

**FACTORS INFLUENCING REHABILITATION PROGRAMS IN JUVENILE  
CORRECTION CENTERS: A CASE OF SHIKUSA BORSTAL  
INSTITUTION, KENYA**

**BY**

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**DECLARATION**

This research project is my original work and has never been presented to any university for any award

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## **DEDICATION**

I dedicate this work to my loving wife Faith Saiti, daughters Sofia Lyaka and Denise Gesare. My parents, the late A.O Asuri Nyaroo and Mrs. Jane Banchiri Nyaroo for their support and patience during my academic endeavors and during the time of writing this book.

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## ACRONYMS AND ABBREVIATIONS

KPS	Kenya Prisons Service
BI	Borstal Institution
UNICEF	United Nation Children Fund
KNHRC	Kenya National Human Rights Commission
E/BD	Emotional and behavior Disorder
IQ	Intelligence quotient
FFT	Functional family therapy
FIT	Family integrated transition
MST	Multisystem therapy
FFT	Functional family therapy
JRA	Juvenile rehabilitation administration
SPSS	Statistical package for social scientists
FC	Family conferencing
EBDs	Emotional and behavior disorders.

## ABSTRACT

Offenders are taken to the rehabilitation centers and schools for character reformation and eventual reintegration back to the society. The government of Kenya has established rehabilitation schools with the aim of correcting and reforming the delinquent adolescent into adjusted productive citizens. These rehabilitation centers have programs designed to meet this objectives, however, the ability of these schools to deliver the programs in a manner that is beneficial to this group of youths is questionable. The objective of this study will be to establish factors influencing achievement of Juvenile rehabilitation programs in juvenile correctional centers in Kakamega East Sub County, a case of Shikusa Borstal institution. The study will be guided by the following objectives; How psychosocial support, education and training, managerial skills and competence and juvenile support approaches influence the achievement of juvenile rehabilitation programs in Shikusa Borstal institution. Literature was reviewed from previous studies and journals. This study will adopt a descriptive research design that will be applicable in this study. Descriptive research designs attempts to describe the way the situations exist at the time of the study without manipulating the research conditions. That will aim to establish factors influencing rehabilitation programs in juvenile correctional centers. The Target population will be 150 members of staff and 350 juvenile offenders who will form the population from which a sample will be derived from. The collection technique included document analysis, questionnaires and interviews. The instruments were self-made. Piloting of the instrument that sought to ascertain validity of the instrument, reliability was assessed using test ó retest reliability technique. The instrument was piloted twice to determine if the responses was consistence. Data was analyzed using descriptive statistics such as frequencies and percentage counts and presented using frequency and percentage tables and cross tabulations. Quantitative data was analyzed using Statistical Package for Social Sciences (SPSS) Version 17.0. Quantitative data was presented as guided by themes and objectives and reported in a narrative way, frequencies and percentage tables presented quantitative data while categorical responses on the dependent variable on the factors influencing the adoption of water, sanitation and hygiene practices were cross tabulated. Recommendations from the study will be useful to all stakeholders involved in the juvenile correctional and rehabilitation to enhance policy formulation towards effective rehabilitation programs in juvenile correctional centers.M

## **CHAPTER ONE**

### **INTRODUCTION**

#### **1.0. Background of the study**

The concept rehabilitation heavily borrows from the premise that there are some underlying factors that influence criminal behavior. This viewpoint does not refute the fact that individuals choose to break the law, however it also does not affirm that the choice to break the law isn't a subject of pure free will. Instead the choice of committing a crime is to be probed, because it could be somehow heavily driven by a person's biological makeup, individual psychological development, as well as, social surroundings. Persons differ in the effort of expressing their will. This individual's differences shape how persons behave, including whether they are likely to break the law. When persons are characterized by various "criminogenic risk factors" such as a lack of parental love and guardianship, exposure to delinquent peers, the internalization of antisocial values, or an impulsive temperament, they are highly likely to be involved in crime as opposed to persons not having these experiences and traits. (Cullen et al. 2002). The premise of rehabilitation using punishment was initially personified in the prisons/penitentiary built in the 19<sup>th</sup> century during the Jacksonian era. Reformers expected that the offenders would be kept in isolation in order to regretfully reflect on their sins resulting to cleansing and changing themselves (Irwin, 1980). Historically, the special needs of women and minority groups in the prisons have been mostly ignored. (Kathryn M. Campbell). Rehabilitating criminals has become a highly debated topic throughout the U.S with the many offenders being repeat offenders; the correctional institution has made rehabilitation a major priority. Research over the last twenty five years has shown that some programs are more effective than others (Mackenzie, et at. 2006).

In the United States, juvenile justice systems have long struggled with the innate tension in their responsibility in meting out penalties for law infringements and their function as an authoritative power responsible for initiating a constructive change of behavior in the in juveniles who breach the law. The juvenile system is overwhelmed with the ever increasingases c of youth who are arrested each year. In 2003 about 2.3 million youths under the age of 18 were arrested and over 130,000 were placed in detention and juvenile correction facilities (Cocozza, Trupin, &Teodosio, 2003).

Canada offers a good illustration on best practices in the rehabilitation of children in conflict with the law. Yates (1993) carried out a study on the New Haven Correctional Center and observed that its Borstal philosophy reiterates a rehabilitation program for offenders between the ages of sixteen and twenty-one, based on the premise that imprisoning youthful offenders with older offenders would only teach them more crime hence an act of contamination. Yates characterizes New Haven Correctional Center as a free atmosphere that is without the hallmarks of incarceration such as concertina wire, uniforms and prison labels in which guards are vocational instructors and dormitory supervisors. Yates concludes that because of all these, the program of rehabilitating youthful offenders achieves positive results (Yates, 1993).

In Nigeria, a study conducted by Okagbue (2000) examined the whole juvenile justice from arrest to prosecutions. The case study was deliberated to tackle three explicit themes namely: pre-trial and diversion, trial and sentencing, and children denied liberty. The research heavily depended on case profiles of children breaching the law, interviewing persons in the legal system and the authorø opinion. It primarily concentrated on the state of Lagos, being the capital city of Nigeria and the countryø commercial hub. The study analyzed the law surrounding juvenile justice and stated

that the Children and Young Persons Act II (CYPL) is the main legislation dealing with juvenile delinquency in Nigeria. Okagbue noted that there was only a single Borstal facility for men in the country. In the study, the social workers were required to explain the grievances frequently received from the juveniles. The pressing grievance was lack of water, enough food, and deteriorating accommodation. The conclusion of the study was that in almost everying in the juvenile justice system; the well-being, the welfare the rights of juvenile delinquency were not sufficiently conserved and protected. The causes range from legislations that have become obsolete over time gone, inadequately trained staff, understaffed, inadequate amenities and lack of other needed resources. Even though the fundamental initiatives towards legislative reform has been witnessed, the other pressing predicaments are yet to be addressed in order for these reforms are to become successful (Okagbue 2000).East Africa provides minimal literature review on rehabilitation of juvenile offenders and hence a good area to explore to know how east African countries work on the rehabilitation of their juvenile offenders, however its Kenya provides a structured and modeled rehabilitation structure of ranging from rehabilitation of juveniles in rehabilitation schools basing on their age brackets ie.10 to 15 years are rehabilitated in rehabilitation schools while those who are between 16-17 presumed not adults are rehabilitated in Borstal institution.Childrens Act Cap 116.Laws of Kenya.

In Kenya, borstal institutions are provided for in detail in the Borstal Institutions Act CAP 92.Laws of Kenya. Children in conflict with the law when found guilty of offences may either be committed to approved schools if the child is between 10- 15 years old, or borstal institutions, if they 15-17 years old. Who are presumable not adults having not reached the age of 18 years old. The Borstal Act empowers the

Minister in charge of correctional facilities to establish or dissolve a Borstal Institution (sec. 3). The rehabilitation process of children in conflict with the law must meet key requirements including an enabling environment for the children's growth, appropriate hygienic arrangements, food, clothing, water supply and bedding for the convicts thereof the avenues for availing such convicts with agricultural, educational and/or industrial training including an medical wing (infirmary) of convicts having health issues ( sec. 4). In accordance with the Children's Act and the Borstal Act the maximum that a child offender can be retained in a borstal institution is 3 year) The borstal institution Act Cap 92 Laws of Kenya, however the law give provisions of early release on license and leave of absence as reward to good conduct hence boys can be allowed to leave the institution early upon being observed and undertaken through the available rehabilitation programs and recommended to be released prior to the completion of the sentence while the unserved portion of the sentence to be completed on supervision by the probation and aftercare services department.

Shikusa Borstal institution for boys aged 15 years and below 18 years, is under the administration of the Prisons Department. The environment in Borstal is noticeably open and strict where one on one and close supervision of the juvenile offenders is done by the caregivers unlike children rehabilitation centers run by Children department Manual for juveniles in statutory institutions, (UNICEF, 2005). The number of reported cases of children in conflict with the law has been on an upward trend over the past few years in Kenya to the extent of emergence of organized children criminal gangs. Under the Kenyan law, these youthful offenders cannot be sent to jail even if convicted of a crime but are instead committed to a corrective institution or borstal institution (UNICEF, 2005). An analysis of these laws indicate that although Kenya has domesticated the international treaties and conventions



ratified on the rights of the child, there are no express provisions on the implementation. Most notably is the fact that these provisions require resources and monetary allocations to ensure effective implementation. This research will therefore study the factors that influence the achievement of Juvenile rehabilitation programs in Shikusa Borstal institution in Kakamega East sub- County.

### **1.1. Statement of the problem**

Any society endeavors to see that their children are happy, healthy, safe, fulfilled, and that they socialize with other persons in a positive loving way and parents strive real hard to avail these values for their children. On the contrary, even though persons/parents offer their all in this respect, they are frequently considerably confronted by the systems in which they operate toward achieving the results/values they desire for their children.

Juvenile offenders are taken to the rehabilitation schools for character reformation. The government of Kenya has established rehabilitation schools with the aim of correcting and reforming the delinquent adolescent into adjusted productive citizens. These rehabilitation centers have programs designed to meet this objectives, however, the ability of these schools to deliver the programs in a manner that is beneficial to this group of youths is questionable.

There exists a minimal research on the effectiveness of rehabilitation programs on juvenile delinquents. For instance, Achieng (2009) investigated the socio-economic factors leading to juvenile delinquency in Nairobi. Nyabonyi (2000) touches on delinquent behavior in various categories of primary schools and compare delinquent behavior between female and male primary school input while recently Kivuva (2011) studied the rehabilitation of delinquent adolescents in Kenya by exploring on the

challenges and implication for counseling. None of these studies have studied on the current juvenile rehabilitation programs in order to establish their achievements on the lives of the juveniles both during and after rehabilitation. This is the basis whereby this study seeks to establish the factors that influence achievement of effective juvenile rehabilitation programs in Kenya, a case of Shikusa Borstal institution.

### **1.2. Purpose of the study**

The purpose of the study will be to study the factors influencing rehabilitation programs in juvenile correction centers; a case of Shikusa Borstal Institution in Kakamega East Sub-County.

### **1.3. Objectives of the study**

The study will be guided by the following objectives:

- 1 To establish how psychological support influence juvenile rehabilitation programs in Shikusa Borstal institution
- 2 To access how Education and training influence juvenile rehabilitation programs in Shikusa Borstal Institution
- 3 To examine how leadership and management of the institution's administration influence rehabilitation programs in Shikusa Borstal Institution
- 4 To investigate how juvenile supportive approaches influence rehabilitation programs in Shikusa Borstal Institution, Kenya.

#### **1.4. Research questions**

1. How does psychological support offered by juvenile rehabilitation institutions influence rehabilitation in Shikusa Borstal Institution in Kakamega East Sub-County?
2. Does training offered by juvenile rehabilitation institutions influence rehabilitation programs in Shikusa Borstal institution in Kakamega East Sub-County?
3. Does leadership and Management of administrators of juvenile rehabilitation institutions influence rehabilitation programs in Shikusa Borstal Institution in Kakamega East Sub-County?
4. How does juvenile supportive approach influence rehabilitation programs in Shikusa Borstal Institution in Kakamega East Sub-County?

