors once manifested among the adolescents. This is mainly done through the juvenile justice system.

According to Laura (1978) the concept of juvenile delinquency is a modern one. Juvenile offenders were regarded as incapable of certain crimes or were treated as adults in the criminal justice system until nineteenth century when a group of reformers helped establish juvenile court system and subsequently separate rehabilitation institutions from those of adults. These early rehabilitation schools were punitive based on rehabilitation through hard work and discipline. In the second half of 19th century they moved from punishment to rehabilitation. The general feeling was that by moving away from punishment towards rehabilitation, the offenders could not only be rehabilitated but also crime among dependants and unruly children could be prevented (Siegel and Senna 1997). This also applied to the rehabilitation of delinquents and in Canada Young Offenders Act was created and a famous quote that goes with it is .....

*“ it is not law ,but only love and religion that can save or reclaim”*

*“every juvenile delinquent shall be treated not as a criminal, but as a misdirected and misguided child”*

Here in Kenya, the Prisons Department, Probation and After Care Department in the office of the Vice President, Ministry of Home Affairs, Heritage and sports handles juvenile

justice matters. The Department of children's services is the central government department specifically charged with the responsibility of juvenile justice administration. It draws its mandate from the Children's and Young Persons Act, Cap 141, Laws of Kenya. Oywa (2004) notes that the juvenile justice system in Kenya like in many other countries brings together several government departments and non-governmental organizations. They are, police department, judiciary and the attorney general's office. The majority of children in conflict with the law make their first contact with the juvenile justice system through the police who make the children to appear before the children's juvenile courts. These children are arrested in the course of committing offences or loitering on the streets (Kidulla, 2004). They appear in the court under two main categories, those facing criminal charges and those in need of care and protection. According to Sullivan and Thompson (1994) the charges are of two types;

(a) Status Offences

These are offences which if committed by an adult; the adult would be immune to arrest. These are truancy, running away, possession of alcohol, promiscuity and incorrigibility. They are not considered criminal acts when committed by adults

(b) Criminal Offences

These are offences committed by young people between 7 and 17 years for which if committed by adults, the adult could also like the child be tried in a criminal court. They are felony, assault, rape, murder, property crimes, robbery, theft and arson.

At this stage other agencies including probation officers, children officers, charitable organizations and advocates or lawyers hired by the parents of the children to represent them come into the case, the overriding concern being child's best interest. The probation officers dig into the antecedents of the children coming up with reports, which recommend to the court the best placing for the child considering the prevailing circumstances. They recommend that the child be committed to a fit person, to a remand home, to a rehabilitation school or borstal institution Kidula (2004). If the child is under 16 years of age he or she is committed to a rehabilitation school.

The history of rehabilitation schools goes back to colonial period and was initially set up for colonial purposes but later converted to rehabilitation schools. For instance Kabete (1910-1912) used to cater for youths imprisoned for failure to register for or failure to carry identity cards, while Dagoretti was set up in 1955 to provide education and training for girls and women converted to Christianity hence neglected by their families (Mugo et. al 2001). Currently there are eleven rehabilitation schools scattered all over the country Kabete, Othaya, Gitathuru, Wamumu, Machakos, Kericho, Dagoretti, Kakamega, Thika, Likoni and Kirigiti .The Children's Act (2001) gives them the responsibility of rehabilitation and taking care of children. The delinquents are accommodated in the rehabilitation school for a specified period maximum of three years and are given guidance to promote a positive attitude as well as the ability to live a regular life (Kitada 2004).

The purpose is to rehabilitate the delinquents within the institutions, to reform them into well-adjusted individuals and send them back into the community to be productive citizen.

(Siegel and Senna 1997). Kitada (2004) states that in Japan juveniles receive active counseling to aid them in becoming law-abiding citizens with special emphasis placed on proper school attendance, disciplined employment and appropriate interaction with peers and associates. In Kenya government rehabilitation institutions place emphasis on correctional services and short-term places of safety. According to Mugambi (1988) and Lavera (2002) the functions of rehabilitation schools in Kenya are to provide social training by way of disciplining, spiritual guidance, academic and vocational training as well as arrangement for after care services. Lavera (2002) states that rehabilitation schools aim at restoration of good reputation through training and treatment.

However according to Siegel and Senna, (1997) reviews for correctional treatments for juveniles and adults have concluded that a significant number of juvenile offenders commit more crimes after release from incarceration and that the occasionally successful rehabilitation effort was a rare exception to the general rule of failure. On recidivism, about 17 percent of juvenile probationers and about 23 percent of juvenile parolees are disposed of or adjudicated by courts for recommitting crimes in Japan. (White Paper on Crime, 2000). Oywa (2004) also cited that there are high levels of recidivism among ex-inmates delinquents in Kenya. This raises an issue over effectiveness of rehabilitation schools in reforming the delinquent adolescents. Do they have the characteristics that enhance rehabilitation? This study therefore will assess the rehabilitation schools in regard to the factors that enhance their success in correcting and reforming the delinquent adolescents.

## **1.2 Statement of the problem.**

The purpose of the rehabilitation schools is to reform the delinquents into well-adjusted individuals and send them back into the community to be productive citizens. However, despite good intentions this goal is rarely attained. Wakanyua, (1995), reported that 16 out of the 22 (72.7%) of the staff respondents stated that the rehabilitation system is not as effective as it should be and that there was high rate of absconding at Kabete rehabilitation school, and that majority of children adhered to rules and regulations so as to avoid punishment. Njuguna (2003) noted the same in his report and added that inmates at Kabete showed lack of interest in class work. Miruka, Mwangi and Ndung'u (2005) in their situational analysis report noted that at Kakamega rehabilitation school, inmates display reformed character by the time they are leaving but this is attributed to close monitoring. The report also recorded that there were cases of children who committed criminal offences in the institution such as stealing and selling school property. This shows that the delinquents are rarely reformed by the time they are leaving the rehabilitation schools.

For this reason, these studies assessed important factors and made recommendations on how to make rehabilitation schools more effective based on rehabilitation school's capacity, adequate qualifications and morale of personnel, adequacy of facilities and finances. However, these studies did not address the following factors which in their absence also, the rehabilitation maybe ineffective .These are: adolescents perception about the school, the involvement of parents, the availability of rehabilitation programs, the rehabilitative qualities of the staff members and availability of school environment which is not only conducive to the delinquent adolescents and staff members but also supportive to

the rehabilitation programs .These factors therefore are the focus of this study. The findings from this assessment will contribute in making the rehabilitation schools more successful and relevant.

### **1.3 Purpose of the study**

The purpose of this study was to assess the factors related to the effectiveness of the rehabilitation schools under the Children's Department of the Ministry of home affairs. The aim was to identify the gaps in order to pave way for the recommendations of intervention measures that would improve the performance of the rehabilitation schools .This would enhance the attainment of their primary purpose of reforming delinquent adolescents to fit back into their families and society as responsible, productive citizens.

### **1.4 Objectives of the study**

- To identify the rehabilitation programs in place in the rehabilitation schools
- To establish the rehabilitatees perception about the rehabilitation schools.
- To determine whether the staff members have the qualities that support the rehabilitation process
- To establish the ways in which the parents are involved in the rehabilitation process.
- To investigate the extent to which the rehabilitation school's environment is supportive of the rehabilitation process.
- To recommend intervention measures that can increase the effectiveness of the rehabilitation schools.

### 1.5 Research questions

- What are the rehabilitation programs currently in place in the rehabilitation schools?
- What are the delinquent's perceptions about the rehabilitation school and process?
- Do the staff members have the qualities that support the rehabilitation process?
- In what ways are the parents involved in the rehabilitation process?
- Is the rehabilitation school environment supportive of the rehabilitation process?
- What are the measures that can increase the effectiveness of the rehabilitation school?

### 1.6 Justification

Kitada .M. (2004 in a workshop on importance of coordinating Juvenile Agencies commented that Juveniles are treasures of the country because they will shoulder the future of the country. However this dream may never become a reality to those who engage in delinquent behaviors. Delinquency is detrimental to the well-being of adolescents which harm their cognitive, physical and social development. They also come into conflict with their families and society when their behaviors violate societal norms and codes of laws.

The delinquent behaviors if not successfully curbed, continue to occur in secondary schools manifested in form of bullying, destruction of property and even killing fellow students. The trend may continue into adult life. Lauer R. (1998) contends that delinquency trends lead to adult crime and thereby a lifelong criminal career. The criminal behaviors may then be transmitted to their children continuing the cycle. This can be prevented if delinquent adolescents are effectively rehabilitated. According to (Kitanda 2004) adolescents are still in the process of growing and developing and they make mistake or /and violates criminal provisions, but vast majority of them have the ability to rehabilitate themselves given the

opportunity. This study therefore assessed whether government rehabilitation schools provide the opportunity for adolescent to become rehabilitated.

### **1.7 Significance of the study**

Effective rehabilitation is not only beneficial to the rehabilitates, but also to their families, rehabilitators and society at large. It is expected that these groups will benefit from the findings of this study in the following ways;

- The Policy makers, administrators and rehabilitators will clearly see the weaknesses of the rehabilitation schools and form the basis for improvement.
- It will result to improvement on the rehabilitation process by implementing new programs and/or improving the current ones.
- Effective rehabilitation will enable easy re-integration of the rehabilitated children into their families and society where contact has been maintained through out the rehabilitation process.
- Development of adolescent delinquency to adult crime will be curbed leading to improved security in the society.
- This study will form the bases from which other researchers can conduct further studies on rehabilitation schools.

### **1.8 Scope and limitation**

The research covered the Rehabilitation Schools under the Children's Department of the Ministry of Home Affairs in Nairobi and Kiambu because of accessibility .However Gitathuru was not considered being a reception center where the adolescents stay for a

period of up to three months. Charitable organizations, government rehabilitation schools outside Nairobi, and adolescents already repatriated back to their families will not be included. The samples of the study was drawn from children who were still in the institutions in classes six, seven and eight.

### 1.9 Definition of terms

<b>Child</b>	Any person under the age of eighteen years.
<b>Children Court</b>	A special court that deals only with cases of children or cases where children are involved.
<b>Charitable children's Institution</b>	An institution that manages programs for the protection and rehabilitation of children.
<b>Effectiveness</b>	The extent to which the rehabilitation schools have the capacity to reform delinquent adolescents into reformed and productive citizens.
<b>Parolees</b>	Delinquents who are released from rehabilitation institution before the end of their sentence for showing satisfactory behavior.
<b>Probationers</b>	Delinquents discharged early from probationary supervision for showing satisfactory behavior.
<b>Rehabilitatees</b>	Delinquent adolescents already undergoing rehabilitation process.
<b>Rehabilitator</b>	Persons charged with the responsibility of the rehabilitation of delinquents in the rehabilitation schools.
<b>Inmates</b>	Delinquent adolescents already undergoing rehabilitation process.
<b>Juvenile</b>	A person under 18 years.
<b>Recidivism</b>	Act of repeating delinquent acts after being rehabilitated.

## CHAPTER TWO

### REVIEW OF RELATED LITERATURE

#### 2.1 Introduction

This chapter contains a review of literature related to this study. The literature is reviewed under the following areas: etiological models, developmental changes in adolescents, adolescence delinquency, risk factors and rehabilitation of delinquent adolescents.

#### 2.2 Theoretical framework

Although various theories have been put forward on delinquency, this study involves psychological models, which views the causes of delinquency as essentially psychological. According to Siegel and Senna (1997) most behaviors labeled delinquent such as violence, theft and sexual misconduct seem to be symptoms of underlying psychological problem; emotional or mental disturbance. These disturbances emerge within the context of the family. Therefore together with the family systems theory, psychological perspectives of psychodynamic, behavioral, and cognitive models will be studied.

##### 2.2.1 Psychodynamic perspective

The psychodynamic perspective is based on works of an Austrian physician Sigmund Freud (1856-1939). Freud's views are today referred to as psychodynamic or psychoanalytic theory. He argues that, human personality contains three major components: the id which is the unrestrained, primitive and pleasure seeking component which each child is born with. The ego develops through reality living in the world and according to Corey (2001) the ego as the seat of intelligence and rationality which checks

and controls the blind impulses of the id. The super ego component develops through interaction with parents and other significant people. It includes a person's moral code, represents the ideal and strives for perfection. Corey (2001) states that the super ego functions to inhibit the id impulses persuade the ego to substitute moralistic goals for realistic ones and is related to psychological rewards, which are feelings of pride and self-love and punishments, which are feelings of guilt and inferiority.

