

Determination of Sequence of Behaviour Change among Children at Risk in Juvenile Rehabilitation Centres in Nairobi County, Kenya

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Abstract

The aim of this study was to determine sequence of behaviour change among children at risk in juvenile rehabilitation centres within Nairobi County, Kenya. The target population was all the children and managers of Juvenile rehabilitation Centres in Nairobi County. This consisted of 380 boys, 160 girls, 8 managers in Kabete and Getathuru and 4 managers in Dagorreti rehabilitation Centre, all making a total of 552 respondents. Children at risk in Juvenile rehabilitation Centres within Nairobi County were sampled using probability and non-probability sampling techniques. To obtain a manageable sample from the target population, convenience, purposive, stratified random and systematic random sampling techniques were used respectively. Questionnaires, interview schedules and focus groups were used in the study as tools for data collection. Data collected was entered, coded and analyzed using inferential statistics and SPSS. The qualitative data was organized, analyzed and reported into emerging themes. The study found out that rehabilitation of children at risk in Juvenile rehabilitation Centres was not adequate. Educationists were left out during assessment, classification, referral and exit stages despite their rich expertise in rehabilitation. The analysis of programmes applied scored below average in terms of behaviour change. Transitional programmes were inadequate. The researcher recommended a multidisciplinary team in Educational Assessment and Referral Centres before entry into the regular schools. That all the Juvenile Rehabilitation Centres be moved from Ministry of Labour and Social Services and be placed under the Ministry of Education which has adequate personnel required to rehabilitate a child.

Keywords: Children at risk, Juvenile, Rehabilitation, Juvenile Rehabilitation Centres, and Delinquency.

1.0 Introduction

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

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

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

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

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

1.1 Background to the Study

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

Mendel and Case (2011) assert that pervasive violence and abuse have been regularly emerging from Juvenile Rehabilitations Centres (JRC) for as long as anyone can remember. Overall, research findings suggest that juvenile misbehavior frequently occurs in the context of unsupervised groups of adolescents (Office of



Juvenile Justice and Delinquency Prevention, 2006). Adolescents engage in riskier behaviour than adults despite understanding the risks involved (Boyer, 2006; Steinberg, 2005).

In Africa, educators in the correction settings face difficulties specifically from the environment, challenging learners, complicated systems of oversight, high staff turnover rates, shortage of resources, difficulties obtaining educational records and the competing priorities of education and maintaining security (Macomber, Skiba, Blackmon, Esposito, Hart, & Mambrino, 2010). In South Africa, it is reported that some adults orient juveniles to a distorted curriculum (Gast, 2001). In Nigeria, physical discipline characterized by poor parenting practices which emphasizes corporal punishment has increased misbehaviour among children (Ugboajah, 2008). Many teachers are not primed to work in a juvenile detention setting (Houchins, Shippen & Catrett, 2004). Thus there was a need to analyze the sequence of behaviour change in JRC to address the misbehaviors associated with EBD learners.

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

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

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

2.0 Objectives of the study

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

- i. Investigate the criteria used to refer children to JRC.
- ii. Analyze the programmes applied to CR in JRC in Nairobi County.

3.0 Materials and Methods

The study employed a descriptive survey design to analyze sequence of behaviour change of children at risk (CR) in juvenile rehabilitation centres (JRC) in Nairobi County, Kenya. Shuttleworth (2008) defines descriptive survey design as a scientific method which involves observing and describing the behaviour of a subject without influencing it in any way to obtain a general overview of the subject. The choice of this design was due to the sequence of behaviour change being determined. That is the criteria used to refer children at risk (CR) to Juvenile Rehabilitation Centres (JRC) in Nairobi County Kenya and the programmes applied to them which the researcher intended to find and explain their current state of affairs as it was in JRC. The researcher aimed to obtain quantitative and qualitative data in order to analyze sequence of behaviour change among CR in JRC.

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

4.0 Results and Discussion

4.1. Bio data of the respondents'

The biodata of the respondents' in this study is enumerated as per the following table 4.1.1.