#### **1.5. Significance of the study**

The information that will be gathered from this study will show the factors that influence rehabilitation programs of juvenile correction center in Shikusa Borstal Institution, Kakamega East Sub-County. This influence is in terms of psychological support and training offered to juvenile inmates, and the managerial skills of the institutions administrators and juvenile support approaches and the impacts in juvenile rehabilitation programs offered in the institution.

The study findings will be useful to donor institutions that will have a glimpse of how the institution runs and how different factors influence rehabilitation programs and how they can improve these factors and therefore makes the programs effective. Also the finding will be useful also to government policy makers who formulate policies about juvenile correction centers. Guided by the findings of the study, they will be

able to formulate good policies which will improve the effectiveness of these institutes.

The findings will also be used by stakeholders e.g. non state actors in support and improving the programs that are geared towards the rehabilitation programs of the boys. The government will use the information in enhancing and putting in place mechanism to reduce juvenile delinquency among juveniles who end up committing crimes at an early age.

#### **1.6. Assumptions of the study**

This study will be based on the following assumptions; that the respondents selected will fully cooperate with the study and all the information that they give will be truthful and relevant to the study. That the institution staff that will be sampled from the organization will be a true representation of all the staff of the institution

#### **1.7. Limitations of the study**

The study is to be carried in a limited period of time and resources may hinder the achievement of all details of the study to answer substantially the research questions.

Influence of Cultural practices in the rehabilitation of delinquent children.

#### **1.8. Delimitation of the study**

Delimitation of the study means reducing the study population and area to a size that is manageable and ideal for the study. The study will be delimited in terms of scope that it will cover. Participants of the study will be delimited to staff of Shikusa Borstal Institution in Kakamega East Sub-County. Also, the study will be limited to rehabilitation programs in the institution.

## 1.9. Definitions of significant terms

- **Psychosocial support-** protection, and support for emotional and social aspects of a child's life
- **Education and Training** óFormal and informal training offered in juvenile correctional centers
- **Managerial skills-**skills applied in the administration of i.e. Borstal institution
- **Rehabilitation and reformation-**Mechanisms put in place to restore and empower juveniles who are in conflict with the law hence who have been sentenced by courts in the Borstal institutions.
- **Reintegration-** Returning back juvenile offenders back to mainstream societies after undergoing institutionalization in Juvenile correctional centers.
- **Recidivism-**Tendency of offenders offending and being committed back to correctional centers or graduating to adults criminals.
- **Juvenile supportive approaches-** Methods that are geared towards giving delinquents supports upon released from the correctional centers.
- **Rehabilitation program-**Programs that are tailored in the empowerment of skills a measure of reformation by skills acquisition
- **Juvenile correction center-**Centers specifically constituted by law for handling juvenile correction through rehabilitation programs.
- **Borstal Institution-**Institution for rehabilitating juvenile offenders

## 1.10. Organization of the study

The study is be organized into three chapters; chapter one of the study has the background of the study, statement of the problem, purpose of the study, study objectives, research questions, significance of the study, basic assumptions,

limitations of the study and definition of significant terms that will be used in the study.

Chapter two dealt with literature that related to influence of rehabilitation programs in juvenile correction centers in other countries. This entailed the influence of rehabilitation programs in juvenile corrections centers in terms of the psychological support and training those offers to the juveniles, and how managerial skills of the institution administrators influence these programs. This chapter also has the theoretical and conceptual framework that the study will apply and the research gap the study intend to fill.

Chapter three of the study focused on the research design and methodology the study area, target population sample size, sampling procedure, Research instruments, reliability so, validity of the instruments, data collection procedures, ethical considerations of the study, Operationalization of variables and references .Data will be presented, discussed and analyzed in chapter four while the study's summary, conclusions and recommendations followed in chapter five.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1 Introduction**

Juveniles in conflict with the law suffer mental and psychological trauma, passing through the criminal justice system where boys are taken through a hard psychological process not knowing what the outcome of the pending court process and outcome of the offence judgment will be given by the courts, in respect to the court's decision and also an awaiting judgment and final committal to correctional institutions, this process in the criminal justice system tiresome since juveniles are taken through a court process just like adult inmates and hence children unlike adults are psychologically tortured during the process and hence need psychological support throughout the rehabilitation process (JICA, Child protection officers manual 2009)

#### **2.2 Psychological support and juvenile rehabilitation programs**

Numerous theoretical arguments exist in both economical and sociological literature debating the reasons why religion is considered to positively impact felony. A renowned criminologist, Travis Hirschi (1969) posited the social control theory which he related to spiritual organization in his work. There is swelling evidence that religious attachment/association can reduce both the minors' delinquent behavior. A contemporary meta-analysis of 60 different researches indicates that spiritual behaviors exercise a moderate restraint effect on a person's criminal behavior (Baier and Wright, 2001).

Quite a considerable number of researches in this field have indicated that spiritual participation during the adolescent life of a person significantly reduces the threat of later adult criminality. In addition, growing evidence exist positing that

spirituality/religion may be largely deployed as a device in helping stop the high risk prone urban youths from antisocial behavior and offer them a better sense of empathy towards others (Johnson et al, 2001). Several other related studies have affirmed that the number of churches/ spiritual worship places per capita or the degree of religiosity in a society is an important element in deterring the crime rate of all age groups in that particular society (Hull, 200; Baier and Wright, 2001; Lee, 2006).

Even though some young people can be exposed to negative influences during their Growing years, it is, however, believed that participation in spiritual activities can help to expose them to values that could have positive effects on the formation of their character. Spiritual involvement can have a moderate deterrent effect on crime, and protect young people from the negative influence of drug abuse that is still prevalent in society today. On this note, James Nelson states that "the positive and protective outcomes of religious participation persist even after ruling out possible confusing variables and self-selection factors. Some of the positive outcomes of religion might be indirect, as when religion influences individuals to excommunicate drug users, hence reducing the drug abuse danger. This kind of indirect outcome seems especially significant in protecting against early and/or hazardous sexual behavior (James M. Nelson, 2009).

The significance of family participation cannot be overlooked in efforts of dealing with the needs of youths facing emotional and behavioral disorder (E/BDs) who are sometimes sent to juvenile courts, judged, or incarcerated. Whether those involved are natural parents, foster parents, parent designates, guardians or surrogates, studies concerned with better practice in the intervention, prevention and aftercare in juvenile justice recognize the necessitate of parent involvement, education, and support to



guarantee that families continue being involved in the process (Bray, 2010 & Greenwood, 2008). The Court staff notice the parent's presence in court. Numerous Interviews with the police also reveal that the police are more inclined to charge, discharge on stern conditions, and/or arrest the juveniles whose parents are uninterested in getting involved or downplay the severity of the circumstances, or remain in denial concerning their child's involvement in crime (Harvel et al, 2004).

In cases where a juvenile faces emotional or behavioral disorder his/her family usually needs a considerable number of psychological services, as well as, practical support. Many parents look for help but again get discouraged when their child's behavioral needs are not properly dealt with. In some cases parents have been unable to handle their children's growing behavior problems. Under these circumstances, some parents look up for a recommendation to an away-from-home facility where their child will acquire professional services, as well as, safety. As a matter of fact, some parents whose child is having a mental disorder have been persuaded by professionals in this subject to allow the minor to be charged in order for them to access professional services from the juvenile justice system (Grisso, 2007).

Conversely, Harvell et al. (2004) observed that the law presumes that children and parents possess the same goals and objectives, and consequently, it perceives the parent's role as an advocate and a guardian. Nonetheless, parents mostly receive insufficient guidance on how to be effective in the process of the juvenile justice system. In addition, only insignificant accommodation is made to involve them. Even though many parents hope the best for their child, their capacity to accomplish it is often a challenge. Demographic data discussing the history of minors in the juvenile justice system time after time reveals that: the felons are mostly males, mostly coming

from single-parent families, with lesser socioeconomic strata, mostly colored youths, and most of them having considerable cognitive, behavioral, learning and mental health needs (Boesky, 2002 & Teplin et al., 2007). Additional researches have indicated that majority of minors in the juvenile justice system either have a parent or relative who is/has visited the juvenile or the adult justice system (Hawkins et al., 2000 & Wasserman et al., 2003). In most cases, families affected have a tough history of working with school personnel, social workers, and family court pertaining intricate school, mental health, and wider family needs.

Menard, Mihalic & Huizinga (2001) have closely investigated the connection between crime and substance abuse in different life stages. In their United State based research, conducted from 1976 -1992 the participants were tracked down from their adolescent stage all through to their adulthood. Their research findings indicated that the crime and substance abuse varied across different age groups and that it also varied in different stages of involvement. Concerning stage development, the connection between crime and substance abuse indicated to be stronger in adolescence as opposed to that of early adulthood. Their research on the other hand indicated no considerable support for introduction into substance abuse prior to introduction into crime in the adolescence stage. Likewise, their study indicated that more severe types of substance abuse and crime surfaces following minor types of substance abuse and crime are introduced during the adolescence stage.

The research additionally revealed that, the following introduction into crime and substance use, each increase the tendency using the other or the propensity to defer the usage of the other. This indicates that following the initiation of adolescents into crime increases their interest in substance use which further results to their crime

involvement. The opposite is the case. This indicated that the link between substance use and crime is reciprocal and complementing each other.

In a relatively similar study, Ford (2005) observed the reciprocal connection between delinquency and substance use in adolescents. The study's findings indicated that both direct and indirect link between substance use and delinquency existed. The features of Ford's research finding which indicated a direct link between substance use and delinquency affirms an earlier study conducted by Menard et al. (2001). Conversely, the indirect connection observed between substance use and delinquency was due to social bonding acting as an intervening variable. That holds up their hypothesis; delinquency and substance use have a negative impact on social attachments (family bonding). Therefore, those adolescents having weakened attachment with their family were mostly report to partake in both delinquency and substance use and vice versa (Menard et al., 2001).

As much as Juvenile corrections systems, the psychiatric hospital programs, and the substance abuse treatment programs offer services to affected adolescents in order to instigate change in their social and emotional behaviors, the philosophies following the interventions are considerably diverse (Boesky, 2002). The thinking inside a correctional facility affects the interventions employed with the offenders and certainly impacts setback and recidivism rates. Treatment programs mostly employ a licensed mental health professional who interact with his/her clients daily, as well as, have emergency intervention and clinical management services. These Substance abuse treatment programs engrosses: individual therapy, group therapies which happens either daily or weekly, as well as, family therapy depending on the minor's personal needs (Hogue et al; 2004). The medical intervention used employs a

psychological viewpoint when treating their customers. Most often cognitive behavioral methods form the foundation of therapy treatment programs in combination with other psychological and family rehabilitation theories (OJJDP, 2004).

### **2.3. Managerial skills of administrative staff and achievement of juvenile rehabilitation programs**

All staffs involved with the children especially child offenders should be equipped with necessary skill for handling them because children learn many things through their role models. The ability to communicate with minors is a significant skill for working with and on behalf of minors. While the capacity to effectively converse with children is deemed a specialized skill in many aspects, it is a little different from having a professional constructive discussions with adults. The art of Listening and being genuine in addition to clarifying what is said, are key skills that are as significant when working with minors as it is when conversing with adults. Nonetheless, the communication styles and skills of minors, as well as, how they are placed in the world do impact their communication process for instance, children are commonly less verbal and demonstrate more than adults do. On the other hand, children are always aware of their powerlessness in the society and consequently, may device unique avenues of managing their discussions with adults more especially in subjects that are emotionally uncomfortable to them (Thomas, 2001).

