

**AN EXAMINATION OF SPECIAL NEEDS EDUCATION  
ASPECTS EMBEDDED IN JUVENILE REHABILITATION  
PROGRAMMES IN KENYA AND THE RESULTANT  
REHABILITATION OUTCOMES**

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**SEPTEMBER, 2014**

**DECLARATION**

“This thesis is my original work and has not been presented for a degree in any other university or any other award.”

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## **DEDICATION**

I dedicate this work to children with Special Needs in Education and wish them a more inclusive tomorrow.

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*Barikiweni Sana.*

## LIST OF ABBREVIATIONS

|          |  |
|----------|--|
| CO       | Children’s Officers  |
| CRC      | Convention on the Rights of the Child                                    |
| DCO      | District Children’s Officers   |
| EARC     | Educational, Assessment and Resource Centre                              |
| EBD      | Emotional and Behaviour Disorders  |
| EFA      | Education For All  |
| FGD      | Focus Group Discussion   |
| GoK      | Government of Kenya  |
| HIV/AIDS | Human Immunodeficiency Virus / Acquired Immune Deficiency Syndrome       |
| HRW      | Human Rights Watch   |
| IQ       | Intelligence Quotient  |
| ITP      | Individual Treatment Plan  |
| JD       | Juvenile Delinquency   |
| JJS      | Juvenile Justice System  |
| KCPE     | Kenya Certificate of Primary Education                                   |
| KICD     | Kenya Institute of Curriculum Development                                |
| MGD      | Millennium Development Goals   |
| MoGCSD   | Ministry of Gender, Children, and Social Development                     |
| NGO      | Non-Governmental Organisation  |
| NSRSCI   | National Standards and Regulations for Statutory Children’s Institutions |
| RAC      | Reception and Assessment Centre(s)                                       |
| SIF      | Social Inquiry Form  |
| SNE      | Special Needs Education  |
| UN       | United Nations   |
| UNESCO   | United Nation’s Education and Cultural Organization                      |
| WYR      | World Youth Report   |

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## ABSTRACT

Juvenile rehabilitation in Kenya has experienced many changes and reforms since its inception by the colonial government, in this view; the purpose of this study was to examine the correction of offenders in juvenile rehabilitation institutions with the aim of exploring the embedded special needs education aspects, and the resultant levels of success versus recidivism. The objectives of the study were; to explore the policy guiding juvenile rehabilitation in Kenya, to examine tools and procedures of assessing offenders, to find out the curriculum for juvenile rehabilitation employed in Kenya, to establish the transitional services available to exitees, and to investigate the status of juvenile rehabilitation in relation to inclusive education. A mix of Phenomenology and Descriptive Survey research designs were used to explore lived experiences of juvenile offenders, and the current status in juvenile rehabilitation in Kenya respectively. Data collection instruments comprised interview guides, questionnaire, Focus Group Discussion guide, and Content Analysis guide. The study population constituted approximately 1747 children, 9 Managers, 9 Children's Officers, and 400 staff members from public juvenile rehabilitation institutions in Kenya. Kiambu and Nairobi Counties were selected purposively because they hold the only two Reception and Assessment Centres for either gender. In total, two rehabilitation institutions were purposively selected from each county based on their functions and gender; they included Kirigiti, Kabete, Getathuru and Dagoreti. The total research sample was 138 respondents who comprised, 54 boys, 36 girls, 4 managers, 4 Children's Officers, and 40 staff members. A pilot study was done at Othaya Rehabilitation Institution to establish validity and reliability of research instruments. Qualitative data analysis utilising principles of thematic analysis, and descriptive statistics for quantitative data were used in data analysis. The research findings indicate that the Children Act is the main policy guiding juvenile rehabilitation, and that some international statutes to which Kenya is a signatory have not been ratified. The assessment tools and procedure for assessing juvenile offenders were found to be inadequate and lacking the capacity to identify all causes of problem behaviour. The study show that children are assessed by any officer on duty, regardless of their qualifications, this may lead to misdiagnosis. The study revealed that there are no provisions on curriculum for juvenile rehabilitation; consequently, each institution designs its own content. The current exit strategies were found to be inadequate and unable to deter exitees from reoffending. Other findings indicate that post-institutional phase of rehabilitation was non-functional, resulting to recidivism levels of over 30%. The research shows inclusive rehabilitation was practised for children with special needs who offend even though this is occasioned by lack of appropriate rehabilitation school for children with special needs. The study recommended improvement of juvenile rehabilitation through formulation and review of policies, development of rehabilitation curriculum, and assessment tools, provision of aftercare services, and through utilization of special needs education practises in the overall function of rehabilitation institutions and programmes. A framework for improvement of juvenile rehabilitation was developed. Finally, the study ended with recommendations for further research.

## **CHAPTER ONE**

### **INTRODUCTION**

#### **1.1. Introduction**

This chapter introduces the study through a detailed background, the purpose of study, statement of the problem, study objectives, and the significance of the study. The chapter also outlines the scope and limitations, assumptions and theoretical basis of the study. The chapter ends with a conceptual framework that summarises the interactions of study variables.

#### **1.2. Background to the Study**

This study examined the current rehabilitation institutions and programmes in Kenya, with the purpose of exploring the special needs education features embedded in rehabilitation of juvenile offenders and establishing the status of rehabilitation institutions in relation to inclusive education. Teachers in every era have faced the problem of disorderly and disturbing behaviour in children. Attempt to conceptualise disorderly and disturbing behaviours forms the genesis of special needs education (SNE) for learners with Emotional and behavioural disorder (EBD). This is a broad category of special needs with many sub-categories such as emotional disturbance and problem behaviours. This study focused on sub-category of juvenile delinquency (JD).

Kirk, Gallagher & Anastasiow (2003), has defined Juvenile Delinquency as criminal acts performed by children, often referred to as offences. Kirk, et, al. (2003) posit that, unlike other children with special needs, children with JD carry the burden of being

blamed for their actions, based on the assumption that they can control their behaviours. This results in a spiral of exclusions of the child, in contrast to inclusive education that is the current worldwide trend in SNE (Reid & Peer, 2012). Inclusive education recognizes all children as being a vital and integral part of the general education system regardless of their special needs.

Reid & Peer, (2012) observed that most problems faced by persons with disabilities are environmental and societal, and that most special needs are not disabling, but individuals become disabled due to the reaction they receive from the society. On the contrary, Ndani & Murungami, (2010) established that inclusive education eliminates stigma, develops positive attitudes towards learners with SNE and promote social development through interactions of all learners. Furthermore Schwartz, (2005) points out that children with JD are not cognitively impaired as a primary disability and therefore have a good potential to succeed academically within a normal school if their behavioural needs are satisfactorily addressed. He adds that inclusive education is cost effective, has many advantages, and it should therefore be implemented in all educational settings.

According to Tassoni (2003); Ndani & Murungami, (2010); and Gargiulo, (2012), inclusive education entails rendering services that address a child's special needs at the regular school, while considering the best interest of the child and in collaboration with the society. Juvenile rehabilitation in Kenya deviates from inclusion by offering rehabilitation in exclusive schools. This clearly disadvantages the concerned learners.

The advantages of inclusive education notwithstanding, the Kochung Report, Government of Kenya (GoK, 2003), revealed that rehabilitation of children with JD in Kenya is done in exclusive schools, which operate without a prescribed rehabilitation curriculum. This study sought to establish the content of curriculum for juvenile rehabilitation currently employed at rehabilitation institutions, in view of research conducted by Watt, (2006) and Kerr, & Nelson, (2010) which show that many children stop offending when properly rehabilitated. Moreover, according to Human Rights Watch (HRW), (1997); World Youth Report (WYR), (2005); Globetree Association, (2007); Kaba, (2010); GoK, (2009b) and Kauffman, & landrum, (2009), crime rate among youth and children has been on the rise in many countries in spite of the presence of juvenile rehabilitation programmes. This increased offence rate raises doubts on the effectiveness of the current juvenile rehabilitation programmes. This situation necessitates an examination of the current programmes operational in Kenya.

Juvenile rehabilitation in Kenya is anchored on many international and local policies and guidelines, they include; The Convention on the Rights of the Child (CRC) (UN, 1989), United Nations Standard Minimum Rules for the Administration of Juvenile justice (Beijing Rules), (UN, 1985); United Nations Guidelines for the Prevention of JD (Riyadh guidelines), (UN, 1990a); and United Nations Rules for Juveniles Deprived of their Liberty (Havana Rules), (UN, 1990b). These policies outline aspects such as the nature of treatment, the welfare, and education of the juvenile offender. The GoK has domesticated some of these policies; for instance, the CRC was ratified through the Children Act (GoK, 2001), and the Beijing rules (UN, 1985) domesticated

through the National Standards and Regulations for Statutory Children's Institutions (NSRSCI), (GoK, 2008).

These international policies on juvenile rehabilitation overlie the Millennium Development Goals (MDG) (UNDP, 2007), and in particular the second priority of achieving universal primary education by 2015. This corresponds to Education For All (EFA) (UNESCO, 2000) goal 2 on access and completion of education and goal 3 on access to appropriate learning and life-skills programmes, and Salamanca Statement and Framework for Action on SNE (UNESCO, 1994), reaffirmation of the right to EFA. The declaration of the rights of children is also entrenched in GoK - Vision 2030 goals and Section 53 of the constitutional of Kenya (GoK, 2010) stating specific application of rights.

The need for EFA cannot be overstress in view of the World Bank's findings in Groce & Trani, (2009) indicating that although persons with disabilities make only 10% of the world's population, they represent 20% of the world poor, with higher illiteracy rates. Other studies Cain, (1997); Kirk, et. al, (2003); Lokanadha, Santhakumari, Kusuma and Shyamala (2005); and Watt, (2006) indicate that large numbers of youth with criminogenic behaviours have SNE and that about 20% of students with JD are arrested at least once before they leave school (American Bar Association & National Bar Association, 2001). Consequently, the importance of SNE orientation to juvenile rehabilitation cannot be overemphasized, considering its potential for catering for diverse needs of the offenders.

Farrell, (2006); WYR, (2003); and Lokanadha, et. al, (2005) recommends varied forms of treatment of juvenile offenders to respond to increasing offence levels. Some of the most promising initiatives include rehabilitation within the economic sector, where professional development programmes are set up to provide legal alternatives for income generation to replace of criminogenic tendencies. Other programmes involve offering young people increased economic opportunities, professional training and education. Generally, an appropriate programme should provide curative and preventive measures.

In Kenya, the Department of Children undertakes juvenile rehabilitation under the Ministry of Gender, Children, and Social Development (MoGCSD). The department started in 1900 by the colonial government to deal with children whose activities were detrimental to colonial interests. Its first name was Department of Approved Schools, its name changed to Department of Children after independence. The department has frequently changed its functions and management under various ministries including ministry of Home Affairs, Education, and currently MoGCSD. Currently, there are nine rehabilitation institutions (previously called Approved Schools, a euphemism for 'children's prison') under the Department of Children. The first male rehabilitation institution was Kabete established in 1909, while Kirigiti was the first female rehabilitation institution started as a detention camp for female freedom fighters. The initial schools applied punitive measures and reformation of the offender was of least interest to the colonial rulers (Chloe, 2002, and Mugo, 2004). After independence, the schools changed into juvenile holding facilities and acted as orphanages, until 2001 when their function changed to full rehabilitation and education.

The juvenile rehabilitation programme in Kenya has undergone frequent unaudited changes (Kathungu, 2010). For instance, Mugo (2004) identified four paradigm shifts in the service between 1909 and 1995. The four paradigms are; Disciplinary, Caritative, Egalitarian and Systematic, which are elaborated in chapter two. The frequent changes and paradigm shifts indicate lack of clear understanding whether juvenile rehabilitation is an educational, a correctional, or a welfare service. Furthermore, Mugo's research focussed on the period ending about two decades ago. The introduction of universal primary education in 2003 by GoK led to provision of academic education among incarcerated people as witnessed in adult's jails. It was therefore necessary to examine what was happening in juvenile rehabilitation programmes in a decade after universal primary education.

Currently, the Children Act (GoK, 2001) and the NSRSCI (GoK, 2008) are the guiding legal provisions for juvenile rehabilitation in Kenya. However, the policy guidelines are not explicit on specific aspects such as assessment, curriculum, and transitional services. Policy guidelines on education of children with SNE in Kenya also lack precision on the approaches to juvenile rehabilitation. For instance, The National SNE Policy Framework (SNE Policy) (GoK, 2009a) has only listed emotional and behavioural disorder, and omitted its related aspects. The lack of specific considerations of offenders reverberates in the new Constitution (GoK, 2010). Although the Constitution points to increased policy concerns that incarcerated people including juveniles have a right to education, provision of education in correctional institutions in Kenya vary significantly, where adult correctional institutions have already embraced EFA. On the other hand, committed children remain disadvantaged

due to limited provisions for academic education at rehabilitation institutions in which the main concern is changing the child's behaviour. In view of the preceding discussions, this study sought to examine whether rehabilitation institutions are responding to the unmet educational needs for the juvenile offender, and at the same time changing the offender's behaviour for proactive community life upon release.

### **1.3. Statement of the Problem**

Kenya witnessed increasing crime rates between 2003 and 2008. A government report (GoK, 2009b) indicated that about 7,498 juvenile offenders went through statutory children institutions in 2010 indicating high rates of JD in Kenya. Many studies on JD (Wakanyua, 1995; HRW, 1997; Mugo, 2004; and Kinyua, 2004) have focussed on various issues including handling of offenders, psychological, and social issues in rehabilitation. These studies revealed that juvenile offenders are mishandled, resulting in low self esteem in children and frustration among service providers. Other studies show that the current rehabilitation institutions; have undergone many unaudited reforms and changes (Kathungu, 2010), lack a curriculum of rehabilitation (GoK, 2003), and the service providers were unqualified (Kathungu, 2010). Most of the studies were however conducted before the inception of the NSRSCI (GoK, 2008).

Nevertheless, these studies point out many research gaps in juvenile rehabilitation, but have not shed light on them through empirical research. These gaps include; effectiveness of rehabilitation programmes, levels of policy implementation, post-institutional phase of rehabilitation, and SNE aspects of juvenile rehabilitation. This study set out to address these research gaps by focussing attention on the hitherto

understudied areas of juvenile rehabilitation. In particular, the focal point of this study was examination of the aspects of SNE embedded in juvenile rehabilitation programmes in Kenya, with special reference to policies, assessment, curriculum, transitional services, and inclusive education.

#### **1.4. Purpose of the Study**

The purpose of this study was to examine the aspects of special needs education embedded in the correction of offenders in juvenile rehabilitation institutions in Kenya, with an aim of finding out the rates of success and recidivism of exitees. The special needs education aspects of interest to this study were policy provisions, assessment tools and procedures, rehabilitation curriculum, transitional services and inclusive education.

#### **1.5. Objective of the Study**

This study aimed at achieving the following objectives:

1. To explore the policy guiding juvenile rehabilitation in Kenya.
2. To examine the assessment tools and procedures used in juvenile rehabilitation institutions in Kenya.
3. To evaluate the curriculum of juvenile rehabilitation employed in rehabilitation institutions in Kenya
4. To establish transitional services available to graduate of juvenile rehabilitation.
5. To determine the status of juvenile rehabilitation in relation to inclusive education practices.

## **1.6. Research Questions**

The study aimed at answering the following research questions:

1. What is the policy guiding rehabilitation of juvenile offender in Kenya?
2. What does assessment of juvenile offenders in rehabilitation institutions entail?
3. Which is the curriculum of juvenile rehabilitation employed in rehabilitation institutions in Kenya
4. Which transitional services are available to exiting juvenile offenders in Kenya?
5. What is the status of rehabilitation institutions in relation to inclusive education practices?

## **1.7. Significance of the Study**

The findings of the study will contribute to the on-going reforms in the police and judiciary sectors by ushering in SNE orientation to handling and assessment of juvenile offenders, thereby diverting many children from entry into the juvenile justice system (JJS), and at the same time, cater for children with special needs. The researcher hoped to produce information for use by policy makers while designing assessment tools, curriculum for juvenile rehabilitation and transitional services, to reduce labelling, behaviour contamination, and recidivism. The researcher hoped the study would influence policy makers to revert rehabilitation institutions to ministry of education in order to prioritize academic education. The study yielded a framework of juvenile rehabilitation, which the researcher hope the Department of Children will use as a basis for diversion of children from JJS. The researcher hoped the study reminds parents of their duties to children, thereby creating conducive homes and reduced JD.

In addition the researcher hopes this study will form a spring board for future researchers to conduct studies in several areas including; rationale for gender disparities in predisposition to crime, post-institutional life trajectories of exitees, and number of children with SNE processed through JJS in Kenya among others.

### **1.8. Scope and Limitations of the Study**

Only four public rehabilitation institutions were involved in the study due to financial constraints. These schools comprise 44.4% of public rehabilitation institutions, and are therefore representative of Kenya. Furthermore, they include the only two national Receptions and Assessment Centres (RAC) for both genders. The major limitation to this study was inadequacy of data relating to various dimensions of juvenile rehabilitation in Kenya and Africa in general, leading to heavy borrowing from developed countries, which may present different socio-economic contexts within which offences are committed and corrected. However, the local applicability of borrowed models was carefully evaluated.

### **1.9. Assumptions of the Study**

The assumptions of this study were; that all rehabilitation institutions keep records of their daily activities, and copies of all documents, and tools employed in rehabilitation of offenders. The second assumption was that respondents would reveal their experiences and reconstruction of juvenile rehabilitation life with a high degree of honesty, while the third assumption was that the experiences and reconstructions of committed children and service providers would yield adequate data for examining the

rehabilitation programmes and for developing a framework suggesting improvement of juvenile rehabilitation in Kenya.

### **1.10. Theoretical Framework**

This study utilised selected aspects of two theoretical models. They include Robert Merton's Anomie Theory (Merton, 1968) and Irving Goffman's Self Fulfilling Prophecy (Goffman, 1963).

#### **1.10.1. Robert Merton's Anomie Theory (1968)**

Anomie is a sociological term meaning "personal feeling of lack of social norms." It was initially used by Emile Durkheim 1893 to describe the confused state that exists in both individual and the society when social norms are weak, absent or conflicting. Anomie is the breakdown of social norms and values resulting in lawlessness. Merton (1968) in his application of Anomie sees the society as being structured with socially accepted goals and aspirations, and defined socially acceptable means for achieving the goals and aspiration. When a disparity arises between the acceptable goal and the acceptable means, disequilibrium occurs resulting to strain. He describes five reactions to this strain including; conformity, innovation, ritualism, retreatism, and rebellion.

In **Conformity**, an individual accepts the societal set goal and means to these goals, and works hard to achieve them. In **ritualism**, an individual rejects goals perceived as unachievable through legitimate means, leading to lack of motivation to achieve which results into poverty. In **innovation**, an individual accepts the set goals but rejects the prescribed means; leading to use of illegitimate means such as theft and violence.

**Retreatism** occurs when an individual rejects both ascribed goal and means resulting in escape from reality, which may lead to mental illness, drug addiction, and alcoholism. In **Rebellion**, a frustrated individual adopts a new social order to replace the societal norms; resulting to delinquency.

The theory was the most suitable for this study because it points at the main reasons why individuals commit offences, which is important in examination of programmes to establish whether they address the causes of offences. The main argument of this theory is that strain plays a very significant role in offences. Thus, many children commit offences due to lack of legitimate means to their needs. The 3<sup>rd</sup>, 4<sup>th</sup> and 5<sup>th</sup> reactions are important to this study; they allow in-depth understanding of the causes of JD. A paradigm shift may emerge with regard to learners with SNE who may be predisposed by a biophysical or psychodynamic condition. So that unlike the regular learner who may weigh options between right and wrong, some children identified as offenders may be unconscious of the problem behaviour they present in fulfilling their needs. This calls for thorough assessment of context of offence before treatment. Offenders adapt to the treatment given, and some of the children's backgrounds may be full of 'anomie'. Goffman, (1963) self-fulfilling theory, supports this argument.

#### **1.10.2. Irving Goffman's Self Fulfilling Prophecy (1963),**

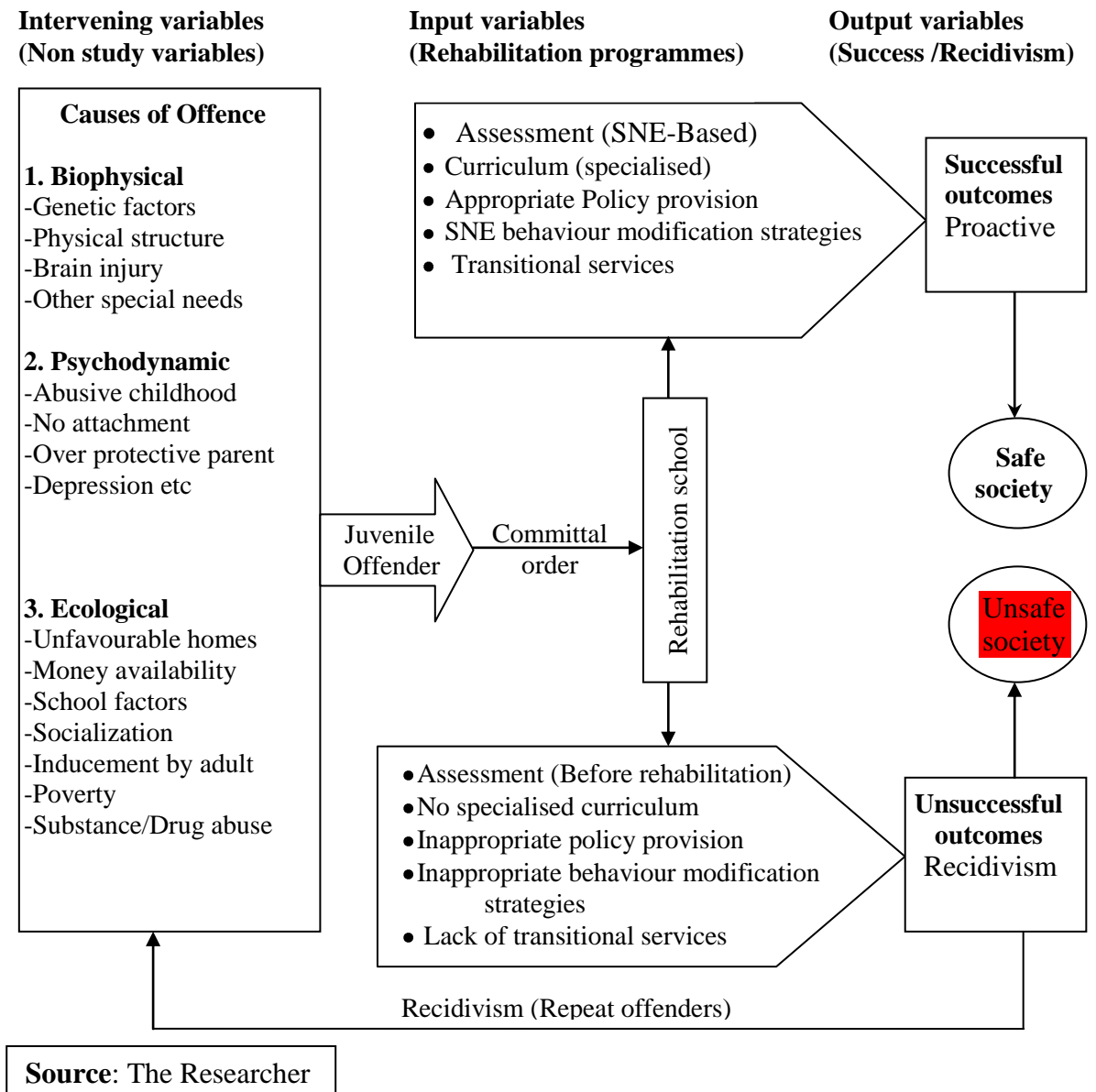
The self-fulfilling prophecy states that use of labels such as "criminal" or "felon" promotes deviant behaviour, becoming a self-fulfilling prophecy (Goffman, 1963). The theory hypothesizes that the labels applied to individuals influence their behaviour, particularly the application of negative or stigmatizing labels and

treatment. It shows that a labelled person adapts to the ascribed deviant labels and simply conforms to the essential meaning of that label. When authoritative persons such as police officers or a teacher does labelling, the judgment becomes very important in the re-evaluation of the self, and the subsequent behaviour. This theory was most applicable in this study since it shows that the kinds of programmes applied at rehabilitation institutions have very significant influence on the rehabilitation outcomes. This implies that success or recidivism in post-institutional life is highly predisposed on the kind of treatment the offender receives. Good rehabilitation practices ensure that assessment and treatment of children anchors on their backgrounds, needs and presentation of SNE, such that individual needs of each student are considered. It is against this background that this research was undertaken.

### **1.11. Conceptual Framework**

This study conceptualizes SNE aspects embedment in juvenile rehabilitation in terms policy, curriculum, and assessment. It identifies individual's needs and contexts of offence as the basis for rehabilitation treatment and transitional services. This process should allow rehabilitation of offenders in settings that are none labelling, thereby affording the rehabilitee an opportunity to reintegrate into their communities in post-institution phase to pursue proactive life. This conceptualization is illuminated through a framework summarizing the interactions of the research variables and the context within which they operate, where Merton's theory relates to the causes of offences, which creates a juvenile offender, while Goffman's theory relates to the treatment given to the offender, which translates in either successful outcome or recidivism. This framework is summarized in Figure 1.1 below.

**Fig. 1.1. Juvenile Rehabilitation Programmes for Successful Rehabilitation Outcomes**



As shown in Figure 1.1 when appropriate programmes are used, juvenile offenders reform to become proactive citizens. This translates to a safer society. On the contrary, inappropriate programmes result into unsuccessful rehabilitation outcomes and unsafe societies. The need to use appropriate programmes can therefore not be over-emphasised.

## 1.12. Operational Definitions of Terms

These terms are defined based on their application in this study.

**Assessment** – refers to the process of identifying the nature and context of an offence, the data obtained is utilised in classifying offenders into risk levels.

**Child-centred procedures** – refers to services offered to a child with special needs that take into considerations the best interest of the child, for the achievement of the child's maximum potential.

**Exitee** – refers to a child who has completed a committal period at a rehabilitation institution.

**Child** - refers to a child aged 18 years and below (Article 1 of the Convention on the Rights of the Child; GoK, 2001).

**Juvenile offender** – refers to a child or young person who is alleged to have committed or has been found to have committed an offence (UN, 1985)

**Juvenile rehabilitation** - refers to the policies, practices, tools and approaches used to modify a child's behaviour in a rehabilitation institution.

**Recidivism** - refers to involvement in offences after an offender have going through a juvenile rehabilitation programme.

**Rehabilitation Approach** – refers to the rehabilitation practices in terms of assessment, content of treatment, transition, and policy guidelines.

**Rehabilitation institution**- refers to both RAC and rehabilitation institutions

**SNE practices** – refers to education at the nearest regular school, and provision of correctional treatment tailored for the individual child's needs.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1. Introduction**

This chapter presents literature review, which begins with an introduction to policy on juvenile rehabilitation, followed by discussion of assessment of juvenile offenders. The third section is on curriculum for juvenile rehabilitation, review of exit strategies employed at rehabilitation institutions follows. The chapter then highlights SNE practises for inclusive education of juvenile offenders. The chapter ends with a summary of the literature review.

#### **2.2. Policies Governing Rehabilitation of Juvenile Offenders**

The legal framework in which SNE operates within a particular country shapes the way special education is seen (Farrell, 2009). According to Gargiulo, (2012) many policies that are common in SNE have resulted from the interaction of a variety of forces, situations and events, that make it necessary to focus on the needs and provisions for persons with special needs. These forces lead to legislation and litigation for general equity.

Farrell (2009) comments on the genesis of policy on SNE by saying that in the late 1900 and into the twenty first century, the term 'social inclusion' began to be widely used based on a social perspective that saw people with disabilities as oppressed. He says that the political class also gained a tendency for greater accountability, sometimes owing to the efforts of lobby groups; coupled with demands for economic

inclusion of persons with special needs. These interrelated socioeconomic and political factors form the basis for policies in SNE.

Several policies on inclusion of all persons such as the Universal Declaration of Human Rights, (UN, 1948) have been in existence for decades. However, the American Public Law 94-142 was a landmark progress in legislation for the education of persons with disabilities (Gargiulo, 2012). The American Public Law 94-142 passed in 1975, it contains the core principles that ensure the educational rights of students with disabilities (Wright & Wright, 2004). These principles include Zero Reject, Free Appropriate Public Education, Least Restrictive Environment, Non-Discriminatory Evaluation, Parent and Family Rights, and Procedural Safeguards (Friend, 2008). These principles are the basis for most of the other policies in SNE; they also directly relate to this study in the following ways.