Eric Erickson expanded Freud's original theory to explain the onset of antisocial behavior. He speculated that many adolescents experience a life crisis. Psychoanalysts view youth crime as a result of unresolved conflicts between the ego and the superego. If the ego and superego are not reconciled the child may regress to a state in which he or she is dominated by the id. Psychoanalysts view delinquents as id dominated people who suffer from the inability to control impulsive drives. They also suffer from weak or damaged ego that makes them unable to cope with conventional society This is because they suffered from unhappy experiences in childhood and had families which could not provide love and care.

From the psychodynamic perspective this study get enriched with the knowledge that the presenting problem may not be the real issue affecting the delinquents. Therefore, for rehabilitation to be effective, the rehabilitators need to explore the delinquent's childhood experiences and family background in order to understand the onset of crime and delinquent behaviors by uncovering the unconscious conflicts. This calls for well-qualified counselors to be included in the rehabilitation schools staff.

### 2.2.2 Behavioral Perspective

Behavioral perspective is based on the works of an American psychologist John B. Watson (1878-1958) and a Harvard professor B.F Skinner (1904-1990). According to Kinai (2004) behavioral perspective focuses on behavior as a response to a stimulus in the environment. If children are rewarded for behaving properly eventually they learn to behave properly as a habit. If punished for some behavior they eventually learn to associate disapproval with that behavior and avoid it. This implies that people can learn maladaptive behaviors or adaptive behaviors if these behaviors are reinforced.. If it is not reinforced or is punished the behavior will become extinct. J.B Watson initiated classical conditioning with human infants and conditioned infant Albert to fear white hairy objects demonstrating how behaviors are learned. B.F skinner (1938) initiated operant conditioning. This involves shaping behaviors by giving reinforcement in a systematic manner .

Some behaviorists' holds that a person's learning, social experiences, his values and expectations determine behavior. This led to evolution of social learning theory. The social learning theorists are Albert Bandura, Walter Mischel and Richard Walters. Bandura (1961) did experiments and showed that people learn new behaviors; positive or negative by observing and imitating models. These are adults whom they are in contact with especially parents, and the behaviors they view on televisions and in movies. Some children consider television and movie imageries to be real if authoritatively presented by adults. Some may even be unable to distinguish between fantasy and reality, making them susceptible to television imagery and mould their behavior after characteristics they observe on television or movies. According to Kinai (2004) children who observe

aggressive models internalize the behavior and may practice it when they get a chance to do so. This implies that role-play, practice of modeled behavior and reinforcement are important learning techniques of both adaptive and maladaptive behavior.

Rehabilitation involves reforming maladaptive behaviors of adolescents and from behavioral perspective these behaviors may be learned through conditioning, reinforcing or modeling. In the same way delinquent behaviors are learned they can also be unlearned through counter-conditioning or reinforcing the incompatible behavior to the one being discouraged. Delinquent behaviors may arise as a result of parental or other family members positive reinforcement. Therefore elimination or modification of their consequences through the family will eliminate or modify the behaviors. This makes parental involvement critical in the rehabilitation process.

### **2.2.3 Cognitive Perspective**

Pioneers are Wilhem Wundt (1832 – 1920) Edward Titchener (1867 – 1927) and William James (1842 – 1920). Cognitive theory focuses on the way people perceive and mentally represent the world around them and how they solve problems. According to Corey (2004) psychological problems stems from common place processes such as faulty thinking, making incorrect inferences on basis of inadequate or incorrect information and failing to distinguish between fantasy and reality. Cognitive theorists who study information processes explain antisocial behavior in terms of perception and analysis of data. According to Siegel and Senna (1997), violence-prone adolescents may be using information incorrectly when making decisions by relying on mental scripts learnt in early

childhood. Mental scripts tell how to interpret events, what to expect, how to react and outcome of interaction. Hostile children may have learnt improper scripts by observing how others react to events especially their own parent's aggressive and inappropriate behaviors. The inappropriate behavior becomes stable as is repeatedly rehearsed as the children matures.

This study benefits from the cognitive perspective by informing of its relationship with behavioral perspective on learning of delinquent acts. From cognitive perspective, children learn behaviors by decoding the information. Given the right information on their actions and expected outcomes, children decode this and act appropriately. This knowledge informs of the importance of reinforcing by rewarding appropriate behavior and punishing the inappropriate behavior for the rehabilitation to be successful.

#### **2.2.4 Family Systems Theory**

Arises out of the well-established theory and practice of family therapy and was developed by Murray Bowen. It focuses on the interconnectedness of elements within all living organisms. Nichols and Schwartz (2006) states that family as a system is conceived as a collective whole entity made up of individuals and the way they function together. Family members are constantly interacting and mutually affecting one another. A change in one or all aspects of one member affects all the other members (Gladding 1995). This is because relationships formed among family members are extremely powerful with each family relationship or member influencing all the other family relationships and all the other

members. This accounts for a considerable amount of human behavior, emotions, values and attitudes.

.According to Siegel and Senna(1997),disturbed or destructive home environment impacts on delinquency because family is primary unit in which children learn values, attitudes and processes that guides their actions throughout their lives. He also adds that family relationships are pivotal determinants of adolescent behavior through their life course. According to Lauer (1998), the most important is the quality of the relationship between the parents and children. Children growing up in a household characterized by abuse, conflict and tensions, whose parents are absent or separated, lacks family love and support are likely to engage in violence and delinquency (Siegel and Senna 1997).

While there is less delinquency among those youths whose parents value love, accept them and spends time with them (Barnes and Farrell, 1992, Warr 1993 cited in Lauer, 1998), rates of delinquency are higher among those youths whose parents define them in negative terms or abuse them and among those whose families are disrupted by severe conflict ,unemployment and divorce. (Lauer 1998) The other factor is the, psychopathology and criminal behavior in the family. According to Kazdin (1995), children with older siblings who are delinquents are more likely to be delinquents in the same way children whose one or both parents have criminal history becomes more vulnerable of acquiring criminal behaviors.

The family system theory is crucial in this study by informing that, given the role played by the family in socialization of children and production of delinquents, the involvement of family members especially parents in the rehabilitation process is vital. More so the same way delinquency has repercussions on the family, the impacts of effective rehabilitation will affect all family members. Effective rehabilitation can be achieved if done by improving the quality of the family relationships, which works towards reduction, or elimination of pressures to behaving delinquently (Bell and Arson, 1975).

## **2.3 Previous Studies**

### **2.3.1 Developmental Changes in Adolescents**

According to Steinberg (1993) adolescence stage is a time of moving from immaturity of childhood into maturity of adulthood. The age of onset varies according to writers; Santrock (2001) states that adolescence stage begins approximately at 10 to 13 years and ends between 18 and 22 years in most individuals in most cultures. Reber and Reber (2001) add that adolescence development is marked at the beginning by the puberty and at the end by attainment of physiological or psychological maturity. It is accompanied therefore with developments in physical, cognitive and social functioning. Developmental changes according to Joy (1990) are transformations that are universal, regular and orderly, with one change building upon one another. These transformations involve physical, cognitive and social changes.

Physical changes include all changes that takes place in the body including growth, muscle development, development of senses and motor skills. Coleman and Hendry (1990) places

importance in the changes in the levels of hormone in the bloodstream, these hormonal changes initiate and regulate all changes associated with puberty. Hormonal changes are related to mood and behavior. Siegel and Senna (1997) states that adolescents may experience more intense moods, mood swings, anxiety and restlessness than people at other points in development. Cognitive changes involve the development of mental processes such as imagination, memory, learning and perceptions. Aristotle contended that the most important aspect of adolescence is the ability to choose and his self-determination becomes a hallmark of maturity. According to Plato, reasoning is not a characteristic of children but makes its first appearance in adolescence. These new changes have been associated with family conflicts and anti social behaviors among adolescents. The Social changes include evolution of emotions, personality, identity, moral judgment and social skills. The evolution also involves definition of adolescent's self-concepts, self-esteem, sexuality, moral values, standards of his cultures and religious beliefs. The adolescents also strive for achievements in education, vocation and relationships.

The most critical psychosocial task is the development of autonomous, integrated identity. Erik Erikson emphasized this in his psychosocial stages. His fifth stage called identity versus role confusion occurs during adolescence. Freud also termed the evolution of independence as an important development, which results to certain amount of parent-adolescent conflict. Kagan and Segal (1995) term adolescence as a period of "storm and stress" with much confusion over established independence, striving for recognition and being under anxiety producing academic and social pressures. Other negative outcomes are: identity foreclosure where adolescents consolidate an identity before experimenting

with the range of possible identities and ending up not becoming what they are capable of. Identity confusion may also occur where adolescents shift from one identity to another with no sense of purpose. Erikson cited in Barley (1984) contends that such adolescents may exhibit delinquent, psychotic or other negative behaviors. For the rehabilitation to be effective the rehabilitators ought to have the understanding of the developmental changes that the adolescents go through during this stage and the effect of these changes on adolescent's problem behavior in order to offer the delinquents the support and guidance necessary for the rehabilitation.

### **2.3.2 Adolescence Delinquency**

Coleman and Hendry (1990) define delinquency as any illegal activity engaged by a child or adolescents while a delinquent is anyone who commits a crime or violates a legal code. According to Reber and Reber (2001) Delinquent is mostly used to refer to a juvenile offender for which a local legal statute defines the age to be around 16 to 18 years. Sullivan and Thompson (1994) define delinquent acts as criminal behaviors committed by minors under 18 years or violation of juvenile code. These behaviors encompass aggressive acts, theft, vandalism, fire setting, running away, truancy, defying authority and other antisocial behaviors. According to Kazdin (1995) many delinquent behaviors in mild forms emerge in the course of normal development raising little or no concern. But their persistence and extreme patterns among children and adolescents together with broad personal and social impacts reflects a serious problem. They violate social norms bringing them into conflict with parents, school and authorities, the society and codes of laws.

The engagement in behaviors that contravenes the laws may result to apprehension of the adolescents and subsequent disposition to community or institutional treatment. These actions vary and can be as serious as homicide or as relatively trivial as shoplifting (Cobb 1992). She also states that delinquent acts varies with age; minor forms like running away, violating curfews, drinking alcohol, petty theft or vandalism begins in early adolescence but decrease by adulthood. More serious acts like auto-theft, burglary peaks at about age 16 and robbery at about age 17. However most delinquency is never reported only those repeatedly brought to the systems attention by police or parents or those who engage in activities regarded as criminal are considered to be delinquents, in addition not any adolescent who has engaged in delinquency becomes a delinquent (Cobb 1992).

According to Cobb 1992, Steinberg (1993) and Siegel and Senna (1997) most of the delinquents have the following antecedents. They have low self-esteem and poor self-image perceiving themselves as incompetent and unsuccessful mainly due to lack of success in school, family relations and other areas of life. They fall behind their peers in achievements at school and are more likely to drop out and less likely to be involved in school activities. Their degree of self-control is low, are more impulsive and less likely to rely on internalized constraint for behavior than their peers. They evaluate their actions in terms of how likely they will get away with something and many express little guilt for their actions while some believe they are being punished not for what they did but because they got caught. On social skills they are more aggressive than their peers, more likely to rely on physical than verbal means to settle disagreements and have poor problem solving skills. Adolescent delinquents also have early initiation. An early appearance of antisocial

behavior is associated with serious offences later in adolescence. This knowledge enriches this study by providing the basis (characteristics of delinquents) on which rehabilitation programs can be structured to meet the needs of the delinquent adolescents.