Table 4.1.1 Bio data of the respondents

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

Source: Researcher, 2015.

From table 4.1.1, the ages of the CR in JRC ranged from twelve to seventeen years and that there were 30 children of either gender and 2 adults of either gender, all making a total of 60 respondents. The detailed bio data of the participants such as names were not taken due to fear of them being victimized owing to the incarceration situation of CR in JRC.



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

Objective one above Sought to investigate the criteria used to refer children at risk to JRC in Nairobi County Kenya. This objective had three indicators namely referral documents, family background and previous school discipline. They all led to the findings shown in the following table 4.2.1

Table 4.2.1 Criteria used to refer Children at Risk to JRC

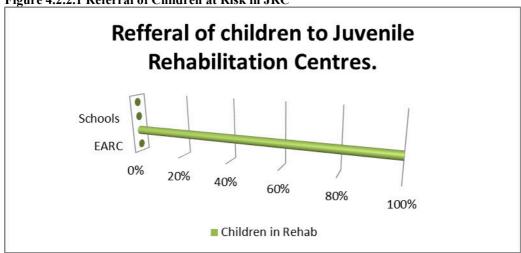
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Gender	EARC	Court	Police	Streets	Total		
Male	0	30	0	0	30	•	
Female	0	30	0	0	30		
Total	0	60	0	0	60		

Source: Researcher, 2015.

From table 4.2.1, it was established that all the CR present in Kenyan JRC were placed by the court. The court incarcerates these children for various periods of time depending on the societal wrong they are alleged to commit (Undugu Society of Kenya & Cradle, 2004). Before being taken to rehabilitation centres, these children are taken for duration of about one month in a reception and discharge centre where they are placed in various JRC within the republic. It is of importance to note that Educational Assessment and Referral Centres (EARC) are not involved in the assessment of CR, thus implying that SNI measures are not addressed. Also the researcher established that the JRC are under the Ministry of Labour, Social Security and Services and not the Ministry of Education whose mission is to provide, promote and coordinate quality education, training and research.

The data on table 4.2.1 above was graphically represented as shown on the following figure 4.2.1

Figure 4.2.2.1 Referral of Children at Risk in JRC



Source: researcher, 2015.

From the preceding figure 4.2.1, it was found out that judiciary (court) scored almost 100% in regards to catchment area of children who are found in Juvenile Rehabilitation Centres in Kenya. It was noted that almost 0% children came to the Centres through EARC despite their capability to assess and refer children for behaviour change through educational process. This concurs with the findings of Wakanyua (1995) that a child with EBD is labelled juvenile and poorly rehabilitated. This implies that the referral aspect was incomplete.

4.3 Programmes offered in JRC in Nairobi County.

Objective two above Sought to analyze the programmes applied to CR in JRC in Nairobi County, Kenya. This objective had corrective education, evidence based programmes and transitional services as indicators. The indicators were used in finding out the programmes and the results are as given on the subsequent table 4.3.1.

Table 4.3.1 Present Programmes versus Behaviour Change in JRC

Table 4.3.1 Tresent Trogrammes versus behaviour Change in JRC							
Program	Strongly A	Agree % Agree	% Disagree	%	Strongly Disagree	%	
Activities of Daily living	83	13	4		0		
Educational	83	10	7		0		
Vocational	34	33	33		0		
Counselling	92	7	1		0		
Spiritual welfare	80	17	3		0		
Games and sports	67	29	3		1		
Total %	73	18	9		0.2		

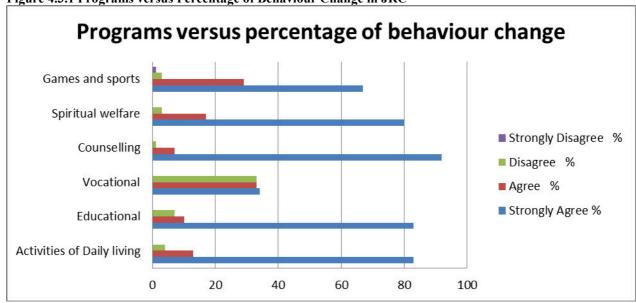
Source: researcher, 2015.