Zero Reject principle entitles all learners to a free education regardless of the nature and severity of their needs. This study under the third objective was interested in establishing the curriculum/content for rehabilitation employed in rehabilitation institutions in Kenya to find out whether rehabilitees receive academic education. This is in line with the second MDG, which aims at achieving universal primary education by 2015. This corresponds to EFA (UNESCO, 2000) goal two on access and completion of education and goal three on access to learning and life-skills programmes, and also the Salamanca statement and framework for action on SNE (UNESCO, 1994), reaffirmation of EFA. The local policy provision breaches this

principle, because Section 47(1) of the revised Children Act (2010) advocates for rehabilitation of children in exclusive schools established by the minister.

The second and third principles are Free Appropriate Public Education and Least Restrictive Environment respectively. They relate to the fifth objective of the study, which is on inclusive education for rehabilitees. The second principle entails specialized educational instruction and related aids and services. The third principle concerns how the learner receives the appropriate education prescribed in principle two. This relates to the educational setting within which instructions and services are provided. According to (Friend, 2008), the Least Restrictive Environment for most learners is the general education setting. The policy in Kenya is silent on the curriculum and content for juvenile rehabilitation. This study sought to establish the kind of curriculum offered to the juvenile offenders, it also sought to find out where the curriculum for rehabilitation is implemented. This could be in an inclusive setting or in exclusive institutions.

The fourth principle is Non-Discriminatory Evaluation (Schwartz, 2005), it relates to the second objective of this study, which sought to find out the assessment tools and procedures used in juvenile rehabilitation. Non-Discriminatory Assessment entails a multi-disciplinary approach in which parents and family members are involved in assessment as required by the fifth principle governing SNE, while the assessment procedures relate to the sixth principle on Procedural Safeguards or Due Process. The study anchored on all the six basic principles guiding SNE. Also reviewed were international and local policies, which are specific to juvenile rehabilitation.

The study also anchored on the international policies on juvenile rehabilitation. They include the Convention on the Rights of the Child (CRC) (UN, 1989), which urges all nations to protect children and outlines the rights of a child who commits offence. The CRC principles overlap with other international policies on juvenile rehabilitation. The other policies on juvenile rehabilitation include; United Nations Standard Minimum Rules for the Administration of Juvenile justice (The Beijing Rules, (1985); United Nations Guidelines for the Prevention of Juvenile Delinquency (Riyadh guidelines, (1990); and United Nations Rules for Juveniles Deprived of their Liberty (Havana Rules, (1990). According to Bueren & Tootell, (2014), the later three policies operate within the framework each other.

The set of three policies are the international guidelines for a three-stage process of juvenile rehabilitation. Firstly, the Riyadh Guidelines are social policies applied to prevent and protect young people and children from committing offence. Secondly, the Beijing Rules establishes a progressive justice system for young persons in conflict with the law. Finally, the Havana Rules safeguards the fundamental rights and establishes measures for social re-integration of young people once deprived of their liberty, whether in prison or other institutions. These three policy guidelines operate within the provisions of earlier policies such as the CRC. They are however explicit on varied aspects of juvenile rehabilitation for both curative and preventative measures.

Out of the three set of rules, the Beijing Rules (UN, 1985) are the most relevant to this study. The Rules have six parts. The first part is on General Principles, it refer to

comprehensive social policy in general and aim at promoting juvenile welfare to the greatest possible extent, by minimizing intervention for offending through the JJS, and reducing related harm such as ‘labelling’. This principle requires diversion of children from the JJS. In view of this, the study sought to find out whether the assessment procedures allow for diversion from the JJS. The policy in Kenya does not provide for diversion of offenders from the JJS. Part V of the Children Act (2010) focuses on Children’s Institutions which are basically Rehabilitation Schools and Remand Homes. The whole part does not contain any content on diverting children from JJS.

The second part of Beijing Rule is on Investigation and Prosecution; for instance, Section 10.2 of the Beijing Rule requires that a judge or other competent official or body immediately consider the issue of release of an apprehended juvenile. This is meant to prevent harm to the offender including behaviour pollution at the police cells. This study was interested in knowing whether programmes operational in Kenya adhere to rule 10.2.

Review of policy provisions show that the authority for confinement of a child is found in Section 57 of the Children Act (2010). The section does not outline aspects of investigation and prosecution. It states that the order committing a child to custody in a children’s remand home or ordering him to be sent to a rehabilitation school shall be sufficient authority for his confinement in that place in accordance with the tenor thereof, or in a health institution under section 56, and a child while confined and while being conveyed to or from a children’s remand home or a rehabilitation school to or from a health institution, as the case may be, shall be deemed as lawful custody.

Part three of Beijing Rule is on Adjudication and Disposition, it relates to court process, this was however not directly under investigation in this study. The fourth part is on Non-Institutional Treatment, within this part, Section 18.2 of the Beijing rule stipulate that ‘no juvenile shall be removed from parental supervision, whether partly or entirely, unless the circumstances of her or his case make this necessary’. This implies use of minimal institutionalization of offenders. On the contrary, Kenyan policy, (Section 47 of Children Act, 2010), advocates for institutional rehabilitation. It was interesting to establish what alternatives to institutional rehabilitation of juvenile offenders are available in Kenya.

The fifth part of the Beijing Rules is on Institutional Treatment; its Section 19.1 states that the placement of a juvenile in an institution shall always be a disposition of last resort and for the minimum necessary period. The sixth part is on Research, Planning, Policy Formulation, and Evaluation, for the enhancement of juvenile rehabilitation. The study sought to establish adherence to the six principles guiding juvenile rehabilitation, through examination of the practises in place, and through content analysis of the local policies guiding juvenile rehabilitation.

This brief description of the scope of the Beijing rules emphasizes the need for specialized treatment of children with special needs. The emphasis is entrenched in the statement saying that ‘in view of the varying special needs of juveniles, discretion may be exercised at all stages of proceedings by persons specially qualified and trained to do so (Beijing Rules, UN, 1985). The study was interested to find out whether rehabilitation of children with special needs who are in conflict adheres to this

requirement. Furthermore, the closest proximity to mention of special needs within the rehabilitation institutions by the Children Act (2010) is the reference to medical treatment and professional counselling for children of unsound mind or with mental illnesses in Section 54 (1) C.

Most international policies have been ratified in Kenya, for instance, the CRC was ratified through the Children Act (GoK, 2001) and the Beijing rules through NSRSCI (2008). The local policy frameworks were analysed to establish their content and to find out whether they align with international standards, thereby leading to successful rehabilitation outcomes. Furthermore, to provide inclusive and successful juvenile rehabilitation, policies on juvenile rehabilitation should be implemented hand-in-hand with policies on inclusive education (Salamanca, 1994) and EFA (UNESCO, 2000). According to Ndani & Murugami, (2009) Kenya is currently piloting inclusive education. This research sought to find out whether these developments in the general education have spilled over to the rehabilitation institutions.

### **2.3. Assessment Tools and Procedures in Juvenile Rehabilitation**

Lokanadha, et. al, (2005) posits that assessing behavioural problems is a complex process because, behaviours are complex, and often contain a variety of components, which are influenced by multiple factors including social, psychodynamic, and biological features among others. They further argue that comprehensive assessment must evaluate all potential influences causing the problem, and that professionals should assess, using appropriate tools within adequate assessment procedures.

According to Lokanadha, et. al, (2005); Kerr & Nelson (2010); Garguilo (2012), the current trends in assessment of EBD suggests varied initiatives. The first of such initiatives is the Person-Centred Planning; this initiative creates a child's vision for the future. The second initiative is Strength-Based Assessment, it measures emotional and behavioural skills, competences, and characteristics that create a sense of personal accomplishment, leading to satisfying relationships. This enhances one's ability to deal with adversity and stress. It also promotes one's personal, social, and academic development (Donovan & Nickerson, 2007). The third initiative is Functional Behavioural Assessment, it acknowledges that children engage in inappropriate behaviours for many reasons; this initiative requires identification of precursors and antecedents to problematic behaviours (Chandler & Dalhquist, 2010). The study sought to find out whether the assessment procedures used at juvenile rehabilitation institutions in Kenya align with these current trends.

Generally, standard assessment procedures employ structured format, scoring, and data interpretation procedures. There are varieties of standardized tools for assessing juvenile offenders. They include; personality tests, behavioural checklists, rating scales, attitude measures, structured interviews schedules, and test measures of cognitive and academic competencies (Sattler and Hoge, 2006). Some tools require special professional qualification and expertise in their usage while others do not. For instance; the 'Child Behaviour Checklist' (Achebach & Edelbrock, 1983), the 'Massachusetts Youth Screening Instrument' (Grisso & Barnum, 2003), and the 'How I Think Questionnaire' which measures antisocial attitude (Barriga, Gribbs, Potter & Liao, 2001) do not require expert training of the assessor.

Scholars argue that the observance of ethic and professionalism during assessment is very important; and that this requires professional training (Kirk, et. al, 2003; Lokanadha, et. al, 2008; Friend, 2008). This implies the need for professionally trained assessment personnel to ensure that children are not exposed to violent, abuses and labelling within assessment.

Children with SNE are assessed at the Education Assessment and Resource Centres (EARC) in Kenya. Kathung, (2010) found in her doctoral thesis that majority of the service providers at rehabilitation institutions had very basic education mainly comprising form four and certificate education, and that most of the qualification were not relevant in juvenile rehabilitation. Furthermore, HRW, (1997) established that assessment of an offender in Kenya done at any place the child is found and is based on guess work. In view of the introduction of the NSRSCI (GoK, 2008) and withdrawal of teachers from juvenile rehabilitation institutions by the Teacher's Service Commission (Mugo, Kang'ethe, & Musembi, 2006), the study sought to establish the calibre of the personnel assessing children in conflict with the law in Kenya.

Juvenile delinquency is multifaceted. It may present due to psychological and behavioural problems, past histories of abuse, negative gang and peer group influences, cognitive and academic limitations. It may also present due to impulsivity, attachment problems, neighbourhood characteristics, gender, age, socioeconomic status, and the behaviour of role models as well as many other factors have created a variety of theories and explanations for how individuals become delinquent

(Thornberry, Huizinga, & Loeber, 2004). The authors continue to say that good behavioural assessment ensures appropriate diagnosis and treatment of behaviour disorders, by capturing all the causal factors. This research was interested in examining the assessment tools to establish their potential to capture all these aspects of behaviour.

Watt's (2006) asserts that identification of risk factors in behavioural assessment predicts future delinquency; this diagnosis enables early intervention and prevention. This argument is supported by Hoge, (2009) in his saying that JJS that focus on identification and amelioration of offending tendencies in children and their circumstances produce more positive rehabilitation outcomes compared to other approaches. He concludes that, careful assessment of evidence-based risks, needs and response to treatment is vital for the realization of the desired outcomes.

On the contrary, research conducted in Kenya by the HRW, (1997) indicates that lack of assessment of juvenile offenders is a serious problem in the Kenyan juvenile rehabilitation programmes. The research showed that a magistrate might make a ruling on a child without presentencing trial, and commit the child to a rehabilitation school. Furthermore, the Children Act (2001) does not show how to assess children in conflict with the law, the stage at which to assess, and who should conduct the assessment. The Act only states that the person apprehending a child can be a DCO, a chief, or any concerned citizen. The apprehending person takes the child to police custody (cell) to await alignment in court and investigation of the offence.

Based on Rule 10.2 of the Beijing Rules, a judge or other competent official should consider the release of an apprehended child with immediacy. The latter refers to any person or institution in the broadest sense of the term, including community boards or police authorities having power to release and arrested persons. Literature review shows that contrary to the requirements in Beijing rule 10.2, in Kenya, Kirigiti and Getathuru RACs conducts assessment of juvenile offenders; this assessment is done after transaction of a court order and committal to institutional rehabilitation (Mugo, et. al, 2006). The release and/or diversion of an offender take several months, within which a child interacts with varied offenders, with a high probability of behaviour pollution (Wakanyua, 1995).

No research in Kenya has directly addressed the assessment of committed children, and although Mugo, (2004) conducted research at Getathuru and Kirigiti rehabilitation school; he did not include assessment as a research variable. He only mentioned that Children's Court sends children to rehabilitation schools for assessment. Kinyua (2003) in a master's thesis conducted a descriptive survey focussing on self-esteem of pupils in two-rehabilitation school in Kiambu County. He found that two different category of children were undergoing similar programme. These included children in need of care and discipline and children in need of care and protection. Furthermore, children at different academic classes were learning in the same class. These findings point to faulty or lack of assessment of children in conflict with the law.

Most of these studies in Kenya were done close to a decade ago, furthermore, the operations of rehabilitation institutions are currently guided by the NSRSCI (GoK,

2008). These guidelines (NSRSCI) have been in use for several years, they have however not been evaluated to establish what their prescriptions are, and whether the prescriptions stipulate the assessment tools and procedures to be employed in the assessment of juvenile offenders. Furthermore the effects NSRSCI has not been examined

Generally, the review in this section indicate that there is no literature on the assessment procedure used in Kenya, and that policy prescriptions are silent of how and who should assess juvenile offenders. Available literature indicate faulty or lack of assessment of offenders, and that no study have in particular focussed on the assessment tools, and procedures used in juvenile rehabilitation institutions in Kenya. This current research aimed at addressing these research gaps by finding out what assessment tools and procedures are recommended, and used to identify risk levels among juvenile offenders, and whether the tools have potential for identifying all aspects of behaviour.

### **2.3.1. Purpose of Assessment of juvenile Offenders**

According to Weibush, Baird, Krisbert & Onek, (1995); webber & plots, (2008) the purposes of assessing an offender undergoing rehabilitation include: gathering information on an individual child to assess the risk of the child continuing to engage in JD after rehabilitation. This is important in reducing chances of recidivism by varying supervision levels within rehabilitation and during post institutional phase.

The other purpose of assessment is needs assessment (Weibush, et. al, 1995; webber & plots, 2008), this involve identification of risk factors relevant to the offence. The next step involves addressing the risk factors to reduce the propensity for offence in future. This implies that assessment should focus on both the current offence committed and the opportunity for reducing reoffending in post rehabilitation lives. This involves appropriate exit strategies that include lengthy follow up of a rehabilitation graduate to reduce levels of recidivism. This study was interested in establishing whether the identified areas of assessment identify the context of offence, and whether plans for exit of a rehabilitee include considerations of the context of offence.

#### **2.4. Curriculum for Juvenile Rehabilitation**

Today, most countries have put in place programmes for juvenile rehabilitation. An appropriate programme for juvenile rehabilitation are weighed against the overall approaches used, how ‘labelling’ they are and their capacity to produce successful outcomes that leads to reduced levels of offence. However, HRW, (1997); World Youth Report (WYR), (2005); Globetree Association, (2007); GoK, (2009b); Kaba, (2010) concur that crime rate among youth and children has been on the rise in spite of the presence of juvenile rehabilitation programmes.

The WYR, (2003) specify that, rates of youth crime in virtually all parts of the world have risen considerably since the 1990’s, noting that developed countries such as Britain, Germany, Canada and the USA have reported increased crime rates among persons aged 18 years and below. These patterns reverberate in Africa. For instance, South Africa in mid-1999, recorded over 25,000 juveniles in prisons, an increase of

almost 6,000 since 1996 (Gavazzi, 2009). This has made many countries to reconsider the ways and approaches to employ to rehabilitate the juvenile offenders and to prevent crime. Such attempts have yielded varied types of curriculum for juvenile rehabilitation.

Watt (2006) and Bogestad, Kettler, & Hagan, (2010) says that the main goal of a curriculum is to deter young offenders from becoming career criminals. The curriculum provides information on awareness and activities to teachers and students through educational dialogue. Students learn subject content and critical thinking and inquiry through hands-on experience learning methods to tackle problems confronting them. According to Watt (2006), many children stop offending when appropriately rehabilitated.

The curriculum of juvenile rehabilitation is therefore very significantly in determination of rehabilitation outcomes. Furthermore, Bogestad, et. al, (2010) insist that it is important to study the effectiveness of rehabilitation programs designed and implemented with the intention of reducing recidivism, in order to relieve the financial burden that incarceration places on governmental agencies, to improve the lives of those leaving correctional facilities, and to reduce the number of victims in the community. It was therefore very vital to find out the curriculum for juvenile rehabilitation employed in rehabilitation institutions in Kenya.

In mid 1970s Martisons declared that nothing worked with regard to correctional rehabilitation (Friend, 2008). This led to use of incapacitation and punishment. Recent

studies however show that correctional rehabilitation is successful in changing behaviour disorders when the treatment offered is matched with a specific offender's needs (Cooper, Heron, & Heward, 2007; Latesa, 2007; Friend, 2008; Gargiulo, 2012).

Cooper, et. al, (2007) identified two broad-based interventional approaches that have substantive support, including behaviour modification and cognitive behaviour modification. Both approaches include positive reinforcement, ongoing monitoring, and contingency management. The two methods may be used from primary to tertiary levels of education. They take on cognitive approaches in juvenile rehabilitation, where varying methods of behaviour modification can be used. Previous research has confirmed the effectiveness of cognitive-behavioral and cognitive intervention programs in reducing criminal activities in juveniles (Wilson, Bouffard, & Mackenzie, 2005; Bogestad, et. al, 2010).

For instance, a meta-analysis conducted by Andrews, Zinger, Hodge, Bonta, Gendreau, & Cullen, (1990) on adult and juvenile correctional treatment indicated that cognitive and behavioural methods are crucial components of successful treatment in correctional settings. Latesa, (2007) and Bogestad, et. al, (2010) concludes that treatment approaches that use a cognitive-behavioural approach to improve cognitive functioning are the most effective. According to Lipsey, Chapman, & Landenberger, (2002), cognitive-behavioural treatments for offenders are designed to correct dysfunctional and criminogenic thinking patterns. They employ systematic training regimens aimed at creating cognitive restructuring and flexible cognitive

skills, such that offenders develop more adaptive patterns of reasoning and reacting in situations that trigger their criminal behaviour.

Altschuler, & Armstrong, (1999) differ from the foregoing scholars by advocating for rehabilitation curriculum that embrace academic and vocational training. They support their point of view by saying that correctional facilities should abandon the old assumption that basic skills must be mastered before students are given more advanced tasks such as problem solving, cognitive reasoning, reading comprehension, and written communication. They say this in because as many as 40% of youth in correctional facilities have some learning disability and may therefore not acquire specific skills. They also urge authorities to employ trained staff to provide a full spectrum of special education programs and services. The preceding arguments suggest a variety of approaches to juvenile rehabilitation. The following are reviewed models of juvenile rehabilitation utilized in different countries.

#### **2.4.1. Models of Rehabilitation of Juvenile Offenders**

Corrado & Turnbull, (1992); Hoge, (2009) have classified the varied juvenile rehabilitation programmes in a continuum of approaches ranging from a child welfare and juvenile rehabilitation orientation; to offences control or punitive orientation. The most effective programmes can however be created by integrating the JJS and SNE principles within the international and local policy frameworks.

Appropriate programmes should provide both curative and preventive measures that address JD (Kettner, Moroney, & Martin, 1999). The following rehabilitation models

present variations in practises, goals, and attitudes in treatment of juvenile offenders. These models were reviewed with an aim to establish the model that the Kenyan rehabilitation programs aligned with.

### **1. Child Welfare and Juvenile Rehabilitation Model**

This model aims at controlling antisocial behaviour in young people. It focuses on environmental deficits. It diverts children from legal processing and mainly provides intervention. It uses little legal sanctioning and punishment. Child welfare concerns guides this model, often reflecting *parens patriae* (Hoge, 2009). Japanese JJS employs this model, where, through-care concept and collaboration amongst stakeholders are emphasized, for consistent treatment throughout the juvenile rehabilitation based on the practises of *parens patriae* (Tomoko, 2004). The rehabilitation of juvenile offenders in Kenya does not align with this model because it overemphasises legal sanctioning and punishment of offenders through institutionalized treatment (HRW, 2001).

### **2. Corporarist Juvenile Rehabilitation Model**

The model focuses on a child's specific deficits and the environmental context. It integrates all services for children to include the police, lawyers, social workers, and other professionals in an interagency structure. Minor offenders are diverted from legal processes, to participate in attendance programmes integrating the services of the offenders. Serious offenders are rehabilitated within juvenile rehabilitation institution (Corrado & Turnbull, 1992). South Africa, Scotland, and Quebec in Canada employ this model. The juvenile rehabilitation programmes in Kenya does not divert children

from the court process. Every apprehended child must be processed through the court (Munyao, 2006), the court then decides to either release the child or commit it to custodial care.

### **3. Modified Justice Juvenile Rehabilitation Model**

It reflects a child welfare orientation by providing resources that lead children to proactive lifestyles, it also emphasises provision of both prevention and intervention. This model involves legal rights and judicial process as immediate measure in crime control; this approach may often harm the offender. Consequently, tension may arise in juvenile rehabilitation programmes based on this model. It is used in America, in some Canadian provinces, and in Britain where legal Acts governs juvenile rehabilitation (Hoge, 2009).

Although the Kenyan juvenile rehabilitation programme has some aspects of this model such as provision of vocational training (Mugo, 2004 and Kathungu, 2010), it does not align with this model because, provision of resources involves far more than provision of basic trades. It should include provision of funds and follow-up services in post-institutional lives, which Wakanyua (2005) say are non-existent. The question remains, which model of juvenile rehabilitation is used in Kenyan public rehabilitation institutions.

### **4. Justice Juvenile Rehabilitation Model**

This model focuses on the committed offence and appropriate legal responses. It ensures protection of that civil rights of an offender, and observance of the prescribed

legal procedures and the sanctions appropriate to the offence given. The programmes under this model vary in terms of legal procedures and sanctioning procedure (Corrado and Turnbull, 1992). Previously, many countries employed this model including the United States of America. The model had many side effects that led to its abandonment.

For instance, research by Macalliar (2005) shows that previously, the juvenile justice model was conceived as a means to impose confinement limitations through standardized sentencing while accommodating conservative demands for retribution and punishment. However, contrary to expectations, the justice model promoted an unprecedented rise in the number of incarcerated youths and deterioration in institutional conditions. This was occurring despite mounting evidence demonstrating the superior effectiveness of this rehabilitation models in altering patterns of delinquency. These comments relate to an analysis of juvenile correction systems in California, Massachusetts, Utah, and Washington.

The Kenya juvenile rehabilitation programme has a lot in common with this model. The programme focuses on the offence committed and the appropriate legal responses (HRW, 1999). So that all apprehended children must first go through the court before release or committal. This implies that behavioural assessment of an offender occurs after the legal response to the behaviour. This study sought to ascertain the kinds of programme employed in Kenya.

## **5. Offences Control Juvenile Rehabilitation Model**

This model emphasizes formal legal processing procedures. Therefore, the model focuses on the legal sanctions against the offender and ensuring public safety, and the individual offender gets less attention. Many countries observe this model, including parts of USA. Under this model criminal acts are seen as wilful, and the major response is imposition of sanctions preferably institutionalization (Feld, 1999). This is contrary to the biophysical and psychodynamic perspectives of human behaviour. Based on these perspectives of human behaviour, behaviour disorders are caused by inborn factors or by psychodynamic aspects relating to early childhood years of the offender (Friend, 2008, and Gargiulo, 2012).

### **2.4.2. Curriculum for Juvenile Rehabilitation in Kenya**

The policy provision in Kenya is silent on the curriculum for juvenile rehabilitation. It only addresses cases of children whose behaviour is considered difficult while undergoing rehabilitation. Section 55 of the Children Act (2010) states that, where the Director of a rehabilitation schools is of the opinion that a child committed to a rehabilitation school is a persistent absconder, is of difficult character, or is exercising inappropriate influence on the other children in the school, he may apply to the children's court having jurisdiction in the place where the school is situate —

- (a) to have the period of committal increased by a period not exceeding six months, if the child is of or below the age of sixteen years; or
- (b) to have the child sent to a borstal institution, if the child is above the age of sixteen years; or

- (c) to have the child provided with appropriate medical treatment or professional counselling, if the child's conduct is attributable to drug abuse, or if the child is of unsound mind or is suffering from a mental illness.

Generally, there is no prescription of the content of rehabilitation in Kenya, and little research exists on curriculum for juvenile rehabilitation in Kenya. Recent research by Kathungu, (2010) show that the rehabilitation institutions in Kenya do not undergo frequent evaluation to assess the efficacy of the programmes they employ. Mugo (2004) in a doctoral research focussed on approaches, quality, and challenges in the rehabilitation of street children mainly in Nairobi County. He conducted a grounded theory research in 28 organisations; his sample comprised private and public institutions, sampled through convenient and snowball sampling method. Using observation, FGDs and rudimentary questioning methods of data collection, he found that juvenile rehabilitation programmes in Kenya had undergone four paradigm shifts between 1909 and 1995. The paradigms he employed include; the Disciplinary, Caritative, Egalitarian and Systematic Paradigms.

According to Mugo, the Disciplinary Paradigm perceived a juvenile offender as lacking supervision, hence the need for institutional care to socialize the child. The Caritative Paradigm see the juvenile offender as a deprived child, hence the need for provision of basic needs under institutional care. The Egalitarian Paradigm is rights-based and perceives a juvenile offender as denied of their rights (mistreated, exposed to disease, ignorant). This paradigm originates with the CRC, (UN, 1989) and the 1994 hearing on street children symposium held in Nairobi (Wernham, 2005). Its

focus is the promotion of deinstitutionalizing juvenile rehabilitation, public awareness, and education as a right.

The Systematic Paradigm perceives the juvenile offender as a symptom of a much bigger problem. It sees JD as a manifestation of non-functional systems resulting from poverty, environmental degradation, ignorance, and retrogressive attitudes. This paradigm advocates for intervention focussed on poverty eradication, infrastructure improvement, economic empowerment, community education, and public awareness. In addition to these, Mugo (2004) also found that the curricula content mainly included physical exercise and vocational training at the rehabilitation school. This study sought to establish the current content of curriculum for juvenile rehabilitation close to a decade after Mugo's research.

A later study by Kathungu, (2010) observed that the behaviour modification strategies mainly employed at rehabilitation institutions include guidance and counselling which is impromptu and provided by volunteers. She posits that this is due to government's failure to provide qualified personnel. There are therefore research gaps as to what curriculum for behaviour modification the government prescribes, and who provides the prescribed behaviour modification. This study sought to address these gaps.

This study agreed with the findings made by Mugo (2004) on the need for rehabilitation away from the institutionalised programme (egalitarian paradigm) and that JD may be a symptom of non-functional systems. However the four paradigms identified by Mugo seem ignorant of the interactions between special needs and

juvenile delinquency, this study addressed this gap. Furthermore Mugo's findings indicate that the latest rehabilitation model focus mainly on socio-economic orientation. This model excludes children with an organic and psychodynamic predisposition for JD, hence the need for a current rehabilitation framework that encompasses all special needs that relate to JD.

In addition, a decade ago, the Kochung Report (GoK, 2003) revealed that children with JD are rehabilitation in institutions that operated without prescribed curriculum for rehabilitation. This may impede rehabilitation outcomes and the child's post-institutional life. The report urged the then Kenya institute of education to develop curriculum for juvenile rehabilitation. What is happening today, more than a decade after this recommendation, and with many reforms in matters relating to juvenile rehabilitation and education, including the implementation of the Children Act (GoK, 2001), formulation of NSRSCI (2008) and SNE policy (2009), and with some strides made towards inclusive education (Ndani & Murugami, 2009). This study addressed this knowledge gap by establishing the curriculum for juvenile rehabilitation in use in Kenya.

## **2.5. Transitional Services for Exitees of Juvenile Rehabilitation Institutions in Kenya**

Historically, few transition programs have proven successful for adjudicated youth. However, recent research and practical experience have yielded evidence regarding best practices in this area, and have highlighted the need for a comprehensive approach to transition services for youth within the JJS. Transition, from a

correctional education perspective, is a process which promotes the successful passage of a juvenile offender from the community to a correctional facility and back again (Focal Point, 2001).

As the trend toward confining greater numbers of juveniles in corrections facilities continues, increasing attention is being paid to transitional services and to what happens when the juvenile are released back into the community. As a result, countries have sought new ways to reintegrate rehabilitation graduates into their communities while also ensuring public safety. Consequently, policymakers and professionals have begun experimenting with transition, after-care and other reintegration models (Altschuler & Armstrong, 1999).

Rutherford, Griller-Clark, & Anderson, (2001) argue that although there is a consensus in literature that education programs containing effective transition components aid in the post-release success of both juvenile and adult offenders, it is a challenge to provide these services within a correctional setting. They continue to say that providing transition services to youth with disabilities in the JJS is even more difficult. For example, although the delivery of appropriate transition services to children with special needs is mandated by law in the United States of America, the role of special education programming in corrections has only recently been recognized.

Similar sentiments are presented by Altschuler, & Armstrong, (1999), they say that transition usually is the most ignored component of correctional education programs.

Transition experiences and outcomes of juveniles with disabilities are often disheartening. Many juveniles released from correctional settings do not receive adequate vocational and educational training and other supports necessary to succeed in the community. The preparation for transit from rehabilitation institution back to the community involves preparing a released child with skills for proactive community life. These skills enable the child fit in any environment they find themselves in post-institutional lives.