### **2.3.3 Risk Factors For Delinquent Behaviors**

According to Kazdin (1995), risk factors are characteristics, events or processes that increases the likelihood for the onset of a problem. In this study, risk factors refers to those factors that predispose children and adolescents to delinquent acts. The factors acts as stressors and according to Steinberg (1993), nearly half of all adolescents report difficulty in coping with stressful situations at home or school and these stressors can be externalized in behavior and conduct problems such as delinquency, alcohol and drug use. According to various writers; Steinberg (1993), Kadzin (1995), Siegal and Senna (1997) and Ndung'u (2005) the following factors are associated with delinquent behaviors.

The criminal behaviors, antisocial acts, alcoholism and drugs in the family places a child at risk of these behaviors. On parent child interaction; some features of interaction with parents places the children at risk for conduct problems. These are harsh punishments, which may lead to child aggression or more lax inconsistent discipline practices within a given parent or between parents, which does not result to any learning or unlearning. On the other hand, the parents may reward deviant behavior directly through attention and compliance or they may ignore or provide aversive consequences to pro social behavior hence discouraging it .In some families, there is under involvement and lack of supervision from parents. They are less likely to monitor their children's whereabouts, neither do they

have rules in the home stating where children can go or cannot go and when they must return home. Therefore children are allowed to roam the streets permitting them to engage in many independent and unsupervised activities.

According to Kazdin (1995) parents of antisocial youths also show fewer acceptances of their children, less warmth, affection, emotional support and less attachment. This may be aggravated by family disruptions due to spousal conflicts and breakups making it difficult for the family to play the crucial role of imparting values, attitudes and guiding the children as they grow up.

The socio-economic disadvantages may also have a negative impact on the families. Poverty, unemployment and poor housing may result to over crowding and/or homelessness. This may result to adolescents living desperate lives in the streets and inability to meet the basic needs the adolescents are prevented from living productive, fulfilling, happy lives increasing their risk for adoption of conduct disorders and delinquency. The neighborhood environment in which violence, crime and delinquent behaviors are prevalent and exposure to violent and aggressive television programs, movies and video games in childhood also increases the risk for aggressive behaviors in the course of adolescence and adulthood life.

Other factors relate to schools and educational standards. According to Siegel and Senna (1997), many youths in the rehabilitation institutions are mentally retarded or have learning disabilities, falling behind their grade levels in basic academic areas. High competition

calls for children to be made to repeat a grade. Most of these children dislike school and result to acting out and subsequent disciplinary problems. Characteristics of the schools such as organization, locale and teacher-student relationship places the children at risk for delinquent conducts. Some streamline schools lack such characteristics that increase favorable outcomes such as emphasize on academic work, the time a teacher spends on lessons, individual responsibility of students and good working conditions for pupils (clean classrooms, sanitation, sleeping rooms, furniture in good condition) availability of a teacher to deal with children's problems and consistent teacher expectations and rewarding systems

However despite the factors making the adolescents susceptible to delinquent behaviors being many and varied not all individuals at risk for conduct problem manifest later problems. Not all adolescents at risk become delinquents. These, according to Kazdin (1995) are those perceived by their mothers to be affectionate, show high self-esteem and locus of control and had a supportive same-sex role model who played an important role in their development. Consequently the presence of a single factor does not indicate that the children will be delinquents.

#### **2.3.4 Rehabilitation of Delinquent Adolescents**

Kariuki et al (1991) states that rehabilitation is an institutionalized supportive program for delinquent juveniles and youngsters of ages between 6 and 18 years. The Webster third new international dictionary (1991) defines rehabilitation as the process of restoring an individual to a useful and constructive place in society through some form of vocational, corrective, therapeutic, and retraining or through relief, financial aid or other constructive

measures. The decision to place delinquent adolescents for rehabilitation lies in the hands of the judge of the children's court. When a delinquent is apprehended the police decides whether to release them or make referral to the children's court for litigation process. Serious delinquency cases based on violation of criminal law, situations where delinquents deny any guilt, cases of repeat offender and cases where offenders are a threat to themselves or to the community often undergo court processes of adjudication and disposition.

According to Siegel and Senna (1997) adjudication involves determining the merits of the petition claiming that a child is either a delinquent youth or in need of court supervision. Guided by the predisposition report prepared by the probation officer, the judge decides which disposition is best for a particular delinquent. According to Siegel and Senna (1997) and Miruka (2005) the following dispositions exist: Probational disposition involves placing and maintaining delinquents in need of supervision to an authorized probation officer. The delinquent is subject to rules that must be followed and conditions that must be met for him to remain in the community. Financial penalties, compensation and restitution disposition takes several forms; a delinquent may reimburse the victim of the crime, donate money to a worthy charity or public cause, provide some service directly to the victim or assist a worthwhile community organization.

Foster care involves one or two delinquents living with a family; usually a husband and wife who serves as surrogate parents who give the attention, guidance and care they did not receive at home. Dispositions to live in communities or other educational settings place

the delinquents in structured residences that provide counseling, job training and family living. The delinquents reside in the home, attend public schools and participate in community activities. With intermediate treatment and other treatments, physiological and psychological tests are carried out and if a defect is discovered, specialized treatment should be given to the delinquent. Finally, a delinquent may be given an institutional disposition. According to Siegel and Senna (1997) with institutionalizations the delinquent is referred to the state department for a period of confinement in a state run treatment center if the judge finds that community treatment is inadequate to deal with special needs of delinquent adolescent.

According to Miruka, (2005), placement in an institution should be a disposition of the last resort. The Children's Act (2001) states that a child who is older than ten years can be sent to rehabilitation school while those older than sixteen years can be sent to a borstal institution. Miruka et. al. (2005) states that borstal institution caters for boys and girls of 15 years and above who have committed serious offenses like felony, rape, drug abuse and possession of narcotics and psychotropic substances. Therefore most delinquent adolescents will be sent to rehabilitation schools.

According to the Children's Act (2001) the government shall establish rehabilitation schools to provide accommodation and care for children. The government then ensures that they are in proper condition and are being managed in the best interest of children. The rehabilitation schools therefore plays both the welfare and rehabilitative roles and according to Lauer (1998), the legal theory recognizes that children who violates laws are

in need of care and treatment as are law-abiding citizens who cannot care for themselves and require state intervention into their lives. As such the legal action is considered as a civil action that determines their need for treatment. Kitanda (2004) contends that the key aim for juvenile justice system is to assist in their sound development while Siegel and Senna (1997) states that the purpose of rehabilitation schools is to rehabilitate the adolescents within the institutions, to reform them into well-adjust individuals and send them back into the community to be productive citizens. The rehabilitation schools then have a responsibility of reforming the delinquents and enhance their re-integration into the society. They place emphasize on correctional services and short-term places for safety. Miruka et.al (2005) states that it should be for a minimum of three years.

During this period, they are engaged in various rehabilitation programs. According to Sullivan and Thomson (1994), Siegel and Senna (1997) and Miruka et. al (2005) rehabilitation schools ought to have educational, vocation, spiritual, recreational and medical programs. Educational caters for children who fit in the formal system of education. The formal section consists of full academic schools from class 1 to 8 with teachers from Teachers Service Commission, adult education department and volunteers. Children who score good marks in Kenya Certificate of Primary Education join various secondary schools. They are sponsored by the Children's Department, Ministry of Education, individual churches, companies and non-governmental organizations. Vocation training is meant to provide skills and knowledge needed for a particular job to those who are academically disabled. The training involves dressmaking, cookery, and housekeeping for girls and carpentry, masonry metal work for boys.

Recreational programs engage the delinquents in such activities as choir singing, sports, scouting, drama, debate and watching television. Recreational programs helps in relieving adolescence aggression. According to Siegel and Senna (1997) educational, vocational and recreational programs are designed to teach juveniles skills that will help them adjust easily when they will be released into the community.

Guidance and counseling programs are meant to guide and counsel the children while in the institutions on emotional and behavioral issues. It helps individuals understand and solve their problems. Spiritual counseling provides spiritual growth and nourishment. It is intended to promote goodness and morality by providing religious instructions through chaplaincy. (Criminal Justice and Children's Report, 1986) Medical programs take care of the health and physical well being of children. It involves physical examination, follow up treatment and referral to other medical resources. Under section 7, cap 141 laws of Kenya ,administrative authority shall appoint a medical officer for the institution responsible for general supervision of the hygiene and sanitary conditions of the institution and carrying out any medical examination, dental and mental status of the children.

These programs plays the role of enhancing social development and imparting skills that will help the rehabilitated delinquents adjust more easily into the community after their release. This is in hope that the adolescents will be less delinquent. Therefore, for the purpose of this study, availability of sound rehabilitation programs is vital for the process to be effective.

## 2.4 Effective Rehabilitation of Adolescent Delinquents

According to Siegel and Senna (1997) if successful habilitation were not the ultimate goal of juvenile corrections, the use of residential facilities would be an expensive exercise in futility. Every effort must therefore be put to make the rehabilitation an effective process. An effective rehabilitation is associated with positive outcomes on the delinquents in terms of behavior, attitude and self-image. These are products of various factors in the rehabilitation schools and process.

Lauer (1998) contends that effective rehabilitation programs are those that focus on changing behaviors and beliefs conducive to crime. They should promote personal responsibility and provide offenders with real opportunities to succeed in legitimate occupations. Siegel and Senna (1997) adds that educational, vocational training and specific counseling strategies can be effective if they are intensive, relate to program goals and meet adolescent's individual needs. The provision of opportunities in a variety of social, academic, practical and behavioral activities enables the adolescents form an improved self image, attitude and behavior (Redd et.al 1979)

On guidance and counseling programs, they should include both individual and group techniques. The individual techniques are aimed at analyzing individual's past experiences to diagnose the cause of the behavior (psychotherapy), giving adolescents confidence and strength (reality and person-centered therapy) and shaping the current behavior through a system of reward and punishment in form of points and privileges for behaviors such as work, study and development of skills (behavior therapy). According to Redd (1979)

client-centered approaches are intended to empower the children to take personal control by providing them with a range of opportunities for autonomy and self-development through group approaches.

Group treatment techniques include: Guided group interaction, a positive peer culture and milieu therapy. They are based on the theory that, through group interactions, a delinquent can begin to realize and solve personal problems. If negative peer influence can encourage youths to engage in delinquent behaviors then positive peer can influence them to reform. The group counseling focus on drug and alcohol, self-esteem development, role model support sessions and for violent delinquents, group sessions serve to deal with appropriate expression of anger and learn methods of understanding and controlling search behaviors. Counseling programs are intendeds to empower the delinquents to take personal control by providing them with a range of opportunities for autonomy and personal development (Redd 1979).

For the programs to be successful, they need to be handled by efficient personnel. Siegel and Senna (1997) states that efficient operation of juvenile services require qualified personnel, adequate organizational structure and sound fiscal management. The staff also should be enough, which is not the case in most rehabilitation schools. Lavera (2002) and Njuguna (2003) reported of low number of personnel who lacked special skills on rehabilitation on basis of educational background. They also emphasize on administrators to maintain a physically and healthy environment for the incarcerated delinquents. Children take pride in the school and have a sense of belonging and identity if the environment is

taken care of. Crowding should be reduced to eliminate the degrading conditions under which the inmates live. (Sullivan and Thompson 1994). Wanyoike (1989) On physical environment recommended, of relocation of rehabilitation schools from the city and reduction of over crowding, views also reported by Wakanyua (1995)

According to Redd (1979), positive outcomes are also realized where relationships of children with school staff are positive and engender a sense of care, cooperation, openness, emotional support and high expectations. The effective schools offer supportive and respectful relationships amongst teachers, between schools and parents and between the school and outside agencies. Positive relationships prevent the development of behavioral problems and disaffection with the school. Wakanyua (1995) in his thesis report noted that boys at rehabilitation school reported of mistreatment of boys by the staff members. According to Kitanda (2004) juvenile delinquency involves complicated interrelated social, educational and psychological problems, which are difficult to cure. The juvenile system alone cannot cope with juvenile delinquency effectively. Families, schools, and local communities should cooperate with concerned agencies to exercise strong influence over malleable juveniles during their formative years.