### **2.4. Education and trainings, and achievement of juvenile rehabilitation programs**

The way that young people engage with or disengage from formal education and training is crucial to their later experiences and behaviors. Ensuring that children and

adolescents remain engaged in the educational system is a crucial first step that can be taken to break the cycle of social exclusion. School may act as an important risk or protective feature in the child's life (Hayes & Kernan, 2001). Programs within Kenya rehabilitation centers are categorized into formal and vocational trainings; education is the acquisition of knowledge and ability through intellectual, moral and physical training. Inmates get certificates after sitting various Nationals examinations like Kenya certificate of primary education. In Nigeria, many citizens are illiterate and those literate with normal education do not have access to information regarding to daily activities reliabilities (Omisakin 1998).

Documented evidence indicates that training is so far another activity in treatment of juveniles. According to a KNRC and NRH research, this training encompasses both counseling and formal education. Vocational training is the most common form of training received by juvenile delinquents in their rehabilitation programs. This form of training is offered to the juvenile delinquents with the objective of enhancing talents, as well as, imparts skills to the same, in order, to make them independent in future. The main subjects in this form of training includes: teamwork and development, saving and investment, and resource management and laying great emphasis on self discipline.

Vocational education support project in Turkey has benefited many citizens. Those that have received the training have embarked on living their daily lives more actively, confidently, easily and are more contented with their hard earned skills and knowledge. These individuals have developed personally and socially thanks to the received education, deemed a basic human right. With this outcome the educational support project can be perceived as a significantly durable model of helping the street

children (Nalan, 2006). The Polytechnic training is yet another significant form of training. In regard to this matter, several researchers have singled out carpentry and tailoring as a significant art to be learned in rehabilitation centers. Regrettably, according to the NRH and KNRC report this was not present. KNRC research indicated that amenities were set in place for such training programs but neither of these programs was being conducted in the juvenile rehabilitation facility.

Formal education is also one of the services offered in the rehabilitation initiatives. This aims at providing literacy to minors in RCs. The juveniles that graduate from primary education proceed to secondary education and consequently to tertiary institutions. In Egypt, the reception centers have literacy facilities and simple workshops for training, to explore skills of the minors and their technical leaning. In short-term period, besides bring back together the minors to their families the programme facilitates medical services, literacy programs and vocational skills. The form of educational programs offered in these facilities is not structured and hence children can be enrolled at any time in their lives (Abla, 2002).

In these facilities the children receive accommodation, clothes, food, recreational, gymnastics, and mental health care. The juveniles in these facilities also receive in-house training in some handcraft skills for instance carpentry, carpets weaving, etcetera. At some higher level the juveniles enroll to external workshops to acquired specialized skills and competency on advanced handcrafts, considering that it is a means to boost development of a relationship between the minor and the society (Abla, 2002).In the rehabilitation centers, there are various programs available for the minors to enroll to, they include: medical services, guidance and counseling, sports, vocational training, medical services etcetera. The aim of the above mentioned

programs is to assist the juveniles to take part in their daily activities more actively and confidently, obtain new skills and knowledge, as well as, socially and personally develop (Ouma, 2004).

Education is a back bone of success in the lives of children all over the world. Therefore, education is a primary tool in steering a child to arise and embrace cultural values, train and preparation for later professionalism, and learn to normally cope with their environment. In the contemporary world, it is highly doubtful that a child can be considerably successful if denied the educational opportunity (Njoroge, 2009).

General educational challenges have been associated with delinquency. Challenges including low achievements, verbal reasoning, and vocabulary, increased the prediction of delinquency by 27% (Emily et al, 2006). Furthermore, the mean age of minors in correction institutions is fifteen and a half years, while the average learning level is the fourth grade (Twomey, 2008). Delinquency can also be impacted by School experiences, constructive school experiences have been reported to enhance resilience to potential factors for delinquency. Children that possess either innate academic abilities (high IQ), or caring and competent teachers, are mostly capable of achieving early success which consequently can be natured into a bonus successes. Schools, on the other hand, can offer protection from some risk factors like family disturbances, as well as, academic and social results (Emily et al, 2006).

In spite of the educational challenges that may result to delinquency in the first place, offering education in incarceration centers has been constantly connected with reducing recidivism. Additionally, juveniles who receive education in confinement are more likely to return to school upon release (Emily, 2006). Due to the indicated significance of education in sinking delinquency, as well as recidivism, it is

imperative that incarceration institutions concentrate on juvenile education, especially given the consent to advance correctional education. However, there are funding needs which should be addressed, in order for, these youths to receive such resources like books, classrooms and competent teachers. States ought to also aim at funding special education services to imprisoned juveniles in order to assist with the unbalanced level of juveniles in need of special learning within confinement centers. while states may encounter financial challenges and consequently be hesitant to increase funding to juvenile confinement centers, the resultant savings in terms of lower recidivism levels and reduced incarceration numbers in the future will definitely compensate the expense.

## **2.5 Juvenile Supportive Approaches**

This approach focuses on working together with the families and youths with mental health disturbances and histories of being in the records of the juvenile justice system to develop effective parenting skills, promote school success, and provide reinforcement and greater supervision that have shown success in reducing juvenile delinquency and increasing school achievement. These approaches include Functional Family Therapy (FFT), Family Integrated Transition (FIT), and Multi-systemic Therapy (MST), (Bray et al, 2010).

Functional Family Therapy (FFT) is named to identify the primary focus of intervention as the family and reflects an understanding that positive and negative behaviors both influence and are influenced by multiple relational systems. It focuses on the multiple domains and systems within which adolescents and their families live. It is also a multisystem and multilevel as an intervention as it focuses on the treatment



system, family and individual functioning and the therapist as major components according to Sexton et al (2000).

FFT works first to develop family members' inner strengths and sense of being able to improve their situations, even if modestly at first. These characteristics provide the family with a platform for change and future functioning that extends beyond the direct support of the therapist and other social systems. In the long run, it leads to a greater self-sufficiency, fewer total treatment needs and considerably lower costs. It has three specific intervention phases i.e. engagement and motivation, behavior change and generalization. All these are inter-dependent and sequentially linked. Each has distinct goals and assessment objectives, each call for particular skills from interventionist or therapist providing treatment.

Engagement and motivation phase places emphasis on maximizing factors that enhance intervention credibility, i.e. the perception that positive change might occur and minimizing factors likely to decrease that perception like poor program image, difficult location, insensitive referrals, personal and/or cultural insensitivity and inadequate resources according to Sexton et Al (2000). The therapists apply reattribution e.g. reframing, developing positive themes, beliefs and emotions. This establishes a family-focused perception of the presenting problem that serves to increase family hope and expectation of change, decrease resistance, improve alliance and trust between family and therapist, reduce oppressive negativity within families and between families and the community, and help build respect for individual differences and values and thus rehabilitate the juvenile.

Family Integrated Transitions (FIT) program was developed in Washington in the year 2000 by Eric Trepan and David Stewart because there was unavailability of off-

the-shelf program for the people in Washington. It was aimed at integrating the strengths of several existing empirically-supported interventions of Motivational Enhancement Therapy, Relapse Prevention and Dialectical Behavior Therapy. In this program, youth receive intensive family and community-based treatment targeted at the multiple determinants of serious anti-social behavior. Firstly, the family is engaged in the intervention. The program then proceed to support behavioral change in the juvenile's home atmosphere laying emphasis on the methodical strengths of family, neighborhoods, peers and school to facilitate change. This intervention commences upon the juvenile's last two months in a juvenile rehabilitation administration (JRA) residential setting and consequently proceeds for 4-6 months while minor is still under parole supervision.

Teams involved in this program include chemical dependency professionals and juvenile mental health specialists. JRA discovers and recommend eligibility minors into the program and consequently notifies families concerning the program. JRA residential and parole staff works intimately with hired therapist and FIT the families. For one to be eligible for FIT program, the minor must be under 17.5 years old, must be in JRA establishments and programmed to be released to four or more months of parole supervision and must have a substance abuse or dependence disorder. He/she should be currently prescribed psychotropic medication and has demonstrated suicidal behavior within the last 3 months.

There are worrying estimates that the FIT program roughly costs \$8968 per a single juvenile enrolling in the program. The study concludes that FIT decreases recidivism on the foundation of the statistically significant findings for offense recidivism. The

program significantly reduces felony re-convictions but not misdemeanor repeat conviction.

Multisystem Therapy is a medical intervention aiming at numerous factors related to anti-social youth's behavior. Controlled trials conducted at random reported a substantial reduction in the severity and amount of criminal behavior by minor offenders. Nevertheless, success may critically rely on (i) strict adherence to the intervention's key characteristics and (ii) the setting in which this intervention is executed. Multisystem Therapy, an intervention for youthful offenders and employing a mixture of empirically-based treatments (i.e. behavioral parent training, cognitive behavior therapy and functional family therapy) to tackle numerous variables (i.e. school, peer groups, school) that have been reported to be factors in youth behavior.

Therapists attaining the Masters level administer Multisystem Therapy (as indicated in the process below) at the minor's home and neighborhoods (e.g. school, home or recreational amenities). The therapists are accessible to the youth and family round the clock, 7 days a week. Each therapist works with a smaller caseload (between 1-5 families). Averagely, the intervention proceeds for 4 months, with the therapist spending a number of hours per week with the minor and family.

Multisystem Therapy's main objective is to improve the juvenile's ability to make sound decisions when choosing their friends and the ability of the family's to monitor the juvenile's behavior. In order to be successful, the Multisystem Therapist: (1) corresponds with the minor, the family, the peers, and the school personnel to establish the juvenile's problematic behaviors and what causes them; (2) establish the juvenile's personal strengths, helpful characteristics of his/her family, friends, and school, which may be deployed to curb the problematic behaviors (e.g. an athletic

juvenile might be supported to enroll into a sports team to keep him/her occupied during school breaks, alternatively a family member living in the neighborhood might assist in supervising the minor); and (3) sets goals to be achieved by the minor (e.g. customary school attendance, very fewer contacts with antisocial peers) including his/her family/parents (e.g. curfew enforcement, regular communication with the youth's teachers) to be realized during the intervention.

The improvements in these goals are vigilantly monitored, and in case they aren't met, the therapist will precede to work with the juvenile, their friends, families, teachers and principals to eliminate obstruction/challenges hindering success. Since the Multi-systemic Therapy operates in such a precise protocol, a clearly defined management system is in place in order to guarantee that treatment is administered with loyalty to the model of the Multi-systemic Therapy (e.g. the therapist informs the achievements and drawbacks to a supervisor who, in sequence, reports to a specialized consultant in the Multi-systemic Therapy). The Multisystem Therapy is approximated to cost averagely \$5,800 per juvenile. Unfortunately, such beautiful practices are simply found in Developed countries ie. Canada, U.S, UK etcetera, as opposed to Kenya the home of this research, hence deterioration of crime.

## **2.7 Theoretical framework**

Theories of rehabilitating juvenile offenders back to the society emphasize on the reducing recidivism and successful reintegration of offenders back to the society in order for them to become responsible and productive adults. A whole set of theories and models including among others the Release prevention theory by Albert Bandura (1977), Social disorganization theory by Fine (1995), Social learning by Bandura (1977), Deprivation theory, Rehabilitative model by Cressy and Ward (1969), and

Relapse theory. Rehabilitative model is the most related model to the purpose of this study as it focuses on how people are different and free to express their will that are also different and when given proper care and treatment, criminals can be transformed into productive law abiding citizens.

### **2.7.1. Rehabilitative/Rehabilitation Model**

The rehabilitative model is anchored on the idea that people are different and therefore free to convey their will that are also varied. These personal differences shapes the way persons conduct themselves including the hazardous factors such as; family/parental love and their supervision, contact with delinquent friends, the comprehension of anti-social importance or an hasty temperament. They are highly likely to partake in crime than persons lacking these traits or experiences. The model is traced to the positive criminology which argues that given proper care and treatment, criminals can be changed into productive law abiding citizens.