Altschuler, & Armstrong, (1999) suggests that committed children/youth should be afforded the opportunity to develop advanced academic and vocational skills needed to be competitive in today's labour market, and that education should be regarded as the most important component of the rehabilitation process. This argument suggests that the exited children will seek employment; this is not always the case, especially where a child is committed at a tender age and leaves the rehabilitation institution during early and mid teenage years.

Bullis, & Cheney, (1999); and Stephens, & Arnette, (2000) suggests that the components of effective transition include:

### **1. Inter-agency collaboration**

They say that effective transition practices are those that are shared by correctional education staff as well as by personnel from the public schools and other community-based programs such as mental health and social services that send and receive

students. The quality of educational and vocational services for students is contingent upon successful interagency collaboration.

## **2. Team-based planning**

The second component of effective transition services is team-based planning. Under this component the transitional services need to be developed and implemented by the ITP or transition team in cooperation with correctional counsellors and other staff. This team generally includes the youth, special educators, general educators, other school personnel, family members, and community agency personnel.

This team engages in a systematic process of decision making that includes determining eligibility for special education services, planning for appropriate placement, developing ITPs that include transitional services and goals, and providing appropriate educational, vocational, and related services to juveniles with disabilities.

## **3. Tracking and monitoring**

Tracking and monitoring is the third suggested component of effective transition. They argue that systematic and continual monitoring of youth through the JJS facilitates achieving transition goals and outcomes and allows for periodic evaluations of transition processes

The question that begs to be answered is whether exit strategies and transitional services within juvenile rehabilitation institutions in Kenya contain these elements.

Altschuler, & Armstrong, (1999); Bullis, & Cheney, (1999); and Stephens, & Arnette, (2000) comments that although providing comprehensive transition services to youth in the JJS is a challenge, promising practices have been identified. They include;

### **1. Linkages with Community, Business, and Professional Organizations**

Cooperative contractual agreements among local agencies that provide transition services to juveniles need to be established in order to maintain a seamless continuum of care. Such linkages result in increased post release options for youth leaving corrections. A consistent transition planning process, curricula to support transition planning, databases to track and monitor student progress, and a planned sequence of services after release are the key ingredients of successful transition.

### **2. Wraparound services to deliver comprehensive and coordinated services to the youth.**

Historically, transition services for juvenile offenders have been fragmented, inefficient, and disconnected. A coordinated system of care needs to be developed. Wraparound services must focus on the strengths of the individual and his or her family. These services must be individualized and encompass all aspects of the youth's life.

### **3. Pre-Release Training in Social Skills, Independent Living Skills, and Pre-Employment Training**

They argue that there is evidence that juveniles who receive training in social skills, career exploration, and vocational education are more likely to succeed after release from juvenile correctional facilities.

Are the transitional services in rehabilitation programmes in Kenya aligned to these practices? In Kenya, based on Section 54(2) of the Children Act (2010) “a child committed to a rehabilitation school shall, after the expiration of the prescribed period of his stay, be under the supervision of such person as the Director shall appoint, for a period of two years, or until he attains the age of twenty one years, whichever shall be the shorter period.

Research by Munyao (2006), suggests that a child exiting a rehabilitation institution in Kenya should be reintegrated with their families or within the community for continued supervision. He says follow-up is essential to increasing the chances of successful rehabilitation outcomes. Several players including government and NGO agencies can do follow-up. Selected community-based individuals may also be involved.

Munyao highlighted various weaknesses in the exit strategies in Kenya. He noted that the grade tests three offered to children at rehabilitation school cannot compete favourably in the labour market, this leave the exited juveniles offenders jobless and frustrated. Secondly, he found that the reintegration process is slow and lacks adequate preparations on part of the rehabilitation institutions and field officers. Thirdly, a child’s involvement in decision-making about exiting rehabilitation school is minimal and after repatriation the institutions has very limited follow-up.

This study was interesting in establishing whether these weaknesses have been addressed close to a decade after Munyao’s findings. This was done through

establishment of the current exit strategies with an aim of enhancing improved policy, communication, and networking with grassroots organizations to improve exit strategies and follow-up services. In addition, in view of Munyao's findings, the study sought to establish whether the current exit strategies have the potential to deter recidivism in post-institution lives.

## **2.6. Rehabilitation of Juvenile Offenders within Inclusive Settings**

Schwartz (2005); Friend, (2008); and Farrel, (2009), explains inclusive education to mean that children with disabilities attend same school and general education classes as their age-appropriate peers, as if they did not have a disability. Inclusive education seeks to create a unified education system that is able to accommodate the needs of all children. Inclusive education anchors on the principles of social justice, equity, and diversity. It focuses on enhancing quality education for all learners (Ainscow, Booth, & Dyson, 2006; McBride, 2013).

During the past two decades, inclusive education has emerged as a major contentious topic in the educational discourses. Its genesis is nevertheless not a rosy one. Institutionalization of persons with special needs in deteriorating conditions went unchallenged for over 100 years (Schwartz, 2005). Schwartz continues to say that in the early 1990s, institutions for persons with special needs served as a place to put individuals unwanted by the mainstream society. The actual inclusion of children with special needs into mainstream education therefore took a long period; lobby groups, litigation, and legislation influenced this. Some of these international legislations

include among others, the CRC, (UN, 1989), Salamanca Statement, (UNESCO, 1994), and EFA, (UNESCO, 2000). They made inclusive education a global phenomenon.

The birth of special education for children/youth with EBD as a specialised field of study began in the United States of America around 1940-1960, many children/youth with EBD were still being denied public education in the 1960s (Gargiulo, 2012). He says that classroom programmes, practices and curriculum for children with EBD appeared in professional literature for the first time in the 1960s, while formal inclusion of children with EBD began after the passage of PL 94-142 in 1975.

The debate about inclusion of learners with EBD has been contentious. Friend (2008); Coleman & Webber, (2002), identified three main concerns which include curriculum, social rejection and mental health treatment. Friend, commenting on the curriculum says there are high classroom expectations for the students today. Such pressure may cause EBD to develop further. She further says that today's classroom do not emphasise social skills development, anger management, and other topics that may be crucial to learners with behavioural problems.

Another concern about inclusive education is that learners with EBD have difficulties making friends, or they make friends with student with similar problems. Furthermore, many regular education teachers are more negative about these students than they are about any other group of learners (Wagner, Friend, Kutash, Duchnowski, Sumi, & Epstein, 2006). They progress to say that teachers often do not have a sense of ownership for these students, or feel responsible for their success or failure. This

concern implies that teachers need professional development to teach in inclusive settings (Friend, 2008).

Another concern raised by Friend (2008) is that learners with EBD often need comprehensive services that include a strong mental health component in addition to academic support. This complicates their inclusion with other children. She argues that children with EBD can only fit in inclusive education where they spend a small part of the day in general classroom, or where they may go outside the classroom if they become too stressful. She suggests careful planning and preparation on part of the teacher. The preceding arguments show that the inclusion of learners with EBD under which juvenile delinquency is a sub-category is a very challenging venture.

On the contrary, Schwartz, (2005) points out that the children with JD are not cognitively impaired as a primary disability. They therefore have a good potential to succeed academically within a normal school, when given behaviour modification programmes. She adds that inclusive education is cost effective. Mukhopadhyay, (2013), presents similar sentiments by arguing that inclusive education results to a) acceptance; (b) equal opportunities; (c) cost -related issues; (d) development of skills and knowledge; and (e) favourable attitudes. Therefore, inclusive education has many advantages. Mukhopadhyay concludes that all educational settings should embrace it. Schwartz, (2005); Gargiulo, (2012); Mukhopadhyay, (2013); are in agreement that by providing professional development and offering extensive consultations are necessary for successful inclusive education. Schwartz concludes by saying that, to say that inclusive education for learners with JD is not possible is an overstatement: it is more

accurate to say that it requires strong administrative support, plan for implementation that addresses academic, behavioural and emotional needs, attention to enhancing knowledge, and skills of general education teachers and other school professionals.

Generally, the education of persons with special needs is very important considering the World Bank's findings indicating that while persons with special needs make up 10% of the world's population, they make up 20% of the world poor, with higher illiteracy rates (Groce & Trani, 2009). Furthermore, some studies indicate that large numbers of young people with criminogenic behaviours have SNE, and as many as 20% of students with JD are arrested at least once before they leave school (American Bar Association & National Bar Association, 2001). Scholars in diverse fields agree that children with SNE such as learning disabilities, mental handicaps, and JD are overrepresented in JJS (Cain, 1997; Kirk, et al. 2003; Watt, 2006). Consequently, an SNE orientation to juvenile rehabilitation is very importance.

Policy makers in developing countries have embraced the concept of inclusive education as a strategy to realize EFA and MDGs agendas in a cost effective manner (Peters, 2007; Chhabra, Srivastava, & Srivastava, 2010). An SNE orientation to rehabilitation also has the potential of catering for diverse needs of juvenile offenders. However, little research exists to show the interactions between SNE and JD in Africa. Past research on JD in Africa mainly focus on the causes of offences and children rights in terms of socio-economic and political contexts such as colonization, hunger, war, abusive homes, HIV/AIDS (Abrahams, 1963; Hirschi, 1969; Fanon, 1977; WYR, 2005; Chhabra, et. al, (2010).

Moreover, even when most governments are aware of the causal factors for JD, they continue treating the offenders as parasites to be exterminated by warehousing them in exclusive rehabilitation schools to ensure public safety (Hirschi, 1969; WYR, 2003). This kind of treatment is labelling, and may result to recidivism in accordance to the self-fulfilling prophecy (Goffman, 1963).

Although, inclusive education is a global policy aspiration, its' implementation is context specific. Contrary to the developments towards inclusive education in developing countries, the government policy on juvenile rehabilitation in Kenya mainly provided in the Children Act (GoK, 2001), advocate for rehabilitation in exclusive schools. A government task force the Kochung Report (GoK, 2003) which revealed that rehabilitation of children with JD occurs in exclusive schools in Kenya confirms this. This exclusive juvenile rehabilitation contravenes the Salamanca statement (UNESCO, 1994), which requires that children regardless of their SNE attend the school nearest to them which they would normally have attended if they had no special needs.

Contrary to the exclusive provision of juvenile rehabilitation, Ndani & Murugami, (2009) wrote that the education system in Kenya is trending towards inclusive education. Other reforms include provision of academic education in adult correctional institutions where inmates attend academic education and sit for national examinations. Have these developments trickled down to the juvenile rehabilitation institutions? This study addressed this research gap.

## **2.7. Summary of Literature Review**

The literature review reveals rising levels of JD the world over including Kenya, however with early intervention, most young offenders stop offending. The review shows that there are many international policies on SNE and on JD. These policies are explicit on issues relating to SNE and JD. The policies advocate for inclusion of all learners into mainstream schools regardless of their needs. The policies on JD outline pertinent aspects of juvenile rehabilitation in a three set framework. The Children's Act (2001) and NSRSCI (GoK, 2008) are the main policy guidelines on juvenile rehabilitation in Kenya. They are ratifications from the international policies. However, evaluation of the local policies is not done to establish whether they align to international standards. Furthermore, the local policy guidelines on juvenile rehabilitation are not explicit on the programmes and services provided to juvenile offenders.

The literature review indicates that the policy guiding juvenile rehabilitation is not particular on the assessment tools and procedure for assessing children in conflict with the law. The NSRSCI (GoK, 2008) contain all the assessment tools used in rehabilitation institutions. No literature exists to show what the tools contain and whether they have potential to assess all causes of JD. Other literature indicates to faulty or lack of assessment. The review indicates that assessment is not a prerequisite to arrest since a range of persons with no specialized qualification can apprehend a child to law enforcers, and that a magistrate can make a ruling sending a child to rehabilitation school without pre-trial assessment.

The literature review indicates that there is no curriculum for juvenile rehabilitation in Kenya. Some researchers refer to physical exercise and impromptu guidance and counselling as the curriculum for juvenile rehabilitation. A government task force had urged the then Kenya Institute of Education to develop curriculum for juvenile rehabilitation; were the recommendations embraced? In view of the agreement by scholars that there is no prescribed curriculum, the question remained what is the curriculum for juvenile rehabilitation currently in used. Exit strategies for rehabilitees leaving the programmes are sketchy. Furthermore, scholars agree that there is no aftercare for graduates of juvenile rehabilitation in Kenya. A decade ago, recommendations were made to strengthen exit strategies, were they implemented?

The review indicates that inclusive education for learners with JD is possible. Past scholars had recommended inclusive education for children undergoing rehabilitation. The review also shows that the general education in Kenya is trending towards inclusive education, and that the rehabilitees in adult correctional institutions access academic education. It was however not clear whether these developments have spilled over to juvenile rehabilitation institutions, because the Teachers' Service Commission withdrew its teachers, and the curriculum for rehabilitation is not clear.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.1. Introduction**

This chapter presents the research methodology used in the study. The chapter gives details of the research designs, variables, and location of the study. It proceeds to describe the target population of the study, sampling techniques, and sample size. The next section is research instruments showing the tools for each category of respondent, followed by description of the pilot study. The chapter also presents procedures of data collection and data analysis. It ends with logistical and ethical considerations of the research.

#### **3.2. Research Design**

The study utilized mixed methods approach which according to Creswell (2012), utilizes in-depth contextualized and natural but time consuming insights of qualitative research coupled with the more efficient but less rich quantitative research. Creswell says that this approach allows the researcher to utilize triangulation of different methods of inquiry, data collection, and data analysis. In particular, the study employed a mix of descriptive survey and phenomenology research designs.

According to Orotho, (2006) descriptive survey is a scientific method involving describing subjects' behaviour without influencing it, and by collecting data on their attitude, opinions or habits. This design enabled the researcher to capture the status-quo in juvenile rehabilitation programmes in relation to policy, assessment,

curriculum, exit strategies, and inclusive education. Phenomenology research design involves studying a small number of subjects through extensive engagement to develop patterns/relationships of meaning of lived experiences (Creswell, 2009). Through this research design, children's lived experiences were examined in terms of assessment procedure, curriculum for rehabilitation and expectations on exit from rehabilitation institutions.

### **3.3. Research Variables**

Trochim, (2006) defines a research variable as any entity that can take on different values. It can be independent, dependent, or intervening. The dependent variable in this study comprised juvenile rehabilitation outcomes measured by rates of success or recidivism of exitees. The independent variables in this study are special needs education aspects embedded in juvenile rehabilitation, they comprise; policy, assessment tools, and procedure, curriculum, and SNE practices employed in juvenile rehabilitation. The intervening variables comprised qualification and experience of staff, presence of a special need in a child and family background, and labelling aspects of rehabilitation.

### **3.4. Location of the Study**

The study was conducted in Nairobi and Kiambu counties. The region was chosen because it houses almost 50% of the public juvenile rehabilitation institutions. The study region is near the Equator; Nairobi is located between 1° 17'S and 36°, 49'E, while Kiambu is located between 1° 10'1"S and 36° 49'19"E (GoK, 2014). Nairobi is the county hosting the capital city of Kenya, it borders Kijijado to the west, Machakos

to the south, and Kiambu to the North. Kiambu is approximately 16.5 kilometres from Nairobi city along Thika superhighway and Kiambu road (GoK, 2014).

Two rehabilitation institutions from each county were selected to participate in the study. They included, Kirigiti girls' and Kabete boy's institutions in Kiambu County; and Getathuru boys' and Dagoreti girls' institutions in Nairobi County. Kirigiti and Getathuru serve as the national RAC for girls and boys respectively; hence, they provided data on the assessment. Kabete and Kirigiti rehabilitates high and medium risk offenders; Getathuru admits boys of all risk levels, while Dagoreti rehabilitates low and medium risk girls, hence data on all risk levels of both gender was accessed.

### **3.5. Target Population**

The study targeted the nine public juvenile rehabilitation institutions because they are guided and run by the government. In particular, four population groups within the institutions were targeted. The first and second target groups comprised 9 managers and 9 COs of the 9 public rehabilitation institutions in Kenya, while the third group comprised approximately; 23 house keepers, 70 house masters and mothers, 12 social workers, 33 teachers, and 15 volunteers, while the fourth group comprised about 1747 children.

### **3.6. Sampling Techniques and Sample Size**

A sample is a representative subset of the universe population, while sampling is the process of selecting this subset (Orodho, 2006; Lois & Gavin, 2010). A mix of stratified, random, and purposive sampling was utilized to obtain the respondents for

the study. Stratified and random sampling seek to give all units the same probability of inclusion into the sample, thus eliminating bias in selection, while purposive sampling targets specific participants, based on perceived likelihood that they hold the required information. The combination of these techniques yielded a rich sample.

Four rehabilitation institutions were selected purposively based on their functions; they represent 44.4% of the 9 rehabilitation institutions in Kenya. They were evenly drawn from Kiambu and Nairobi counties. From the four institutions, data was obtained from 138 respondents; among them were 4 managers, 4 children's officers, 40 staff members and 90 children. The managers and COs were sampled purposively because there was only one per rehabilitation institutions. Staff members of varied calibres were randomly sampled based on the officers on duty at the various departments at the time of the study.

Stratified random sampling was used to select children, the strata used in sampling were the school and the selected upper classes (standard 4-8), while the basis for stratified random sampling was any child committed for juvenile delinquency based on SIF in each class until 20% sample size of the class population was achieved. Their distribution by institution was as presented in Table 3.1 that follows.

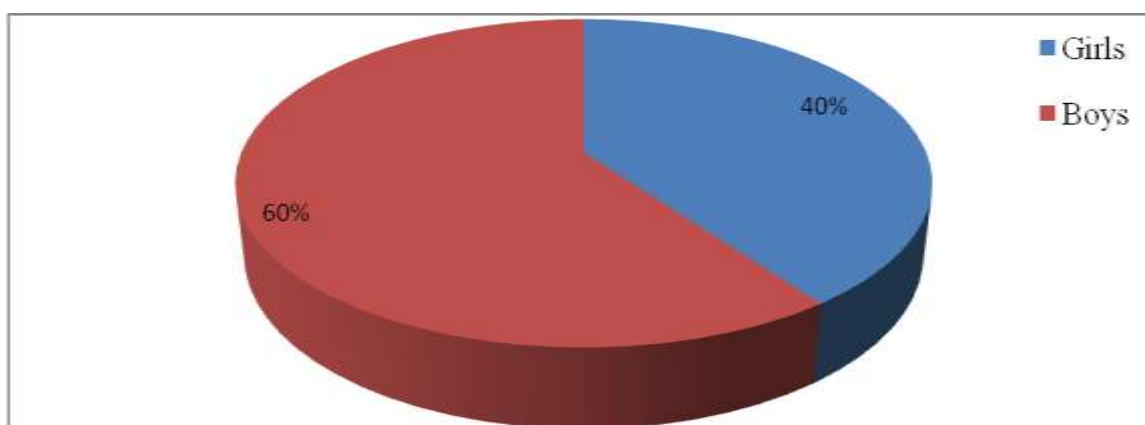
Table 3.1 shows that Kabete boys' RS had the highest number 57(41%) of respondents, Kirigiti girls' RS had the second highest number 37(27%), followed by Dagoreti girls' RS 24(17%), while Getathuru boys' RAC had the least number of respondents 20(15%).

| Respondents             | Institution |        |           |          | Total |
|-------------------------|-------------|--------|-----------|----------|-------|
|                         | Kirigiti    | Kabete | Getathuru | Dagoreti |       |
| Managers                | 1           | 1      | 1         | 1        | 4     |
| Admission officers      | 1           | 1      | 1         | 1        | 4     |
| House Masters / mothers | 2           | 2      | 2         | 2        | 8     |
| Caterers                | 2           | 2      | 2         | 2        | 8     |
| Social workers          | 2           | 1      | 1         | 1        | 5     |
| Children's Officers     | 1           | 1      | 1         | 1        | 4     |
| Teachers                | 3           | 3      | 1         | 3        | 10    |
| Volunteers              | 1           | 2      | 1         | 1        | 5     |
| Children                | 24          | 44     | 10        | 12       | 90    |
| Total frequency         | 37          | 57     | 20        | 24       | 138   |
| Percentage              | 27%         | 41%    | 15%       | 17%      | 100%  |

**Table 3.1. Distribution of Respondents by Rehabilitation Institutions**

The number of children per selected led to variations in number of respondents per schools. For instance, Kabete had the highest since it caters for high and medium risks boys, while Getathuru had the least since it only houses a few boys undergoing risks assessment before distribution to other RS for treatment. Although kirigiti functions as RAC and as RS for girls, it had fewer children than Kabete because fewer girls were committing offences compared to boys. Generally more boys, 54(60%) were involved in the study, compared to 36(40%) girls as summarized in Figure 3.1.

**Fig. 3. 1. Distribution of Sampled Children by Gender**



### **3.7. Research Instruments**

Five researcher-made instruments were used to collect data. According to Lois & Gavin (2010), questionnaires and interviews are often used in mixed method studies to generate confirmatory results despite differences in methods of data collection, analysis, and interpretation. To allow data triangulation and ultimately the validity and reliability of the information gathered, the researcher also used focus group discussions (FGD) and document analysis.

A questionnaire was administered to gather data from rehabilitation staff, other instruments included two semi-structured interview guides for managers and COs, FGDs for children, and document analysis schedules for content analysis of documents.

#### **3.7.1. Interview Guide**

Orodho (2006) defines an interview guide as a set of questions, which the researcher asks the respondents making it possible to obtain data required to meet the research objectives. The purpose of research interview is to explore the views, experiences, and motivations of individuals on specific matters (Gill, Stewart, Treasure & Chadwick, 2008).

Two Semi-structured interview guides (appendix A and C) were used to gather views and experiences of managers and COs respectively. The interview guides comprised 8 and 10 questions respectively. The questions related to policy, assessment, curriculum, exit strategies, and the status of the schools in relation to inclusive education.

### **3.7.2. Focus Group Discussion Guide**

According to Gill, et. al, (2008), FGD is a group discussion on a particular topic organized for research purposes. The discussion is guided, monitored and recorded by a researcher to generate information on collective views, and the meanings that lie behind those views. Gill et. al, (2008) further says that FGDs are useful in generating a rich understanding of participants' experiences. An FGD (appendix B) was used to gather collective views from children on their reconstructions of reasons for committal, assessment procedures, daily rehabilitation experiences and their post institutional life expectations. The FGD contained eight open-ended questions.

### **3.7.3. Questionnaire for Rehabilitation Staff**

A questionnaire is a document containing questions and other types of items designed to solicit information appropriate to analysis (Acharya, 2010). A questionnaire enables a researcher to collect large data volume within a short time, (Lois & Gavin, 2010). It was therefore preferred in gathering data from the rehabilitation staff. The questionnaire (appendix D) has four sections that sought information on assessment and curriculum, transitional services and inclusive education. The questionnaire contains 2 close-ended questions and 9 open-ended questions.

### **3.7.4. Document Analysis Schedule**

Grbich, (2007) posit that document analysis is an important research tool in its own right and is an invaluable part of most schemes of triangulation; it involves reading lots of written material, which reveal what people do or did and what they value and is therefore useful when looking at actions, events or occurrences. It (appendix E) was

used to analyze content of five documents; class registers, the Individual Treatment Programmes (ITP), Social Inquiry Forms, guidance and counselling form, and NSRSCI (GoK, 2008) forms. The documents were analyzed to establish the content of rehabilitation from the ITPs, nature and context of offences committed from the SIF, and guidance and counselling form, rehabilitation guidelines and assessment tools used at rehabilitation institutions (NSRSCI forms).

### **3.8. Pilot study**

A pilot study was done at Othaya rehabilitation institution, which was sampled purposively for piloting because it rehabilitates both medium and low risk offenders and therefore offered the researcher an opportunity to interact and get acquainted with the two risk levels. The pilot study confirmed the validity and reliability of research instruments. The procedures used in pilot study were identical to those used in the actual study.

Based on the pilot study, the time allocated for responding to the questionnaire increased from fifteen minutes to a whole day based on the realization that it was not easy to collect all members of staff in one place and administer the questionnaire. The researcher also noted that the SIF was a highly confidential and restricted document and that only the authorized person could access the document. This meant the researcher could not employ the service of research assistants in document analysis. Other changes triggered by the pilot study included refining questions for content validity based on analysis of supplied responses.

### 3.8.1. Content Validity

According to Denscombe (2003), validity can be checked by ensuring that the instances selected for investigation have been chosen on explicit and reasonable grounds as far as the aims of the research are concerned, and that findings can be triangulated through alternative data sources as a way of bolstering confidence in the validity. The researcher therefore used data sources triangulation and adequate sampling to ensure content validity of instruments and research findings. The content validity was further determined based on expert advice of supervisors. Piloting study results also clarified the relevance of items in the tools.

### 3.8.2. Test-retest Technique for Reliability

Reliability is the degree to which a particular measuring procedure gives similar results over a number of repeated trials (Denscombe (2003), Orodho, 2006). Test-retest reliability technique was employed to test reliability of the questionnaire. The respondents were exposed to the questionnaires twice in a span of two weeks. Related subject scores from the two tests were correlated using Spearman's rank correlation coefficient to measure the reliability coefficient of the two sets of data as follows;

$$\alpha = \frac{2r}{1+r}$$

$\alpha$  =reliability coefficient.

$r$ =actual correlation between two halves of the instruments.

' $r$ ' was be calculated using the Product-moment coefficient as follows;

$$r = \frac{\Sigma(x - \bar{x})(y - \bar{y})}{\sqrt{\Sigma(x - \bar{x})^2 \Sigma(y - \bar{y})^2}}$$

$X$  and  $y$  stands for the two sets of the test scores, while  $\bar{x}$  and  $\bar{y}$  are their respective means. A reliability coefficient ( $\alpha$ ) of 0.88 was obtained. The reliability coefficient was converted into percentage as follows:

$$\alpha^2\% =$$

$$(0.88^2)\% = 0.7744 \times 100$$

$$\alpha = 0.7744 \times 100$$

=77.44% - this implies that over 77.44% of the responses were not by chance. This was felt to be quite reliable.

### **3.9. Data Collection Procedure**

Data collection began with interviews for managers based on prior arrangements. Content analysis of admission registers for sampling children followed. Groups of a maximum of seven children based on age and risk level were involved in FGD. The questionnaires were distributed to sampled staff members and collected at the end of the day. Interviews for the COs were then conducted based on prior arrangement. Finally content analysis of four documents including, the ITPs, SIF, guidance and counselling form and NSRSCI (GoK, 2008) was done. A tape recorder was used to gather data during interviews and FGD. The data collection exercise took two and a half months.

### **3.10. Data Analysis Procedure**

The collected data was organised and labelled soon after collection. Various data were analysing following varied techniques. Quantitative data from the questionnaires were coded manually, analysed using statistical package for social sciences, and presented

using descriptive statistics. Qualitative data from interviews and FGD were transcribed and coded manually. The data were then analysed and interpreted following principles of thematic analysis alongside the research objectives and presented in narrative form. Data collected through document analysis was coded, analysed manually, and aligned thematically to research objectives and emerging themes.

### **3.11. Logistical and Ethical Considerations**

Data collection instruments were prepared in advance. The researcher obtained authorization to collect data from the University. A research permit was obtained from the MoGCSD. Each school was visited to obtain permission from the managers and to set dates for data collection. Confidentiality and anonymity of respondents was assured, and for security reasons the researcher involved a male research assistant at high-risk schools.

## **CHAPTER FOUR**

### **RESEARCH FINDINGS AND DISCUSSION**

#### **4.1. Introduction**

This chapter presents bio-data of respondents, followed by data analysis, discussion, and interpretation of research finding. The organisation of the chapter is basically guided by the research objectives and themes emerging from data analyses. The objectives of the study were:

1. To explore the policy guiding juvenile rehabilitation in Kenya.
2. To examine the assessment tools and procedures used in juvenile rehabilitation institutions in Kenya.
3. To evaluate the curriculum of juvenile rehabilitation employed in rehabilitation institutions in Kenya
4. To establish transitional services available to juvenile rehabilitation exitees in Kenya.
5. To determine the status of juvenile rehabilitation in relation to inclusive education practices.

Information, perceptions, and views regarding these objectives were generated through interviews, which were conducted with institution managers and children's officers; questionnaires, which were administered to rehabilitation staff members; and FGD conducted with children committed to the institutions. Documents were also analysed. Altogether, four rehabilitation institutions were involved in the study. They were drawn from Nairobi and Kiambu counties. The study managed to obtain

information from a total of 138 respondents. Document analysis of ITP, SIF, guidance and counselling form, and NSRSCI was also done.

Various data were analyzed following varied techniques. Quantitative data from the questionnaires were coded manually and analysed using the statistical package for social sciences and presented in descriptive statistics. On the other hand, qualitative data were properly transcribed and coded manually. The qualitative data were then analysed and interpreted following principles of thematic analysis.