Joy (1990) states that, while programs report less success in involving parents than they would, a number of models across the various fields have demonstrated that by involving parents they can be successful. Successful programs should therefore involve the parents and the society at large because the delinquents come from the society and go back into the society after being released. According to Siegel and Senna (1997), the society may view

the returning adolescents with a good deal of prejudice and therefore adjustment problems may reinforce a pre-existing need to engage in bad habits or deviant behaviors. The parents and siblings involved in the rehabilitation can therefore form a support group for the adjusting adolescent. According to Joy (1990) a major determinant of conduct disorders and delinquency is the lack of parent support and guidance.

Nichols and Schwartz (2006) contends that, ineffective parenting practices in childhood maintain antisocial behaviors into adolescence, hence given the primary role played by the family in creation of behavior problems, treatments that intervene directly to improve the family relationships and functioning's, are the most potent treatments for childhood and adolescent conduct problems. Family-based programs focus on family patterns maintaining behavior problem, maladaptive interpersonal processes, correcting parenting behaviors that contribute to negative behaviors and developing parenting skills. He states that, these programs promote positive outcomes such as pro-social peer relationships and family functioning and reduce conduct problems. Joy (1990) contends that successful programs have recruited parents as members of school teams and advisory committees with their roles defined, Parents are also invited to attend meetings and workshops and parent-training programs.

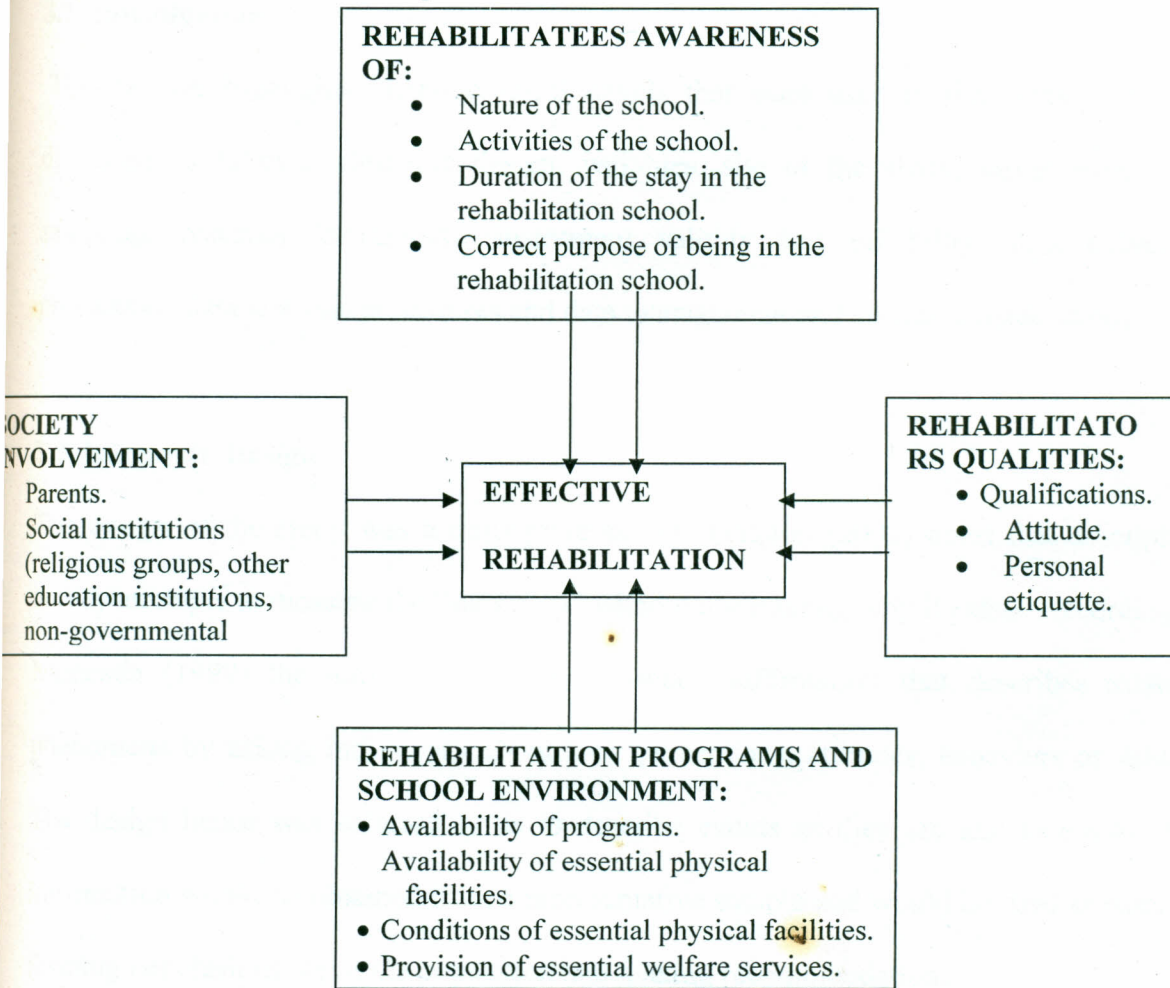
Factors related to effective rehabilitation in relation to this study therefore are; availability of sound rehabilitation programs, involvement of parents, positive attitude of the staff members, a conducive environment for rehabilitation and a positive perception of delinquents about the school.

## 2.5 Summary of Literature Review

The study of the related literature has shown that adolescence delinquency is rarely due to one single factor. It is a product of interrelated and interacting factors, which could be biological, psychological or social as has been shown by the psychodynamic, behavioral, cognitive, and family- systems perspectives on etiology. For the rehabilitation therefore to be effective, the literature has shown that knowledge about normal developmental processes and changes is vital for one to know behaviors that deviates the norms. Knowledge of the socio economic background of the adolescent, family relationships among adolescents and between them and other family members and finally the adolescent's experiences at school and in the neighborhood helps in knowing the factors behind the delinquent behaviors. This would enable rehabilitation schools provide respite to the adolescents from the factors causing and maintaining delinquency while at the same time providing conducive environment for the rehabilitation process.

## 2.6 Conceptual framework

Fig 2.6 :Conceptual Framework of the Factors that promotes the effectiveness of the Rehabilitation of Delinquent Adolescents



The effective rehabilitation of delinquent adolescents depends on their awareness of the rehabilitation process, which determines their attitudes towards the school and the programs, the qualities of the rehabilitators, the involvement of parents and other social institutions, availability of rehabilitation programs and supportive school environment which is enhanced by the provision of essential physical facilities and welfare services.

## **CHAPTER THREE**

### **METHODOLOGY**

#### **3.1 Introduction**

This chapter highlights methodological details that were used in the study. They are discussed as follows: Research design, variables, site of the study, target population, sampling, research instruments, instrument validity and reliability, data collection procedures, data analysis procedures and data management and ethical considerations.

#### **3.2 Research Design**

The design of the study was a descriptive survey. Gatumu (2001) notes that descriptive survey attempts to measure the “statusquo” without questioning why it exists. According to Mugenda (1999) the aim of survey is to obtain information that describes existing phenomena by asking individuals about their perceptions, attitudes, behaviors or values. The design hence was selected so as to describe events as they are and to ensure that information would be obtained from a representative sample and would be used as basis of forming conclusions about the population and making recommendations.

#### **3.3 Variables/ categories of analysis**

Variables are any characteristic that shows variations. According to Orodho (2005) an independent variable is one that the researcher usually controls while a dependent variable dependent variable is the one that is controlled by the independent variable. Gatumu (2001) states that dependent variables are outcomes of manipulation. The dependent variable of this study is the effective rehabilitation and independent variables are: rehabilitation

programs, rehabilitators, rehabilitatees, the parents and the rehabilitation school's environment.

### **3.4 Site of the study**

The sites of the study were Kirigiti, Kabete and Dagoretti Rehabilitation School. Kirigiti Girls is located along Kiambu-Ruiru road opposite Kirigiti Stadium. It is three kilometers from Kiambu East District Headquarters. Kabete is located along the lower Lower Kabete Road 400 meters from the Nairobi University Lower Kabete Campus. Dagoretti is located 2 kilometers off Nairobi- Dagoretti-Kikuyu road. The diversion is on the right, 400 meters from the junction to Dagoretti market and 4 kilometers from Nairobi University;Kikuyu Campus.

### **3.5 Target population**

There are eleven Rehabilitation Schools under the children's department of the Ministry of Home Affairs scattered all over the country. The study only focused on the Rehabilitation Schools located in Nairobi and Kiambu due to accessibility. These were Kirigiti, Kabete and Dagoretti. The schools had 226 children, 49 staff members and therefore the total target population for the study was 275.

### **3.6 Sampling Technique and Sample size**

The population was heterogenous. Stratified random sampling technique was then applied to get samples of children and staff members. Orodho (2005) indicates that the rationale for stratified sampling is to ensure that certain subgroups will be represented in the sample in

proportion to their numbers in the population itself. Stratified random sampling was to ensure the achievement of desired representation from various schools, subgroups of children and staff members and both genders. The method of allocation of sample size used was equal allocation to ensure that the population size is reflected in the sample size. The stratas were the three schools. One quarter of the staff members and one eighth of the children was selected from each school as shown below;

**Table 3.1 Sampling Procedure**

School	Target population		Sample size	
	Staff members	Children	Staff members	Children
Kabete (boys)	7	85	2	11
Kirigiti (girls)	22	75	7	9
Dagoretti (girls)	20	66	7	8
<b>Totals</b>	<b>49</b>	<b>226</b>	<b>16</b>	<b>29</b>

The sample size had 45 subjects. The final sample was randomly selected from classes six, seven and eight.

### 3.7 Instrument Return Rate

Only one questionnaire was administered to the 16 staff members out of population of 49 and 13 questionnaires were returned giving 81.3 % return rate. An interview schedule was administered to a sample of 29 adolescents out of population of 226. All of them in the sample were interviewed giving a 100% return rate.

### 3.8 Research Instruments

The research instruments will be as follows:

#### 3.8.1: Questionnaires

Kathari (2005) states that questionnaires consist of a number of questions printed or typed in a definite order. The questionnaires ensure that standardized results are obtained and can be printed statistically. The researcher <sup>used</sup> will use both closed and open-ended questions in order to get responses that are free from bias of the researcher.

There was only one questionnaire, which was self-administered for the staff members. The questionnaire had four sections:

Section A: This was concerned with the demographic features of the subjects. It had six items on the demographic factors; gender, age, type of school and profession.

Section B: This sought to identify the rehabilitation programs in place and other relevant programs, which could be included. It consisted of two open-ended items with a maximum five scores and a minimum of one score each on the Likert scale of five.

Section C: This assessed the delinquent's perception of the rehabilitation school and the process before being engaged in the process, which determines their entry behavior. It consisted of four items, each item having a maximum of five scores and a minimum of one score on the Likert scale of five.

Section D: This assessed the qualities of the rehabilitators, parent's involvement and rehabilitation school's environment. It consisted of nine items with a maximum of five score and a minimum of one score on the Likert scale. Each aspect had three items.

Section E: This sought to identify areas, which require improvement and/or other intervention measures. It consisted of two items with a maximum of five scores and a minimum of one score on Likert scale.

### **3.8.2 Structured Interview Schedule**

According to Gatumu (2001) questions in a structured interview schedule, have their wording and sequences fixed and are identical for every respondent. The aim was to get more information and in greater depths from adolescents who may not be quite good in English. The adolescent's interview schedule assessed the same aspects assessed in the staff's questionnaire to ensure uniformity.

### **3.8.3 Observation Check List**

According to Kothari (2003) under observation, information is sort by ways of investigator's own direct observation without asking the respondents. The researcher used the observation checklist to clarify information obtained from staff questionnaires and adolescents interview schedule. This is because observation limits subjective bias of respondents. It aimed at identify the availability of the rehabilitation programs and assessing the rehabilitation school's environment while awarding scores with the highest score being five and lowest score being one on the likert scale of five.

## **3.9 Instrument Validity and Reliability**

Validity is the extent to which the test measures what it is supposed to measure or designed to measure (Gatumu 2001). Reliability is a measure of the degree to which a research

instrument yields consistent results or data after repeated trials. A pilot study was carried out to help the researcher identify the items, which seemed to be ambiguous. The aim was to assess the clarity of instruments items. Those that failed to measure the variables they were intended to, were modified or disregarded completely and new items were put in place.