From table 4.3.1 above, suitability and ability to change behaviour of programmes present in JRC was analyzed from interviews done to managers, FG and questionnaires filled by CR. It was found that 73% of the target population strongly agreed that the present programmes were capable of changing behaviour positively while 18% agreed, 9% disagreed and 0 % strongly disagreed. This implied that if the programs were adequately implemented, 91% (sum of strongly agree 73% and agree 18%) of the children would be effectively rehabilitated. This concurs with Howell et al. (2010) that programs present in JRC are capable of changing behaviour of CR provided they are adequately implemented. For instance, 92% of target population strongly agreed that counselling can change the behaviour of CR positively.

The data on table 4.3.1 was graphically represented in figure 4.3.1 as shown in the subsequent page.

Figure 4.3.1 Programs versus Percentage of Behaviour Change in JRC



Source: Researcher, 2015.

From figure 4.3.1, the attitude of Children and staff in regards to programs offered in JRC and their ability to change behaviour positively were found as follows:

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

5.0 Conclusion

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

However exit after the rehabilitation period, was mainly to educational institutions and the society in general notwithstanding the rehabilitation process being done in a confined environment from the society at large without involving the stake holders in education. That is, educational programmes are offered despite non-involvement of educationists in the process such as those from the Teachers' Service Commission.

The study established that the following programmes were offered: Educational (Mathematics, English, Kiswahili, Science and Social studies), Vocational (Carpentry, Masonry, Mechanics, Electricals, Tailoring and Agriculture), Counseling (Individual and group), Spiritual welfare, Activities of daily living and Sports. From the analysis and information gathered Counselling and educational activities were ranked best in their abilities to change behaviour. However, quality of programs offered was below average due to: poor classification of children.

6.0 Recommendations

Based on the study findings, the following was recommended:

That the Ministry of Education should ensure that a multidisciplinary team comprising of SNE teachers,



educational counsellors, law enforcers and members of the judicially perform assessment, placement and referral of CR. Also a compulsory screening by the EARC should be done before, during and after placement of CR in JRC.

The educational, transitional and support programmes should be offered by competent individuals and with at least a minimum qualification of a diploma in education by virtue that JRC are referral institutions.

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

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

Acknowledgement

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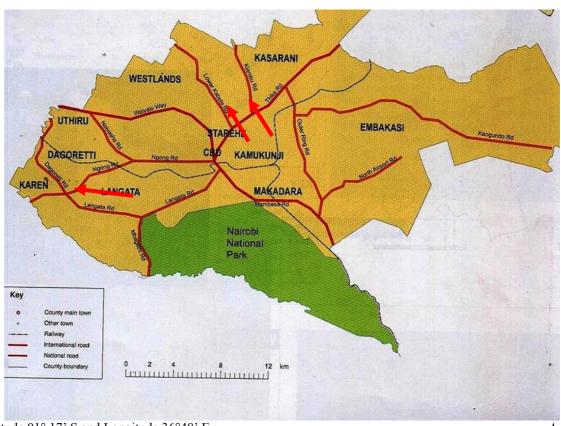


A MAP SHOWING THE 47 COUNTIES OF KENYA





A MAP SHOWING NAIROBI COUNTY OF KENYA



Latitude 01° 17' S and Longitude 36°48' E Source: Ministry of lands, 2013.

North

Corresponding Author Biography



Rintaugu James Muthomi is currently enrolled for a PHD in Special Needs Education at Kenyatta University, Kenya where he graduated with M.Ed. in Special Needs Education. He holds a B.Ed. (Special Needs with IT) from Maseno University. He worked as a teacher for regular and special learners at Primary and secondary levels and thereafter a as a Police Detective in Kenya. He is currently working as an investigator in an Oversight body in Kenya.