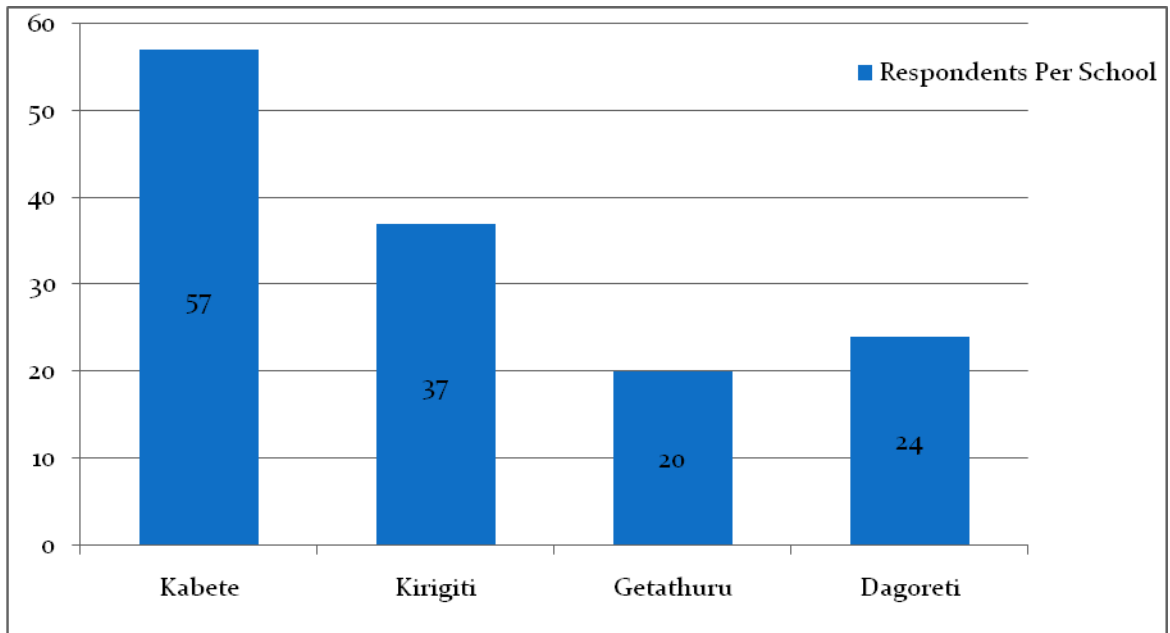
The research findings were mapped against an analytical framework, which was developed following objectives of the study and the ensuing discussions. Pseudo names were used to secure the confidentiality of respondents where speech excerpts were drawn from the responses.

## **4.2. Bio-Data of Respondents**

Comprehensive bio-data of respondents was obtained. The bio-data was used to provide parameters that supported the study although they were not directly under study. These included: distribution of respondents per institution, age, and gender of children and working experiences of managers and children's officers.

### **4.2.1. Distribution of Respondents by Rehabilitation Institution**

A total of 138 respondents were involved in the study. They comprised 4 managers, 4 COs, 40 staff members, and 90 children. Their total distribution within the four rehabilitation institutions was as presented in figure 4.1 that follows:

**Fig. 4.1 Total Number of Respondents per Rehabilitation Institution**

Based on Figure 4.1, Kabete boys' rehabilitation institution had the highest number 57(41%) of respondents, because it caters for both high and medium risk boys. Kirigiti girls' rehabilitation institution had the second highest number 37(27%) because it functions both as a RAC for girls and as a rehabilitation institution for high-risk girls. Dagoreti girls' rehabilitation institution ranked third with 24(17%) respondents while Getathuru boys' had the least number of respondents 20(15%) because it only functions as a RAC and therefore holds a few boys at a given time.

#### **4.2.2. Distribution of Children by Age and Gender**

The ages of children involved in the study were obtained from Summary Assessment Report of Newly Admitted Child forms (appendix H). This information was used to verify that sampled individuals were children (18 years and below) based on Children

Act, (GoK, 2001). The ages of the children involved in the study were analysed and itemised in a compound bar graph Figure 4.2 that follows.

**Fig. 4. 2. Distribution of Children by Age and Gender**

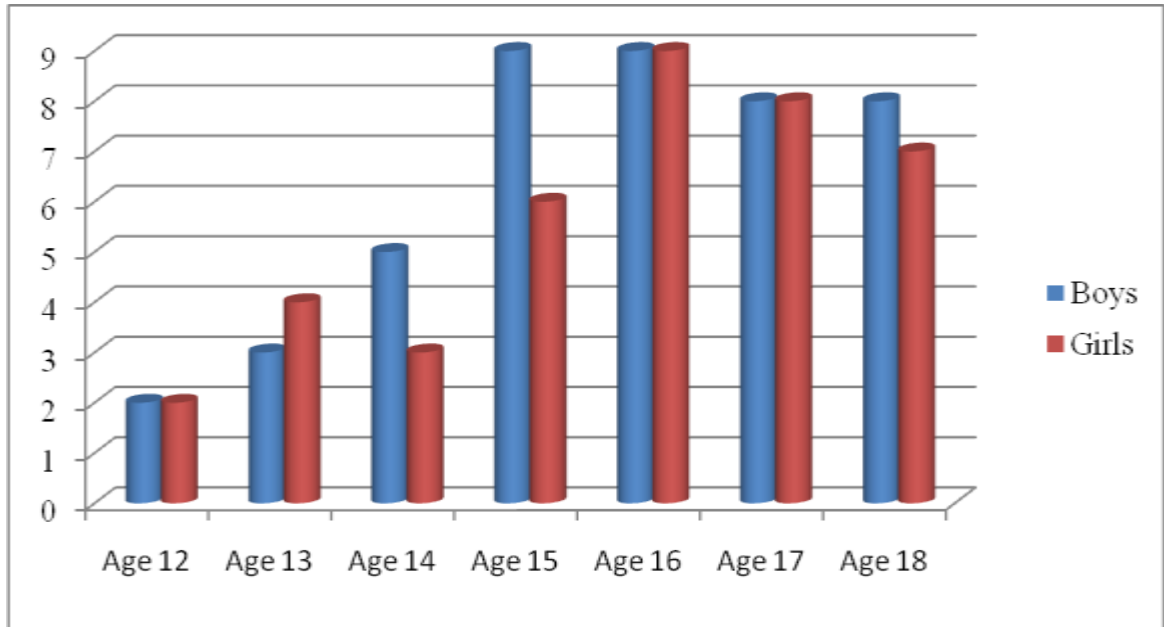


Figure 4.2 imply a trend in the age of committing an offence. Children regardless of gender start committing offences at puberty. However, the number of children committing offences increases as they progress in teenage such that, the number of both boys and girls committing offences is more concentrated in the middle and late teenage years. The children's ages show that although the rehabilitation institutions offer primary school education, they hold very old children that would otherwise normally be in secondary school. This may imply school problems or presence of a SNE because, according to earlier literature by Cain, (1997) and Kirk, et al. (2003) shows that children with special needs such as; learning disabilities and mental

handicaps are overrepresented in juvenile justice system. Similar findings were presented by American Bar Association & National Bar Association (2001), which also indicate that large numbers of youth with criminogenic behaviours have SNE and as many as 20% of students with JD are arrested at least once before they leave school.

#### **4.2.3. Working Experience of Managers and Children's Officers**

The managers and COs were asked to state their working experiences in a bid to gauge their capacity for giving reliable information. The researcher assumed that any respondent who had worked at the school for at least 6 months was capable of responding to interview questions. Their working experiences were captured as presented in Table 4.1.

| <b>Institution</b> | <b>Working Experience In Years</b> |                            |
|--------------------|------------------------------------|----------------------------|
|                    | <b>Managers</b>                    | <b>Children's Officers</b> |
| Kirigiti           | 16                                 | 20                         |
| Dagoreti           | 7                                  | 5                          |
| Kabete             | 4                                  | 0.5                        |
| Getathuru          | 3                                  | 4                          |

**Table 4.1 Working Experience of Managers and Children's Officers**

The information in Table 4.1 shows that all the managers and COs had working experiences that ranged between 6 months to 20 years and were therefore considered to be in a position to give the required information.

### **4.3. Policies Guiding Juvenile Rehabilitation in Kenya**

The first objective of the study was to **explore the policy guiding juvenile rehabilitation in Kenya**. The study set out to find the level of awareness by

managers and the COs on the policies that guide juvenile rehabilitation in Kenya. This was meant to establish what policies were in place, whether the officers were aware of the policies, and whether the policies were adhered to in juvenile rehabilitation.

#### **4.3.1. Responses of Managers and Children’s Officers on Institutional Policy**

The managers and COs were asked to describe the policies that guide the functioning of their rehabilitation institutions. The analysis of their responses began with listing the policies mentioned by each category of respondent, followed by frequency of citations and thematic analysis of their descriptions as shown in Table 4.2 that follows;

| <b>Policy Mentioned</b> | <b>No. of mention by managers</b> | <b>No. of mention by COs</b> |
|-------------------------|-----------------------------------|------------------------------|
| Kenyan constitution     | 1                                 | -                            |
| Children Act            | 4                                 | 4                            |
| NSRSCI                  | 1                                 | 1                            |
| Education Act           | 1                                 | -                            |

**Table 4.2. Juvenile Rehabilitation Policies Cited by Managers and Children’s**

#### **Officers**

Four policy documents were mentioned by Managers and COs, as their guides for juvenile rehabilitation at their schools. The findings presented in Table 4.2, show that all the managers and COs were aware of the Children Act (2001) as the main policy guiding juvenile rehabilitation in Kenya. However, only one manager and one CO mentioned the NSRSCI (2008).

This was surprising considering that all the documents and forms pertaining to juvenile rehabilitation process in use today are contained within this document. Other policy documents mentioned included the Education Act Cap 211 of 1980 (GoK,

1980) and the Constitution of Kenya. Each was mentioned once by a manager. The Special Education Policy (GoK, 2009a) did not feature even once. Furthermore, all the documents mentioned were local, implying that the managers and COs do not consider any international statutes as important guides in their work. Some of the international statutes or policy documents the managers and COs were expected to mention included, the Beijing Rules, (UN, 1985), CRC (UN, 1989), the African Charter on the Rights and Welfare of the Child, the Riyadh Guidelines, (UN, 1990), and the Havana Rules, (UN, 1990), among others.

The respondents were probed on whether there was an institutional policy in place to guide the functioning of individual institutions. Based on the findings, the managers and COs agreed that the schools did not have institutional policies. Therefore juvenile rehabilitation in Kenya is primarily guided by the Children Act (GoK, 2001) and the NSRSCI (GoK, 2008), the only two prescriptions from the MoGCSD.

#### **4.3.2. Content Analysis of the Policies Guiding Juvenile Rehabilitation in Kenya**

The two policy prescriptions from the MoGCSD were analysed to establish their content with regard to juvenile rehabilitation. The content analysis began with a study of the Children Act (GoK, 2001), it revealed that it recommends that children be rehabilitated in exclusive rehabilitation institutions where children are kept under the main care of the School Manager. The Act is however silent on how the rehabilitation institutions will operate, the treatment of an offender is simply referred to as ‘the stay at the school’. The researcher concluded that, the Children Act (GoK 2001) is sketchy

and lacking in areas of assessment, curriculum of rehabilitation, and treatment of children with SNE who find themselves in conflict with the law.

The content analysis progressed to a study of the NSRSCI (GoK 2008), which revealed that this document contains all the forms used at the rehabilitation institutions. The document does not however indicate the category or profession of the staff member who should use the documents. Consequently, there are uncertainties, which may hinder successful rehabilitation. After establishing that the policy guidelines on rehabilitation were weak, and unspecific on several issues pertaining to rehabilitation, it was necessary to establish how juvenile rehabilitation is done. This began with an examination of the assessment tools and procedures used in Kenya.

#### **4.4. Assessment Tools and Procedures Used at Rehabilitation Institutions**

The second objective of the study was to examine the assessment tools and procedures used in juvenile rehabilitation institutions in Kenya. To achieve this objective, the study sought to find out capacity levels of personnel that assesses a child at rehabilitation institutions. Other information sought included assessment tools and procedures used at rehabilitation institutions. The qualitative data was analysed under emerging themes while quantitative data was analysed using frequency distributions as follows.

##### **4.4.1. Who Assesses Children at Rehabilitation Institutions?**

The staff members and COs at rehabilitation institutions are responsible for the assessment of children at both the rehabilitation institutions and the RAC. It was

however necessary to establish the cadre of the personnel assessing a child. To achieve this, staff members were asked if they had ever assessed a child, while the COs were asked to name the personnel that assesses a child. Their responses were organised as follows:

#### **4.4.1.1 Responses of Staff Members on Individual Participation in Assessing a Child**

All the staff members involved in the study responded to the question on whether they had participated in assessing a child. Their reactions were analysed in the frequency Table 4.3 that follows.

| <b>Response</b> | <b>Frequency</b> | <b>Percentage</b> |
|-----------------|------------------|-------------------|
| Yes             | 38               | 95%               |
| No              | 2                | 5%                |
| <b>Total</b>    | <b>40</b>        | <b>100%</b>       |

**Table 4.3. Responses of Staff Members on Participation in Assessing a Child**

Information in Table 4.3 points out that 38(95%) of the 40 staff members tendered an affirmative response that they had assessed a child, while 2(5%) gave a negative response that they had not participated in assessing a child. These two included a School Chaplain and a volunteering social worker. These findings imply that any staff member can participate in assessing a child regardless of their professional background. The findings backed by document analysis of the Monthly Evaluation Sheet for Promotion of Treatment Stage form 3 (Appendix F) which revealed that any staff member on duty except the volunteers was responsible for assessing children.

#### **4.4.1.2. Responses of Children's Officers on the Personnel Assessing Children**

Four COs responded to the question on who assesses children at rehabilitation institutions. Their responses were analysed thematically. All COs reported that a CO together with the persons in the reception (admission and house mothers/masters) and welfare department (social workers) assess children. They were also unanimous that on rare occasions, a teacher or a nurse is also involved in assessment. The reason for lack of full time involvement of teachers and nurses was lack of personnel. For instance, there was only one teacher at Getathuru. The findings from the COs tally with the information from staff members and document analysis showing that any staff members in rehabilitation institutions participates in accessing a child, except volunteers.

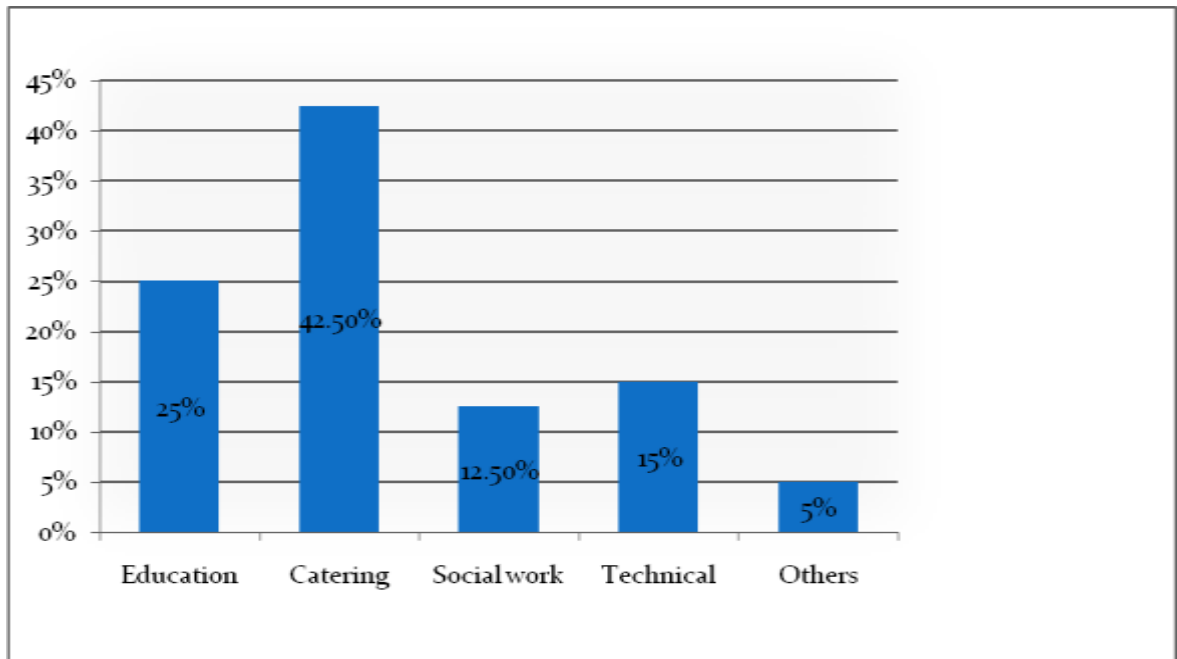
One CO further clarified that the COs assesses the offence committed by the child, while teachers assess for intelligence level, the welfare department assess on factors such as family background and peer influence, while the nurses check on the health status of the children when necessary. This seems to correspond with Gargiulo's (2012) statement that assessment of behaviour disorders should be a multi-method and multisource approach. However, the Kenyan multidisciplinary assessment of behaviour disorders deviates significantly from the expectation of multi-disciplinary assessment because it excludes the parents and is discrete. Furthermore, multi-disciplinary assessment is impractical at where one teacher is expected to assess all committed children, as was the case at the boys' RAC (Getathuru).

These findings indicate unqualified persons conduct unprofessional assessment of children. This may lead to wrong assessment, classification, and prescriptions of treatment, which may result to recidivism and high crime rate in the society. Lokanadha, et. al, (2005) posits that assessing behavioural problems is a complex process because behaviours are complex and often contain a variety of components, which are influenced by multiple factors including biological ones. They assert that comprehensive assessment must evaluate all potential influences causing the problem and this should be done by professionals.

The assessment of offenders in rehabilitation institutions in Kenya significantly deviates from these requirements and may lead to unsuccessful outcomes. This may be blamed on lack of specific policy provisions on who should assess a child in conflict with the law, because the Children Act (GoK 2001) is not explicit on who assesses a child that has committed an offence. The Act only states that the person apprehending a child can be a district children's officer (DCO), chief or any concerned citizen. Therefore, there is need for policy review to show the personnel to assess children in conflict with the law, and at what stage of within the JJS.

#### **4.4.2. Capacity Levels of Personnel Working at Rehabilitation Institutions**

The capacity levels of the personnel delivering services at rehabilitation institutions were measured in terms of professional qualification. This was meant to establish whether the personnel assessing children had the necessary skills, knowledge and qualifications. Their qualifications based on their responses were as presented in Figure 4.3 that follows:

**Fig. 4.3. Distribution of Staff Members by Profession**

The findings shown in the bar graph Figure 4.3 indicate that majority 17(42.5%) of the rehabilitation staff members were qualified in catering and 10(25%) of the staff members had qualifications in education. Another 6(15%) staff members were qualified in technical areas such as computer and hairdressing, while 5(12.5%) of the staff had social work qualifications. Two (5%) of the staff members had secondary education. These findings indicate that most of the staff members working at rehabilitation institutions were professionals in hospitality and culinary work and therefore lack skills and qualifications in behavioural sciences, which are necessary when dealing with children's behaviour.

#### **Capacities Levels of Children's Officers**

The entire sample of COs responded to the question on their academic qualification. This data was important in weighing their capabilities in assessment and rehabilitating

children with JD. The research findings show that three of the four COs interviewed had bachelor's degree in sociology, while one had a diploma in youth and development work. All of them were therefore only qualified to handle ecological related issues.

Furthermore, all the staff members and COs did not have professional background to handle children with special needs or in guidance and counselling, implying that problems related to special needs may go unnoticed or untreated, leading to recidivism. These findings clearly denote lack of human capacity for rehabilitation of juvenile offenders, yet the core business of the rehabilitation institutions is behaviour modification. The findings also confirms earlier research by Kathungu (2010), which found that majority of the staff members at rehabilitation institutions had secondary school and college certificate education. This lack of qualified professionals may be an indicator to wrong assessment, classification, and consequently treatment.

#### **4.4.3. Assessment Procedures Used at Rehabilitation institutions in Kenya**

Data was collected from Managers, COs and staff members to document and ascertain the assessment procedure used as rehabilitation institutions. Their responses were analysed under respondents and emerging themes as follows:

##### **4.4.3.1. Assessment Procedure Outlined by Staff Members**

Staff members were asked to describe the assessment procedure they use. The data was analysed thematically under the following themes: assessment through testing a

child, assessment through monitoring a child's behaviour, and assessment through a laid down procedure. The findings were as follows:

### **1. Assessment Through Testing a Child**

This first theme was presented by majority 27(67.5%) of staff members. Based on this response, it emerged that behavioural assessment for most of the staff members was synonymous with academic assessment. This conclusion was arrived at in view of the following most frequent responses; 'Assessment is done by presenting simple questions and gauging the child's capabilities and memory', and 'Assessment involves giving the children examinations weekly, monthly and at the end of the term'. These responses imply a lack of common conceptualization of assessment of children, and may be attributed to lack of relevant professional qualifications among staff members.

### **2. Assessment Through Monitoring a Child's Behaviour**

Eleven (27.5%) of the staff members reported that assessment entails monitoring a child's behaviour from the time the child is admitted to the rehabilitation institution. This monitoring includes noting attempted escapes from custodial care, interpreting interpersonal relationships with staff and peers, and performance in academic, vocational skills and physical recreation.

This assessment is based on the assumption that a child's life prior to committal is not important and does not contribute to current behaviour. This assumption ignores intrapersonal and psychodynamic aspects of human behaviour, and automatically labels the child as the problem/cause of problem behaviour, whereas some children are

victims, or in 'status offence' (offence driven by basic needs). Furthermore, the child is assessed in a warm welcoming environment, quite contrary to real contexts within which offences occur.

### **3. Assessment Through a Laid down Procedure**

The third theme was taken on by a measly 2(5%) of the forty staff members. They described the assessment procedure as follows,

'On admission you ask information on names of the child, parents or guardians, date of birth, home district, the nature of the offence, religion, circumstances of committal, level of education, after which the child is tested to prove academic levels attained', (Reported by an Approved Teacher 1 on 15<sup>th</sup> January 2012).

Based on the variety of responses given by the staff members the researcher concluded there was no harmonised assessment procedure, and that majority of staff members had not conceptualized assessment procedure. Consequently, there were possibilities of inappropriate classification and treatment of children, in spite of the presence of the NSRSCI (GoK 2008) which is supposed to guide assessment and rehabilitation of offenders.

According to Garguilo (2006), current trends in assessment of EBD suggest varied initiatives such as, person-centred planning where the child's vision for the future is created. The second initiative is strength-based assessment, it measures emotional and behavioural skills, competences, and characteristics that create a sense of personal accomplishment (Donovan & Nickerson, 2007). The third initiative is functional

behavioural assessment, which acknowledges that children engage in inappropriate behaviours for many reasons. This initiative requires identification of precursors and antecedents to problematic behaviours (Chandler & Dalhquist, 2010).

#### **4.4.3.2. Assessment Procedures Outlined by Managers and Children's Officers**

The Managers and COs described the procedures for assessing children at rehabilitation institutions. Their responses were analysed thematically, where it emerged that assessment at RACs varied from assessment at rehabilitation schools. These variations formed the two themes and are as follows,

##### **Assessment at Rehabilitation and Assessment Centres**

According to the Managers' and COs' responses, the first theme was 'assessment at RAC'. Here, assessment starts the day a child is brought to RAC either by a police officer or DCO, and continues up to the time of departure to a rehabilitation school. This process normally takes about three months and involves the following steps:

1. Academic assessment through an examination designed to gauge the academic class the child will attend. Samples of the examinations are presented in appendix G.
2. Medical examination involving observed by an itinerant nurse or at the nearest public medical facility to determine the child's health status.
3. Assessment of risk level using the Summary Assessment Report of Newly Admitted Child - form 1 (Appendix H) of the NSRSCI (GoK, 2008).

In addition, a child also undergoes the following assessment on arrival at a RAC:

1. Physical fitness examination involving stripping naked and examination for any marks or injuries, after which decisions on physical fitness of the child is made.
2. Oral interview where a child is asked questions to verify information filed on the SIF filled by field officers. Data on home background and context of offence is collected.
3. The child personal items are recorded and stored; and the items are returned to the child on the day of release (exit). A child is allocated a dormitory based on the offence committed, to avoid behaviour contamination.
4. The child is taken through rules and regulations of RAC, made aware of the duration of committal, and asked about their expectations at the RAC.
5. The child is assessed for risk level using the GoK tools provided in the NSRSCI (GoK, 2008) within three months. The assessment for risk level involves:
  - A child allocated an admission number carries until they are released,
  - Assessment for drug and substance abuse done through oral questioning,
  - Assessment for peer influence,
  - Risk level assessment through Summary Assessment Report of Newly Admitted Child (appendix H), in which a child is graded in a continuum of scores on a scale of 0-42 points as shown in Table 4.4 as presented by Managers of the RACs.

| Score | Risk level | Implications of Risk Level   |
|-------|------------|--|
| 0-7   | Low        | Not likely to commit offence - care and protection recommended     |
| 8-17  | Medium     | Likely to commit offence –Doing drugs, attempted rape, street life |
| 18-42 | High       | Committed a crime – theft, drug trafficking, rape, illegal arms    |

**Table 4.4. Risk Level Grading Framework and Implications**

The information presented in Table 4.4 shows a risk level grading scale ranging between 0-42 marks, where the higher the score, the higher the risk level. This grading is used to distribute children to various rehabilitation schools in Kenya. The rehabilitation schools are also classified based on the three risk levels.

The manager at the boys RAC was concerned about violation of a child’s right to privacy during assessment. He said children are made to strip naked to be observed by the assessing officer who can be of either gender. He lamented that “this part of assessment is a very embarrassing exercise, because these children are in teenage years where they are still uncertain about their self image.” Mandatory undressing in the presence of another person may also seem punitive, particular to a child who have been through an abusive background or rape. Overall this exercise may impact on the self concept of a teenager, and especially because the exercise occurs on the first day at RACs. This contravenes the Beijing Rules, (UN, 1985) requirements on that the juvenile's right to privacy should be respected at all stages of the proceedings.

The managers said that children committed for similar offences are put together from day one of arrival to RAC regardless of the risk levels for a period of three months. This arrangement may present a problem especially considering that a child who arrive at RAC is also put together with those who are about to leave the RAC. This

may result in behaviour pollution and pre-empting of the assessment and rehabilitation exercise. Furthermore, the outlined assessment procedure does not cater for children with SNE. This was confirmed by the manager of the boys' RAC when he raised an issue about the assessment, classification and placement of children with SNE, by narrating a case he dealt with which was a revelation for him and was yet to be addressed. He said that;

“A boy was brought here from Kapsabet in 2009. He had serious epilepsy...and would get frequent seizures and foam in the mouth. He was committed for theft but it was difficult to assess him... I referred him to Thika Rescue Centre but he was rejected and brought back to Getathuru. I then referred him to Kakamega but he was also turned away there and brought back a second time. I was at loss what to do. The boy remained here until 2011 when he was taken in by a Catholic sponsored rehabilitation institution called St. Thomas in Nyahururu.... To date, I have nowhere to refer a child with SNE. I normally send them back to the field officers” reported on 8<sup>th</sup> January 2012.

The need for an SNE orientation to rehabilitation of juvenile offenders could not be better amplified than in the words of this manager. He also commented that there was serious and urgent need for an institution that can handle children with SNE. The manager's response was confirmed by content analysis of Form 1 (Appendix H) of NSRSCI (GoK, 2008) which showed that there was no dialogue box for collecting data on SNE.

Consequently, a child with SNE cannot be rehabilitated in the current institution. The fact that the RAC manager refers children with SNE back to the DCO for rehabilitation outside the institutions is evidence that inclusive education and rehabilitation is a practical reality that is already happening albeit informally and haphazardly. This practice should be extended to most of the children to reduce cases of institutionalization, which interferes with children's education and socialization.

Content analysis of Form 1 (Appendix H) revealed that the context of offence is noted as reported by the child; this is the core feature for grading a child's risk level. Form 1 also contains contents such as mental state (IQ), personality and physical state; the parameters used to arrive at a given score for each of these variables are not indicated.

Besides, there are no psychological or IQ tests for rating personality, and intelligence. It can therefore be concluded that the IQ, personality and physical state of a child is gauged on simple academic tests and observations made by unqualified personnel. This may significantly affect assessment report and classification of children.

Furthermore, the personnel at RAC did not seem to divert any children from the institutional rehabilitation, in spite of the Beijing Rules, (UN, 1985) commentary highlighting the benefit of diversion, such as the lack of stigma, and that in some cases, such as non-serious offences, no intervention at all may be the optimal response. This is the case where there has already been some response by family or school or other informal social control institutions, such as the cases of children classified as 'care and protection'.

## **Assessment at Rehabilitation Schools**

The descriptions of managers and COs indicates three main areas of assessment at here including; behaviour change, vocational ability, and academic progress.

### **1. Assessment of Behaviour Change**

The instructor report is the main determinant of behaviour change assessment grading. Unfortunately there is no curriculum of instruction, but the instructor uses observation and reality to identify whether behaviour change has occurred. A multi-disciplinary team then fills-in the monthly evaluation sheet-form 3 (Monthly Evaluation Sheet for Promotion of Treatment Stage. Appendix F), reported by a CO on 20<sup>th</sup> January 2012. This is in line with SNE standards, which require children be assessed by a team of professionals (Gargiulo, 2012).