### **3.10 Data Collection Procedures**

Data collection procedures were structured interviews and observation. On the agreed dates, the researcher individually visited each school to administer the research instruments. As the staff members fill their questionnaires, the researcher interviewed the adolescents while recording their responses. She also recorded the physical facilities and activities observed on her observation check list.

### **3.11 Data Analysis Procedures**

Descriptive statistics was used to analyze the data. After the collection of data the researcher carried out the editing to ensure all the questionnaires have been fully and correctly filled. The data was then coded into symbols for tabulation which was done by the computer. Descriptive statistics inform of frequencies and percentages were used to present the data. The frequencies in section A were summed up according to the demographic representation and then converted to percentages. The programs in section B and recommendations in section E were presented in the order of the most prevalent to the list prevalent. The Likert scale of five was used to allocate the score for each item in sections C, and D with the highest score being five and

lowest one. The scores of one and two were summed up to indicate below average, scores of three to indicate average and scores of four and five were summed up to indicate above average on each item.

### **3.11 Data Management and Ethical Considerations**

The researcher ensured that ethical considerations were upheld while conducting the research and in the management of the data. The true purpose of the study and its implications on the subjects was explained before getting their informed consent to collect the data. The researcher ensured subject's identity and privacy by using codes and not names on the questionnaire. The questionnaires were also sensitive to the subject's feelings and values so as not to embarrass or intimidate them. Having explained the issue of confidentiality, anonymity and purpose of the study the researcher ensured respect for the subject's freedom to participate was upheld. With their consent the researcher carried out the study while ensuring to keep the promises and commitments made in handling the data obtained.

## CHAPTER FOUR

### RESULTS, ANALYSIS, INTERPRETATION AND DISCUSSIONS

#### 4.1 Introduction

In this chapter the analysis and interpretation of the data collected is presented. The organization is based on the objectives and the research questions of this study. These are:

- (a) What are the rehabilitation programs currently in place in the rehabilitation schools?
- (b) What are the delinquent's perception about the rehabilitation process and school?
- (c) Do the staff members have the qualities that support the rehabilitation?
- (d) In what ways are the parents involved in the rehabilitation process?
- (e) Is the rehabilitation school environment supportive of the rehabilitation process?
- (f) What are the measures that can increase the effectiveness of the rehabilitation schools?

#### 4.2 Demographic Information of the Staff members and Adolescents

The staff members were requested to give information concerning their gender, age, profession, qualification and their responsibility in the rehabilitation schools. The staff members gender is tabulated in Table 4.1.

**Table 4.1: The staff Member's Gender**

Gender	Frequency	Percentage
Male	5	38.5
Female	8	61.5
Total	13	100

The majority of staff members in the rehabilitation schools were females (61.5percent) while 38.5 percent comprised of males.

**Table 4.2 :Staff Members Age**

<b>Age</b>	<b>Frequency</b>	<b>Percentage</b>
18-25 years	1	7.7
26-35 years	1	7.7
Above 35 years	11	84.6
<b>Total</b>	<b>13</b>	<b>100</b>

The information in Table 4.2 indicates that majority (84.6 percent) of staff member are above 35 years of age.. Table 4.3 below indicates the staff member's profession.

**Table 4.3:The Staff members Profession**

<b>Profession</b>	<b>Frequency</b>	<b>Percentage</b>
Teacher	4	30.8
Social Worker	3	23.1
Counselor	-	-
Teacher- Counselor	1	7.7
Nurse-Counselor	2	15.4
Catechist	1	7.7
Chef	1	7.7
Procurement	1	7.7
<b>Total</b>	<b>13</b>	<b>100</b>

The information in Table 4.3 indicates the various professions of the staff member with the majority being teachers (30.8 percent) followed by social workers with 23.1 percent. While none indicated being a counselor by profession, 7.7 percent combined teaching and counseling and 15.4% counseling and nursing. This shows that majority of staff members are teachers by profession Table 4.4 shows the staff member's professional qualification

**Table 4.4: Staff Member's Professional Qualifications**

<b>Qualification</b>	<b>Frequency</b>	<b>Percentage</b>
Certificate	6	46
Diploma	4	31
Graduate	3	23
Post graduate	-	-
Total	13	100

The information in Table 4.4 reveals that there are more certificate holders (46 percent) Followed by diploma with (31percent) and graduate with (3percent). Table 4.5 shows the staff member's level of responsibility in the rehabilitation schools.

**Table 4.5 :Staff Member's level of Responsibility**

<b>Position</b>	<b>Frequency</b>	<b>Percentage</b>
Deputy Manager	1	7.7
Head teacher	1	7.7
Deputy Head teacher	1	7.7
Teacher	2	15.4
Teacher- counselor	1	7.7
Nurse- counselor	2	15.4
Catechist	1	7.7
Head of Catering Department	1	7.7
Social Workers	3	23.1
Total	13	100

According to Table 4.5, the social workers had a higher percentage of 23.1, followed by teachers with 15.4 percent and also 15.4 percent of staff members combined nursing and Counseling while 7.7 percent combined teaching and counseling. This indicates shortage of staff members. This Concur with Lavera (2003) who reported low number of personnel in the rehabilitation schools. Table 4.6 shows the nature of schools in terms of gender.

**Table 4.6: Nature of the School According to Gender**

<b>Nature of school</b>	<b>Frequency</b>	<b>Percentage</b>
Boys only	2	15.4
Girls only	11	84.6
Boys and Girls	-	-
Total	13	100

Table 4.6 indicates that there are more schools for girls only within Nairobi and Kiambu with 84.6 percent than for boys which had 15.4 percent.

On the other hand the demographic representation of the adolescents included adolescents gender, age, and duration of stay in the school. Table 4.7 shows the adolescent's gender.

**Table 4.7: Adolescents Gender**

<b>Gender</b>	<b>Frequency</b>	<b>Percentage</b>
Male	13	44.8
Female	16	55.2
Total	29	100

Table 4.7 indicates a higher number of females (55.2 percent) than males who

comprised of 44.8 percent. This can be attributed to the fact that there are two female schools and one for males within Nairobi and Kiambu since Getathuru is a reception center for boys. The age of the adolescents is presented in Table 4.8.

**Table 4.8:Age of Adolescents**

Age	Frequency	Percentage
10-13 years	4	13.8
13-14 years	25	86.2
Total	29	100

Table 4.8 indicates that majority of the adolescents (86.2 percent) in the rehabilitation schools were in the age bracket of 14-18 years .Table 4.9 below shows how long the adolescents have been in the rehabilitation schools.

**Table 4.9:Adolescent's Duration of Stay in the Rehabilitation School**

Duration	Frequency	Percentage
0-1 year	11	37.9
2-3 years	12	41.4
Above 3 years	6	20.7
Total	29	100

According to table 4.9 majority of adolescents (41.4 percent) have stayed in the

rehabilitation school for a period of 2-3 years and only 20 percent had stayed for more than 3 years. This can be attributed to the fact that Kabete rehabilitation is a senior school while Dagoretti had classes four, five and six. Kirigiti had classes one, two, three, seven and eight. Hence none of the schools had all classes (1-8). This indicates movement from one school to another once an adolescent gets to a certain grade. This indicates non-continuity even in the rehabilitation process which can be an impediment to effective rehabilitation.

#### **4.3 The Adolescent's Perception of the Rehabilitation Schools and Process.**

The perception is based on their knowledge of the name, location, nature of the school, purpose of being in that school and duration of stay on joining the rehabilitation school. This is with the understanding that, the knowledge of why, how, where and for how long would prepare the adolescents of what to expect and avoid unnecessary surprises. This would reduce the behaviors of acting out and escapism. The Table 5.0 contains the information on adolescent's perception.

**Table 4.10 : Adolescent's Perception of the Rehabilitations School**

Area	Yes		No	
	Frequency	Percentage	Frequency	percentage
Name of the school	25	86.2	4	13.8
School locality	11	7.9	18	62.1
Nature of the school	4	13.8	25	86.2
Purpose	12	41.4	17	58.6
Duration	24	82.8	5	17.2
Average Perception		52.4		47.6

Table 4.10 indicates that, while 86.2 percent of adolescents were aware of the name of the school and 82.8 percent had knowledge of the duration only 41.4 percent were aware of the purpose of being there and only 13.8% were aware of the nature of the school. Low percentage on the perception, the nature, and purpose of being in the rehabilitation schools could mean low understanding of the rehabilitation school and the ultimate goal of being there. This could contribute to failure to get the adolescents get rehabilitated effectively. Still on perception, the study sought to establish any other information the adolescents had on joining the rehabilitation schools. The information is contained in Table 4.11 below

**Table 4.11 Other Information Adolescents had on Joining the Rehabilitation School**

<b>Information That:</b>	<b>Frequency</b>	<b>Percentage</b>
They were being taken to a boarding	2	6.9
It is a school for street children	1	3.4
That the school is not for criminals	6	20.7
It is a prison school	1	3.4

The information in Table 4.11 indicates that some adolescents had incorrect information with 20.7 percent being informed that they were being taken to a boarding school and 6.9 percent to a school for street children. Incorrect information can be interpreted as deception by adolescent leading to dissatisfaction with the school which can be an impediment to effective rehabilitation. To facilitate perception, orientation is vital for the new adolescents. The perception can be enhanced where staff members and the adolescents already undergoing rehabilitation are involved in the orientation process. The environment should also be conducive. Table 4.12 below indicates the information of the factors of effective orientation.

**Table 4.12 :Factors of Effective Orientation**

Factors	Above average		Average		Below average	
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
Involvement of staff members	2	15.4	5	38.5	6	46.2
Involvement of other adolescents	2	15.4	4	30.8	7	53.8
Conduciveness of orientation environment.	2	15.4	6	46.2	5	38.5
Process of orientation	1	7.7	6	46.2	6	46.2

Table 4.12 the inadequate involvement of adolescents already undergoing rehabilitation process was indicated by 53.8 percent that termed it as below average. This was followed by involvement of staff members indicated by 46.2 percent and process of orientation was indicated as below average by 42.2 percent respectively.

#### 4.4 Programs Offered in the Rehabilitation Schools.

The aim was to identify the programs available in order to identify the ones missing. The programs available are presented in Table 4.13

**Table 4.13 :Available Programs**

<b>Program</b>	<b>frequency</b>	<b>Percentage</b>
Guidance and Counseling	9	69.2
Education	8	61.5
Vocational training	6	46.2
Recreation Program	4	30.8
Spiritual	3	23.1

Table 4.13 indicate the programs offered by the rehabilitation schools with education and guidance and counseling being rated high by being listed by majority of staff members (69.2 percent ) and 61.5 percent respectively followed by vocational ( 46.2 percent) and recreation indicated by 30.8 percent. The spiritual program was indicated by the least percentage of 23.1 percent This concurs with the rehabilitation programs as stated by Sullivan and Thompson 1994, Siegel and Senna 1997, and Miruka et. al 2005. Table 4.14 indicates the activities the adolescents are involved in to facilitate their rehabilitation.

**Table 4.14 :Activities the Adolescents are Involved in at the Schools**

Activity	Frequency	Percentage
Learning	18	62.1
Cleaning the school	12	41.4
Vocational training	11	37.9
Games and clubs	6	20.7
Going to church	4	13.8
Watching television	2	6.9

According to the table 4.14 , majority of adolescents ( 62.1percent) were involved in formal learning, followed by cleaning the school indicated by 41.4percent and vocational by 37.9 percent. 20.7percent indicated being involved in games and clubs and 13.8 percent in church activities. Watching television and rehabilitation was indicated by 6.9 percent each respectively. The information reveals that the activities the adolescents are involved in concur with the programs as indicated by the staff members in table 4.13 and as mentioned by Sullivan and Thomson 1994, Siegel and Senna 1997, and Miruka et.al 2005). However the need to add more programs seemed prevalent among the staff members as indicated in theTable 4.15

**Table 4.15 :Need for other programs**

Responses	Frequency	Percentage
Yes	10	76.6
No	3	23.1
Total	13	100

According to Table 4.15 , 76.9 percent indicated the need for other programs to be included against 23.1percent that saw no need. The Table 4.16 below indicate other programs that can be included in the rehabilitation process according to the staff members.