The rehabilitative model has been used to differentiate between traditional prisons and modern rehabilitation schools. Whereas the traditional prisons were considered as secure confinement for prisoners and punishment for their wrong doing by making prison life so unpleasant that the prisoner will upon the release hesitate to commit crimes, the core principal in the modern rehabilitative schools is treatment to cure the inmate off his criminality and rehabilitate him from his fallen state.

As per the debate for rehabilitation based on the current work of (Raynor and Robinson, 2006) and heavily borrowing mainly from experience in Wales and England where presently both punitive trends are strong imprisonment. In these countries histories of the Probation Service originated from the 1876 Church of

England Temperance Society's decision to set up a missionary service in some police courts (McWilliams, 1983).

This was viewed as an expansion of their normal responsibility of trying to plead with sinners and more predominantly drunkards to change. Ultimately this initiative was to benefit their souls and lessen the damages they would continually do to themselves and their families, society etcetera. The missionaries' actions were undoubtedly connected to the rehabilitative tradition. A triumphant result was therefore a reputable, independent, sober citizen successful in the world, or a submissive, abstinent, prudent wife and mother.

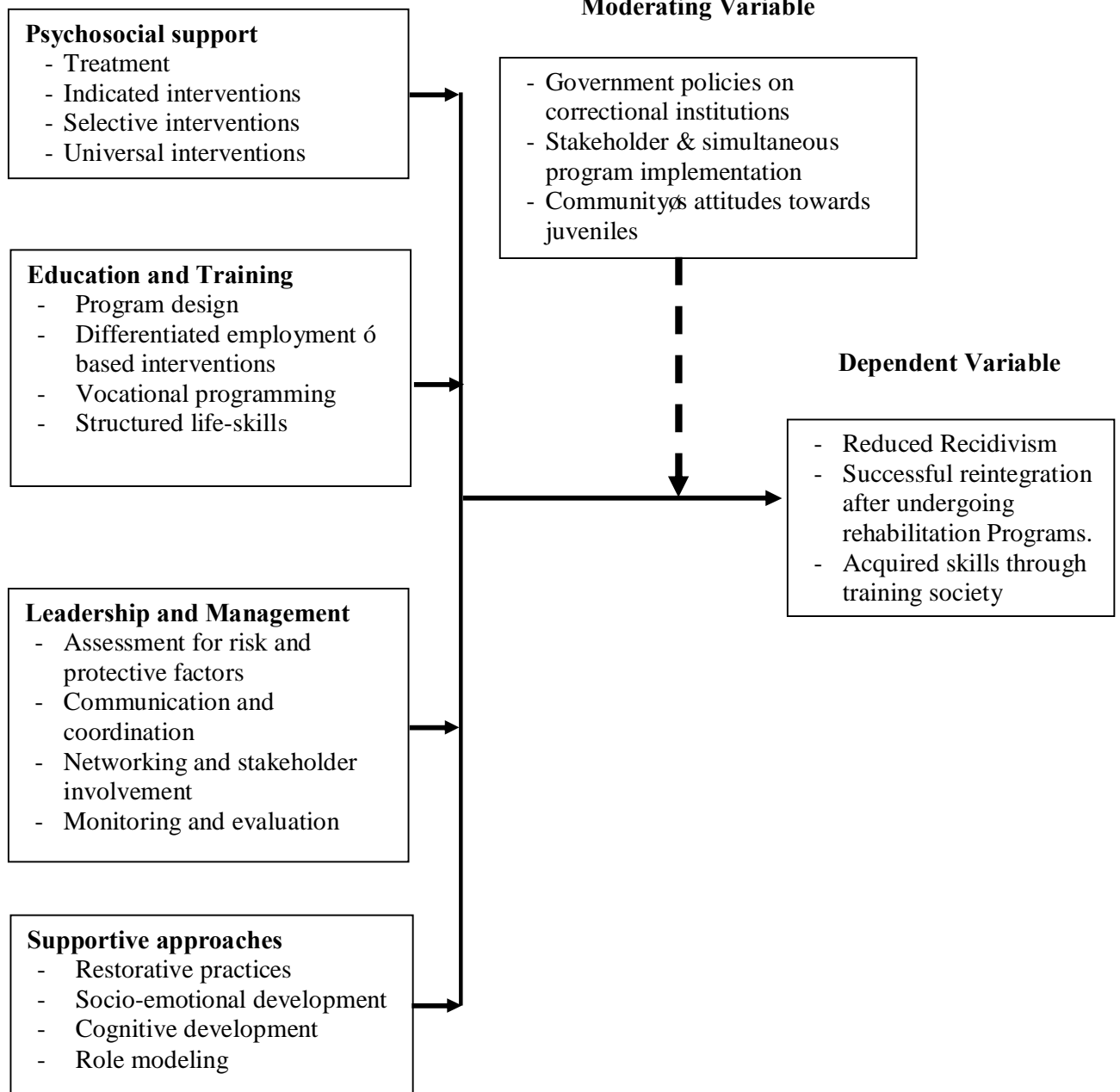
The final objective and rationalization however was their saintly welfare. The fruitfully helped delinquent was "saved" as opposed to "lost". Christians had an obligation to show compassion to sinners and charity gave this a realistic form but dynamic and gentle human contact was essential to plead with sinners and the ill-fated ones, to change their ways (Vanstone, 2004). Ironically, critiques of this paradigm dispute that the group of correctional treatments has no substantial consequence (positive or negative) on recidivism levels of the condemned offenders. The reported rehabilitative measures so far have no considerable result on recidivism.

It has been used to define the state of Californian prison system which is often regarded as a model of this liberal penology. The name of the institution itself (department of corrections) proclaims its liberal rehabilitative purpose. The executive picture of the branch was that of deploying its compassionate power to gainfully transform the convicts from being violent and delinquent criminals to excellent citizens. Similarly, the National Offender Management Service has been actively participating in global aid programs mandated with creating and/or strengthening trial

services in various countries. This model has been used in this study to show that the purpose of juvenile rehabilitation schools in Kenya is for character reformation and re-education and to inculcate attitudes and interests that will make for good citizenship for the juvenile delinquents later.

## 2.8 Conceptual framework

### Independent Variables



*Fig. 2.1: Conceptual framework*



## **2.9 Summary of literature review**

The U.S.'s Juvenile justice systems have fought for long with the inborn tension between their responsibility in meting out sentence for breaching of the law and similarly their mandate as an authoritative power for initiating positive behavior reforms in the rebellious juveniles who commit violations. The juvenile system is overwhelmed with the increasing number of minors who are confined each year. In 2003 about 2.3 million minors under the age of 18 were arrested and over 130,000 were placed in detention and juvenile correction facilities (Cocozza, Trupin, & Teodosio, 2003).

Canada offers a good illustration on best practices in the rehabilitation of children in conflict with the law. Yates (1993) carried out a study on the New Haven Correctional Center and observed that its Borstal philosophy reiterates a rehabilitation program for offenders between the ages of sixteen and twenty-one, based on the premise that imprisoning youthful offenders with older offenders would only teach them more crime hence an act of contamination. Yates characterizes New Haven Correctional Center as a free atmosphere that is without the hallmarks of incarceration such as concertina wire, uniforms and prison labels in which guards are vocational instructors and dormitory supervisors. Yates concludes that because of all these, the program of rehabilitating youthful offenders achieves positive results (Yates, 1993).

A study carried out by Okagbue (2000) in Nigeria observed the whole juvenile justice system right from the arrest to trial. The study deliberated to address 3 explicit themes, namely: pre-trial and diversion, prosecution and sentencing, and juveniles' denied liberty. The study heavily depended on case profiles of minors in violation of the law, interviews with juveniles' justice system personnel and the author's personal

observations. The study was primarily centered on the Lagos State, the Nigeria's most densely inhabited city and the Nigeria's commercial hub. The study examined the law guiding the juvenile justice system and reported that the Children and Young Persons Act II (CYPL) is the main legislative piece tackling delinquent matters affecting the juveniles in Nigeria. Okagbue noted that a only single Borstal male facility existed in the country.

### **2.10 Research gap.**

There exists a minimal research on the effectiveness of rehabilitation programs on juvenile delinquents. For instance, Achieng (2009) investigated the socio-economic factors leading to juvenile delinquency in Nairobi. Nyabonyi (2000) touches on delinquent behavior in various categories of primary schools and compare delinquent behavior between female and male primary school input while recently Kivuva (2011) studied the rehabilitation of delinquent adolescents in Kenya by exploring on the challenges and implication for counseling. None of these studies have studied on the current juvenile rehabilitation programs in order to establish their achievements on the lives of the juveniles both during and after rehabilitation to establish the effectiveness of rehabilitation programs in juvenile correctional centers.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.1 Introduction**

This chapter on methodology presents the research design which will be applied on this study. It also presents the target population, sample size and sampling design, how data will be collected, how the research instruments will be piloted and validity and reliability test of research instrument. It also deals with how data will be presented, data analysis and Operationalization of research variables.

#### **3.2. Research design**

According to Kothari (2004), a research design is the arrangement of conditions for gathering and analysis of data in a way that aims at combining relevance to the research purpose with economy in procedure. It is the conceptual structure within which the research is conducted. Descriptive research design will be applicable in this study. Descriptive research design attempts to describe the way the situations exist at the time of the study without manipulating the research conditions. Orodho (2003), descriptive research design is a data collection method through conducting interviews or distributing questionnaires to a sample population thus appropriate for broader design.

#### **3.3. Target population**

Target population will be the staff members from Borstal Institution in Shikusa, a total of 180 staff members who run rehabilitation programs in the institution will form the target population. The staff will introduce the research to the juvenile boys and facilitate dropping of questionnaires to the selected sample of staff.

### 3.4.1 Sample size

Total population 500. The sample size will be determined using the Krejcie and Morgan (1970) formula. With a 95% level of confidence and 5% level of significance (margin of error) sample size will be arrived at as follows;

$$S = \frac{X^2 NP(1-P)}{d^2(N-1) + X^2 P(1-P)}$$

Where S= the required sample size.

$X^2$  = the table value of chi-square for one degree of freedom at the desired confidence

Level of 5% which is 1.96<sup>2</sup> which yield 3.841

N= total number of juveniles or staff to be used

Value for the staff will be;

$$S = \frac{3.841 * 180 * 0.50(1-0.50)}{0.05^2(180-1) + (3.841 * 0.5(1-0.5))}$$

$$= \frac{172.845}{1.40775}$$

= 125 Members of staff of the juvenile correctional facility.

### 3.4.2 Sampling procedure

According to Kothari (2004), sampling is the selection of some part of an aggregate or totality on the basis of which a judgment or inference about the aggregate or totality is made. Also, it is the process of obtaining information about an entire population by examining only a part of it. Simple random sampling will be used to select the sampled population from the target population.

### **3.5 Data collection instruments**

Mugenda and Mugenda (2003) state that instruments for data collection are the tools that one uses during data collection from respondents. The study will use questionnaires and interviews to collect primary data from the Borstal Institution in Shikusa. Also, the researcher will review documents from similar research, archives and the internet to get secondary data.

#### **3.5.1 Pilot Testing of the instruments**

Piloting will be conducted in Shimo la Tewa Borstal institution in Mombasa as it has a similar homogeneous characteristic as Shikusa. According to Mugenda and Mugenda (2003), one needs to pilot 10% of a population of homogenous characteristics. The researcher will therefore pilot on 12 staff members of staff in Shimo la Tewa in Mombasa. Questionnaires will be administered and any information that is not required will be removed.

#### **3.5.2 Validity of the instruments**

Kombo and Tromp (2006) referred to validity as the level at which outcome obtained from data analysis truly represent the occurrence subjected to the study. Also validity refers to the accuracy of the research tools, procedure applied in the research and research findings. To achieve validity of the research instruments, the researcher will review all the items for legibility, clarity, comprehensiveness and ensure all the elements in the instrument are relevant to the study.