Based on the monthly report, a child may be promoted or demoted to the next treatment stage, based on the risk levels. A child who shows improvement in behaviour is promoted progressively from high to medium and then to low risk and vice versa. The promotion to a lower risk level is a motive for which committed children can positively change their behaviour. However there are no options for children who do not show change in behaviour over a long period of treatment. Such children are left as they are until their committal order expires when they are released back to the society.

This current status is in-spite of the fact that some children such as those with psychoanalytical problems such as maniacs, depression, forms of personality

disorders, drug and substance addiction, and other SNE, may not change their behaviour even after the three years of rehabilitation. Some require pharmacotherapy (Corrado and Turnbull, 1992). This implies that successful rehabilitation of juvenile offender calls for better assessment and more therapeutic options to cater for the needs of all children.

Content analysis of Monthly Evaluation Sheet for Promotion of Treatment Stage – form 3 (Appendix F) clarified that a child is assessed in five areas namely: Rule observation, Basic social manner, study attitude, interpersonal relationships, and achievement in risk level. Scores in these five areas are used to promote or demote a child's risk level. The irony is that assessment is done in 'child friendly' environment, as opposed to the situation where offence occurs. Consequently, a child may score highly in interpersonal relationship at rehabilitation school, and still have problems relating to people back home.

## **2. Vocational Assessment**

The second area of assessment at rehabilitation institutions is in vocational courses. The Managers and COs reported that, all children committed to rehabilitation institutions are allowed to participate in all vocational workshops for two days per workshop before they can choose the vocation they would wish to pursue. The vocational courses vary from institution to institution based on resource availability. For instance, there are five vocational courses at Kabete rehabilitation institution including; confectionery, masonry, fashion and design, mechanics and pottery.

Children are assessed in vocational courses and awarded certificates (Government Grade Test 3). These certificates are meant to help the children find work in their post-institutional lives. A critical analysis of the courses offered implies an assumption that the children going through rehabilitation institutions can only fit in vocational jobs. The provision of vocational courses in place of secondary education is limiting to children with high academic aptitudes particularly to the children who are keen on formal education after rehabilitation.

Special education entails allowing and facilitating a child to achieve their highest potential (Kirk, et. al. 2003; Gargiulo, 2006; and Friend, 2008). Thus the above constraint to academic progress can be very frustrating to a child who is keen on academic pursuits. It also contravenes the counsel encouraging children to pursue education for a better future.

### **3. Academic Assessment**

Academic assessment was the third area of assessment reported by Managers and COs. All committed children attend the regular 8-4-4 education, although academic education is not a main priority. Children are evaluated through tests and examinations, and some progress to sit their Kenya Certificate of Primary Examination (KCPE) and some excel to join secondary schools. Two major problems were identified regarding academics.

Firstly, the ministry does not prioritize academic education for committed children; Consequently, learning is allocated half day even for standard 8 candidates. Secondary

school education is not offered, hence committed secondary schools students have to revert to primary school or to pursue vocational courses.

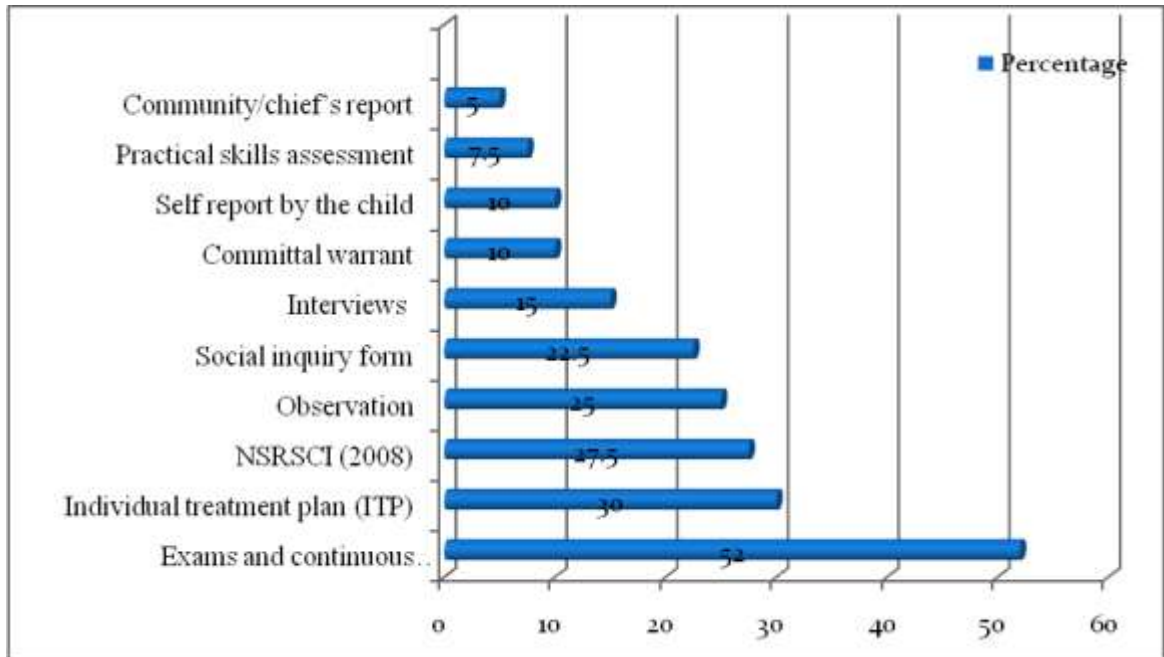
A long period of committal means a child will be lagging behind their peers, which may cause frustration and trigger recidivism. The second, academic-related problem reported by Managers and COs was that children who perform well at KCPE are released before the expiry of the committal order to join a secondary school regardless of the remaining part of the committal order, or the risk level. This implies that some children are released while still rated high risk and may therefore continue to commit offences rendering the society insecure.

#### **4.4.4. Assessment Tools Used at Rehabilitation Institutions**

Information was sought on the nature of the assessment tools used to assess children at rehabilitation institutions in Kenya. The respondents working at rehabilitation institutions were asked questions that generated information on assessment tools. The research findings prompted were analysed by category of respondents and presented as follows:

##### **4.4.4.1. Responses of Staff Members on Assessment Tools used in Rehabilitation**

Staff members were asked to describe the tools used to assess a child's behaviour at the rehabilitation institutions. Most staff members identified more than one assessment tool. The data was therefore analysed under the mentioned tool followed by frequencies of mention of each tool and computation of percentages. The findings were presented in Figure 4.4 that follows;

**Fig 4.4. Assessment Tools Mentioned by Staff Members**

The findings in Figure 4.4 show that; 5(12.5%) of the staff members did not respond to the question, which may imply they did not know what assessment tools are or they had not participated in assessing a child. However, based on the research findings in the table, the most commonly identified assessment tools were exams and continuous assessment tests which were cited 21(52%) times, followed by ITP which was mentioned 12(30%) times, and NSRSCI (GoK, 2008) 11(27.5%) times. Observation as an assessment tool was mentioned 10(25%) times, SIF 9(22.5%) times and interviews 6(15%) times. Other mentioned tools were as shown in Figure 4.4. This information shows an assortment of tools implying that either the staff members are not certain what assessment tools are, or that they use different tools to assess and grade a child's behaviour. This may be ascribed to lack of professional capacities or

in-service training in assessment, or a discrete assessment where different personnel assess for different things at different times.

The assortment of tools named implies a need for a single comprehensive document that contains the various sections of assessment, to ensure all behaviour changes are captured. Such a document should contain structured format that capture IQ and personality, and a uniform scoring and interpretive procedure to ensure uniformity of grading of behaviour and classification of children.

Further data analysis indicates that none of the tools mentioned catered for assessment of SNE in a child committed to rehabilitation institutions, including personality and mental disorders. It can therefore be concluded that based on the staff members' responses, the assessment done to juvenile offenders does not have the potential for identifying all problem behaviours, especially the behaviours that emanate from biophysical and psychodynamic causes. Hence there is a need to come up with new tools that are more comprehensive.

#### **4.4.4.2. Managers' and Children's Officers' Responses on Assessment Tools**

The Managers' and COs' were asked to describe the tools used to assess a child's behaviour at the rehabilitation institutions. The responses from three of the four Managers and the entire group of COs were unanimous that the NSRSCI (GoK, 2008) contains all the tools used to assess a child's behaviour at rehabilitation institutions and at the RACs. They particularly singled out the basic tools used at rehabilitation institutions to include:

1. Monthly evaluation sheet for promotion of treatment stage
2. Rule violation record
3. Summary assessment report of newly admitted child
4. Quarterly progress report.

One Manager however held different views. He asserted that there were no special tools used to assess a child. He purported that observation, monitoring and evaluation are done from the time a child is admitted to the time a child exits. He further said that the main behaviours observed included: how a child responds to instructions, how they work, behave during cleaning time, organise themselves in the house, response to the bell and their attitude towards education.

The Manager added that a child is also interviewed to find out how much they have changed within a given duration of time. He also added that his institution has developed a programme called Personal Officer System where every officer is allocated a number of children for whom the officer acts as godfather. This creates small families and provides a personal consultant for the child.

The findings on assessment tools as presented by the Managers and the COs imply that different rehabilitation institutions are doing different things in terms of assessment of behaviour change. This indicates lack of policy guidelines or lack of perceptions that assessment directly influences rehabilitation outcomes. This situation

may result to faulty classification and treatment and consequent high levels of recidivism.

Content analysis of the four forms named (assessment tools) by the Managers and COs revealed that SNE is not one of the aspects sought after during assessment. For instance, the tools do not seek historical background that would indicate any biophysical and psychodynamic problems.

Further content analysis revealed that the tools are mainly engineered to capture ecological causes of behaviour. This is despite the fact that some behaviour disorders may be due to biophysical and psychodynamic causes as shown in chapter two of this thesis, which can only be identified through well designed tools and by specialists in SNE, while others require psychiatrists or medical identification.

Furthermore, Clarke (1997); Gargiulo, (2006); and Friend, (2008), asserts that reliable assessment tools should have the potential for identifying the causes of offence based on broad models and that accurate identification is vital in deciding on the behaviour modification strategies to employ and also in ensuring that an exitee does not become recidivists.

The preceding discussion implies that some children going through rehabilitation institutions are not adequately assessed, and rehabilitated, while others have been committed to the rehabilitation institution wrongly. Development of precise

assessment tools and employment of qualified personnel to use the tools would amend the situation.

In view of the uncertainties on assessment tools and procedures, the unqualified staff conducting assessment of juvenile offenders and the possibility of failure in terms of rehabilitation outcomes, the researcher sought to determine the status quo by establishing the levels of recidivism among the juvenile offenders involved in the study. The findings were as presented in 4.4.5.

#### **4.4.5. Levels of Recidivism among Juvenile Offender**

Information on levels of recidivism was gathered from children undergoing rehabilitation at the time of the study. The children involved in the study were asked whether they had been committed to a rehabilitation institution before the current committal. This question was meant to generate information on the levels of repeat offenders in Kenya.

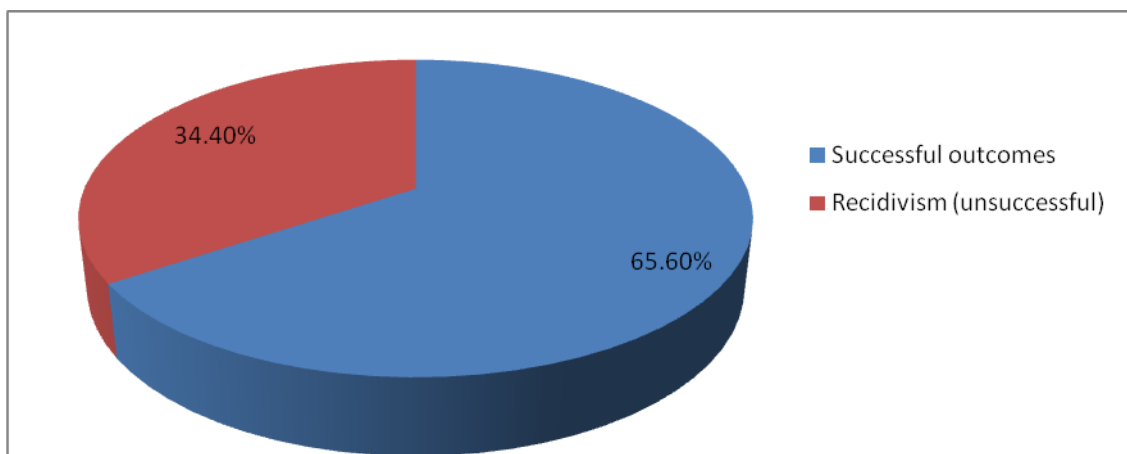
The children's responses were collected through FGDs involving about 7 children each. The findings were analysed using descriptive statistics. The research findings as revealed in the following presentation (Table 4.5) shows that, a total of 31(34.4%) representing more than a third of all the children involved in the study had been committed to a rehabilitation institution more than once, denoting that they had returned to their lives of offence after going through the rehabilitation treatment.

| Rehabilitation institution             | Total No. of children | Children committed more than once (x) | Percentage of recidivism ( $\frac{x}{y} \times 100$ ) |
|--|-----------------------|---------------------------------------|---|
| Kirigiti                               | 24                    | 8                                     | -   |
| Dagoreti                               | 12                    | 5                                     | -   |
| <b>Total girls' Recidivism</b>         | <b>36</b>             | <b>13</b>                             | $(13/36 \times 100) = 37.5\%$                         |
| Kabete                                 | 44                    | 13                                    | -   |
| Getathuru                              | 10                    | 5                                     | -   |
| <b>Total boys' Recidivism</b>          | <b>54</b>             | <b>18</b>                             | $(18/54 \times 100) = 39.75\%$                        |
| <b>Total frequency</b>                 | <b>£y 90</b>          | <b>£x 31</b>                          | $(31/90 \times 100) = 34.4\%$                         |
| <b>Gender difference in recidivism</b> |                       | <b>18-13 = 5</b>                      | $39.75-37.5 = 2.25\%$                                 |

**Table 4.5. Levels of Recidivism among Juvenile Offender in Kenya**

The gender difference in levels of recidivism (2.25%) indicates that children undergo the similar circumstances that lead to recidivism in post-institutional lives regardless of their gender. The implication derived from the findings presented in Table 4.5 is that generally, a third (34.4%) of rehabilitation graduates comes into conflict with the law in their post-institutional lives. Consequently successful outcomes of juvenile rehabilitation accounts for only 59(65.6%), denoting very high levels of recidivism among graduates of public rehabilitation institutions as shown in Figure 4.5 below.

**Fig. 4.5. Success versus Recidivism of Juvenile Rehabilitation Outcomes**



The findings presented in Figure 4.5 negate from the findings made by Watt, (2006) which show that many children stop offending when appropriate juvenile rehabilitation is offered. Watt (2006), proceeds to say that the levels of recidivism is a major factor that can be used in determining the success of a rehabilitation programme and hence its efficacy. A level of recidivism that exceeds a third may be considered very high considering that only a small number of offenders is required to make a society unsafe and that these children are released back into the society to continue offending, probably to eventually graduate to hardened criminals, and to ultimately find themselves committed to adult jails. This situation is avertable by provision of better rehabilitation programmes, schools, and staff.

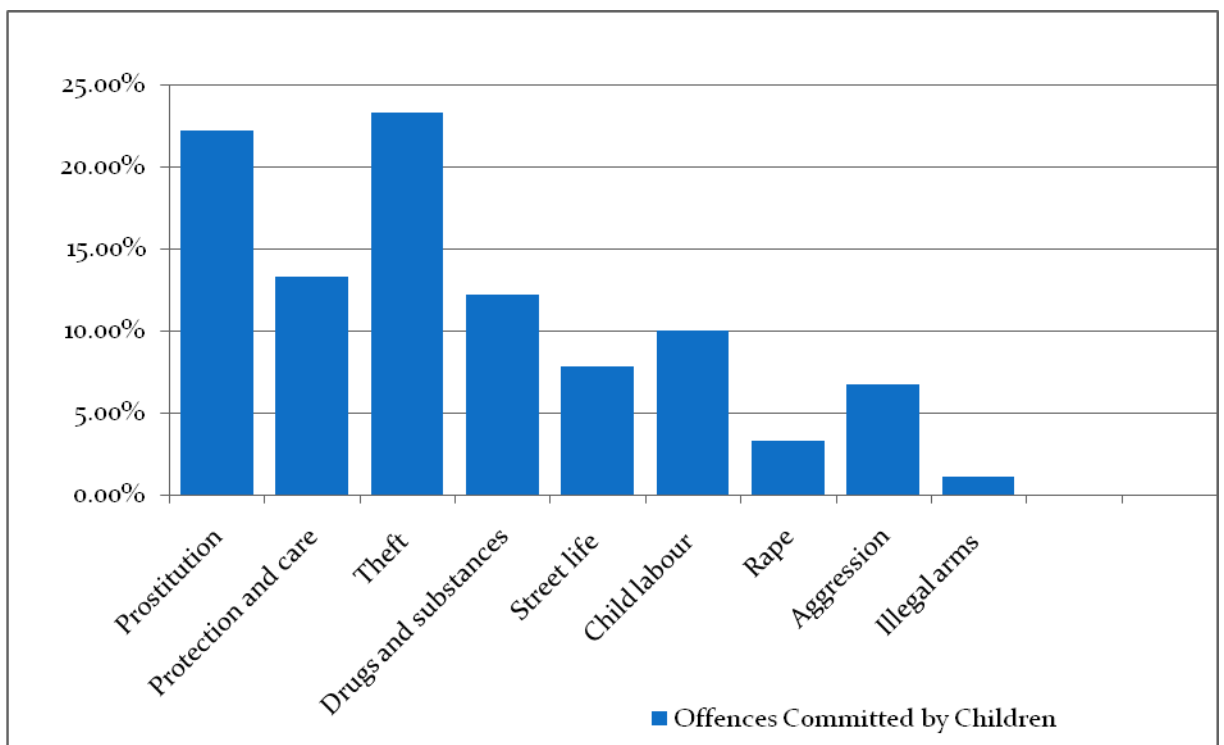
In view of the high levels of recidivism, it became necessary to establish the nature of offences the children had committed. This was in attempt to understand the complexities of the children's backgrounds which rehabilitation programmes should address in order to achieve successful rehabilitation outcomes. Information was gathered from the children through FGDs on the contexts that led to committal of each child. The findings were as presented in 4.4.6.

#### **4.4.6. Offences Committed by the Children at Rehabilitation Institutions**

The children were asked to describe how they found themselves at rehabilitation institutions. Their responses were analysed under themes that categorize the offences committed by children, while descriptive statistics were used to establish the frequency of each category of offence.

Based on the data analysis, the emerging themes included; prostitution, protection and care, theft, drug and substance abuse, street life, child labour, rape, aggression and illegal fire arms. The most informative responses were cited to qualify the offences and the contexts of offence. The findings were as presented in the bar graph Figure 4.6 below.

**Fig. 4.6 Nature of Offences Committed by the Children**



The research findings presented on Figure 4.6 shows the nature of offences committed by children on the x-axis, and the levels of the offence in percentage on the y-axis. The most common offence is theft 21(23.3%), followed by prostitution 20(22.2%), involvement with drug and substance 11(12.2%), involvement in child labour 9(10%), street life 7(7.8%), aggression 6(6.7%), rape 3(3.3%), and possession of illegal fire

arms 1(1.1%). The children under protection and care 12(13.3%) had not committed an offence but were at risk of committing or already had serious conflict with parent/guardian. The category of children labelled 'street life' had not committed an offence, but their chances of committing offence were high.

It can therefore be concluded that 12(13.3 %) of the sampled children had not committed an offence yet the courts had committed them to rehabilitation institutions because they were at a risk of committing an offence. These findings confirm the notable writings by reformers such as Jerome G. Miller which show that very few 'offenders' actually commit offence. Most of them are simply rounded up by police after events that possibly involve criminal action. They are brought before juvenile court judges who make findings of delinquency, simply because the police action established probable cause (Cain, 1997).

Based on Goffman's (1963) the labels applied to individuals influence their behaviour. This happen particularly when an important person like a police officer, teacher, or a judge, makes judgement, the label becomes very important in the re-evaluation of the self, and the subsequent behaviour. This implies that the current rehabilitation programme may be creating criminals owing to the labelling aspect, which derives from lack of thorough pre-trial assessment.

It is also important to note that according to by Cain (1997), one most notable cause of juvenile delinquency and recidivism is 'fiat'. This is the declaration that a juvenile is delinquent by the juvenile court without any trial, and upon finding only a probable

cause. These findings points to a need for urgent alternatives to the current JJS programme, and especially the stages of assessment and committal, to ensure innocent children are not committed to institutional care which labels them all their lives. Auxiliary analysis of the nature of offences committed by children yielded contents within which offences are committed. A few of these contexts of offence are presented to demonstrate that children's background may impede successful rehabilitation as follows:

A 15 year old girl called 'Bahati' from Malindi reported on 18<sup>th</sup> January 2012 that,

“There is too much poverty at home and mum used to ask me to go washing clothes for people on Saturdays and Sundays to earn money. I was always too tired to go to school on Monday and I was unhappy with my mother. One day I went to wash for a young man, he asked me to marry him and I stayed. My mother reported us to police... I was taken to police station but my man escaped, then the court committed me to Kirigiti.”

This context of offence in this case implies parenting problems, child abuse and child labour as the main cause of the early marriage that led to the committal of the girl. This girls hard been charged with prostitution. Another 14 years old girl reported that,

“I was very bad at home. If my brother or sister told me something bad, I would beat them up. One day, I beat my neighbour until she went to hospital, '*nilivunja muguu*'... (Translated: '*I broke her leg*'). In the night around 10.00 pm, the police

came for me and took me to Murang'a remand....I was taken to court and committed to Kirigiti, then I came to Dagoreti", said 'Logina' on 21<sup>st</sup> march 2012.

This context implies a child with aggressive and hyperactivity tendencies, where the girl uses force against others and acts impulsively. This argument agrees with literature by (Ndani & Murugami, 2010), which shows that organic origin such as developmental disorders are blamed for JD.

The child in this, case may require treatment through pharmacotherapy. In such a case, the rehabilitation programme is rendered useless regardless of committal period. There is need therefore for multidisciplinary assessment team to ensure all causes of JD are identified and adequately addressed.

Moreover, involvement of parent in multi-disciplinary assessment makes it easy to identify parent-child conflicts. Behaviour modification in such a situation can take the form of restorative justice, where the culprit attends to the litigant's needs and gets to experience the pain the plaintiff goes through. This approach is non-labelling yet very therapeutic.

'Cyprian' a seventeen year old boy from Meru reported on 28<sup>th</sup> February 2012 that,

*"Nili patikana na silencer..... niliuziwa na Musomali shiringi elfu tano.... Nilikuwa nafanya kazi kwa duka nika-safe pesa, lakini si pesa ya kununua silencer... Nililetewa tu kwa duka na nikanunua"* translated - I was caught with a pistol...it was sold to me by a Somali man at 5000/-... I was working at a shop and saved

money, but not for buying a pistol... it was just shown to me at the shop and I bought it'.

The child in this case may be a victim of child labour, lacking supervision and under bad influence by the adult who sold him the pistol. The child may also have an inborn inclination for delinquency because ordinarily, a child will not be interested in a real pistol. This is supported by research by Coldham, (2005) which indicates that some people have inborn propensity for disorder.

These examples of contexts of offences imply that some children committed offences under the influence of adults, while others are victims of their parents/guardians. The findings concur with research findings by Okumba, Mwangi, & Ndungu, (2005) which found that in Kenya, the main factors that account for JD include neglected offspring, adults involving children in drug trafficking and to gain entry into houses to facilitate burglary.

They further identified poverty as another major cause of JD, and that children cared for by stepmothers had a high risk of being involved in delinquency. Children in these kinds of circumstances are likely to become recidivists soon after exiting rehabilitation institutions. Rehabilitation should therefore focus on broad aspects including reasons for offence, rather than addressing the symptoms of problems as is the current practice. This is achievable through development of rehabilitation curriculum focusing on preventative and curative measures.

#### **4.5. Curriculum used in Rehabilitation of Juvenile Offenders**

The third objective of the study was to examine the curriculum for juvenile rehabilitation employed in rehabilitation institutions in Kenya. All the respondents what curriculum was used at the rehabilitation institutions. Data collection took direct and indirect form of inquiry. Under the direct form of inquiry, respondents working at the rehabilitation institutions to describe the curriculum for juvenile rehabilitation, while under the indirect form of inquiry children were asked to describe their daily activities since the first day they were committed to the rehabilitation institutions.

The information collected was analysed under category of respondent and emerging themes, which included presence of a curriculum for juvenile rehabilitation, content of the curriculum for juvenile rehabilitations, and recommended methods of changing a child's behaviour. The research findings are as shown in the ensuing discussions:

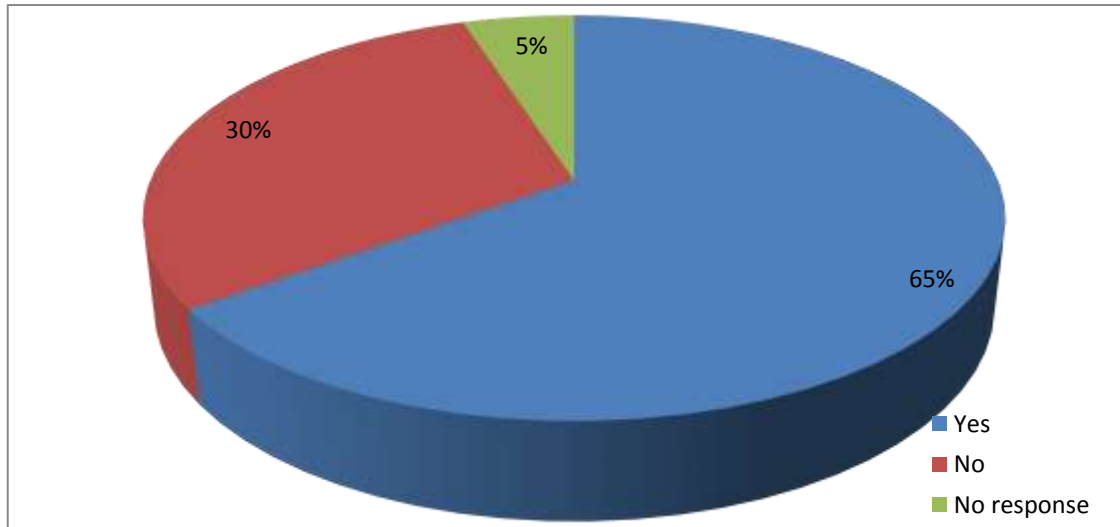
##### **4.5.1. Presence of Juvenile Rehabilitation Curriculum**

The staff members, COs and managers were asked to describe the curriculum used for juvenile rehabilitation currently at the rehabilitation institutions. Their responses were analysed and presented under respondents as follows:

##### **4.5.1.1. Staff Members' Responses on Juvenile Rehabilitation Curriculum**

The first question on presence of curriculum for rehabilitation to the staff members simply required a Yes or No response. These responses were analysed using a pie chart Figure 4.7 and yielded the following findings:

**Fig 4.7. Staff Members' Responses on Presence of Curriculum for Juvenile Rehabilitation**



The findings presented in Figure 4.7 shows that a large number 26(65%) of staff members said there was a juvenile rehabilitation curriculum, a significant number 12(30%) of staff members disagree, while 2(5%) did not respond to the question. These findings imply that there may be or may not be a curriculum for juvenile rehabilitation. In view of this knowledge gap, further clarification on juvenile rehabilitation curriculum was sought from the Managers and COs.

#### **4.5.1.2. Managers and Children's Officers on Juvenile Rehabilitation**

##### **Curriculum**

All the Managers and COs interviewed agreed that there was no curriculum of juvenile rehabilitation in Kenya. One CO clarified the situation by stating that,

“Currently we do not have a formal structure or a singular prescribed syllabus or curriculum, the activities we engage children in, during rehabilitation time are

mainly vocational skill such as tailoring, bakery, hairdressing. There are also lessons for guidance and counselling on the timetable, but unfortunately we do not have counsellors in the school, and so the staff members on duty or volunteers counsel the children sometimes,” reported by a CO on 21<sup>st</sup> March 2012.

Two managers expounded on the situation by explaining that they normally receive a time table from the ministry outlining time and sessions but the specific content for each session is the jurisdiction of each rehabilitation institutions to decide. For instance, the time table will show time when the children should; wake up, go to class, go for break, go to class, take lunch, and go for rehabilitation programmes all the way up to sleeping time. However, the activities or content for each session is the jurisdiction of the individual schools.

These findings from managers and COs clarifies that there is no curriculum of juvenile rehabilitation currently being used and that the content of rehabilitation include vocational courses, and guidance and counselling offered impromptu by any staff members on duties or by occasional volunteer counsellors. Kathungu (2010) supports these findings through an earlier research, which found counselling at juvenile rehabilitation institutions to be impromptu.