**Table 4.16 :Other Programs that can be Included**

Program	Frequency	Percentage
Open day program and visiting days	6	41.2
Educational tours	3	23.1
Spiritual seminars (weekend challenge)	3	23.1
Exchange programs	2	15.4
After care programs	2	15.4

From Table 4.16 , 41.2 percent indicated the need for open days programs and visiting days. This would enable the adolescents keep in touch with their parents while parents make a follow up on the progress of their children. Educational tours were indicated by 23.1 percent. This would promote formal education while spiritual seminars would allow other schools even mainstream schools to visit and interact with the adolescents in the

rehabilitation schools This could help in destigmatisation. After care programs were indicated by 15.4 percent this would enable the rehabilitators have a follow up on the progress of the adolescents after their release into the society. According to Siegel and Senna (1997) for the programs to be successful they need to be handled by efficient personnel. This study therefore assessed the qualities of the staff members that could enhance effective rehabilitation.

#### **4.5 Qualities of the Staff Members**

The items in section D of staff questionnaire assessed the relationship between the staff members and the adolescents, the co-operation among the staff members in the process of rehabilitation and how often the staff members attend refresher course to promote their rehabilitation skills. This information is presented in Table 4.17

**Table 4.17 :Qualities of the Staff members**

Quality	Above average		Average		Below average	
	Frequency	percentage	Frequency	percentage	Frequency	Percentage
Relationship between the staff members and adolescents	6	46.2	5	38.5	2	15.6
Cooperation amongst staff members	4	30.8	7	53.8	2	15.6
Attendance to refresher courses	2	15.4	3	23	8	62
Total average		30.7		38.3		31

From Ttable 4.17 the relationship between the staff members and adolescents was indicated by 46.2 percent to be above average while. 38.5 percent indicated it to be average. This shows that the adolescents and staff members relate well. 53.8% indicated an average co-operation amongst the staff members and 30.8% on above average. This indicate good cooperation amongst the staff members in the rehabilitation process. The relationship and cooperation in the rehabilitation schools therefore is supportive of rehabilitation according to the staff members. On attendance to refresher

courses 62 percent of the staff members indicated it to be below average (below 50 percent) .Low attendance to refresher courses shows inadequacy in provision of rehabilitation skills to the staff members. Table 4.18 indicates the adolescent's views on relationship of adolescents and staff members in the rehabilitation schools.

**Table 4.18 :Relationships of Staff members with Adolescents and Amongst Themselves According to the Adolescents.**

Type of relationship	Above average		Average		Below average	
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
Staff members and adolescents	23	79.3	4	13.8	2	6.9
Amongst the staff members	14	48.3	9	31.0	6	20.7
Total average		63.5		22		13.5

From Table 4.18 the relationship is supportive of rehabilitation with a total average Of 63.5% above average and 22% on average. However the staff seem to relate better with the delinquents indicated as above average by 79.3

percent against 48.3 percent who indicated the relationship amongst the staff members to be above average. The adolescents were also required to state characteristics that describe their staff members ten of the most prevalent characteristics were sampled out and presented in Table .4.19

**Table 4.19 Staff member's Qualities as Indicated by the Adolescents**

Quality	Frequency	Percentage
Friendly	15	51.7
Lively	12	41.4
Smart	6	20.7
Teaches well	5	17.4
Caring	5	17.4
Harsh	5	17.4
Merciful	2	6.9
Respectful	2	6.9
Relate well with each other	2	6.9
Are not fair to all	2	6.9

From Table 4.19 , 51.7 percent of the adolescents indicated that their staff members were friendly and 41.4 percent indicated they were lively. Out of the ten items sampled out, only two items indicated negative qualities with harsh being indicated by 17.4percent and 6.9 percent said that the staff members did not treat them equally. The positive

qualities hence are more than negative qualities. This indicated that the staff members relate well with the adolescents, which could enhance rehabilitation. According to Redd (1979) positive relationships prevent development of behavioral problems and disaffection of adolescents with the schools.

#### 4.6 Involvement of Parents in the Rehabilitation

The staff members were required to describe how involved the parents were in the rehabilitation of their children and also state ways the parents were involved. The information of parent involvement was described as indicated below in Table 4.20

**Table 4.20 Parent Involvement in the Rehabilitation According to the Staff members**

	Above average		Average		Below Average	
	Frequency	percentage	Frequency	percentage	Frequency	percentage
Parent Involvement	-	-	1	7.7	12	92.3

According to Table 4.20 92.3% of the staff members indicated that parent involvement in the rehabilitation of their children was below average and 7.7 indicated an average involvement this showed minimal involvement of parents in rehabilitation despite parent involvement being a major factor in providing effective rehabilitation. Table 4.21 shows the minimal ways in which parents are involved.

**Table 4.21 :Ways in Which Parents are Involved in the Rehabilitation**

Ways	Frequency	Percentage
Visiting their children once in a while	7	53.8%
Taking them home for holidays	2	15.4%
Following up on their progress	2	15.4%

From the Table 4.21 53.8% of the staff members indicated that parents are involved in the rehabilitation of their children by paying them occasional visits while taking them home for holidays and following up on their progress was indicated by 15.4% respectively. The adolescents were also interviewed on parent's involvement in school activities, parent's visits and provision of personal needs. This is presented in Table 4.22.

**Table 4.22 : Parents Involvement According to the Adolescents.**

Parent involvement	Yes		No	
	Frequency	Percentage	Frequency	Percentage
Parent's visits	18	62.0	11	37.9
Provision of personal needs	21	72.0	8	27.6
Involvement in school activities	7	24.1	22	75.9

From the Table 4.22 , 62.0 percent of the adolescents interviewed indicated that their parents did visit them, while 72.4 percent indicated that parents assist them in their daily needs. However 75.9 percent indicated that parents were not involved in school activities while 34.5 percent indicated they were involved This is during the farewell party for the standard eight pupils of Kirigiti girls.

Although 92.3 percent of staff members indicated a below average involvement of parents in the rehabilitation of their children. Table 6.2 indicated that parents showed interest in their children by visiting them, taking them home for holidays and following up on their progress as indicated by 15.4 percent of the staff members. The adolescents also indicated more involvement of the parents in their personal affairs (visiting them and providing personal needs) than the way they were involved in school activities where 75.9 percent indicated non-involvement. This then implies that parents were not fully involved in the rehabilitation programs and process of their children. This concurs with joy (1990) that stated that most programs report less success in involving parents. This is despite the fact that parent involvement is vital in the rehabilitation process and in its absence the process could be in effective.

#### **4.7 Environment of Rehabilitation Schools**

Lavera (2002) and Njuguna (2003) emphasize on administrators to maintain a physically and healthy environment for the incarcerated delinquents. In this case this study assessed

the status of physical facilities and provision of welfare services in the rehabilitation schools. Table 4.23 shows the status of physical facilities at Kirigiti

**Table 4.23 (a):Status of Physical Facilities at Kirigiti According to the Staffmembers.**

Physical facilities	Above average		Average		Below average	
	frequency	percentage	frequency	percentage	frequency	percentage
Dormitories	4	66.7	2	33.3	-	-
Sanitation	1	16.7	3	50	2	33.3
Kitchen and dinning hall	5	83.3	1	16.7	-	-
Classrooms and vocation rooms	4	66.7	2	33.3	-	-
Recreation Facilities	3	50	2	16.7	2	33.3

According to Table 4.23 (a), most of the facilities were indicated to be average and above apart from sanitation and recreation facilities which were indicated to be below average by 33.3 percent of staff members interviewed. Table 4.23 (b) shows the status of physical facilities at Kirigiti according to the adolescents.

**Table 4.23 (b):Status of Physical Facilities at Kirigiti According to the Adolescents .**

Physical facilities	Above average		Average		Below average	
	frequency	percentage	frequency	percentage	frequency	percentage
Dormitories	2	22.2	5	55.6	2	22.2
Sanitation	2	22.2	3	33.3	4	44.4
Kitchen and dining hall	3	33.3	5	55.6	1	11.1
Classrooms and vocation rooms	4	44.4	4	44.4	1	12.5
Recreation facilities	5	56.2	3	33.3	1	11.1

Table 4.23 (b) shows that 44.4 percent of adolescents interviewed, indicated that sanitation facilities were below average. This shows that majority of staff members and adolescents at Kirigiti agreed that sanitation facilities require improvement. Table 4.24 indicates the status of physical facilities at kabete.

**Table 4.24 (a):Status of Physical Facilities at Kabete According to the staff members**

Physical facilities	Above average		Average		Below average	
	frequency	percentage	frequency	percentage	frequency	percentage
Dormitories	-	-	2	100	-	-
Sanitation	-	-	2	100	-	-
Kitchen and dinning hall	1	50	1	50	-	-
Classrooms and vocation rooms	-	-	2	100	-	-
Recreation Facilities	1	50	1	50	-	-

According to Table 4.24 (a) none of the physical facilities was indicated to be below average. This shows that physical facilities at kabete according to the staff members were in good condition. This can be attributed to the fact that the facilities in use were formerly used by the secondary section before the repeal of the Children's Act which formerly placed the children and the young persons together. Table 4.24 (b) indicates the status of the physical facilities at Kabete according to the adolescents.

**Table 4.24 (b): Status of Physical Facilities at Kabete According to the Adolescents**

Physical facilities	Above average		Average		Below average	
	frequency	percentage	frequency	percentage	frequency	percentage
Dormitories	10	83.3	1	8.3	1	8.3
Sanitation	2	16.7	6	50	4	33.3
Kitchen and dining hall	8	66.7	2	16.7	2	16.7
Classrooms and vocation rooms	5	41.7	5	41.7	2	16.7
Recreation facilities	6	50	5	41.7	1	8.3

Table 4.24 (b) shows that majority of the adolescents also indicated the physical facilities to be average and above. However the highest percentage on below average (33.3 percent) was indicated on sanitation facilities. Table 4.25 indicates the status of physical facilities at Dagoreti.

**Table 4.25 (a):Status of Physical Facilities at Dagoretti According to the Staff members .**

Physical facilities	Above average		Average		Below average	
	frequency	percentage	frequency	percentage	frequency	percentage
Dormitories	-	-	4	80	1	20
Sanitation	-	-	2	40	3	60
Kitchen and dinning hall	1	20	2	40	2	40
Classrooms and vocation rooms	-	-	2	40	3	60
Recreation Facilities	1	20	3	60	1	20

Table 4.25 (a) indicates that according to the majority of staff members most of the facilities were average with dormitories being indicated by 80 percent, followed by recreation (60 percent) .However, 60 percent indicated sanitation, classrooms and vocation rooms to be below average and kitchen and dining hall by 40 percent.

**Table 4.25 (b):Status of physical Facilities at Dagoreti according to the Adolescents.**

Physical facilities	Above average		Average		Below average	
	frequency	percentage	frequency	percentage	frequency	percentage
Dormitories	1	12.5	4	50	3	37.5
Sanitation	-	-	3	37.5	5	62.5
Kitchen and dining hall	4	50	3	37.5	1	12.5
Classrooms and vocation rooms	2	25	3	37.5	3	37.5
Recreation rooms	4	50	2	25	2	25

According to Table 4.25 (b) majority of adolescents interviewed (62.5 percent) indicated that the condition of sanitation facilities was below average. 37.5 percent also indicated that dormitories vocation and recreation rooms were below average.

The three tables shows that Kirigiti and Kabete had better facilities than Dagorreti with most facilities being indicated to be average and above average except sanitation.. However in the three schools sanitation facilities were indicated not to be in good condition.

Classrooms, vocation rooms, recreation and dormitories also needed improvement though.

Table 4.26 indicates the provision of welfare services in the rehabilitation schools.

**Table 4.26 (a): Provision of Welfare Services at Kirigiti according to the Staff members**

Welfare services	Above average		Average		Below average	
	frequency	percentage	frequency	percentage	frequency	percentage
Medical	1	16.7	2	33.3	3	50
Food	3	50	1	16.7	2	33.3
Accommodation	2	33.3	1	16.7	3	50
Recreation	2	33.3	2	33.3	2	33.3
Personal items	1	16.7	1	16.7	4	66.7

Table 4.26 (a) shows that while 50 percent of the staff members interviewed indicated the provision of food to be above average, the same number indicated the provision of medical and accommodation to be below average. 66.7 percent also indicated the provision of personal items to be below average. Table 4.26 (b) shows the provision welfare services at Kirigiti according to the adolescents.