#### **3.5.3 Reliability of the instruments**

According to Mugenda and Mugenda (2003), data obtained using the research instruments should not be biased or factually flawed. Pretesting of research

instruments will be done to eliminate commission and omission errors thereby ensuring that the instruments will achieve the research objectives. Cronbach Alpha coefficient will be calculated. According to Creswell (2008), if the instruments achieve a coefficient of reliability of 0.7 or above then the instruments will be reliable and therefore ideal for the study. According to Dalen (1979) a coefficient of (0.6-0.8) indicates a high possibility and degree of reliability.

### **3.6 Data collection procedures**

During the study, data will be collected using questionnaires and interview schedules. Questionnaires will be administered to the juvenile who will be incarcerated during the time of the study and also the staff members of the institution. The researcher will also interview the staff of the institution and he will collect the questionnaires after one week. The whole process of data collection is anticipated to take one month.

### **3.7 Data analysis techniques**

Data collected from the field is usually in unorganized form. It will require to be checked for completeness, clarity and consistency in answering the research questions as they are in the questionnaire. Then the data will be coded for ease of inputting into the Statistical Programme for Social Science (SPSS) ver. 20.0. This program will generate frequency tables. The data will further be cross tabulated in order to analyze the relationship between different variables. The data will finally be used to generate Chi-Square values which will show the factor with the most significant influence. All these will be discussed under various tables that will be generated in the report.

### **3.8 Ethical considerations**

Ethical considerations during a research study include appropriate behavior of the researcher upon the research process, observation of confidentiality of the obtained data. It also entails prevention of physical and psychological harm to the participants, avoidance of plagiarism and fraud when undertaking the study. The researcher will get authorization of carrying out the research from the university; he will also get consent from the respondents in order for him to carry out the research. The purpose of the research will be explained by the researcher to the respondents and that the results will be purely for academic purpose.

### **3.9 Operationalization of variables**

Operational definition of variables is given in the table below. It defines research objectives, variables and indicators and their measurement. The table also details the measurement scale and different indicators and how data will be analyzed.

## Operational Definitions of variables

Objectives	Variables	Indicators	Measurement scale	Tools of analysis
To establish influence of psychological support on the influence of rehabilitation in juvenile correction.	<b>Independent</b>	<ul style="list-style-type: none"> <li>- Treatment</li> <li>- Indicated interventions</li> <li>- Selective interventions</li> <li>- Universal interventions</li> </ul>	Nominal	Percentage, frequency tables, chi-square, p-value, likelihood ratios
To establish influence of Education and training	<b>Independent</b>	<ul style="list-style-type: none"> <li>- Program design</li> <li>- Differentiated employment based interventions</li> <li>- Vocational programming</li> <li>- Structured life skills</li> </ul>	Nominal	Percentage, frequency tables, chi-square, p-value, likelihood ratios
To establish the influence of resource availability in correctional institution	<b>Independent</b>	<ul style="list-style-type: none"> <li>- Assessment for risk and protective factors</li> <li>- Communication &amp; coordination</li> <li>- Networking and stakeholder involvement</li> <li>- Monitoring and evaluation</li> </ul>	Nominal	Percentage, frequency tables, chi-square, p-value, likelihood ratios
To establish the influence of management skills of the correction centres administrators	<b>Independent</b>	<ul style="list-style-type: none"> <li>- Restorative practices</li> <li>- Socio-emotional development</li> <li>- Cognitive development</li> <li>- Role modelling</li> </ul>	Nominal	Percentage, frequency tables, chi-square, p-value, likelihood ratios
Other factors	<b>Moderating</b>	<ul style="list-style-type: none"> <li>- Government policies on correctional institutions</li> <li>- Stakeholder simultaneous program implementation</li> <li>- Community's attitudes towards juveniles</li> </ul>	Nominal	Percentage, frequency tables, chi-square, p-value, likelihood ratios
<b>Program Success</b>	<b>Dependent</b>	<ul style="list-style-type: none"> <li>- Reduced recidivism</li> <li>- Successful reintegration</li> <li>- Life skills for economic empowerment</li> </ul>	Ratio	Percentage, frequency tables, chi-square, p-value, likelihood ratios



## CHAPTER FOUR

### DATA ANALYSIS, PRESENTATION AND INTERPRETATION

#### 4.1. Introduction

This chapter tackles the study's outcomes which have been argued under thematic and sub-thematic phases as indicated by study objectives. The thematic areas included psychological support; education and training; managerial skills and juvenile supportive approaches as factors influencing rehabilitation of juveniles on Shikusa Borstal Institutions in Kakamega East Sub-county. These core factors were studied to their entirety by splitting each into indicators that formed the core for establishing the causal factors respectively.

The study therefore proceeded by revealing the response rate that was exhibited by the number of returned questionnaires and it was as discussed in 4.2 as follows:-

#### 4.2. Response rate

*Table 4.2. Response rate*

#### Demographic factors of the population under study

*Table 4.3: Respondents' gender*

	Frequency	Percent	Valid Percent	Cumulative Percent
Male	82	65.6	65.6	65.6
Female	43	34.4	34.4	100.0
<b>Total</b>	<b>125</b>	<b>100.0</b>	<b>100.0</b>	

The study was interested to establish the population under study and their responsibilities in the institutions and the findings were as tabulated in table 4.4 that follows:

**Table 4.4: Respondents' administrative and other responsibilities in the institution**

	<b>Frequency</b>	<b>Percent</b>	<b>Valid Percent</b>	<b>Cumulative Percent</b>
Administration	56	44.8	44.8	44.8
Welfare Officers	60	48.0	48.0	92.8
Instructors	5	4.0	4.0	96.8
Teachers	4	3.2	3.2	100.0
<b>Total</b>	<b>125</b>	<b>100.0</b>	<b>100.0</b>	

A crucial element among the population was age bracket. The study sought to determine respondents age as a factor within demographics and the results were as presented in table 4.5 that follow:-

**Table 4.5: Respondents' age**

	<b>Frequency</b>	<b>Percent</b>	<b>Valid Percent</b>	<b>Cumulative Percent</b>
20 - 35 years	49	39.2	39.2	39.2
36 - 50 years	54	43.2	43.2	82.4
50 and above years	22	17.6	17.6	100.0
<b>Total</b>	<b>125</b>	<b>100.0</b>	<b>100.0</b>	

Respondents' years in service was sought for by the study as a factor within demographics and the results were as presented in table 4.6 that follow:-

**Table 4.6: Respondents' years in service**

	<b>Frequency</b>	<b>Percent</b>	<b>Valid Percent</b>	<b>Cumulative Percent</b>
9 and above years	57	45.6	45.6	45.6
6 - 9 years	60	48.0	48.0	93.6
2 - 5 years	8	6.4	6.4	100.0
<b>Total</b>	<b>125</b>	<b>100.0</b>	<b>100.0</b>	

The study sought to establish the marital status of the respondent population of officers involved in the process of rehabilitation within the station as a factor within demographics and the results were as presented in table 4.7 that follow:-

**Table 4.7: Respondents' marital status**

	<b>Frequency</b>	<b>Percent</b>	<b>Valid Percent</b>	<b>Cumulative Percent</b>
Not Married	22	17.6	17.6	17.6
Married	68	54.4	54.4	72.0
Single	35	28.0	28.0	100.0
<b>Total</b>	<b>125</b>	<b>100.0</b>	<b>100.0</b>	

The study sought to determine the level of education of officers involved in the process of rehabilitation within the station as a factor within demographics and the results were as presented in table 4.8 that follow:-

**Table 4.8: Officers' education level**

	<b>Frequency</b>	<b>Percent</b>	<b>Valid Percent</b>	<b>Cumulative Percent</b>
Diploma	34	27.2	27.2	27.2
Undergraduate, B.A, B.Ed, BSci	27	21.6	21.6	48.8
Post ó Graduate/H. Nat. Diploma	64	51.2	51.2	100.0
<b>Total</b>	<b>125</b>	<b>100.0</b>	<b>100.0</b>	

The study sought to establish reasons why juveniles were admitted to the station and the results were as presented with table 4.9:-

**Table 4.9: Juveniles were admitted due to;-**

	<b>Frequency</b>	<b>Percent</b>	<b>Valid Percent</b>	<b>Cumulative Percent</b>
Loitering	51	40.8	40.8	40.8
House breaking	56	44.8	44.8	85.6
School drop out	9	7.2	7.2	92.8
Defilement	9	7.2	7.2	100.0
<b>Total</b>	<b>125</b>	<b>100.0</b>	<b>100.0</b>	

The study was interested to establish existing rehabilitation programs within the station and the results were as follows:-

**Table 4.10: Existing rehabilitation programs**

	<b>Frequency</b>	<b>Percent</b>	<b>Valid Percent</b>
Counseling	53	42.4	43.1
Education	55	44.0	44.7
Vocational training	9	7.2	7.3
Life skills	6	4.8	4.9
Total	123	98.4	100.0
<b>System</b>	<b>2</b>	<b>1.6</b>	
<b>Total</b>	<b>125</b>	<b>100.0</b>	

The study was interested to establish the percentage of juveniles within the station that were involved in vocational training programs and the results were as follows:-

**Table 4.11: Vocational training programs in the institutions include:-**

	<b>Frequency</b>	<b>Percent</b>	<b>Valid Percent</b>
Barber	47	37.6	37.6
Bead work	54	43.2	43.2
Catering	13	10.4	10.4
Tailoring	11	8.8	8.8
<b>Total</b>	<b>125</b>	<b>100.0</b>	<b>100.0</b>

Results obtained in table 4.11 indicated a majority of respondents revealing most juveniles engaging in bead work training as represented by 54 (43.2%) followed by barbers 47 (37.6%), catering 13 (10.4%) and lastly a few engaged in fashion and design.

#### **4.4. Psychological support**

This was the first objective of the study where efforts were sought to establish whether such treatment for juveniles influenced rehabilitation programs in Shikusa Borstal institution in Kakamega East Sub-County. For a comprehensive study, the study subdivided the objectives into sub-thematic areas that included: treatment, indicated preventive interventions, selective preventive interventions and universal

preventive interventions. These were considered as factors within the main objective that influenced rehabilitation programs in Shikusa and were stage-to-stage designed.

#### 4.4.1. Treatment

This was a factor within psychological support and its influence on juvenile rehabilitation programs implementation where the responses were solicited from the population as drawn from a likert scale responses where the respondents were asked to acknowledge their responses on a scale of; very satisfied (SA), Agree (A), Disagree (D) strongly disagree (SD). The participants' reactions were as shown as follows in table 4.12 that follow:-

**Table 4.12: Treatment**

	<b>Frequency</b>	<b>Percent</b>	<b>Valid Percent</b>
V.S	56	44.8	44.8
S	56	44.8	44.8
D	6	4.8	4.8
V.D	7	5.6	5.6
<b>Total</b>	<b>125</b>	<b>100.0</b>	<b>100.0</b>

Results obtained from table 4.12 depicted a majority among respondents 56 (44.8%) indicating their opinions as very satisfying and satisfied respectively, with treatment of juveniles was as a factor within psychological support, this was followed by 7 (5.6%) that were very dissatisfied and 6 (4.8%) that were dissatisfied respectively. A qualitative analysis of the categorical relationship to the influence of the individual factor to program success was studied when cross tabulations were conducted in which the resultant mini-tabs revealed the chi-square statistic and the likelihood ratio posting significance/and or non-significance of the indicator as studied. This was as follows:-

**Table 4.13: Program success & treatment**

		<b>Treatment</b>				<b>Total</b>	
		<b>V.S</b>	<b>S</b>	<b>D</b>	<b>V.D</b>		
Program success	Yes	Count & %	42	31	5	6	84
		within treatment	75.0%	55.4%	83.3%	85.7%	67.2%
	No	Count & %	14	25	1	1	41
		within treatment	25.0%	44.6%	16.7%	14.3%	32.8%
<b>Total</b>		<b>Count &amp; % within treatment</b>	<b>56</b>	<b>56</b>	<b>6</b>	<b>7</b>	<b>125</b>
			<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

A test for relationship was derived as results from mini-tabs from cross tabulations in table 4.13 revealed and it was established that in the chi-square test provided, two statistics indicating the association and/or independence of variables in the study that were; a chi-square statistic and a p-value were described as: - observed the p-value compared to 0.05 alpha-level; a Pearson chi-square statistic was 6.906 (with a p-value of 0.075) with a likelihood chi-square statistic of 7.070 (which also gave a p-value of 0.070) at a 3df thereby showing a significant association between treatment as a factor within psychological support and program success in Shikusa Borstal institution.