#### **4.5.2. Content of Juvenile Rehabilitation**

The preceding discussion clarified that there was no curriculum for juvenile rehabilitation in Kenya. In the absence of a curriculum, the researcher sought to establish the content presented to children for the purpose of behaviour modification.

To achieve this, the researcher analyzed the policies guiding juvenile rehabilitation. Oral questioning on content of rehabilitation was also done. The emergent research findings were as follows:

#### **4.5.2.1. Content Analysis on the Curriculum of Juvenile Rehabilitation in Kenya**

The documents analysed included the Children Act (2001), the Kochung Report (GoK, 2003), and the SNE Policy (GoK, 2009a). The document analysis began with review of the Children Act (GoK, 2001), section 191 which outline the methods of dealing with offenders under Cap 63 of the laws of Kenya. The findings highlight several ways in which an offender who is guilty and committed to a rehabilitation institution may be treated including among others;

- Offenders aged over 10 years and under 15 years of age, are committed to rehabilitation institutions suitable to their needs and attainments,
- An offender aged 16 years and above is dealt handled in accordance with legal Act that provides establishment and regulations of the borstal institutions,
- An offender may also be placed under the care of a qualified counsellor;
- Other offenders may be placed in an educational institution or a vocational training programme
- No offender is subjected to corporal punishment.

These findings clearly show that the Children Act (GoK, 2001) is not precise on recommended behaviour modification strategies, or the activities to engage committed children. The nearest proximity to behaviour modification strategy stated by the Act is that of placing the offender under the care of a qualified counsellor. The Act also

prohibits use of corporal punishment but fails to clarify what should be done to modify a child's behaviour in the absence of the corporal punishment. It can therefore be concluded that the Children Act does not provide a curriculum of juvenile rehabilitation. The second policy document analysed was the National SNE policy framework of 2009 (GoK, 2009a).

The National SNE policy framework (GoK, 2009a), Section 2.6 of Chapter Two highlighted curriculum development as a key area in SNE and emphasised the need to have a curriculum that is adequately responsive to the different categories of children with SNE. It urged the Kenya Institute of Curriculum Development (KICD) to develop specialised curriculum for the various categories of SNE. However, there is currently no curriculum developed by the KICD for use at the rehabilitation institutions. This is in spite of an earlier finding by the GoK, (2003) which pointed out the problem of absence of curriculum in the SNE category of EBD.

In particular, recommendation 7.10 of the SNE policy (GoK, 2003) in part demanded that the SNE division at the KICD undertakes the development of syllabuses for specialised areas of SNE for immediate implementation including the area of EBD which comprise child offenders. The review clarified that there is no curriculum of juvenile rehabilitation about a decade down the line since the call for curriculum development was made.

#### **4.5.2.2. Responses of Children on Content of Juvenile Rehabilitation**

The children negotiating life at rehabilitation institutions were asked what they had been doing since they joined their current school. This was meant to capture the content of rehabilitation through reconstructions of the activities the children engaged in. Their responses were analyzed under themes learning, working, vocational education and rehabilitation activities. The findings are presented in the ensuing discussions:

##### **1. Learning**

The first content of rehabilitation mentioned was learning. All the children with the exception of those at RACs reported that they attended academic classes between 8.15 am and 12.30 pm. This is a much short session for academic work compared to learning time in regular schools. However, most of the children were happy for the opportunity to learn, as reported by some children who confessed that they had been illiterate prior to their committal. For instance, an excited 'Joan' from Dagoreti School reported on 21<sup>st</sup>, march 2012 that,

“I have been attending classes; I didn't know how to read and write... I can now read and write. I can also recite a poem.”

On the contrary, children who had completed primary education reported that they were very unhappy and frustrated with the education offered because it only catered for those in primary school. For instance; 'Simon' a boy reporting from Kabete had been committed for three years when he was in form two. Although he had qualified

in several vocational skills, he was very annoyed with the current education offered at rehabilitation institutions and said with a lot of bitterness,

“I feel so wasted, I stole yes, but it is unfair to stop me from schooling. My former school mates are now in Form Four.... I can’t go back to that school.... They should bring secondary education if they have to keep us locked up here.”

These findings imply that while some children benefit from education offered at rehabilitation institutions, which may equip them with skills that may hinder them from reoffending, the opposite effect was the reality for other children. There is need therefore to offer education that suits all children aged 18 years and below who are committed to rehabilitation institutions because some children are keen on pursuing academic education, and therefore feel that their time is wasted on vocational courses.

## **2. Working**

The second aspect of the content of rehabilitation programme mentioned was working. Some children reported that they have been doing some work at the rehabilitation institutions. Some children were positive about the work they did while others complained about it. A boy from Kabete School complained on 28 February 2012 that, excess farm work made him too exhausted to concentrate in class. Other comments made by the children include,

“They make us split firewood all the time. Sometimes I wonder, whether we came here only to split firewood,” said ‘Jacqueline’ at Kirigiti School on 16<sup>th</sup> January 2012.

“We are always made to cook our food when the others are in class. The government should employ more cooks,” reported at Dagoreti School on 21<sup>st</sup> March 2012.

These reports imply that children committed to rehabilitation institutions attend to manual tasks regularly, which are not a form of punishment but a perceived part of juvenile rehabilitation curriculum.

### **3. Vocational Training**

The third content of juvenile rehabilitation mentioned by children was vocational training. Most children were enthusiastic as they boasted about the certificates they had acquired for completed vocational courses. Only the children drawn from secondary schools were unsatisfied with the vocational courses offered. For instance, ‘Sylvia’ from Dagoreti School boasted on 21<sup>st</sup> March 2012 that she was prefect in dining hall and so she helps the teachers a lot. She added that she had two certificates, one in bakery and the other one in tailoring, saying that she normally baked with her friends and so they do not buy bread.

The content on vocational training implies that children undergoing rehabilitation are equipped with vocational skills and certificate, which may enable them, acquire some form of employment in post-institutional lives. This is very important especially for children committed for care and protection, for those without homes, or unstable homes, who may want to be independent soon after exiting the rehabilitation institutions. However, some children may still be disadvantaged because they leave the rehabilitation institutions before they reach the legal working age of 18 years.

#### 4. Rehabilitation activities

The forth content of rehabilitation given by the children was rehabilitation activities. The children reported being happy about the rehabilitation activities provided. They mentioned various activities discussions as follows:

‘Florence’ on 21<sup>st</sup> March 2012 at Dagoreti School said, “I have learnt the art of dancing, like today at 2.00 pm we have ‘*mdundo*’, I do traditional dances like ‘*gumerere*’, I also know how to model.” (Mdudo is dance time, while gumerere is a traditional dance)

“I have learned livestock farming; I can start my small farming business if I get some resources.” (Reported by ‘Cyrus’ on 28<sup>th</sup> February 2012 at Kabete School).

Some children were unhappy with the rehabilitation programmes as reported during FGDs with girls at Kirigiti School. The following are sentiments of a concerned girl;

“They say that we have counselling services here, and it’s even on our timetable. Yet, we spend all the counselling time singing in the Dining Hall, on our own. Can people really be counselled in a hall?” ‘Bahati’ wondered at Kirigiti School on 18<sup>th</sup> January 2012.

The findings on content areas of rehabilitation as presented by children largely tally with earlier reports on the procedures of assessment presented by managers and COs on part 4.3.3.2. The information from children implies that the variety of vocational courses offered constitute rehabilitation content. The research findings further point to

lack of guidance and counselling programmes. Based on the children's report, the learners sing in the Dining Hall during the timetabled guidance and counselling.

The findings on lack of guidance and counselling services correspond with the report by COs on the curriculum of juvenile rehabilitation presented in part 4.4.1.2, which shows that there are no professional counsellors and that guidance and counselling are left at the mercy of the staff on duty or the occasional volunteer. Thus, there is need to develop a curriculum for rehabilitation that is complete, with content and periods.

#### **4.5.2.3. Responses of Rehabilitation Personnel on Content of Juvenile**

##### **Rehabilitation**

The rehabilitation personnel comprising staff members, managers and COs were asked to describe what the children in rehabilitation institutions do within a normal week. This question was meant to capture the current content of rehabilitation. The data was analysed under emerging themes. The findings yielded a general trend of the routine within a given week, with variations in the rehabilitation activities, which show hierarchy of occurrence as follows:

The children normally wake up between 6.00-6.30 am every day, after which the school operates like a regular boarding primary school where, children clean the dormitories and compound, observe personal hygiene and take breakfast, before proceeding to parade for inspection and morning prayers.

The children then attend academic classes between 8.15 am-1.00 pm. The main difference with the regular school is that children in rehabilitation institutions attend

classes during the morning session and assisting in food preparation in the kitchen. Children do not attend classes in the afternoon.

Children take their lunch between 1.00-2.00 pm, after which they proceed for rehabilitation programmes between 2.00-4.00 pm. These rehabilitation programmes include; guidance and counselling, pastoral, vocational skills training, farming activities, music and dance/drama, discussions, games and sports (on alternate days).

The school then resumes operation like a regular primary boarding school after 4.00 pm except that the children are not engaged in any academic work in the evening (there are no preps or classes), children are thereafter expected to go to sleep as early as 7.00 pm when the dormitories are locked. This applies to all children including standard eight candidates.

One manager based at a boys' rehabilitation institution confirmed the preceding findings (number 1-4), by explaining that the main objective of the schools was behaviour change, while remarking that academic education was not a major priority at the rehabilitation institutions, and that sufficed the reason why all children including standard eight are taught only half a day. This state of affairs may be retrogressive on part of the rehabilitation outcome because according to the WYR, (2003) poverty, unemployment and a poorly educated populace are among the major causes of delinquency in children.

The manager's remarks tally with the findings from children's responses which implies that academic work was not a major priority at the schools and was allocated half the day's time, while in regular boarding primary school children learn up to 9.00 pm. This is in spite of the fact that children at rehabilitation institutions are expected to sit the same national examination (KCPE) as their peers in regular schools who learn almost twice the number of hours, with additional time for revision after class time.

#### **4.5.3. Recommended Methods of Juvenile Rehabilitation**

Staff members, COs and managers were asked to describe the methods of rehabilitation recommended by the MoGCSD. The data was analysed per respondents as follows:

##### **4.5.3.1. Staff Members Responses on Methods of Juvenile Rehabilitation**

The staff members responses of were analysed thematically and yielded eight methods for juvenile rehabilitation. Several mentioned methods were as presented in Table 4.6.

| <b>Methods for Rehabilitation</b>     | <b>Frequency of mention (x)</b> | <b>Percentage of mention (x/40 * 100)</b> |
|---------------------------------------|---------------------------------|---|
| Guidance and counselling              | 14                              | 35%                                       |
| Role modelling                        | 3                               | 7.5%                                      |
| Making follow-up strictly             | 7                               | 17.5%                                     |
| Involving children in decision making | 4                               | 10%                                       |
| Sports and games                      | 10                              | 25%                                       |
| Following the ITP                     | 7                               | 17.5%                                     |
| Establishing classroom norms          | 2                               | 5%  |
| Punishment                            | 4                               | 10%                                       |

**Table 4.6. Recommended Methods of Rehabilitation Mentioned by Staff Members**

From Table 4.6, the information shows that the staff members mentioned a variety of recommended methods of rehabilitation. The findings shows that 14(35%) of the forty staff members mentioned guidance and counselling. Sports and games were mentioned 10(25%) times, while making strict follow-up and following the individual treatment plan were mentioned 7(17.5%) each. Other methods for rehabilitation mentioned included involving children in decision making and punishment, which were mentioned 4(10%) each, role modelling 3(7.5%), and establishing classroom norms which was mentioned 2(5%).

#### **4.5.3.2. Managers and Children's Officers Responses on Recommended Methods of Juvenile Rehabilitation**

The managers and COs' responses expounded on the recommended types of methods of rehabilitation mentioned by staff members by specifying that the methods of rehabilitation depend on the risk level of the child being treated. The most prominent method that featured among the managers and COs in all the interviews was the ITP. The ITP entails one teacher or a welfare officer sitting down with a child to come up with goals and sub-goals to be achieved within a specified timeframe. The ITP is therefore not a method of rehabilitation but a plan of rehabilitation.

This argument is supported by findings from one manager who was categorical that there were no recommended behaviour modification strategies since the ITP is only a plan with goals to be achieved and the goals are based on the offence committed. The manager further said that the MoGCSD have designed guidance and counselling form for individual counselling (Appendix J) for use in rehabilitation. Another manager was

concerned that majority of the staff lacked the required skills for using the form adequately.

Content analysis of the form (Appendix J) ascertained this information, and also revealed that, the usage of the guidance and counselling form required professional expertise. For instance, the counsellor is required to identify the 'presenting issues', 'underlying issues' and the 'thematic areas'. These may not be easy tasks for a worker who holds a certificate in catering.

The second type of method they mentioned was case conferencing where a panel comprising of the teachers, welfare officers and the CO meet and discuss the child's case. Based on case conferencing report the child's parent/guardian is invited to the rehabilitation institutions. Alternatively, an officer from rehabilitation institutions may be sent to trace and visit the child's home to talk to parents, or to invite the parents to visit the rehabilitation institution, thus an effort to improve the parent-child relationship is made. The case conferencing method as described does not involve the child directly, but rather involves the parent/guardian, Managers, rehabilitation staff, and is therefore not a method of rehabilitation.

The third type of method mentioned was use of open-days, when all the parents are asked to go to the rehabilitation institutions. This is meant to create a communication ground between the child and parent. This operates like a visiting day in a regular boarding primary school, but the purpose of the visit is to mend bonds between the parent and the child.

One CO clarified that this day's meeting is meant to make the parent and child identify the part or role they play in making the child an offender. The parent and child acknowledge their failures or the ways in which they contributed to a child becoming an offender. This method is vital in helping the child and parent reconcile and forge a new relationship that may assist the child to live a proactive life in post-institutional phase of rehabilitation.

The research findings on the recommended methods of juvenile rehabilitation imply that although there are varied methods used at rehabilitation institutions to modify a child's behaviour, majority of the respondents were unable to name a method of rehabilitation but rather named the documents used. Only the staff members managed to identify various methods they use, while the managers and COs mainly mentioned events that present an opportunity for child – parent counselling and reconciliation.

The methods mentioned by the managers and COs mainly focussed on a single content, that is parent-child conflict. Consequently, offences that relate to biophysical and psychodynamic factors such as mental illnesses or a SNE are not catered for. Furthermore, no special method of rehabilitating children involved with drug and substance abuse, prostitution and aggression was mention. Specific forms of rehabilitation are principally missing from the list of methods mentioned by the managers and COs.

Moreover, the mentioned parent-child reconciliation occur at the rehabilitation institution, which is an artificial setting with extraneous factors such as presence of a staff member and being committed to rehabilitation institutions which may coerce either party to reconcile but which may not last outside the premise of the school. This method would work better if the child and parent were to meet at their real habitat where the problem occurs, hence the need for inclusive approach to rehabilitation.

Overall, the types of methods of rehabilitation mentioned do not include solutions for children who are committed to rehabilitation due to orphaning, neglect, or street life. These children require more than guidance and counselling. Such children's post-institutional lives are undefined because they will normally go back to the same environment, and economic hardships that may trigger recidivism. A successful rehabilitation programme should include aspects of guardianship or adequately facilitate the children for pro-active independent post-institutional life.

Although ITP is not a method of rehabilitation but rather a plan, it is the nearest proximity of an SNE approach in rehabilitation. However, the ITP done at rehabilitation institutions is draw by unqualified professionals who mainly focus on behaviour of the child during their stay at rehabilitation institutions, thereby missing the overall cause and context of the JD. This may be attributed to the nature of the personnel that assess, classify, and treat the children, the absence of a curriculum and the lack of specifically prescribed methods of behaviour modification for specific offences. This is despite the fact that there is a wide range of specialised methods of behaviour modification, which can be applied within an inclusive or exclusive setting.

#### **4.6. Transitional Services Available to Juvenile Offenders**

The fourth objective of the study was to establish transitional services available to juvenile rehabilitation exitees in Kenya. Information was gathered to find out whether rehabilitation exitees are well prepared for proactive living and to discover whether current exit strategies could deter an exitee from recidivism. Respondents were asked questions on exit strategies and preparation for post-institutional life. Their responses were analysed and presented in three themes as follows.

##### **4.6.1. Children's Responses on Post-Institutional Life Projections**

The children were asked what they planned to do after exiting rehabilitation school in a bid to establish the rehabilitation expectations of the committed children. The children's responses were analyzed under the following themes; pursue higher education, seek employment, and start a business, implying that these children looked forward to a bright future after rehabilitation. The findings are as follows:

###### **1. Pursue Higher Education**

A large number 59(66%) of children mentioned that they wished to pursue higher education after exiting the rehabilitation institutions. This implies that many children committed to rehabilitation institutions are interested in academic education. This is very conflicting with the scenario at rehabilitation institutions in terms of learning hours and the importance attached to academic education. For example, one girl at Kirigiti said that,

“If I fail KCPE, I will repeat until I pursue higher education.... I will go to secondary school, then to college,” asserted ‘Joan’.

For children like 'Joan', the stay at RS can be very frustrating, especially while considering that rehabilitation institutions only goes up to standard 8 and any child who does not perform well at KCPE is not exited but rather is made to progress to vocational courses. One wonders, how the children can excel in KCPE when they learn half the time that their peers in regular schools learn. Other children planned to look for employment after exiting rehabilitation institutions.

## **2. Seek Employment**

Some of the children at the rehabilitation institutions had taken vocational courses, which they had completed and acquired certificates in. Such children reported that they would utilize the certificate and acquired skills to look for employment. For instance, 'Joseph' from Kabete School said on 28th February 2012 that he had acquired a certificate in masonry, which he would use to find a job at construction sites.

Such children appreciate the courses offered at rehabilitation institutions. Some were ready to start it off on their own in post-institutional lives. It is however worth noting that some children leave the institutions when they are still too young secure employment. A third category of children felt they would want to start a business of their own after rehabilitation.

## **3. Start a Business**

Other children were very ambitious and reported that they wished to start their own businesses after exiting from rehabilitation institutions. An example is 'Sylvia' from Dagoreti, who reported that she would get employment as a tailor for some time, but

her ultimate goal was to start a tailoring college to help the less fortunate girls acquire courses. Based on the children's responses it can be concluded that the children undergoing rehabilitation desire a better future and have plans for bettering their lives.

It can also be concluded that the rehabilitation programmes may present impediments to the children whose projections are to pursue higher education in view of the fact that a child in secondary school who is committed to rehabilitation institutions is forced to go back to primary school for three years or to forego secondary education and pursue vocational courses. Furthermore, this creates a SNE case within the rehabilitation institutions classrooms where a child is bored with what subject content, because it is below their capabilities. Such scenario may cause frustration and behaviour disorders at school.

The rehabilitation institutions have a labelling aspect such that few Kenyans privy to the child's background will offer them employment. For instance, most people will shy away from children who have just been 'released' from rehabilitation after committal due to prostitution, possessing an illegal fire arm or raping another child.

This implies that most children will find themselves jobless unless the rehabilitation institutions is involved in attaching them to an employer, employment bureau, and offer to supervise them for the two years as required by the Children Act (GoK, 2001) section 54, part 2. It states that a child committed to rehabilitation shall, at the expiration of prescribed stay be under supervision for two years or until they attain 21 years of age whichever shall be shorter.

Otherwise, children may become despondent and continue re-offending in post-institutional phase of rehabilitation. This implies a serious need for post-institutional follow-up and job attachment where possible to ensure the children lead proactive post-institutional lives. These findings are supported by Munyao, (2006), he highlighted various weaknesses in the exit strategies. For instance, he observed that the grade tests three offered to children at rehabilitation institutions cannot allow them to compete favourably in the labour market.

Thus, the exited child is often jobless and frustrated. In view of this background, the researcher sought to establish how the children are prepared to exit from the rehabilitation institutions and to find out whether the preparations cater for the concerns derived in this discussion.

#### **4.6.2. Preparation of Children Exiting Rehabilitation Institutions**

The rehabilitation personnel described how a child is prepared to exit from rehabilitation institutions. This question was meant to find out whether the preparation given enabled the child to settle back into the community and pursue a proactive life. This is in line with the Havana Rules Section N, which outlines in details how the rehabilitee should return to the community (UN, 1990). The rules recommends that assistance be given to the exitee in form of suitable residence, employment, clothing, and sufficient means to maintain himself or herself upon release in order to facilitate successful reintegration, and until they re-establish themselves in the community.

The data collected from three categories of respondents was analysed thematically and yielded rich information that generated the process and seven steps of exiting a child from a rehabilitation institution. The findings are presented in order of occurrence of steps as follows:

A child can exit from a rehabilitation institution under three conditions. These conditions include when:

- A committal order is expired,
- The teachers and welfare officers agree that a particular child's rehabilitation objectives have been achieved,
- A child completes class 8, passes the KCPE examination, and joins a secondary school.

Regardless of the condition occasioning the exit from rehabilitation institution, a child is prepared for life outside the school. The name for this preparation is exit strategy. Customarily, according to one manager, exit strategies begin immediately after admission to the rehabilitation institution. The committal period and the date of expiry of the committal order, is made known to the child during admission. They are therefore always aware of their time to exit from the rehabilitation institution.

According to an Approved Teacher from Kabete, as part of exit strategy, soon after admission to a rehabilitation institution, every child is encouraged to take at least one vocational course and sit for government trade test for which a certificate is issued.

This is meant to equip the child with skills for employment or self-employment in post-institutional lives. The child is also encouraged to keep in touch with their home continually where possible through calling or writing to people at home. This ensures that a positive relationship is maintained between the child and the family.

The actual exit and preparation for reintegration into the society begins when the rehabilitation institution sends a child's Environmental Adjustment Report (Appendix D) to the committing officer. The committing officer or an NGO traces the home of the child and assesses the suitability of the home for reintegration of the child.

This is followed by a home visit by a welfare officer from the school, 3-4 months ahead of exiting a child. This home visit prepares the family for the child's return. The home environment is made favourable/habitable to the child through communication to the family about the child's behaviour change (based on review of the social progress report in the ITP). This home environment preparation is done with the people (family members/guardian/adopting parents) who are likely to stay with the exited child. Family group decision is also made on the future of the child.

At the same time, the child is prepared for exit and reintegration through counselling. This is meant to prepare them for post-institutional life and pro-active community life. Upon completion of the counselling sessions, the child is given a two weeks leave of absence to visit home and test/experience life at home/society and bring back report to the rehabilitation institutions on the conduciveness of the home.

When a home is found to be conducive and the child is ready to exit, the rehabilitation institution seeks the authority of the committing court of law in writing through the director of children to release the child. At this point the court of law can either consent to the release or transact another order based on the report from the CO/DCO.

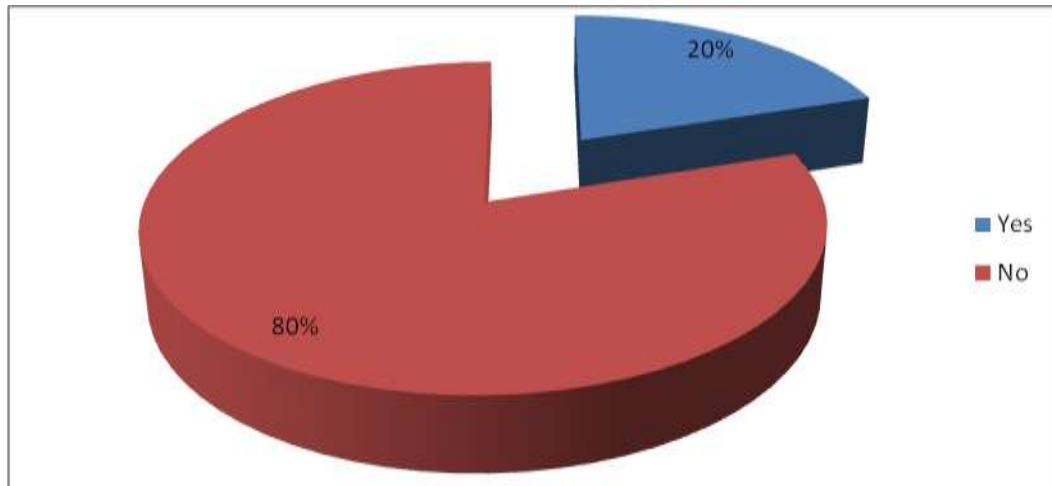
When a committing court consents to the child's release, the parent picks the child. Alternatively the child is taken home by the CO or a welfare staff member. This marks the end of the work of the rehabilitation institutions.

The field officer (DCO) is supposed to pick it up from there and supervise the exitee for at least two years. However, one CO and two managers reported that the post-institutional supervision is almost non-existence due to inadequate manpower and resources.

#### **4.6.3. Effectiveness of the Juvenile Rehabilitation Programme**

The staff members were asked to give their opinions on whether the rehabilitation programmes were effective and could deter an exitee from re-offending in post-institutional life. The expected response was a Yes or a No. The findings are presented in a pie chart Figure 4.8 and the discussion that follows:

**Fig. 4.8. Opinions of Staff Members on Effectiveness of Juvenile Rehabilitation**



All the staff members responded to the question. Figure 4.8 show that majority 32(80%) of the staff members gave a no response while 8(20%) gave an affirmative response. These findings indicate that 80% of the staff members were of the opinion that the programmes in place were not effective and could therefore not deter a child from re-offending, while 20% of the staff members felt the programmes were effective.

#### **4.7. Rehabilitation of Juvenile Offenders within Inclusive Schools**

The fifth objective of the study was to determine the status of juvenile rehabilitation in relation to inclusive education practices. This objective was meant to explore the possibilities of rehabilitating young offenders within their communities so that their education and other social aspects are not interfered with as is the case under the current institutionalised rehabilitation. This is in line with the fourth part of the Beijing rule (1985) on Non-Institutional Treatment, section 18.2 of stipulate that ‘no

juvenile shall be removed from parental supervision, whether partly or entirely, unless the circumstances of her or his case make this necessary’.

Respondents were asked questions relating to inclusion of children with JD within the regular schools, in line with reforms taking place in other sections within the education system (Ndani & Murugami, 2009). Their responses were analysed under category of respondents and the findings presented in the ensuing discussions:

#### **4.7.1. Children’s Opinions on Juvenile Rehabilitation in Inclusive Setting**

The children were asked whether they would have liked the rehabilitation services to have been offered to them at their former school. More than a half 58(64%) of the ninety children responded that they would like the rehabilitation services offered at their former schools, while 32(36%) of the children were of the opinion that rehabilitation services for juvenile offenders should be offered at exclusive special schools.

The children gave reasons for their response; analyses of the reasons given yielded three major themes including; stigma attached to rehabilitation institutions, effects on family relationships, and effects on academic education as presented in number 1- 4 that follows.

##### **1. Stigma Attached to Rehabilitation Institutions**

The children reported that they were conscious of the label attached to rehabilitation institutions, and a committal. They said that it was better to be counselled at the

regular school rather than being committed to a rehabilitation institution through a court order. Two sentiments were sampled to demonstrate the children's views towards committal to rehabilitation institutions. One sentiment was selected from each gender as follows:

The first sentiment was drawn from Kirigiti girls' rehabilitation institutions, it says;

“I very much wish the rehabilitation is done at our former schools. Now everyone in my neighbourhood knows I was jailed for three years and they will look at me differently when I go back home.... If my mistakes were corrected at my former school, they could have forgotten by now.” Reported by a pensive looking ‘Lillian’, on 16<sup>th</sup> January, at Kirigiti School.

The report indicates that the children are aware of the labelling tag that goes with committal to a rehabilitation institution. These perceptions may be held by the public largely because of the historical background of the rehabilitation institutions which point to former colonial jails for children (Mugo, et. al., 2006), or due to lack of awareness on the reforms that has taken place in regard to handling of children.

However one looks at the rehabilitation institutions, it is difficult to remove the tag of a jail for children considering that they were instituted by colonialists to deal with young criminals, and to date, only children who have committed offences are committed to the schools. This label is removable through creation of rehabilitation programmes within the regular schools.

## **2. Effects on Family Relationships**

The other common theme that emerged from children's responses was that the children were lonely because of being far from their families. In the past children were given a leave of absence during which they would visit their homes and interact with family. The children reported that the leave of absence was scrapped. They also had these to say about their loneliness and being away from home:

“We are not given leave of absence. It feels like jail.... I have tried to escape twice, each time I get caught” reported by ‘Eric’ on 28<sup>th</sup> February 2012 at Kabete.

“Rehabilitation should be done at home schools.... I miss my family so much. My siblings might forget me.” reported by ‘Daisy’ at Dagoreti on 21<sup>st</sup> March 2012.

The reports of these children indicate that exclusive rehabilitation may have long lasting negative impact on the child's socialisation either with family or with members of the society. The solution to these problems is rehabilitation in an inclusive setting.