**Table 4.26 (b) :Provision of Welfare Services at Kirigiti According to the Adolescents**

Welfare services	Above average		Average		Below average	
	frequency	percentage	frequency	percentage	frequency	percentage
Medical	7	77.8	1	11.1	1	11.1
Food	5	55.6	2	22.2	2	22.2
Accommodation	4	44.4	2	22.2	3	33.3
Recreation	1	11.1	5	55.6	3	33.3
Personal items	2	22.2	2	22.2	5	55.6

Table 4.26 (b) 77.8 percent adolescents interviewed indicated the provision of medical services to be above average followed by provision of food and accommodation indicated by 55.6 and 44.4 percent respectively. 55.6 percent indicated the provision of recreation to be average and provision of personal items to be below average. Both adolescents and staff members then agreed that provision of personal items ought to be improved.

**Table 4.27 (a):Provision of Welfare Services at Kabete according to the Staff**

Welfare services	Above average		Average		Below average	
	frequency	percentage	frequency	percentage	frequency	percentage
Medical	2	100	-	-	-	-
Food	2	100	-	-	-	-
Accommodation	2	100	-	-	-	-
Recreation	1	50	1	50	-	-
Personal Items	1	50	1	50	-	-

From Table 4.27 (a) none of the services was below average. Table 4.27 (b) shows the provision of welfare services at Kabete according to the adolescents.

**Table 4.27 (b): Provision of Welfare Services at Kabete According to the Adolescents.**

Welfare services	Above average		Average		Below average	
	frequency	percentage	frequency	percentage	frequency	percentage
Medical	9	75	3	25	-	-
Food	6	50	4	33.3	2	16.7
Accommodation	8	66.7	2	16.7	2	16.7
Recreation	8	66.7	4	33.3	-	-
Personal items	3	25	2	16.7	7	58.3

Table 4.27 (b) shows that 58.3 percent of adolescents interviewed indicated that provision of personal items was below average followed by provision food and accommodation indicated by 16.7 percent respectively. Table 4.28 shows the provision of welfare services at Dagoreti

**Table 4.28 (a): Provision of Welfare Services at Dagorreti According to the Staff**

Welfare services	Above average		Average		Below average	
	frequency	percentage	frequency	percentage	frequency	percentage
Medical	4	80	1	20	-	-
Food	2	40	2	40	1	20
Accommodation	1	20	3	60	1	20
Recreation	2	40	1	20	2	40
Personal items	2	40	1	20	2	40

Table 4.28 (a) indicates that majority of staff members felt that the provision of most welfare services was average and above while on below average, the highest percentage was 40 percent which was indicated on the provision of recreation and personal items.

Table 4.28 (b) shows the provision of welfare services at Dagoreti according to the adolescents

**Table 4.28 (b): Provision of Welfare Services at Dagoreti According to the Adolescents**

Welfare services	Above average		Average		Below average	
	frequency	percentage	frequency	percentage	frequency	percentage
Medical	6	75	2	25	-	-
Food	5	62.5	1	12.5	2	25
Accommodation	3	37.5	1	12.5	4	50
Recreation	5	62.5	1	12.5	2	25
Personal items	1	12.5	2	25	5	62.5

According to Table 4.28 (b), 75 percent of adolescents interviewed indicated the provision of medical services to be above average followed by provision of food and recreation indicated by 62.5 percent on each. The provision of personal items and of accommodation was indicated to be below average by 62.5 percent and 50 percent respectively.

The staff member's opinion on the provision of welfare services and that of adolescents vary considerably with the staff indicating more satisfaction with few indications on the below average. On the other hand the adolescents indicated dissatisfaction with the provision of personal items with more indications on below average. The variation could be due to the fact that the staff members could be the providers while the adolescents are the recipients of the services. Adolescents and staff members concur that provision of personal items was unsatisfactory. Improvement in the provision of accommodation, food

and recreation is also needed. The provision of medical care seemed to be adequate as indicated by majority of adolescents and staff members to be above average.

#### 4.8. Areas that Require Improvement.

The aim of this study was to recommend intervention areas that would improve the performance of the government rehabilitation schools thus making them more effective.

This was done by first identifying the areas that require improvement on both the school and rehabilitation process and are presented in Table 4.29 below.

**Table 4.29 :Areas that Require Improvement According to the Staff.**

AREA	FREQUENCY	PERCENTAGE
Orientation	10	76.9
Staffing	9	69.2
Counseling	7	53.8
Education	6	46.2
Placement	4	30.8
Facilities	4	30.8
Recreation	3	23.1
Medical	2	15.4
Vocational	2	15.4
Reintegration into the society	2	15.4
Rehabilitation	2	15.4

According to the Table 4.29 the most prevalent areas were orientation indicated by 76.9 percent followed by staffing indicated by 69.2 percent and counseling which was mentioned by 53.8 percent. Education was mentioned by 46.2 percent of the staff members involved in the study. To get areas that require improvement the adolescents were also interviewed on the same and they were required to state a maximum of five things they were not happy with in the rehabilitation school. Nine of the most prevalent items were sampled out. They are presented in Table 4.30

**Table 4.30: Areas that Require Improvement According to the Adolescents.**

Area	Frequency	Percentage
Caning and punishment	22	75.9
Quantity and variety of food	19	65.5
Provision of personal items	19	65.5
Doing manual work	19	65.5
Provision of time to go home for holidays	18	62.1
Teacher's attendance to classes	16	55.2
Number of teachers	15	51.7
Sanitation	14	48.3
Time of taking meals and being locked up	14	48.3

Table 4.30 indicates that majority of the adolescents were not happy with the way they were caned and punished while 65.5 percent were not happy with the issue of food, provision of personal items and doing manual work respectively. Teacher's attendance to classes was mentioned by 55.2 percent and issue of few teachers was indicated by 51.7 percent. Sanitation and taking meals and being locked up early was indicated by 48.3 percent.

The areas mentioned by the adolescents touched on the programs of the rehabilitation schools namely welfare and education. On education two issues were highlighted, low attendance of teachers to classes by 55.2 percent and low number of teachers by 51.7 percent. This can be attributed to the fact that most adolescents were involved in learning activity as indicated by 62.1 percent in table (5.4) According to Nielsen. (1991) few programs that have succeeded in rehabilitating delinquents rely on a combination of cognitive and social learning techniques that teach delinquents new ways of behaving through positive reinforcement and contingency contracts. This agrees with the fact that 75.9 percent of adolescent delinquents interviewed were not happy with caning and punishment and 65.5 percent with manual work. This can be among the reasons why rehabilitation is not effective in government rehabilitation school. Table 4.31 shows the staff members recommendations for improvement of rehabilitation schools.

**Table 4.31: Staff Member's Recommendations .**

<b>Responses</b>	<b>Frequency</b>	<b>Percentage</b>
All staff members to be trained in counseling	10	76.9
More staff members especially teachers and welfare officers	9	69.2
Involve parents in the rehabilitation	7	53.8
Permanent qualified counselors to be employed	7	53.8
Addition and renovation of physical facilities	6	46.2
Staff members to be attending refresher courses on rehabilitation regularly.	6	46.2
Proper orientation to be done on new adolescents being admitted.	5	38.5
Rehabilitation schools to have their own curriculum.	5	38.5
Addition of recreation facilities	3	23.1
A secondary school for adolescent already in that level to be established	3	23.1
A reception center for girls to be established	3	23.1
Schools to have trained medical officers to deal with issues of rape and drugs	2	15.4
Vocational programs to be added	2	15.4
Have follow up officers to follow the progress of the adolescent after reintegration with the society.	2	15.4
Placement to be done according to talent.	1	7.7

Table 4.31 shows that the staff members had diverse recommendations for improvement on the performance of the rehabilitation schools. Strong among these was the need for all the staff members to be trained in counseling indicated by 76.9 percent This shows that the staff members acknowledge the role of counseling in the rehabilitation and in handling the delinquents. The adolescents were also interviewed on the areas they were not happy with and how to improve on them. Their responses are presented in Table 4.32

**Table 4.32 :Adolescents Recommendations**

<b>Responses</b>	<b>Frequency</b>	<b>Percentage</b>
Being talked to instead of canning and punishment	11	37.9
More food and variety to be added.	9	31.0
To be allowed to be going home for holidays.	8	27.6
Personal items to be issued regularly and equally	8	27.6
Not being locked like criminals	7	24.1
Manual work to be less.	6	20.7
More teachers to be added	5	17.2
Teachers to be attending lessons	5	17.2
To be given more clothes and shoes	4	13.8
Lights to be put in classes (Dagoreti)	3	10.3
Children to respect teachers	2	6.9
Children to stop abusing and fighting one another	2	6.9

Table 4.32 indicates that adolescents like the staff members had diverse recommendations. Strong among them was the need for rehabilitators to avoid caning and punishments and use counseling indicated by 37.9 percent. This gives more strength to the need of all the staff members to be trained in counseling indicated by the staffmembers in Table 4.31

## CHAPTER FIVE

### SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

#### 5.0 Introduction.

In this chapter the main findings of the study are summarized and conclusions are drawn. Recommendations and areas of further research have also been pin pointed.

#### 5.1 Summary of the Research findings

The major concern of this study was to assess the factors related to the effectiveness of government rehabilitation schools. The factors were : availability of rehabilitation programs, perception of adolescents, parent's involvement, rehabilitative qualities of the staff members and the conducive environment for the rehabilitation process. The summary of the findings is presented as follows;

- According to the demographic information of the study the majority of the staff members were females and were above 35 years of age while majority of the adolescents were between ages 14 – 18 years. Shortage of staff members was also indicated by both the adolescents and staffmembers.
- The study found that the adolescent's perception of the rehabilitation schools was not adequate with few being aware of the nature of the school (13.8 percent) and purpose of them being there (41.4 percent). The process of orientation was also found to be below average.
- The rehabilitation programs; education vocation training, guidance and counseling recreation and spiritual programs were found to be in place, however there was found to

be need of other programs to enhance success of the rehabilitation process that is open-day forums, educational tours, spiritual seminars and exchange programs.

- The staff members were found to relate well with the adolescents, however attendance to refresher courses was minimal indicated as below average by 62 percent of the staff members in Table 4.17
- The parents were found to be minimally involved in the rehabilitation process of their children while as then as indicated in Table 4.20
- The status of the physical facilities varied depending on the school. Their condition in kirigiti and kabete was better than those at Dagoreti. Majority of the staff members and adolescents indicated provision of medical care to be average and above while they indicated provision of personal items to be below average.
- The study indicated that the staff members and also adolescents had varied areas that required improvement strong among them being orientation indicated by 76.9 percent of staffmembers and caning and punishments indicated by 75.9 percent of adolescents interviewed. They also had diverse recommendations on how to improve the schools and the rehabilitation process strong among them was training all staff in counseling indicated by 76.9 percent of the staff members interviewed and counseling instead of caning and punishment indicated by 37.9 percent of the adolescents interviewed.

## 5.2 Conclusions of the Study

The following conclusions were drawn from the study findings.

- The adolescents had insufficient perception of the schools due to inadequate or faulty information and inadequate orientation.
- The rehabilitation programs are available which needed to be enhanced since the recommendations did not indicate new programs but were concerned with those already in place.
- The staff members had qualities that could promote rehabilitation and which can be enhanced through regular attendance to refresher courses to enhance the rehabilitator's skills on rehabilitation.
- There were diverse ways of involving parents in the rehabilitation process above provision of personal items and occasional visits.
- More physical facilities needed to be put in place and refurbishment done on those already in place.
- There is need to have permanent trained counselors in the rehabilitation schools and the staff members to be trained in the minimum counseling skills.