**4.4.2. Indicated preventive interventions**

This was a factor within psychological support and its influence on juvenile rehabilitation programs implementation where the responses were solicited from the population as drawn from a likert scale responses where the respondents were asked to acknowledge their responses on a scale of; very satisfied (SA), Agree (A), Disagree (D),strongly disagree (SD). Respondentsø reactions were as shown as follows in table 4.14 that follow:-

**Table 4.14: Indicative interventions**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	V.S	56	44.8	44.8	44.8
	S	58	46.4	46.4	91.2
	D	5	4.0	4.0	95.2
	V.D	6	4.8	4.8	100.0
	<b>Total</b>	<b>125</b>	<b>100.0</b>	<b>100.0</b>	

Results obtained from table 4.14 depicted a majority among respondents 58 (46.4%) were satisfied as they opinioned, followed by 56 (44.8%) that were very satisfied with indicative interventions as a factor within psychological support, this result was followed by 6 (4.8%) that were very dissatisfied and 5 (4.0%) that were dissatisfied respectively. A contingency table analysis of the categorical relationship to the influence of the individual factor to program success was studied in which the resultant mini-tabs revealed the chi-square statistic and the likelihood ratio posting significance/and or non-significance of the indicator as studied. This was as follows:-

**Table 4.15: Program success & indicative interventions**

			Indicative interventions				Total
			V.S	S	D	V.D	
Program success	Yes	Count & % within indicative interventions	33 58.9%	46 79.3%	2 40.0%	3 50.0%	84 67.2%
	No	Count & % within indicative interventions	23 41.1%	12 20.7%	3 60.0%	3 50.0%	41 32.8%
<b>Total</b>		<b>Count &amp; % within indicative interventions</b>	<b>56 100.0%</b>	<b>58 100.0%</b>	<b>5 100.0%</b>	<b>6 100.0%</b>	<b>125 100.0%</b>

To determine the relationship, a test derived as results from mini-tabs from cross tabulations revealed and it was established that in the chi-square test provided, two statistics indicating the association and/or independence of variables in the study that were; a chi-square statistic and a p-value were described as: - observed the p-value compared to 0.05 alpha-level; a Pearson chi-square statistic was 8.081 (with a p-value

of 0.044) with a likelihood chi-square statistic of 8.165 (which also gave a p-value of 0.043) at a 3df thereby showing a significant association between indicated preventive interventions as a factor within psychological support and program success in Shikusa Borstal institution.

#### 4.4.3. Selective preventive interventions

This was a factor within psychological support and its influence on juvenile rehabilitation programs implementation where the responses were solicited from the population as drawn from a likert scale responses where the respondents were asked to acknowledge their responses on a scale of : very satisfied (SA), Agree (A), Disagree (D), 54rstrongly disagree (SD). Respondentsø reactions were as shown as follows in table 4.16 that follow:-

**Table 4.16: Selective interventions**

	<b>Frequency</b>	<b>Percent</b>	<b>Valid Percent</b>	<b>Cumulative Percent</b>
V.S	55	44.0	44.0	44.0
S	58	46.4	46.4	90.4
D	6	4.8	4.8	95.2
V.D	6	4.8	4.8	100.0
Total	125	100.0	100.0	

Results obtained from table 4.16 showed a majority among respondents 58 (46.4%) were satisfied as they opinioned, followed by 55 (44.0%) that were very satisfied with selective interventions as a factor within psychological support, this result was followed by a joint 6 (4.8%) that were very dissatisfied and 6 (4.8%) that were dissatisfied respectively. A contingency table analysis of the categorical relationship to the influence of the individual factor to program success was studied in which the resultant mini-tabs revealed the chi-square statistic and the likelihood ratio posting significance/and or non-significance of the indicator as studied. This was as follows:-



**Table 4.17: Program success & selective interventions**

		Selective interventions				Total	
		V.S	S	D	V.D		
Program success	Yes	Count & % within selective interventions	33 60.0%	46 79.3%	2 33.3%	3 50.0%	84 67.2%
	No	Count & % within selective interventions	22 40.0%	12 20.7%	4 66.7%	3 50.0%	41 32.8%
<b>Total</b>		Count & % within selective interventions	55 100.0%	58 100.0%	6 100.0%	6 100.0%	125 100.0%

A test for relationship was derived as results from mini-tabs from cross tabulations revealed and it was established that in the chi-square test provided, two statistics indicating the association and/or independence of variables in the study that were; a chi-square statistic and a p-value were described as: - observed the p-value compared to 0.05 alpha-level; a Pearson chi-square statistic was 9.080 (with a p-value of 0.028) with a likelihood chi-square statistic of 9.062 (which also gave a p-value of 0.028) at a 3df thereby showing a significant association between selective preventive interventions as a factor within psychological support and program success in Shikusa Borstal institution.

#### **4.4.4. Universal preventive interventions**

This was a factor within psychological support and its influence on juvenile rehabilitation programs implementation where the responses were solicited from the population as drawn from a likert scale responses where the respondents were asked to acknowledge their responses on a scale of ; very satisfied (SA), Agree (A), Disagree (D), strongly disagree (SD). Respondents' reactions were as shown as follows in table 4.8 that follow:-

**Table 4.18: Universal interventions**

	<b>Frequency</b>	<b>Percent</b>	<b>Valid Percent</b>	<b>Cumulative Percent</b>
V.S	51	40.8	40.8	40.8
S	61	48.8	48.8	89.6
D	7	5.6	5.6	95.2
V.D	6	4.8	4.8	100.0
<b>Total</b>	<b>125</b>	<b>100.0</b>	<b>100.0</b>	

Results obtained from table 4.18 depicted a majority among respondents 61 (48.8%) were satisfied as they opinioned, followed by 51 (40.8%) that were very satisfied with universal interventions as a factor within psychological support, this result was followed by 7 (5.6%) that were dissatisfied and 6 (4.8%) that were very dissatisfied respectively. A contingency table analysis of the categorical relationship to the influence of the individual factor to program success was studied in which the resultant mini-tabs revealed the chi-square statistic and the likelihood ratio posting significance/and or non-significance of the indicator as studied. This was as follows:-

**Table 4.19: Program success & universal interventions**

		<b>universal interventions</b>					
		V.S	S	D	V.D	Total	
Program success	Yes	Count & % within universal interventions	30 58.8%	47 77.0%	4 57.1%	3 50.0%	84 67.2%
	No	Count & % within universal interventions	21 41.2%	14 23.0%	3 42.9%	3 50.0%	41 32.8%
<b>Total</b>		Count & % within universal interventions	51 100.0%	61 100.0%	7 100.0%	6 100.0%	125 100.0%

A test for relationship was derived as results from mini-tabs from cross tabulations revealed and it was established that in the chi-square test provided, two statistics

indicating the association and/or independence of variables in the study that were; a chi-square statistic and a p-value were described as: - observed the p-value compared to 0.05 alpha-level; a Pearson chi-square statistic was 5.435 (with a p-value of 0.143) with a likelihood chi-square statistic of 5.486 (which also gave a p-value of 0.139) at a 3df thereby showing a slight significant association between universal preventive interventions as a factor within psychological support and program success in Shikusa Borstal institution.

#### **4.5. Education and training**

As a second theme, the study sought to establish factors within education and training as having causal effect on juvenile rehabilitation programs in Shikusa Borstal institution in Kakamega East Sub-County. Sub-thematic areas involved in this theme include:- program design, differentiated instruction, vocational programming, structured life-skills and successful program completion.

##### **4.5.1. Program design**

Program design was studied as a factor within education and training and its influence on juvenile rehabilitation programs implementation where the responses were solicited from the population as drawn from a likert scale responses where the respondents were asked to acknowledge their responses on a scale of; very satisfied (SA), Agree (A), Disagree (D), strongly disagree (SD). Respondents' reactions were as shown as follows in table 4.20 that follow:-

**Table 4.20: Program design**

	<b>Frequency</b>	<b>Percent</b>	<b>Valid Percent</b>	<b>Cumulative Percent</b>
V.S	53	42.4	42.4	42.4
S	59	47.2	47.2	89.6
D	5	4.0	4.0	93.6
V.D	8	6.4	6.4	100.0
Total	125	100.0	100.0	

Results obtained from table 4.20 depicted a majority among respondents 59 (47.2%) were satisfied as they indicated, followed by 53 (42.4%) that were very satisfied with program design as a factor within education and training, this result was followed by 8 (6.4%) that were very dissatisfied and 5 (4.0%) that were dissatisfied respectively. A contingency table analysis of the categorical relationship to the influence of the individual factor to program success was studied in which the resultant mini-tabs revealed the chi-square statistic and the likelihood ratio posting significance/and or non-significance of the indicator as studied. This was as follows:-

**Table 4.21: Program success & program design**

						<b>Program design</b>				
						V.S	S	D	V.D	Total
Program success	Yes	Count	&	%	31	47	2	4	84	
		within design	program		58.5%	79.7%	40.0%	50.0%	67.2%	
	No	Count	&	%	22	12	3	4	41	
		within design	program		41.5%	20.3%	60.0%	50.0%	32.8%	
	<b>Total</b>	Count	&	%	53	59	5	8	125	
		within design	program		100.0%	100.0%	100.0%	100.0%	100.0%	

A test for relationship was derived as results from mini-tabs from cross tabulations revealed and it was established that in the chi-square test provided, two statistics indicating the association and/or independence of variables in the study that were; a chi-square statistic and a p-value were described as: - observed the p-value compared to 0.05 alpha-level; a Pearson chi-square statistic was 8.732 (with a p-value of 0.033)

with a likelihood chi-square statistic of 8.832 (which also gave a p-value of 0.032) at a 3df thereby showing a significant association between program design as a factor within education and training and program success in Shikusa Borstal institution.

#### 4.5.2. Differentiated employment-based interventions

Differential employment-based interventions was studied as a factor within education and training and its influence on juvenile rehabilitation programs implementation where the responses were solicited from the population as drawn from a likert scale responses where the respondents were asked to acknowledge their responses on a scale of; very satisfied (SA), Agree (A), Disagree (D), strongly disagree (SD). Respondents' reactions were as shown as follows in table 4.8 that follow:-

**Table 4.22: Differentiated employment-based interventions**

	<b>Frequency</b>	<b>Percent</b>	<b>Valid Percent</b>	<b>Cumulative Percent</b>
V.S	55	44.0	44.0	44.0
S	57	45.6	45.6	89.6
D	7	5.6	5.6	95.2
V.D	6	4.8	4.8	100.0
Total	125	100.0	100.0	

Results obtained from table 4.22 revealed a majority among respondents 57 (45.6%) were satisfied as they opinioned, followed by 55 (44.0%) that were very satisfied with differentiated employment based intervention as a factor within Education and training, this result was followed by 7 (5.6%) that were dissatisfied and 6 (4.8%) that were dissatisfied respectively. A contingency table analysis of the categorical relationship to the influence of the individual factor to program success was studied in which the resultant mini-tabs revealed the chi-square statistic and the likelihood ratio posting significance/and or non-significance of the indicator as studied. This was as follows:-

**Table 4.23: Program success & differentiated employment-based interventions**

		Differentiated employment-based interventions				Total	
		V.S	S	D	V.D		
Program success	Yes	Count	% within				
		differentiated employment-based interventions	58.2%	80.7%	42.9%	50.0%	84 67.2%
	No	Count	% within				
		differentiated employment-based interventions	41.8%	19.3%	57.1%	50.0%	41 32.8%
	<b>Total</b>	Count &	% within				
		differentiated employment-based interventions	100.0%	100.0%	100.0%	100.0%	125 100.0%

A test for relationship was derived as results from mini-tabs from cross tabulations revealed and it was established that in the chi-square test provided, two statistics indicating the association and/or independence of variables in the study that were; a chi-square statistic and a p-value were described as: - observed the p-value compared to 0.05 alpha-level; a Pearson chi-square statistic was 8.732 (with a p-value of 0.033) with a likelihood chi-square statistic of 8.832 (which also gave a p-value of 0.032) at a 3df thereby showing a significant association between differentiated employment based interventions as a factor within education and training and program success in Shikusa Borstal institution.