## **3. Effects on Academic Education**

Other children complained about the few hours allocated for academic work noting that by the time they return to their schools their peers will have progressed further in education and that they may not fit in the same class due to lack of coverage of all content which would make them fail. The solution to these problems is rehabilitation in an inclusive setting.

## **4. Support for Rehabilitation in Exclusive Schools**

Although most of the children preferred rehabilitation in inclusive schools as seen in the preceding findings, 32(36%) of the children preferred rehabilitation at exclusive

special schools. They supported their responses by saying that the current rehabilitation institutions offer a safe place for children and an opportunity for young poor people to acquire vocational skills. They also said that rehabilitation institutions were a peaceful place for reflecting on the future for the children in serious problems with the law. Some of the outstanding comments supporting continuity of exclusive rehabilitation schools include,

“I prefer this school... for people like me who had been given ‘mob justice’. This school is the safest place. I could have died.” (Reported by seventeen-year-old ‘Samuel’, at Kabete rehabilitation institution, on 28<sup>th</sup> February 2012.)

“It is better here; if I was still outside, I would either be pregnant, or sick with HIV.” (Reported by ‘Pendo’, at Kirigiti rehabilitation institution, on 16<sup>th</sup> January 2012.)

#### **4.7.2. Staff Members Opinions on Juvenile Rehabilitation in Inclusive Setting**

The staff members were asked whether it is possible to rehabilitate a child in a regular school near their home. They were expected to give a Yes or No response followed by a reason for the choice made. The collected data was analysed using a frequency distribution Table 4.7 as shown below:

| <b>Opinion of staff members on inclusive rehabilitation</b> | <b>Frequency (x)</b> | <b>Percentage (x/£x×100)</b> |
|---|----------------------|------------------------------|
| Yes   | 17                   | 43%                          |
| No  | 16                   | 40%                          |
| Not aware   | 7                    | 17%                          |
| <b>Total</b>  | <b>£x = 40</b>       | <b>100%</b>                  |

**Table 4.7. Staff Members Opinions on Rehabilitation in Inclusive Setting**

Analyses of the responses presented in Table 4.7 shows that 17(43%) of the staff members felt it was possible to offer rehabilitation services to children within the regular schools, while 16(40%) of the forty staff members gave a negative response implying that it is not possible to offer rehabilitation services to children within the regular school. Another 7(17%) of the staff members gave irrelevant responses. The staff members who gave a positive response suggested conditions, which would be necessary for the success of inclusion of juvenile offenders within the regular schools.

These conditions include:

- Training teachers in SNE, so they are able to handle children with EBD.
- Inclusion to be done for the low and medium risk level offenders only, while the high risk offenders remain in rehabilitation institutions.
- Professional counsellors to be employed and put in place in all schools.
- The expected standards of rehabilitation to be taken to regular schools and maintained through frequent supervision to ensure the children with EBD are not forgotten amid the large school population.

The staff members also highlighted several benefits that inclusive juvenile rehabilitation would present for the children. Some of the benefits cited show that inclusive rehabilitation programmes would allow collaboration of teachers, parents and the community for close supervision of the child within the child's natural environment. It would also reduce the stigma associated with committal to rehabilitation institutions that were formally jails for children. Another benefit of rehabilitation within inclusive schools given by staff members was that the setting

presents positive influence of the children with JD, because they interact with well-behaved children who are role models of good behaviour in their real habitat.

A teacher from a girls' rehabilitation institution highlighted another benefit by saying;

“There are guidance and counselling teachers in the regular schools who can do what we do here, it would be cost effective, and in the best interest of the child to get them out of rehabilitation institutions.”

These findings imply that it is possible to rehabilitate children within the regular school, when the necessary requirements are available. The findings further point to possibilities of removal of the labelling aspect of the current rehabilitation schools and programmes that result to successful outcomes.

These findings correspond with Friend (2008) who argues that children with EBD can fit in inclusive education where they spend part of the day in general classroom, or where they are allowed to go outside the classroom if they become too stressful. She also suggests careful planning and preparation on part of the teacher.

Sixteen (40%) of the 40 staff members were unanimous that rehabilitation of juvenile offenders is not possible within the regular schools. They argued that the new environment presented by the rehabilitation institutions facilitates behaviour change, because the child is free from peer influences and other forms of influences. The staff members further argued that the regular school curriculum could not accommodate rehabilitation programmes because the regular school timetable is loaded with

academic subjects, leaving no room for rehabilitation classes. This comment implies and confirms that academic education is not a priority at rehabilitation institutions.

The preceding arguments differs with research by Schwartz (2005); Friend (2008); and Gargiulo (2012), in which they conclude that, to say inclusive education for learners with behavioural disturbances is not possible is an overstatement. It is more accurate to say that inclusion requires strong administrative support, a plan for implementation that addresses academic, behavioural, and emotional needs, and attention to enhance knowledge and skills of general education teachers as well as other school professionals.

Other reasons given in support of exclusive rehabilitation imply that the regular schools normally have high teacher-learner ratio making it difficult to follow the behaviour trajectory of individual children. The staff members also observed that a child might already be labelled, and unsafe in their community. This labelling makes the child feel intimidated by family and community/school thereby making them react back in even more deviant manner, in line with Goffman's (1963) self-fulfilling prophesy that says a labelled individual tends to ascribe to the essential meaning of the label.

The staff members also pointed out that the home environment may be the main cause that drives children into committing offences. For instance, a child from a poor family will still experience the poverty while undergoing rehabilitation, and may be tempted to steal, collect scrap metal, or go back to the streets. The staff members felt majority

of the offenders presented ecological problems, mainly relating to home or school factors. This was the basis for support of exclusive rehabilitation schools.

These arguments are superficial considering that children whether rehabilitate at exclusive schools or at inclusive schools within the community will exit the programme and eventually go back to the same home environment. Hence, partial removal does not alter the situation; this is only achievable by addressing the causes and context of offence as part of rehabilitation.

#### **4.7.3. Children's Officers Opinions on Rehabilitation in Inclusive Setting**

The responses of COs on the possibility of rehabilitating juvenile offenders within regular schools were analysed thematically. The findings show that three of the four COs were positive that rehabilitation of juvenile offenders is successfully achievable within inclusive setting when all necessary resources are in place, in line with Friend (2008) and Gargiulo, (2012). Three COs were unanimous that children committed to rehabilitation institutions were seriously disadvantaged with regard to academic education. They felt this was unfair to the children, saying that in most cases, the committed child was a victim of the home environment, which causes despondency and a life in crime, in some cases adults use children as accomplices in crime resulting in committal of a child.

Thus, most children are victims of home backgrounds and can fit in the regular school, after some changes in their home backgrounds. One CO gave an example of how children fall victim to adults and end up in rehabilitation school saying that,

“A boy from Meru was used by his parent to steal in town. He had been couched to act deaf and dumb when stealing. It was such a shock to the assessment officers when he talked while being punished... The parent of the boy also jailed, but the child here is a victim,” reported at Getathuru on 8<sup>th</sup> February 2012.

These findings clearly indicate that adults misuse some children. Such children are victims. They may learn, and be rehabilitated at their regular school to ensure they do not miss their education. In such cases, the adult should receive a severe penalty. Furthermore, the findings highlight the need to address the context and causes of offence, rather than just addressing the symptoms, which are the child’s behaviour.

One CO differed with the rest to support rehabilitation of juvenile offenders in exclusive schools. The CO highlighted that in many cases, the committed children come from broken homes and malfunctioning families that trigger the offences committed. The CO asserted that inclusive rehabilitation would only be successful if it includes parenting classes for parent/guardian. The CO suggested improvement of the poor socioeconomic backgrounds that most committed children come from.

#### **4.7.4. Managers Opinions on Juvenile Rehabilitation in Inclusive Setting**

Three of the managers were cognizant of the current international trend of rehabilitating young offenders within their home school and communities. The three managers acknowledged that exclusive juvenile rehabilitation is an outdated bad idea, due to its stigmatizing effects on the child. They observed that other countries are moving from institutionalized rehabilitation to embrace community and school based

rehabilitation of juvenile offenders. The three managers were positive that rehabilitation of juvenile offenders is achievable within the regular school with some changes in school programme. They mentioned the following necessary changes:

- Review regular curriculum to include time and content for rehabilitation.
- Employ professionals including counsellors, psychiatrist, and school nurse.
- Equip teachers with skills for teaching children with JD.
- Sensitize community on reasons why children commit offences, to ensure the child's safety and ease the stigma of committal to a rehabilitation institution.
- Public surveillance of child abuse at home environments to reduce truancy.
- Compulsory guidance and counselling of parents of a child involved in JD, which emanate from home background.
- Introduction of government bonds of parents of committed children, to enhance parental responsibility.

These findings imply that majority of the respondents are in agreement on the necessity for rehabilitation in inclusive setting if the necessary changes are made. Generally, the cited changes include development of rehabilitation curriculum, addressing the context of offences, improvement of capacities of service providers, and sensitization of the society on the plight of children presenting JD.

This calls for a paradigm shift from the exclusive special schools for juvenile rehabilitation towards a new dawn where all children learn in their neighbourhood schools that are not labelled, and where all children get an equal opportunity to pursue

their highest academic potential and at the same time acquire skills for positive behaviour change.

One manager opposed inclusive rehabilitation. He was categorical that, rehabilitation of juvenile offenders is unrealizable within the regular school. He said people within the communities call the committed children '*huyo wa jela*' (that one from prison), and may therefore be unaccommodating to the child. This argument is because committal through a court labels the child '*huyo wa jela*'.

However, diversion of children from JJS through assessment before appearing in court, would remove this label. This calls for rearrangement of events, such that an apprehended child is screened thoroughly to establish whether they should enter the JJS, or be diverted to community based inclusive rehabilitation to avoid being labelled.

#### **4.8. Recommendations for Improvement of Juvenile Rehabilitation**

All the respondents involved in this study suggested the changes they would recommend for the improvement of rehabilitation institutions and services offered to children. Their responses were analysed and presented under respondents as follows:

##### **4.8.1. Children's Recommendations for Improvement of Juvenile Rehabilitation**

The children recommended the following improvements in juvenile rehabilitation schools and programmes.

### **1. Enhancement of Professionalism among Staff Members**

The children reported that some staff members kept on reminding them of the offences they committed, and where they came from, which they said was very discouraging. A girl from Kirigiti Institution depicted lack of professionalism through narration of how a teacher-counsellor violated her assured confidentiality. The girl said that,

“The counsellors here do not observe confidentiality. I told Madam.... my problem and she announced me in parade” reported at Kirigiti by ‘Esther’ on 18<sup>th</sup> January 2012. She had confided that she had contracted a sexually transmitted disease before committal and needed medical attention.

The children demanded consistent treatment of all children at rehabilitation institutions. They lamented that there was a lot of discrimination and preferential treatment, saying that some children are called ‘*mtoto wangu*’ (my child), while others are just snared at.

### **2. Adherence to School Time-table**

The second recommendation by children was the need for adherence to school timetable. They complained that they sleep as early as 4.00 pm at the expense of games, tuition and study time, because some staff members do not want to work during their shift. (Reported by girls at Dagoreti Institution).

### **3. Abolish Corporal Punishment and Reduce Manual Labour**

The children recommended abolition of corporal punishment saying it is illegal. They complained that they were canned, hit against the walls, hit with fists and blows, they

also said that sometimes objects were thrown at them causing nose bleeding. The worst form of punishment reported was mob justice where 2-3 teachers physically punish one child simultaneously. (This was reported by boys at Getathuru RAC.)

The boys at Kabete School recommended a reduction to the amount of manual involved, saying that they do so much farm work, whereas child labour is illegal, which agrees with Hindman (2009), to which he adds that child labour is exploitive.

These recommendations indicate a need for change in the handling of children. The recommendations also points to a workforce that lack professionalism and skills for addressing children. They further point to lack of adherence to the legal frameworks guiding juvenile rehabilitation, and on labour (International Labour Organization (ILO), 2000). This implies training needs in staff capacities for handling children. The recommendations further signpost a need for change in the rehabilitation programmes, so that rehabilitation emphasise on academic education above all.

#### **4.8.2. Rehabilitation Personnel's Recommendations for Improvement of Juvenile Rehabilitation**

The rehabilitation personnel who included Managers, COs, and staff members made the following recommendation for improvement of juvenile rehabilitation in Kenya.

##### **1. Increased Funding**

The rehabilitation personnel strongly recommended that government increases funds allocated to juvenile rehabilitation. Adequate funds would facilitate separate of

children by age and risk levels thereby reducing behaviour contamination. In addition, they would facilitate increased opportunities for collaboration between teachers and parents/guardians to improve services to committed children.

According to Gargiulo, (2012) the major barrier to effective service provision is 'passing the buck' syndrome, which can be overcome through interagency collaboration. Therefore, teacher-parent collaboration in juvenile rehabilitation is very important.

The personnel said increased funding is mandatory for improvement of exit strategies, where a released child gets necessary equipments on a soft loan to facilitate proactive post-institutional life. The personnel suggested that bright students be funded (scholarships) particularly those from poor background in order to break the cycle of poverty which leads to despondency and a life in crime. This is vital because the poor are overrepresented in correctional institutions the world over (Groce & Trani, 2009).

## **2. Improved Staff Establishment**

The second recommendation was improved staff establishment. Rehabilitation personnel suggested improvement of guidance and counselling services through engagement of professional counsellors. Overall, it was suggested that qualified staff be employed in all areas of rehabilitation including assessment, and curriculum development among others. Other recommendations related to introduction of more entrepreneurial courses for children to allow exploitation of all talents in children.

### **3. Priorities in Education**

Thirdly, the rehabilitation personnel recommended development of curriculum for juvenile rehabilitation that emphasises academic education, and pursuance of the goals of behavioural rehabilitation of the child. They added that there was need for uniform curriculum for rehabilitation that can benefit all children undergoing rehabilitation.

Other recommendations were revival of secondary school section of juvenile rehabilitation to avoid revocation of committal orders and early release when a child reaches standard eight, and has to move to secondary school before achievement of rehabilitation objectives. Additional suggestion was that children at RAC be engaged in academic education to avoid time wastage, idleness, and behaviour contamination.

### **4. Provide more Structural Facilities**

The fourth recommendation focussed on accommodation of children. The personnel recommended development of more buildings to avoid congestion and behaviour pollution. For instance, one manager of a RAC reported that the current accommodation facility had a maximum capacity of 80 children in 1959, however, the institutions hold over 200 children at a given time due to increased population and crime rates. This implies heavy magnitude of congestion and behaviour pollution.

### **5. Assessment Tools**

The personnel recommended development of adequate assessment tools, and overhaul of NSRSCI (GoK, 2008). They complained that NSRSCI was complex in structure and language, making its use very difficult for staff members with low qualifications.

This consequently impacts of diagnosis and prognosis for individual children, which may translate to recidivism. This recommendation further points to unqualified staff. Other recommendation by rehabilitation personnel was introduction of a bond by the government to parents/guardians of a committed child to enhance parental responsibility to children. These recommendations point to the need for thorough review of the current rehabilitation programmes by multi-disciplinary team.

## **CHAPTER FIVE**

### **SUMMARY, CONCLUSION AND RECOMMENDATIONS**

#### **5.1. Introduction**

The aim of this study was to examine the aspects of special needs education embedded the correction of offenders in juvenile rehabilitation institutions in Kenya. This chapter ties up the study by delineating the summary of major research findings and conclusions that ensued from the data analysis. The chapter also presents a framework for improvement of juvenile rehabilitation in Kenya. The chapter then presents recommendations of the research and ends with recommendation for further studies. Each section is organised around the research objectives.

#### **5.2. Summary of Research Findings**

The research revealed many aspects of juvenile rehabilitation that enabled the researcher to achieve the objectives of the study. The following is a summary of the research findings. The presentation is organised around the research objective.

##### **5.2.1 The Policy Utilized at Rehabilitation Schools**

The research found that there are two main policies guiding juvenile rehabilitation in Kenya. These were the Children Act (2001) and the National Standards and Regulation for Statutory Children's Institutions (2008). Specifically, the Children Act (2001) contain the main guidelines on handling of children within statutory institutions, and the types of treatment to be accorded juvenile offenders. However,

the Act is not explicit on curriculum (content) of rehabilitation and qualifications of personnel rehabilitating children.

The NSRSCI (2008) contain the basic forms currently used at rehabilitation school. The study established that all the assessment forms in NSRSCI (2008) were tailored to mainly assess children for ecological causes of JD, such that, psychodynamic and bio-physical causes of JD are unidentified and therefore ignored.

The personnel in charge of juvenile rehabilitation did not recognise any international statutes and regulations as guides in their work of juvenile rehabilitation. In addition, none of the rehabilitation institution involve in this study had an institutional policy.

### **5.2.2 Assessment Tools and Procedures used at Rehabilitation Schools**

Any permanently employed member of staff can, regardless of their academic and professional qualifications assess, classify, and grade children by risk levels, and also participate in behaviour modification of committed children. This is in spite of the fact that majority of members of staff were trained in hospitality and culinary work.

There are two forms of assessment of juvenile offenders. The first one is done at RACs, and is used to classify children based on three risk levels (low, medium and high). The main purpose of this assessment is classification of children for distribution to the various rehabilitation schools. The risk levels are classified on a continuum of 42 points; the higher the points the higher the risk-level. The second form of assessment is done at rehabilitation schools. It is three pronged such that it

assesses performance in vocational training, academic progress, and change in behaviour. Assessment at this level is mainly for the purpose of weighing a child's behaviour against the risk levels. Assessment report leads to demotion or promotion a child along the risk levels, as the case may warrant.

A committed child is observed, monitored and evaluated throughout their committal period; however, the assessment was done using inadequate tools. Parameters such as IQ, personality and physical state of the child are evaluated through unspecified observation by unqualified personnel. It emerged that children are not assessed for SNE, meaning that special needs are not considered as possible causal factors of JD.

Assessment reports indicated that children are committed to rehabilitation schools for a wide range of offences including; prostitution, protection and care, theft, drug and substance, street life, child labour, rape, aggression and illegal fire arms. Unfortunately, this study established that more than a third of all the children involved in the study had been committed to a rehabilitation school more than once. These are very high levels of recidivism among children exiting rehabilitation schools in Kenya.

### **5.2.3 The Curriculum used in Rehabilitation**

This study discovered that there is no curriculum (content) for juvenile rehabilitation prescribed by the government. The ministry (MoGCSD) normally send a time-table outlining timeframes and sessions to the rehabilitation school. The specific content to be included in each session is the jurisdiction of the personnel at each rehabilitation school.

The MoGCSD provides rehabilitation schools with a Guidance and Counselling Form (appendix J) as the guide for counselling children. However, content analysis of the form revealed that it contains technical terms which unqualified persons may not understand, thereby hindering its use. Moreover, important behaviour modification strategies such as guidance and counselling, and applied behaviour therapy were found to be non-existence or inadequate.

In the absence of a curriculum for juvenile rehabilitation, the content of rehabilitation currently offered at rehabilitation schools include vocational courses such as confectionery, masonry, fashion and design, mechanic, hairdressing and pottery among others, and events referred to as rehabilitation programmes which include firstly, the ITP which entails one staff member sitting down with a child to come up with goals and sub-goals to be achieved within a specified time frame. Secondly, the case conferencing where a panel comprising of teachers, welfare officers and a CO meet to discuss the progress of the child, thirdly, an open-day when all parents are asked to visit rehabilitation school and discuss the child's case. In addition, committed children are involved in performing arts such as modelling, music and dance, and sports and games in alternative days of the week. These activities are however rarely supervised.

Academic education is not a major priority at rehabilitation schools in Kenya, consequently, all children (including standard 8 candidates) attend classes only during the morning session (8.00 am -12.30 pm). Furthermore, there is no secondary education within the rehabilitation programmes; as a result any committed secondary

school student has to revert to primary school, or drop-out of academic education in favour of vocational courses. Committed secondary school students involved in this study were found to be frustrated due to the denial to pursue academic education.

#### **5.2.4 Transitional Services Available to Juvenile Offenders in Kenya.**

The study found that a child may exit from a rehabilitation school under three conditions, when a committal order expires, or rehabilitation objectives have been achieved, or still when a child sits for KCPE and is to join a secondary school. The last scenario is not provided for in the children act (2001). It therefore violates section 53 of the Children Act (2001) which implies that a child committing order shall remain in force unless the court orders otherwise. It also implies that rehabilitation school do exit children whose behaviour modification objectives have not been achieved.

The children negotiating life at rehabilitation school had grand life projections for their post-institutional lives, including, pursuing higher education, looking for employment and starting a business. Unfortunately, the exit strategies are not adequate to enable the children realize their post-institutional dreams. For instance, the exited child is labelled and may find it difficult to get employed even with the acquired vocational skill, while in some cases the skills may not adequately compete in the job market. Furthermore, the exited child is left without resources to start a business and many of them may not pursue further education due to lack of funds and sponsorship. In addition, there are no provisions for a child whose family is not ready to accept them back, or to a child who is not ready to return to an unwelcoming home.

These situations may lead to despondence and high likelihoods for recidivism. According to the Children Act (2001), the exited child is supposed to be under the supervision of the DCO for two years or until they are 21 years old. This supposed post-institutional supervision is non-existent owing to lack of funds for logistics.

### **5.2.5 Current Status of Rehabilitation Schools in Relation to Inclusive Education**

Policy prescribes rehabilitation in exclusive juvenile rehabilitation schools in Kenya. On the contrary, majority of the respondents were of the opinion that juvenile rehabilitation may comfortably be done within the regular schools when qualified personnel and appropriate facilities are provided. The cited facilities include development assessment tools and curriculum for juvenile rehabilitation. Other facilities include programmes that address the context of offences as part of rehabilitation, and professional guidance and counselling. The respondents also suggested that the government should introduce a bond for the parent of every committed child to enhance parental responsibility to children.

Some respondents supported exclusive rehabilitation schools by saying that the schools were a safe place for offenders who may otherwise be killed through mob justice, and that they provided the offender with opportunity to pursue vocational courses. They also cited various hindrances to inclusive rehabilitation such as lack of rehabilitation curriculum to be employed at regular schools and unwelcoming home backgrounds.

Generally, all respondents identified many benefits of inclusive juvenile rehabilitation programmes such as opportunities for collaboration of teachers, parents and the community for close supervision of the child within the child's natural environment, reduced stigma associated with committal to rehabilitation school, and availability of role models of good behaviour from well behaved children. Other benefits included availability of guidance and counselling teachers within regular schools which would make rehabilitation cost effective.

### **5.3. Conclusions of the Study**

Based on the research findings, several conclusions were made as follows. The conclusions are organised along the objectives of the study.

#### **5.3.1 Policy Guiding Juvenile Rehabilitation in Kenya**

The Children Act (GoK, 2001) and NSRSCI (GoK, 2008) are main policy provisions on juvenile rehabilitation in Kenya. They are however not explicit on pertinent aspects of rehabilitation including the calibre of personnel to be engaged in varied functions of rehabilitation, the curriculum of rehabilitation and exit strategies.

The policies are deficient and do not adequately enhance rehabilitation of juvenile offenders. For example, the policy is silent on what children will be doing during their stay at rehabilitation school, it suggests in passing that guidance and counselling may be offered, but the ministry does not provide qualified personnel.

There is disparity between policy and practice. For instance, section 53 of the Children Act states that a committal order shall remain in force but in practice, any children joining secondary school is released to pursue academic education. Secondly, the policy requires that children exiting rehabilitation schools receive after care services for two years; this practice was found to be none existent.

There is laxity in adherence to international policies and guidelines on juvenile rehabilitation, so that the local policy and practice contravenes the Beijing rules, the Havana rules and Riyadh guidelines on many occasions.

In addition, some international statutes such as the Havana Rules (1990) are still undomesticated decades after their development, and rehabilitation institutions have no institutional policy.

### **5.3.2 Assessment Tools and Procedures of Juvenile Rehabilitation in Kenya**

- Any personnel employed at juvenile rehabilitation institutions in Kenya may assess children regardless of their qualifications.
- The assessment procedure is not well conceptualised by staff members.
- The procedures include sections which violate the rights of the child, quite contrary to policy provisions. For instance, on admission, a child is supposed to strip naked in front of the admitting officer who may be of either gender.
- The assessment tools are too loaded with details to be collected including IQ and personality; the tools however lack specific parameters for measuring each detail.

- There are two forms of assessment based on where site of assessment, normally at RAC, or at rehabilitation schools.
- Children are graded on a three-tier risk level, along which a child may be demoted or promoted progressively based on behaviour changes.
- All assessment documents are contained in NSRSCI (GoK, 2008).
- The tools do not capture biophysical and psychoanalytical aspects of behaviour. Many causes of JD are not captured.
- Children with special needs are not provided for within the rehabilitation programmes.

### **5.3.3 Curriculum for Juvenile Rehabilitation Employed in Kenya**

The rehabilitation schools operate without a curriculum/content for juvenile rehabilitation prescribed by the government. Consequently, each institution decides and employs its behaviour modification strategies, leading to varied rehabilitation programmes in public juvenile rehabilitation institutions.

Rehabilitation institutions do not prioritize academic education, and the secondary level is missing altogether. Academically endowed children are very frustrated while undergoing rehabilitation which may impact on the outcomes.

Committed secondary school students are forced to either revert to primary school education or to pursue vocational courses. Furthermore, a child who excels in KCPE exits rehabilitation to attend secondary education before achievement of rehabilitation objectives. These situations are contradictory.

#### **5.3.4 Transitional Services Available to Exitees of Juvenile Rehabilitation**

- A child can exit rehabilitation before the achievement of rehabilitation objectives; this denotes high chances for recidivism.
- The exit strategies were found to be weak and unable to deter a child from reoffending.
- Furthermore, there are no aftercare services for exitees of rehabilitation schools, who may easily revert to their old ways of life, hence recidivism.

#### **5.3.5 Status of Juvenile Rehabilitation in Relation to Inclusive Education**

Majority of the rehabilitation personnel and the committed children were in favour of rehabilitation in inclusive settings. They however suggested improvements in the regular schools before inclusion of children with JD.

The study yielded a framework for juvenile rehabilitation that improves on the deficits identified in the current juvenile rehabilitation programmes and institutions.

The main problems identified within the current programmes included policies that are not explicit and therefore fail to enhance rehabilitation, poor assessment tools and procedures that mix children of different ages and risk level, lack of content of rehabilitation and unqualified personnel among others. An improved framework for juvenile rehabilitation was developed to address some of these issues as follows:

#### **5.4. Suggested Juvenile Rehabilitation Framework**

Based on the research findings a conceptual framework suggesting changes in juvenile rehabilitation was developed. The perceived changes in juvenile rehabilitation should start from the time a child is apprehended for varying reasons by law enforcement officers to the time a child exits from rehabilitation institutions, and into the post-institutional phase. This is important because behaviour contamination begins at cells and remand homes, all the way to rehabilitation institutions. Furthermore, a child with SNE requires specialized handling from the entry point.

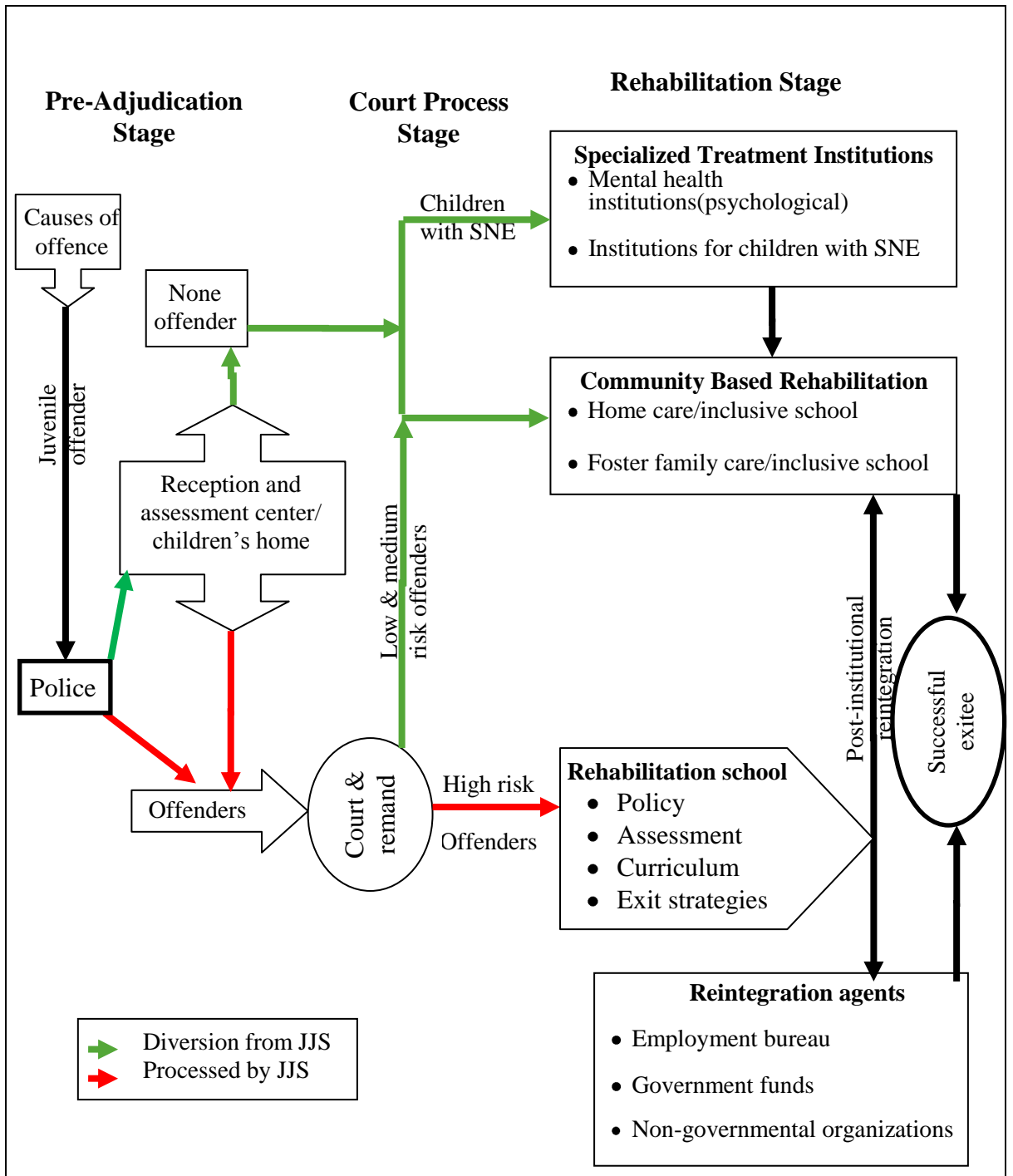
The suggested juvenile rehabilitation framework conceptualizes the rehabilitation process as comprising three stages, which should incorporate aspects of SNE to ensure fair treatment of all children, and in the best interest of the child. The stages are pre-adjudication stage, court process stage, and rehabilitation stage. Each stage is presented diagrammatically in Figure 5.1 followed by further descriptions.