### 5.3 Recommendations of the Study

From the research findings the following recommendations are made;

- Proper orientation process that fully involve the staff members and the adolescents already undergoing the rehabilitation process in the school ,and that provide information on the nature of the schools and purpose of being there to be put in place
- Frequent seminars, workshops , in service and refresher courses on rehabilitation be availed to the staff members. These courses may serve to equip them with necessary knowledge and skills to handle the adolescent delinquents.
- Various opportunities to be availed to the parents for them to participate in the rehabilitation of their children This is because most of the issues that predispose the adolescents to delinquent behaviors are mainly in the family. The adolescents also go back to their families after the term of rehabilitation ends. The schools can organize for family therapy and restorative therapies which requires a trained professional counselor.
- The purpose of these schools being rehabilitative, rehabilitation schools ought to have permanent or part-time professional counselor/counselors.This is also strengthened by the fact that counseling was the highest indicated recommendation by the adolescents instead of canning and punishment (Table 4.31).

- New facilities should also be put up and refurbishment of the already existing ones should be done especially at Dagoreti rehabilitation school. This would make the rehabilitation school environment conducive and supportive of rehabilitation process.
- The following aspects of the rehabilitation process, education, vocational, spiritual recreation and welfare services , need to be intensified and strengthened for more effective rehabilitation as recommended by the staff members and adolescents in tables 4.31 and table 4.32 respectively.

### **5.5 Suggestions for Further Research**

1. A similar study should be done in other rehabilitation schools outside Nairobi and Kiambu This would help in making general conclusions for the whole nation after which measures towards improvement could be under taken.
2. There is need to investigate the relevance of a reception centre in the rehabilitation process and if there is need for one to be established for the girls too.
3. The nature of the counseling process in the rehabilitation school,s need to be investigated. This emanates from the discrepancy in the findings where by guidance and counseling was indicated by most of the staff members (69.2 percent) as compared to the other programs. However, the adolescents did not indicate counseling activities in the list of the activities they were involved in at the schools.

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**APPENDICES 1****Letter of introduction to the respondent**

KENYATTA UNIVERSITY

P.O. BOX 43844,

NAIROBI

Dear Sir/Madam,

Thank you very much for accepting to participate in this study. The purpose of this study is to establish the ways of increasing the effectiveness of Government Rehabilitation Schools in the rehabilitation of children.

Please read the instructions carefully and kindly respond to all the items in the questionnaire.

Yours faithfully

Gachara Esther

M.A Student

Department of counseling psychology

Kenyatta University.

**APPENDIX 11****Staff questionnaire:**

The questionnaire is designed into FOUR SECTIONS a, b, c, d and e and has a total of 23 items only.

Your response will be completely anonymous and will be used by the researcher for the purpose of this study only. All information in the questionnaires will be confidential.

Please do not write your name or the name of your school anywhere on the questionnaire.

**1.0 Section A: (Tick only one answer)**

1.1 State your gender

(a) Male [ ]

(b) Female [ ]

1.2 State your age

(a) 18—25years [ ]

(b) 25—35 years [ ]

(c) Above 35 years [ ]

1.3 What is your profession?

(a) Teacher [ ]

(b) Social worker [ ]

(c) Counselor [ ]

(d) Teacher — Counselor [ ]

(e) Any other (specify)

1.4 What is your highest qualification?

(a) Certificate [ ]

(b) Diploma [ ]

(c) Graduate [ ]

(d) Post-graduate [ ]

1.5 What is your responsibility in this school?

(a) Manager [ ]

(b) Deputy manager [ ]

(c) Head teacher [ ]

(d) Deputy head teacher [ ]

(e) Teacher [ ]

(f) Counselor [ ]

(g) Any other (specify)

(1.6) State the type of your school

(a) Boys only [ ]

(b) Girls only [ ]

(c) Boys & Girls [ ]

**2.0 Section B: (Tick only one answer)**

2.1 List the main rehabilitation programs offered in this school.

(a)

(b)

(c)

(d)

(e)

2.2 (a) Are there other programs that you feel should be included in the list you have given above?

(a) Yes

(b) No

2.2 (b) If yes list them down

(a)

(b)

(c)

(d)

(e)

**3.0 Section C:**

3.1 How do you rate your involvement in the orientation process of pupils to the rehabilitation school?

- (a) Very much involved [ ]
- (b) Much involved [ ]
- © Fairly involved [ ]
- (d) Involved [ ]
- (e) Not involved [ ]

3.2 How do you rate the involvement of the other pupils in the orientation of new pupils?

- (a) Very much involved [ ]
- (b) Much involved [ ]
- © Fairly involved [ ]
- (e) Not involved [ ]

3.3 How do you describe the orientation process of pupils on joining this school?

- (a) Very good [ ]
- (b) Good [ ]
- (c) Fair [ ]
- (d) Not sure [ ]
- (e) Not good [ ]

3.4 How do you describe the environment in which the orientation process takes place?

- (a) Very friendly [ ]
- (b) Friendly [ ]

- © Somehow friendly [ ]
- (d) Not sure [ ]
- (e) Not friendly [ ]

#### 4.0 Section D:

4.1 How frequent do you attend refresher courses on rehabilitation?

- (a) Very frequent [ ]
- (b) Frequent [ ]
- (c) Sometimes [ ]
- (d) Rarely [ ]
- (e) Not at all [ ]

4.2 How do you describe the relationship between the staff members and the pupils?

- (a) Very good [ ]
- (b) Good [ ]
- (c) Fair [ ]
- (d) Not sure [ ]
- (e) Not good [ ]

4.3 How would you describe the relationship amongst the staff members in relation to the implementation of rehabilitation programs?

- (a) Very co-operative [ ]
- (b) Co-operative [ ]
- (c) Somehow co-operative [ ]
- (d) Not sure [ ]
- (e) Un co-operative [ ]

4.4 How do you describe the involvement of parents in the rehabilitation of their children?

- (a) Very much involved [ ]
- (b) Much involved [ ]
- (c) Fairly involved [ ]
- (d) Involved [ ]
- (e) Not involved [ ]

4.5 List down the ways in which the parents are involved in the rehabilitation process

(a)

(b)

(c)

(d)

(e)

4.6.1 In your opinion, are there other ways in which you feel parents should be involved.

(a) Yes [ ]

(b) No [ ]

4.6.2 If yes list them down

(a)

(b)

(c)

(d)

(e)

7 How would you describe the status of facilities in this school?

	<b>Very Good</b>	<b>Good</b>	<b>Fair</b>	<b>Not Sure</b>	<b>Not good</b>
(a) Dormitories	[ ]	[ ]	[ ]	[ ]	[ ]
(b) Sanitation	[ ]	[ ]	[ ]	[ ]	[ ]
© Kitchen and dining hall	[ ]	[ ]	[ ]	[ ]	[ ]
(d) Classrooms and vocation rooms	[ ]	[ ]	[ ]	[ ]	[ ]
(e) Recreational facilities (games fields, T.V. rooms etc.)	[ ]	[ ]	[ ]	[ ]	[ ]

4.8 How would you describe the provision of the following services?

	<b>Very Good</b>	<b>Good</b>	<b>Fair</b>	<b>Not Sure</b>	<b>Not good</b>
(a) Medical care	[ ]	[ ]	[ ]	[ ]	[ ]
(b) Food	[ ]	[ ]	[ ]	[ ]	[ ]
© Accommodation	[ ]	[ ]	[ ]	[ ]	[ ]
(d) Recreation	[ ]	[ ]	[ ]	[ ]	[ ]
(e) Personal effects (Soap, tissue paper, sanitary towels etc.)	[ ]	[ ]	[ ]	[ ]	[ ]

**5.0 Section E:**

5.1 Give the areas that in your opinion require improvement concerning the following.

5.1.1 Rehabilitation process

(a)

(b)

(c)

(d)

(e)

5.1.2 Rehabilitation school

(a)

(b)

(c)

(d)

(e)

5.2 State the ways in which the areas you have mentioned above can be improved.

5.2.1 Rehabilitation process

(a)

(b)

(c)

(d)

(e)

Rehabilitation school

(a)

(b)

(c)

(d)

(e)

**APPENDIX 111****Adolescent's interview schedule****Section A (Tick only one answer)**

1.1 State your gender

(a)Male (b)Female 

1.2 State your age

(a)10 – 13 years (b)14 – 18 years ©Above 18 years 

1.3 For how long have you been in this school?

(a)0 – 1 year (b)1 – 2 years ©Above 3 years 

1.8 Have you ever been to a rehabilitation school before?

(a)Yes (b)No

**2.0 Section B**

2.1 Were you informed of the following before joining this school?

	Yes	No
(a)Name of the school	[ ]	[ ]
(d)Purpose of being in this	[ ]	[ ]
(e)Period of stay in this school	[ ]	[ ]

Any other specify.

2.2 What activities were you informed you would be involved in when you get here?

2.2 What activities are you involved in, this school?

**3.0 Section C**

3.2.1 Does your Parents visit you?

3.2.2 In what ways does your parents assist you while in this school?

3.3 In which school activity is your Parent involved?

3.9 Do the school have interschool activities (sports, drama, debate)?

- 3.10 Which other activities do pupils in this school participate in outside this school?
- 3.11 How often do you participate in the above-mentioned activities?
- 3.12 How do you relate with the staff members of this school?
- 3.13 How do the staff members relate with each other?
- 3.14 How do you see your staff members? List down five characteristics
- 3.15 What is the condition of the following facilities\?
- (a) Dormitories
  - (b) Sanitation
  - (c) Kitchen and Dining hall
  - (d) Classrooms and Vocation rooms

(e) Recreation facilities (fields, television, radios and games kits)

3.16 Describe the provision of the following services

(a) Medical care

(b) Food

(c) Accommodation

(d) Recreation (T.V, Radio, Sports)

(e) Personal effects (soap, toilet paper sanitary towels e.t.c)

#### 4.0 Section D

4.1 What is it about this school that you are not happy with?

(a)

(b)

©

4.2 What would you like being done about it?

(a)

(b)

©

(d)

(e)

	1	2	3	4	5
(a)					
(b)					
©					
(d)					
(e)					

## APPENDIX 1V

### Observation checklist

#### 1.0 Availability and display of program schedules or timetables at various strategic areas

(Class rooms, staff room, administration office, notice board and dining hall)

<b>Programs</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
(a) Formal education					
(b) Vocational training					
© Spiritual growth					
(d) Guidance and counseling					
(e) Recreation (sports, music, debate)					

#### 2.0 Evidence of community participation in school programs (certificates, trophy, program schedules, acknowledgements)

<b>Communities</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
(a) Parents					
(b) Civil societies					
© Religious organizations					
(d) Other educational institution					
(e) International organizations					

#### 3.0 Personal etiquette of the staff members

<b>Etiquettes</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
(a) Grooming					
(b) Response to duty					

© Verbal communication

4.0 The condition of physical facilities (cleanliness, maintenance, space, furniture)

	1	2	3	4	5
(a)Dormitories					
(b)Sanitation					
©Kitchen					
(d)Classrooms					
(e)Workshops					
(f)Recreation facilities					
(h)Guidance and counseling room					
(i)Medical clinic					

5.0 Provision of the essential services

	1	2	3	4	5
(a)Management (Division of labour, availability of departments)					
(b)Guidance and counseling (Content of the programs)					
(c) Formal education (Performance response to bells)					
(d)Vocation training (Time allocation, variety of products)					
(e)Spiritual(Pastoral programs regularities)					

## +6.0 Provision of the welfare services





	1	2	3	4	5
(a) Accommodation (Condition of beds, beddings)					
(b) Recreation (Television, radio, sports equipments)					
(c) Security (Fencing, doors, windows)					
(d) Medical Care (Clinic, nurse, drugstore)					
(e) Food (Quantity, Quality)					

**APPENDIX V****Budget**

<b>ITEM</b>	<b>AMOUNT</b>
Stationary	5,000
Secretary services	10,000
Traveling services	5,500
Photocopy services	2,000
Telephone services	1,000
Computer services	20,000
Binding services	2,000
Miscellaneous services	5,000
<b>TOTAL</b>	<b>50,500</b>

## APPENDIX VI

## Work plan

	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY
Proposal writing and presentation						
Instrument piloting and reforming.						
Administering of instruments and data collection						
Report writing, binding and presentation.					