#### **4.5.3. Vocational programming**

Vocational programming as a factor within education and training was the third sub-thematic indicator to be studied and its influence on juvenile rehabilitation programs implementation where the responses were solicited from the population as drawn from a likert scale responses where the respondents were asked to acknowledge their responses on a scale of; very satisfied (SA), Agree (A), Disagree (D), strongly

disagree (SD). Respondents' reactions were as shown as follows in table 4.8 that follow:-

**Table 4.24: Vocational programming**

	Frequency	Percent	Valid Percent	Cumulative Percent
V.S	54	43.2	43.2	43.2
S	58	46.4	46.4	89.6
D	8	6.4	6.4	96.0
V.D	5	4.0	4.0	100.0
Total	125	100.0	100.0	

Results obtained from table 4.24 depicted a majority among respondents 58 (46.4%) were satisfied as they opinioned, followed by 54 (43.2%) that were very satisfied with vocational programming as a factor within education and training, this result was followed by 8 (6.4%) that were dissatisfied and 5 (4.0%) that were very dissatisfied respectively. A contingency table analysis of the categorical relationship to the influence of the individual factor to program success was studied in which the resultant mini-tabs revealed the chi-square statistic and the likelihood ratio posting significance/and or non-significance of the indicator as studied. This was as follows:-

**Table 4.25: Program success & vocational programming**

		vocational programming				Total	
		V.S	S	D	V.D		
Program success	Yes	Count & % within vocational programming	31 57.4%	46 79.3%	5 62.5%	2 40.0%	84 67.2%
	No	Count & % within vocational programming	23 42.6%	12 20.7%	3 37.5%	3 60.0%	41 32.8%
<b>Total</b>		Count & % within vocational programming	54 100.0%	58 100.0%	8 100.0%	5 100.0%	125 100.0%

A test for relationship was derived as results from mini-tabs from cross tabulations revealed and it was established that in the chi-square test provided, two statistics indicating the association and/or independence of variables in the study that were; a chi-square statistic and a p-value were described as: - observed the p-value compared to 0.05 alpha-level; a Pearson chi-square statistic was 7.967 (with a p-value of 0.047) with a likelihood chi-square statistic of 8.064 (which also gave a p-value of 0.045) at a 3df thereby showing a significant association between vocational programming as a factor within education and training and program success in Shikusa Borstal institution.

#### 4.5.4. Structured life-skills

Program design was studied as a factor within education and training and its influence on juvenile rehabilitation programs implementation where the responses were solicited from the population as drawn from a likert scale responses where the respondents were asked to acknowledge their responses on a scale of: *very satisfied (SA)*, *Agree (A)*, *Disagree (D)*, *strongly disagree (SD)*. Respondents' reactions were as shown as follows in table 4.26 that follow:-

**Table 4.26: Structured life-skills**

	<b>Frequency</b>	<b>Percent</b>	<b>Valid Percent</b>	<b>Cumulative Percent</b>
V.S	56	44.8	44.8	44.8
S	57	45.6	45.6	90.4
D	5	4.0	4.0	94.4
V.D	7	5.6	5.6	100.0
Total	125	100.0	100.0	

Results obtained from table 4.26 depicted a majority among respondents 57 (45.6%) were satisfied as they opinioned, followed by 56 (44.8%) that were very satisfied with structured life skills as a factor within education and training, this result was followed



by 7 (5.6%) that were very dissatisfied and 5 (4.0%) that were dissatisfied respectively. A contingency table analysis of the categorical relationship to the influence of the individual factor to program success was studied in which the resultant mini-tabs revealed the chi-square statistic and the likelihood ratio posting significance/and or non-significance of the indicator as studied. This was as follows:-

**Table 4.27: Program success & structured life-skills**

				Structured life-skills				Total
				V.S	S	D	V.D	
Program success	Yes	Count within structured life-skills	& %	33 58.9%	46 80.7%	2 40.0%	3 42.9%	84 67.2%
	No	Count within structured life-skills	& %	23 41.1%	11 19.3%	3 60.0%	4 57.1%	41 32.8%
<b>Total</b>		Count within structured life-skills	& %	56 100.0%	57 100.0%	5 100.0%	7 100.0%	125 100.0%

A test for relationship was derived as results from mini-tabs from cross tabulations revealed and it was established that in the chi-square test provided, two statistics indicating the association and/or independence of variables in the study that were; a chi-square statistic and a p-value were described as: - observed the p-value compared to 0.05 alpha-level; a Pearson chi-square statistic was 10.013 (with a p-value of 0.018) with a likelihood chi-square statistic of 10.141 (which also gave a p-value of 0.017) at a 3df thereby showing a significant association between structured life-skills as a factor within education and training and program success in Shikusa Borstal institution.

#### 4.5.5. Successful program completion

Successful program completion as an indicator within education and training was sought by the study to establish whether it influenced juvenile rehabilitation programs implementation. Responses were solicited from the population as drawn from a likert scale responses where the respondents were asked to acknowledge their responses on a scale of; very satisfied (SA), Agree (A), Disagree (D), strongly disagree (SD). Respondents' reactions were as shown as follows in table 4.28 that follow:-

**Table 4.28: Successful program completion**

	Frequency	Percent	Valid Percent	Cumulative Percent
V.S	52	41.6	41.6	41.6
S	58	46.4	46.4	88.0
D	6	4.8	4.8	92.8
V.D	9	7.2	7.2	100.0
<b>Total</b>	<b>125</b>	<b>100.0</b>	<b>100.0</b>	

Results obtained from table 4.28 depicted a majority among respondents 58 (46.4%) were satisfied as they opinioned, followed by 52 (41.6%) that were very satisfied with successful program completion as a factor within education and training, this result was followed by 6 (4.8%) that were very dissatisfied and 5 (4.0%) that were dissatisfied respectively. A contingency table analysis of the categorical relationship to the influence of the individual factor to program success was studied in which the resultant mini-tabs revealed the chi-square statistic and the likelihood ratio posting significance/and or non-significance of the indicator as studied. This was as follows:-

**Table 4.29: Program success & successful program completion**

		<b>Successful program completion</b>							
		<b>V.S</b>	<b>S</b>	<b>D</b>	<b>V.D</b>	<b>Total</b>			
Program success	Yes	Count	&	%	30	46	3	5	84
		within	successful		57.7%	79.3%	50.0%	55.6%	67.2%
		program completion							
	No	Count	&	%	22	12	3	4	41
		within	successful		42.3%	20.7%	50.0%	44.4%	32.8%
		program completion							
	Total	Count	&	%	52	58	6	9	125
		within	successful		100.0%	100.0%	100.0%	100.0%	100.0%
		program completion							

A test for relationship was derived as results from mini-tabs from cross tabulations revealed and it was established that in the chi-square test provided, two statistics indicating the association and/or independence of variables in the study that were; a chi-square statistic and a p-value were described as: - observed the p-value compared to 0.05 alpha-level; a Pearson chi-square statistic was 7.351 (with a p-value of 0.062) with a likelihood chi-square statistic of 7.515 (which also gave a p-value of 0.057) at a 3df thereby showing a significant association between successful program coordination as a factor within education and training and program success in Shikusa Borstal institution.

#### **4.6. Leadership and Management**

This was the third objective of the study. Leadership and management factors were studied to establish whether as indicators, the factors had causal effects on juvenile rehabilitation programs in Shikusa Borstal institution in Kakamega East Sub-County. Indicators studied include:- management's ability to assess for risk and protective factors, communication and coordination, networking and stakeholder involvement and monitoring and evaluation.

#### 4.6.1. Assessment for risk and protective factors

This was an indicator within leadership and management where the responses were solicited from the population as drawn from a likert scale as of: very satisfied (SA), Agree (A), Disagree (D), strongly disagree (SD). Respondents' reactions were as shown in table 4.30 that follow:-

**Table 4.30: Assessment for risk and protective factors**

	<b>Frequency</b>	<b>Percent</b>	<b>Valid Percent</b>	<b>Cumulative Percent</b>
V.S	52	41.6	41.6	41.6
S	58	46.4	46.4	88.0
D	5	4.0	4.0	92.0
V.D	10	8.0	8.0	100.0
<b>Total</b>	<b>125</b>	<b>100.0</b>	<b>100.0</b>	

Results obtained from table 4.30 depicted a majority among respondents 58 (46.4%) were satisfied as they opinioned, followed by 52 (41.6%) that were very satisfied with assessment for risk and protective factors as a factor within leadership and management, this result was followed by 5 (4.0%) that were very dissatisfied and 10 (8.0%) that were dissatisfied respectively. A contingency table analysis of the categorical relationship to the influence of the individual factor to program success was studied in which the resultant mini-tabs revealed the chi-square statistic and the likelihood ratio posting significance/and or non-significance of the indicator as studied. This was as follows:-

**Table 4.31: Program success & assessment for risk and protective factors**

		Assessment for risk and protective factors				Total	
		V.S	S	D	V.D		
Program success	Yes	Count&% within assessment for risk and protective factors	29 55.8%	47 81.0%	2 40.0%	6 60.0%	84 67.2%
	No	Count&% within assessment for risk and protective factors	23 44.2%	11 19.0%	3 60.0%	4 40.0%	41 32.8%
<b>Total</b>		Count&% within assessment for risk and protective factors	52 100.0%	58 100.0%	5 100.0%	10 100.0%	125 100.0%

A test for relationship was derived as results from mini-tabs from cross tabulations revealed and it was established that in the chi-square test provided, two statistics indicating the association and/or independence of variables in the study that were; a chi-square statistic and a p-value were described as: - observed the p-value compared to 0.05 alpha-level; a Pearson chi-square statistic was 10.018 (with a p-value of 0.018) with a likelihood chi-square statistic of 10.261 (which also gave a p-value of 0.016) at a 3df thereby showing a significant association between assessment for risk and protective factors as a factor within leadership and management supportive approaches and program success in Shikusa Borstal institution.