The suggested framework removes the labelling aspects of the current juvenile rehabilitation programme through introduction of inclusive rehabilitation and diversion of most of the children from entry into the JJS. Furthermore, it reduces opportunities for behaviour contamination from the first to the last stage. Further still, it ensures that children with JD continue pursuing their academic education, and at the same time acquire skills for behaviour change and proactive living.

The framework also recommends that qualified personnel provide services to children. This is feasible considering that the government would require fewer

itinerant personnel. Moreover, the structures of behaviour management in regular schools such as guidance and counselling departments would be used by the children with JD at no extra cost to the school. The suggested framework is as follows:

**Fig. 5.1 Suggested Juvenile Rehabilitation Framework**



#### **5.4.1. Pre-Adjudication Process**

According to Hoge (2009), a strong JJS begins with effective and appropriate pre-adjudication process, particularly the policing of children. This framework begins with a pre-adjudication stage in which children are screened /assessed prior to being taken to law courts. It includes the duration from apprehension of a child for committing an offence to the time the child is produced in a law court. A lot of diversion should take place at this stage based on the assessment report, to ensure that, as many children do not enter into the labelling JJS. The personnel handling juvenile offenders should receive special training on juvenile law enforcement, investigative techniques, proper interview procedures, special needs, and children rights.

Children should be processed quickly to avoid prolonged stay in police custody in line with Beijing Rules (1985) and behaviour contamination. Children's homes should be established in each county, to hold children categorised under care and protection, as they await repatriation to their home where they are put under community based rehabilitation if they have functional families, or under foster care for those whose families are dysfunctional.

Thorough assessment should be done at the children home to aid future rehabilitation of the child. Children with SNE should be referred to specialist assessors, after which appropriate behavioural treatment is given. Those without SNE should attend their home school and receive rehabilitation services on the side. Children who have committed serious offences such as murder, rape, and robbery with violence among others should progress to the next stage of court process.

#### **5.4.2. The Court Process**

This is the stage where investigations are done, after which children are produced in court. Further diversions from JJS should take place at this stage. The study recommends that juvenile offenders be presented in court promptly for adjudication based on the nature of the offence. Magistrates hearing a child's case should be advised to utilize alternatives to institutional rehabilitation, which is currently overused even for minor offences such as truancy.

Alternatives to the exclusive institutional rehabilitation may include restorative justice, where an offender is made to participate in ameliorating the problem they have caused. The court process should include screening test for SNE for all children processed by the court. Those identified to have severe SNE-related causes of JD should be diverted from institutionalized rehabilitation, and referred to specialized institutions. Alternatively, children kept in institutionalized rehabilitation must be given the necessary services.

#### **5.4.3. The Rehabilitation Stage**

This study suggests a rehabilitation stage that includes various programmes, and institutions. The suggested programmes and institutions include:

##### **1. Specialized Treatment Programme**

These institutions should offer services to children with SNE who are in conflict with the law. These may include children with mental and biophysical problems. Upon achieving the behavioural rehabilitation objectives, the children undergoing such

programme should be reintegrated to the community through the community-based programmes. Children with mild to moderate forms of SNE such as attention deficit hyperactivity disorder, learning disabilities, intellectual difficulties among others should be assessed and offered rehabilitation within their regular schools in either inclusive or integrated settings.

## **2. Community Based Rehabilitation Programme**

Children who have committed minor offences and those who are at risk of committing offences (low and medium risk offenders) should be committed to community-based rehabilitation through a court process. This implies that children are rehabilitated within their home and school environments. This rehabilitation may assume two forms namely home care and foster care.

Home care involves rehabilitating children within their homes for children with functional families. This requires identification of the cause of the offence which becomes the main focus of rehabilitation. The parent/guardian of such a child should be bonded to facilitate and enhance the collaboration in rehabilitation of their child.

The rehabilitation services should be offered, either through probation departments, and itinerant guidance and counselling services, or through probation and education at inclusive schools. Children whose homes are not conducive for rehabilitation should be put under foster care of well behaved families on voluntary basis. The government should create a fund for such children to facilitate their accommodation in the foster homes. The child under foster family would attend regular school and receive

rehabilitation services just like those under home care. Public boarding primary schools can also serve as foster homes in extreme cases while children stay at the county children's home over the school holidays.

### **3. Rehabilitation Institutions**

Children who have committed serious offences should be committed to rehabilitation institutions. The maximum committal order should last three years, and secondary school education should be offered to ensure continuity in learning. Vocational education should only be offered to children who have dropped out of school after completion of primary or secondary education.

Multi-disciplinary assessment should be at rehabilitation institutions and form a basis for evaluating progress in behaviour change. The assessment should take a shorter duration (between two weeks and a month) compared to the current one which takes three months. Specialists at these rehabilitation schools should employ strategies for behaviour modification. The committed children should be segregated by age and crime type. This would be possible because few children are committed to rehabilitation institutions. Exit strategies should be improved to include a community-based aspect of reintegration.

### **4. Post-Institutional Phase of Rehabilitation**

Soon after the achievement of rehabilitation goals under the community based rehabilitation or the rehabilitation institutions, a child should be exited and post-institutional services offered by reintegration agents such as employment bureaus,

NGOs. The exitees should be linked to government programmes such as '*Kazi kwa Vijana*' or 'Youth Development Fund' to acquire employment or funds to start own employment for those with vocational training.

## **5.5. Recommendations**

Based on the research findings and the conclusions made, the study made several recommendations to the various stakeholders involved in juvenile rehabilitation. The recommendations focussed on policy, assessment and curriculum for rehabilitation, transitional services, and the roles of the department of children, law enforcement officer, magistrates, and parents. The recommendations to various stakeholders were as follows:

### **5.5.1. Recommendations to Policy Makers**

The Ministry should provide policy guideline to facilitate diversion of children from the JJS in accordance to Beijing Rule 11, (UN, 1985), with the aim of removing the labelling aspects of being processed and committed through a court of law. These policy provisions should be made within the confines of international statutes which recommend that where possible, juvenile offenders be handled without resorting to formal trial (Beijing, Rule 11.1). However, this is only possible when appropriate community-base or other related services are available (Beijing, Rule 11.3 and 11.4).

The ministry should ensure rehabilitation of children with SNE who present problem behaviour, is done within the six international principles governing SNE. These principles include Zero Reject, Free Appropriate Public Education, Least Restrictive

Environment, Non-Discriminatory Evaluation, Parent and Family Rights, and Procedural Safeguards (Friend, 2008). These principles have been domesticated in Part Two of the revised Children Act (2010). The Act states that children shall not be discriminated against because of disability (Section 5), promises the right to education and other rights for all children (Sections 3 and 7) and observance of the best interest of the child (Section 4). The Children Act however is silent on important aspects such as assessment, and procedural safeguards. Policy makers should therefore provide guidelines in the two areas.

The ministry should enforce the various forms of treatment recommended in the Children Act and also collaborate with the Ministry of Education and in particular the KICD to develop and enrich curriculum for juvenile rehabilitation. Section 191 of the Children Act (2010) provides a variety of methods of dealing with a juvenile offender. The act states that; 'In spite of the provisions of any other law and subject to this Act, where a child is tried for an offence, and the court is satisfied as to his guilt, the court may deal with the case in one or more of the following ways - (a) by discharging the offender under section 35 (1) of the Penal Code; (b) by discharging the offender on his entering into a recognisance, with or without sureties; (c) by making a probation order against the offender under the provisions of the Probation of Offenders Act; (d) by committing the offender to the care of a fit person, whether a relative or not, or a charitable children's institution willing to undertake his care; (e) if the offender is above ten years and under fifteen years of age, by ordering him to be sent to a rehabilitation school suitable to his needs and attainments; (f) by ordering the offender to pay a fine, compensation or costs, or any or all of them.

Other recommended methods include; (g) in the case of a child who has attained the age of sixteen years dealing with him, in accordance with any Act which provides for the establishment and regulation of borstal institutions; (h) by placing the offender under the care of a qualified counsellor; (i) by ordering him to be placed in an educational institution or a vocational training programme; (j) by ordering him to be placed in a probation hostel under provisions of the Probation of Offenders Act; (k) by making a community service order; or (l) in any other lawful manner'. This study recommends that the ministry enforce more use from this variety of recommended methods of dealing with juvenile offenders.

The ministry should in addition ensure there are adequate budgetary allocations for expansion of rehabilitation facilities thereby reducing congestion and behaviour contamination, and also to facilitate post-institutional phase of rehabilitation. Besides, the Ministry through the County Children's Officer should provide rehabilitation graduates with resources that enable them to become self-reliant, by introducing them to agencies of government funds for youth, and to employment bureaus. This would effectively reduce recidivism.

Moreover, the ministry should in collaboration with KICD Develop adequate assessment tools for identification of all problem behaviours and their causes. This should go hand-in-hand with development of curriculum/content for juvenile rehabilitation. This may be achieved through outsourcing from experts in behavioural sciences. This would ensure uniformity in the functioning of all rehabilitation

institutions, and may form a basis for juvenile rehabilitation within the regular schools to embrace inclusive education.

The government should revive the secondary schools within juvenile rehabilitation programmes and prioritize further education in line with Sections 3 and 7 of the Children Act as opposed to current programmes, which favour vocational training in place of academic education. This would ensure vocational courses are limited to children not attending primary or secondary schools to facilitate academic progress.

The ministry should in collaboration with the ministry of justice create a policy on bonding parents whose children to commit offence related to parenting issues either directly or indirectly. This would enforce parental responsibility to children as outlined in Part Three of the Children Act (2010).

### **5.5.2. Recommendations to Department of Children**

This study recommends that the Department of Children undertake the following:

- Employ qualified personnel in areas of rehabilitation and other related services to enhance multi-disciplinary assessment, appropriate diagnosis, and prognosis. Such personnel include SNE experts particularly those in the area of EBD, counsellors, and psychiatrists among others.
- Increase the number of teachers at rehabilitation institutions to facilitate prioritization and advancement of academic education.
- Establish children's homes in each county, with specific facilities to house children being processed through the JJS. This would eradicate behaviour

contamination from adult that occur in police cells housing both adults and children.

### **5.5.3. Recommendations to Law Enforcement Officers**

This study recommends the following to law enforcement officers attached to JJS:

- Produce children in court promptly –within 24 hours to avoid unlawful custody, trauma, and behaviour contamination. This is along the lines of Beijing Rule 10.2 (UN, 1985) which requires that a judge or other competent official immediately consider release of an apprehended juvenile to prevent harm to the offender including behaviour contamination.
- Equip police officers with capacities for juvenile law enforcement, investigative techniques, proper interview procedures, and children rights. Additionally law enforcement officers should be equipped with capacities for handling children with special needs. This would provide officers with basic skills such as sign language and preliminary screening of SNE.

### **5.5.4. Recommendations to the Magistrates**

This study recommends that the magistrates hearing cases involving children avoid over-use of institutional rehabilitation verdict and employ other types of sentence available to ease overcrowding and unnecessary incarceration of children. Base on the Beijing rule 18.1 (UN, 1985), ‘a large variety of disposition measures shall be made available to the competent authority, allowing for flexibility so as to avoid institutionalization to the greatest extent possible. Such measures, some of which may be combined, include:

- a) Care, guidance and supervision orders;
- b) Probation;
- c) Community service orders;
- d) Financial penalties, compensation and restitution;
- e) Intermediate treatment and other treatment orders;
- f) Orders to participate in group counselling and similar activities;
- g) Orders concerning foster care, living communities or other educational settings;
- h) Other relevant orders’.

Furthermore, Beijing Rule 18.2 recommends that ‘No juvenile shall be removed from parental supervision, whether partly or entirely, unless the circumstances of her or his case make this necessary’. Additionally, Section 191 of the Children Act (2010) provide a wide range of methods of dealing with children in conflict with the law.

Magistrates should insist of pre-sentencing for assessment in SNE whenever a need arises. This would go a long way in ascertaining the nature and context of the offence. It would also reduce chances of committing children to institutional rehabilitation for committing status offence, or for being in need of care and protection. Alternatives to institutional care should be utilized as provided in Beijing rule 18.1 (UN, 1985). This is vital because in some cases behaviour disorder is not the main characteristic of a child with JD.

### **5.5.5. Recommendations to Parents**

Parents of children who commit offence should:

- Take responsibility for their children to ensure they do not involve in delinquent behaviours. Otherwise, a parent should accept any government bond imposed on them.
- Attend parenting classes for new parents, especially on issues related to teenage problems. Additionally, parents should seek counselling sessions when faced with difficult behaviours in children.
- Parents of incarcerated children should visit the committed children regularly at the rehabilitation institutions, to show love and support which may boost the morale and self-concept of the child.

### **5.6. Recommendations for Further Research**

Based on the research findings the following research areas were proposed.

It emerged in this study that more boys than girls do commit offences although the population of Kenya comprise more females than males. There is need therefore for a research to establish the risk factors that predispose boys to commit offence and thereof, the gender disparities.

This study found that the current juvenile rehabilitation programmes leave a large window for recidivism to occur in post-institutional lives of the exitees. In particular, this study found that more than a third of rehabilitation graduates were recidivists. There is need therefore for a tracer study to establish the post-institutional life

trajectories of graduates of rehabilitation institutions, with an aim of establishing the push factors for recidivism.

This study further identified that forms of violence do occur among children undergoing rehabilitation, including violation of right to privacy. There is need therefore for a study focussing on forms of gender quandaries experienced by children within juvenile rehabilitation programmes.

Literature review shows that the children with SNE are overrepresented in the JJS. There is also need therefore to conduct a research on the interaction between presence of special needs and probability of committing an offence in Kenya, and to also establish the number of children with SNE processed through the JJS.

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**APPENDIX A****SEMI STRUCTURED INTERVIEW GUIDE FOR MANAGERS**

1. How long have you been to this school?
2. Describe the policies that guide the functioning of your school?
3. What assessment tools are used to assess children committed to this school?
4. Describe the curriculum for behaviour modification that you use in this school?
5. What exactly is done to ensure that the children's behaviour is changing for better?
6. What kind of preparation is given to children before they are exited from the rehabilitation institutions?
7. The current trend in special education is inclusive education; what are the possibilities of rehabilitating children in a regular school?
8. What changes would you recommend in the programme, to ensure better outcomes?

**APPENDIX B****FOCUS GROUP DISCUSSION GUIDE FOR CHILDREN**

Name of School\_\_\_\_\_

Class\_\_\_\_\_

Ages\_\_\_\_\_

Gender\_\_\_\_\_

Risk level\_\_\_\_\_

**Instructions:** Kindly give your responses to the following questions. Participate freely and ask any questions you may be having.

1. Have you been committed to a RS before?
2. How did you find yourself in this school?
3. How was your first week at rehabilitation institutions?
4. Describe any examinations you sat for when you arrived at rehabilitation institution?
5. What have you been doing since you juvenile offender in this school?
6. What are you planning to do when you leave this school?
7. Would you like the rehabilitation services offered at this school be offered at your former school?
8. What changes would you recommend to make sure children coming to this school benefit from the rehabilitation programmes?

**APPENDIX C****SEMI-STRUCTURED INTERVIEW GUIDE FOR CHILDREN'S OFFICERS**

School \_\_\_\_\_

Gender \_\_\_\_\_

Academic qualification \_\_\_\_\_

1. How long have you been working in this position?
2. Describe the policies that guide the rehabilitation of children in Kenya?
3. What assessment tools are used to assess children committed to this school?
4. Describe the assessment done before a child is committed to a rehabilitation institution.
5. Who assesses the children?
6. Describe the curriculum of rehabilitation that is currently being used.
7. What are the recommended behaviour modification strategies?
8. Describe the kind of transitional services that children exiting the school are given.
9. The current trend in special education is IE; what are the possibilities of rehabilitating a child in a regular school in Kenya?
10. In your opinion, what changes are necessary for the success of rehabilitation programmes?

**APPENDIX D**  
**QUESTIONNAIRE FOR REHABILITATION STAFF**

This questionnaire seeks information that will guide in evaluating the operations the RS in Kenya. Kindly answer all of the following questions in the spaces provided.

**Bio-data**

1. Describe your professional qualifications.

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**Section 1. Assessment**

2. Have you ever participated in assessing a child?

Yes                                  No           

3. Describe the procedure of assessing a child's behaviour in this school.

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4. Describe the assessment tool(s) used to assess a child's behaviour change in this school.

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**Section 11. Curriculum of Rehabilitation**

5. Is there a curriculum for behaviour change in your school?

Yes

No

6. Describe what the children under your care do in a normal week?

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7. What methods are recommended for changing a child's behaviour in this school?

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**Section 111. Transitional Services**

8. How are children prepared to leave the rehabilitation institutions at the end of a committal order? \_\_\_\_\_

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9. In your opinion, do you think the behaviour modification done at this school can deter a child from re-offending (give reasons for your answer)\_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Section1V. Inclusive Education**

10. The current trend in juvenile rehabilitation is school based (inclusion); is it possible to rehabilitate a child in a regular school at home? (Give reasons for answer.)\_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

11. What changes (relating to children) would you recommend in this school for better rehabilitation outcomes?\_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**APPENDIX E**

**DOCUMENT ANALYSIS SCHEDULES**

Name of institution \_\_\_\_\_

Name of document \_\_\_\_\_

Information searched for \_\_\_\_\_

\_\_\_\_\_

Data collected

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

**APPENDIX F**

**MONTHLY EVALUATION SHEETS FOR PROMOTION OF TREATMENT  
STAGE**

Form 3 (General):

**Monthly Evaluation Sheet for Promotion of Treatment Stage**

|  |  |                                       |                                      |
|--|--|---------------------------------------|--------------------------------------|
| Date   |  | Staff in Charge                       |                                      |
| Name   |  | Dormitory                             |                                      |
|  |  | Class                                 |                                      |
| Item   | comment                                | grading (circle)                      |                                      |
| i. Role observation                          |  | a b c d e                             |                                      |
| ii. Basic social manner /attitude            |  | a b c d e                             |                                      |
| iii. Study Attitude                          |  | a b c d e                             |                                      |
| iv. Interpersonal relationships              |  | a b c d e                             |                                      |
| v. Achievements in risk and needs            |  | a b c d e                             |                                      |
| Overall Grade (based upon (a) to (e).        |  | A B C D E                             |                                      |
| Comment from staff in charge                 |  |                                       |                                      |
|  |  |                                       |                                      |
| Comment from the School Committee            |  |                                       |                                      |
|  |  |                                       |                                      |
| Decision concerning stage promotion/demotion |  |                                       |                                      |
| Current Stage:                               |  |                                       |                                      |
| Change in his/her stage                      | <input type="checkbox"/> same as above | <input type="checkbox"/> promoted to: | <input type="checkbox"/> demoted to: |
| Reason                                       |  |                                       |                                      |

1. Criteria of overall grading is as follows.

| Criteria  | overall grade |
|---|---------------|
| no "c", "d" or "e" and zero or one "b" in items (i) to (v)        | A             |
| no "d" or "e" and zero or one "c" and not "A" in items (i) to (v) | B             |
| no "d" or "e" and neither "A" nor "B" in items (i) to (v)         | C             |
| no "e" and neither, "A", "B", nor "C" in items (i) to (v)         | D             |
| at least one "e" in items (i) to (v)                              | E             |

2. Those who take following grades are candidates of promotion:  
one month of A; two consecutive months of B; or three consecutive months of C and above
3. Those who take one month of A may be promoted for two stages.
4. Those who take following grades are candidates of demotion:  
one month of D (for one stage) or E (for one stage or two stages).

**APPENDIX G**  
**SAMPLE ACADEMIC ASSESSMENT TEST**

**INITIAL ASSESSMENT TEST**  
**MATHMATICS STD 4**

**Write in numbers.**

1. Eleven \_\_\_\_\_
2. Sixty seven \_\_\_\_\_

**Write in words.**

3. 25 \_\_\_\_\_
4. 167 \_\_\_\_\_

**Add.**

5.  $24 + 31 =$
6.  $72 + 53 =$

**Subtract.**

7.  $829 - 421 =$
8.  $759 - 32 =$

**Multiply the following.**

9.

$$\begin{array}{r} 22 \\ \times 6 \\ \hline \end{array}$$

10.   $\times 8 = 24$

11.

| weeks | days |
|-------|------|
| 6     | 5    |
| + 0   | 1    |
|       |      |

12. What is the next number?

3    6    9    \_\_\_\_\_

13. What is the time by the clock below?



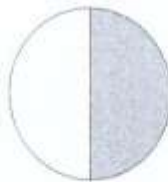
\_\_\_\_\_

14. What fraction?



\_\_\_\_\_

15. Which one is an eighth?



16.



$$\frac{3}{4} - \frac{1}{4} =$$

17. Name the shapes below.



\_\_\_\_\_



\_\_\_\_\_

18. 1 litre +  $\frac{1}{2}$  litre =

19.

$$\begin{array}{r} 876 \\ -259 \\ \hline \end{array}$$

20.

$$\begin{array}{r} 863 \\ -249 \\ \hline \end{array}$$

21.  $\frac{1}{4}$  of 36 \_\_\_\_\_

22.  $\frac{1}{5}$  of 45 \_\_\_\_\_

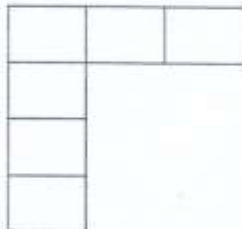
23.

|     |    |
|-----|----|
| sh  | ct |
| 13  | 50 |
| - 2 | 00 |
|     |    |

24.

|     |      |
|-----|------|
| wks | days |
| 10  | 6    |
| - 2 | 6    |
|     |      |

25. How many squares are in the figure below?



\_\_\_\_\_

**APPENDIX H**

**SUMMARY ASSESSMENT REPORT OF NEWLY ADMITTED CHILD**

(Summary Assessment Report P-2)

|  |
|--|
| <p><b>Summary of Problem Behavior</b></p> <p><b>Family/Community Problems</b></p><br><br><p><b>Problems in School:</b></p><br><br><p><b>Problems of Outside School Experience:</b></p><br><br><p><b>Leisure Time &amp; Friendship:</b></p><br><br><p><b>Substance Abuse:</b></p><br><br><p><b>Other Problematic Behaviors:</b></p> |
| <p><b>Health Condition:</b></p>  |
| <p><b>Analysis of Behavior/Attitude Problems:</b></p>  |

**APPENDIX I  
ENVIRONMENTAL ADJUSTMENT REPORT**


Form 2 (Though Care):

**ENVIRONMENTAL ADJUSTMENT REPORT**

|  |       |  |     |
|--|-------|--|-----|
| Name of Child  |       | Name of Rehabilitation School  |     |
| Age/Date of Birth  | Years | Committal Date   | / / |
| .  | M/F   | Expiration Date  | / / |
| Address to be Released   |       | Name of Children's Office/Probation Office in Charge of Address to be Released |     |
| <b>Family/Guardians to be Released</b><br>(1) Name, address, relationship with the child, Age, Occupation  |       |  |     |
| (2) Whether or Not the Family/Guardians is Ready to Accept the Subject?<br>a. Keen to Accept      b. Ready to Accept      c. Not Ready to Accept, but There is a Possibility to Accept<br>d. Refuse to Accept<br>Reasons:  |       |  |     |
| (3) Whether or not to come to Rehabilitation School when the subject will be released on the revocation of committal order?<br>a. come to RS      b. not come      c. pending<br>Reasons for b, or c:  |       |  |     |
| (4) Home conditions  |       |  |     |
| (5) Family Dynamics  |       |  |     |
| (6) Means of Livelihood  |       |  |     |
| (7) House Conditions   |       |  |     |
| Relevant Information about Family/Guardians/Other Relatives:<br>Are the following matters found among them?<br>a. Mental disease, b. Deviant personality, c. Mental weakness, d. Alcohol addict, e. Drug addict, f. Criminal, g. Others<br><br>If applicable, describe the name, relationship with the child, other information. |       |  |     |
| Community Environment  |       |  |     |
| Community Feelings Against the Subject/Family  |       |  |     |
| Compensation to Victims/Victim's Feeling Against the Child   |       |  |     |

**APPENDIX J**

**GUIDANCE AND COUNSELING FORM**



**MINISTRY OF GENDER, CHILDREN AND SOCIAL DEVELOPMENT**

DEPARTMENT OF CHILDREN'S SERVICES  
HEADQUARTERS  
JOGOO HOUSE "A"

Telegrams: "APPROVED", Nairobi  
Telephone: Nairobi 2228411 ext 30040

E-mail: [children@homeaffairs.go.ke](mailto:children@homeaffairs.go.ke)  
[customer-care@homeaffairs.go.ke](mailto:customer-care@homeaffairs.go.ke)

.....

**GUIDANCE AND COUNSELING FORM:**

**INDIVIDUAL COUNSELING.**

Date: .....

Session No.....

Name/ code of the child.....

Female/male.....

Age:.....

Admission No.....

Duration of counseling session.....

Name of the counselor /staff.....

Presenting issues (main).  
.....  
.....  
.....  
.....

Underlying issues (Cause/why) .  
.....

.....  
.....  
.....

Thematic areas (theme).

.....  
.....  
.....  
.....

The child's response.

.....  
.....  
.....

Counselor's remarks.

.....  
.....  
.....

Child's name .....signature.....date.....

Counselor's/staff name.....signature.....date.....

**APPENDIX K**  
**RESEARCH AUTHORIZATION**



**MINISTRY OF GENDER, CHILDREN AND SOCIAL DEVELOPMENT**

Telegrams: "APPROVED", Nairobi  
Telephone: Nairobi 2228411 ext 30040  
E-mail: children@homeaffairs.go.ke  
customercare@homeaffairs.go.ke  
Fax: Nairobi 310574 & 22248827  
When replying please quote  
REF

DEPARTMENT OF CHILDREN'S SERVICES  
HEADQUARTERS  
JOGOO HOUSE "A"  
TAIFA ROAD  
P.O. BOX 46205  
NAIROBI

REF. NO.: CS/ 6/11/vol iii ( 5)

5<sup>th</sup> January, 2012.

**The Managers**

1. Othaya Rehabilitation School
2. Kirigiti Rehabilitation School
3. Dagoretti Rehabilitation School
4. Getathuru Rehabilitation School
5. Kabete Rehabilitation School
6. Wamumu Rehabilitation School

**RE: AUTHORITY TO CONDUCT RESEARCH**

The bearer of this letter **Ms Beth N. Wambugu** is Post graduate Student of Kenyatta University pursuing a **Ph.D degree in department of Special Needs Education – in the School of Education**

As part of her course requirements she is required to carry out a research for a period of **One month** from **6<sup>th</sup> January 2012**. She will be accompanied by her research assistant **Mr Peter Kinyua and Anne Dinda**

In this regard, authority to be attached to your institution has been granted. You are requested to facilitate her work. She is expected to abide by the rules and policies governing the Department of Children services.

  
**THOMAS NAAM**  
**FOR: DIRECTOR CHILDREN SERVICES**

Director  
Children's Services  
P.O. BOX 46205  
NAIROBI

c.c

- Professor. Geoffrey Karugu
- Dr Ibrahim Oanda
- Dr Madrine King'endo  
Of Kenyatta University.