#### **4.6.2. Communication and coordination**

This was an indicator within leadership and management where the responses were solicited from the population as drawn from a likert scale as of; very satisfied (SA), Agree (A), Disagree (D), strongly disagree (SD). Respondents' reactions were as shown in table 4.32 that follow:-

**Table 4.32: Communication and coordination**

	<b>Frequency</b>	<b>Percent</b>	<b>Valid Percent</b>	<b>Cumulative Percent</b>
V.S	52	41.6	41.6	41.6
S	57	45.6	45.6	87.2
D	6	4.8	4.8	92.0
V.D	10	8.0	8.0	100.0
Total	125	100.0	100.0	

Results obtained from table 4.32 revealed a majority among respondents 57 (45.6%) were satisfied as they opinioned, followed by 52 (41.6%) that were very satisfied with communication and coordination as a factor within psychological support, this result was followed by 10 (8.0%) that were very dissatisfied and 6 (4.8%) that were dissatisfied respectively. A contingency table analysis of the categorical relationship to the influence of the individual factor to program success was studied in which the resultant mini-tabs revealed the chi-square statistic and the likelihood ratio posting significance/and or non-significance of the indicator as studied. This was as follows:-

**Table 4.33: Program success & communication and coordination**

		communication and coordination				
		V.S	S	D	V.D	Total
Program success	Yes	Count 30	Count 45	Count 3	Count 6	Count 84
		% 57.7%	% 78.9%	% 50.0%	% 60.0%	% 67.2%
	No	Count 22	Count 12	Count 3	Count 4	Count 41
		% 42.3%	% 21.1%	% 50.0%	% 40.0%	% 32.8%
	<b>Total</b>	Count 52	Count 57	Count 6	Count 10	Count 125
		% 100.0%	% 100.0%	% 100.0%	% 100.0%	% 100.0%

A test for relationship was derived as results from mini-tabs from cross tabulations revealed and it was established that in the chi-square test provided, two statistics indicating the association and/or independence of variables in the study that were; a

chi-square statistic and a p-value were described as: - observed the p-value compared to 0.05 alpha-level; a Pearson chi-square statistic was 6.742 (with a p-value of 0.081) with a likelihood chi-square statistic of 6.888 (which also gave a p-value of 0.076) at a 3df thereby showing a significant association between communication and coordination as a factor within leadership and management supportive approaches and program success in Shikusa Borstal institution.

#### 4.6.3. Networking and stakeholder involvement

This was an indicator within leadership and management where the responses were solicited from the population as drawn from a likert scale as of; very satisfied (SA), Agree (A), Disagree (D), strongly disagree (SD). Respondents' reactions were as shown in table 4.34 that follow:-

**Table 4.34: Networking and stakeholder involvement**

	<b>Frequency</b>	<b>Percent</b>	<b>Valid Percent</b>	<b>Cumulative Percent</b>
V.S	54	43.2	43.2	43.2
S	57	45.6	45.6	88.8
D	6	4.8	4.8	93.6
V.D	8	6.4	6.4	100.0
<b>Total</b>	<b>125</b>	<b>100.0</b>	<b>100.0</b>	

Results obtained from table 4.34 depicted a majority among respondents 57 (45.6%) were satisfied as they opinioned, followed by 54 (43.2%) that were very satisfied with networking and stakeholder involvement as a factor within leadership and management, this result was followed by 8 (6.4%) that were very dissatisfied and 6 (4.8%) that were dissatisfied respectively. A contingency table analysis of the categorical relationship to the influence of the individual factor to program success was studied in which the resultant mini-tabs revealed the chi-square statistic and the

likelihood ratio posting significance/and or non-significance of the indicator as studied. This was as follows:-

**Table 4.35: Program success & networking and stakeholder involvement**

		Networking and stakeholder involvement				Total	
		V.S	S	D	V.D		
Program success	Yes	Count & % within networking and stakeholder involvement	32 59.3%	45 78.9%	2 33.3%	5 62.5%	84 67.2%
	No	Count & % within networking and stakeholder involvement	22 40.7%	12 21.1%	4 66.7%	3 37.5%	41 32.8%
	Total	Count & % within networking and stakeholder involvement	54 100.0%	57 100.0%	6 100.0%	8 100.0%	125 100.0%

A test for relationship was derived as results from mini-tabs from cross tabulations revealed and it was established that in the chi-square test provided, two statistics indicating the association and/or independence of variables in the study that were; a chi-square statistic and a p-value were described as: - observed the p-value compared to 0.05 alpha-level; a Pearson chi-square statistic was 8.316 (with a p-value of 0.040) with a likelihood chi-square statistic of 8.297 (which also gave a p-value of 0.040) at a 3df thereby showing a significant association between networking and stakeholder involvement as a factor within leadership and management supportive approaches and program success in Shikusa Borstal institution.

#### **4.6.4. Monitoring and evaluation**

This was an indicator within leadership and management where the responses were solicited from the population as drawn from a likert scale as of; very satisfied (SA),



Agree (A), Disagree (D), strongly disagree (SD). Respondents' reactions were as shown in table 4.36 that follow:-

**Table 4.36: Monitoring and evaluation**

	Frequency	Percent	Valid Percent	Cumulative Percent
V.S	54	43.2	43.2	43.2
S	56	44.8	44.8	88.0
D	6	4.8	4.8	92.8
V.D	9	7.2	7.2	100.0
Total	125	100.0	100.0	

Results obtained from table 4.36 depicted a majority among respondents 58 (44.8%) were satisfied as they opinioned, followed by 54 (43.2%) that were very satisfied with monitoring and evaluation as a factor within leadership and management, this result was followed by 9 (7.2%) that were very dissatisfied and 6 (4.8%) that were dissatisfied respectively. A contingency table analysis of the categorical relationship to the influence of the individual factor to program success was studied in which the resultant mini-tabs revealed the chi-square statistic and the likelihood ratio posting significance/and or non-significance of the indicator as studied. This was as follows:-

**Table 4.37: Program success & monitoring and evaluation**

		Monitoring and evaluation				Total	
		V.S	S	D	V.D		
Program success	Yes	Count&% within monitoring and evaluation	31 57.4%	46 82.1%	2 33.3%	5 55.6%	84 67.2%
	No	Count&% within monitoring and evaluation	23 42.6%	10 17.9%	4 66.7%	4 44.4%	41 32.8%
Total		Count&% within monitoring and evaluation	54 100.0%	56 100.0%	6 100.0%	9 100.0%	125 100.0%

A test for relationship was derived as results from mini-tabs from cross tabulations revealed and it was established that in the chi-square test provided, two statistics

indicating the association and/or independence of variables in the study that were; a chi-square statistic and a p-value were described as: - observed the p-value compared to 0.05 alpha-level; a Pearson chi-square statistic was 11.698 (with a p-value of 0.008) with a likelihood chi-square statistic of 11.962 (which also gave a p-value of 0.008) at a 3df thereby showing a significant association between monitoring and evaluation as a factor within leadership and management supportive approaches and program success in Shikusa Borstal institution.

#### **4.7. Supportive approaches**

This was the fourth and last objective of the study where efforts were sought to establish whether supportive approaches for juveniles influenced rehabilitation programs in Shikusa Borstal institution in Kakamega East Sub-County. For a elaborate study, sub-thematic indicators were developed and they include; - restorative practices, socio-emotional development, cognitive development and role modeling. These were studied individually as follows;-

##### **4.7.1. Restorative practices**

Juvenile restorative practices, as designed by the administration were studied as a factors within supportive practices that influence on juvenile rehabilitation programs implementation where the responses were solicited from the population as drawn from a likert scale responses where the respondents were asked to acknowledge their responses on a scale of; very satisfied (SA), Agree (A), Disagree (D), and strongly disagree (SD). Respondents' reactions were as shown as follows in table 4.8 that follow:-

**Table 4.38: Restorative practices**

	<b>Frequency</b>	<b>Percent</b>	<b>Valid Percent</b>	<b>Cumulative Percent</b>
V.S	55	44.0	44.0	44.0
S	56	44.8	44.8	88.8
D	8	6.4	6.4	95.2
V.D	6	4.8	4.8	100.0
<b>Total</b>	<b>125</b>	<b>100.0</b>	<b>100.0</b>	

Results obtained from table 4.38 depicted a majority among respondents 56 (44.8%) were satisfied as they opinioned, followed by 55 (44.0%) that were very satisfied with restorative practices as a factor within supportive approaches influencing the study, this result was followed by 8 (6.4%) that were very dissatisfied and 6 (4.8%) that were dissatisfied respectively. A contingency table analysis of the categorical relationship to the influence of the individual factor to program success was studied in which the resultant mini-tabs revealed the chi-square statistic and the likelihood ratio posting significance/and or non-significance of the indicator as studied. This was as follows:-

**Table 4.39: Program success & restorative practices**

		<b>Restorative practices</b>				<b>Total</b>	
		<b>V.S</b>	<b>S</b>	<b>D</b>	<b>V.D</b>		
<b>Program success</b>	<b>Yes</b>	<b>Count &amp; % within restorative practices</b>	33 60.0%	44 78.6%	4 50.0%	3 50.0%	84 67.2%
	<b>No</b>	<b>Count &amp; % within restorative practices</b>	22 40.0%	12 21.4%	4 50.0%	3 50.0%	41 32.8%
	<b>Total</b>	<b>Count &amp; % within restorative practices</b>	55 100.0%	56 100.0%	8 100.0%	6 100.0%	125 100.0%

A test for relationship was derived as results from mini-tabs from cross tabulations revealed and it was established that in the chi-square test provided, two statistics

indicating the association and/or independence of variables in the study that were; a chi-square statistic and a p-value were described as: - observed the p-value compared to 0.05 alpha-level; a Pearson chi-square statistic was 6.458 (with a p-value of 0.091) with a likelihood chi-square statistic of 6.556 (which also gave a p-value of 0.087) at a 3df thereby showing a significant association between restorative practices as a factor within supportive approaches and program success in Shikusa Borstal institution.

#### 4.7.2. socio-emotional development

Socio-emotional development as a factor within supportive approaches that influence juvenile rehabilitation programs implementation where the responses were solicited from the population as drawn from a likert scale responses where the respondents were asked to acknowledge their responses on a scale of; very satisfied (SA), Agree (A), Disagree (D), strongly disagree (SD). Respondents' reactions were as shown as follows in table 4.40 that follow:-

**Table 4.40: Socio-emotional development**

	<b>Frequency</b>	<b>Percent</b>	<b>Valid Percent</b>	<b>Cumulative Percent</b>
V.S	54	43.2	43.2	43.2
S	58	46.4	46.4	89.6
D	7	5.6	5.6	95.2
V.D	6	4.8	4.8	100.0
Total	125	100.0	100.0	

Results obtained from table 4.40 depicted a majority among respondents 58 (46.4%) were satisfied as they opinioned, followed by 56 (43.2%) that were very satisfied with socio-emotional development as a factor within supportive approaches, this result was followed by 7 (5.6%) that were dissatisfied and 6 (4.8%) that were dissatisfied respectively. A contingency table analysis of the categorical relationship to the

influence of the individual factor to program success was studied in which the resultant mini-tabs revealed the chi-square statistic and the likelihood ratio posting significance/and or non-significance of the indicator as studied. This was as follows:-

**Table 4.41: Program success & socio-emotional development**

		<b>Socio-emotional development</b>				<b>Total</b>	
		<b>V.S</b>	<b>S</b>	<b>D</b>	<b>V.D</b>		
<b>Program success</b>	<b>Yes</b>	<b>Count&amp;%</b>	32	46	3	3	84
		within socio-emotional development	59.3%	79.3%	42.9%	50.0%	67.2%
	<b>No</b>	<b>Count&amp;%</b>	22	12	4	3	41
		within socio-emotional development	40.7%	20.7%	57.1%	50.0%	32.8%
	<b>Total</b>	<b>Count&amp;%</b>	54	58	7	6	125
		within socio-emotional development	100.0%	100.0%	100.0%	100.0%	100.0%

A test for relationship was derived as results from mini-tabs from cross tabulations revealed and it was established that in the chi-square test provided, two statistics indicating the association and/or independence of variables in the study that were; a chi-square statistic and a p-value were described as: - observed the p-value compared to 0.05 alpha-level; a Pearson chi-square statistic was 8.091 (with a p-value of 0.044) with a likelihood chi-square statistic of 8.174 (which also gave a p-value of 0.043) at a 3df thereby showing a very significant association between socio-emotional development as a factor within supportive approaches and program success in Shikusa Borstal institution.

#### **4.7.3. Cognitive development**

Cognitive development as a factor within supportive approaches was studied and their influence on juvenile rehabilitation programs implementation where the responses were solicited from the population as drawn from a likert scale responses where the

respondents were asked to acknowledge their responses on a scale of; very satisfied (SA), Agree (A), Disagree (D), strongly disagree (SD). Respondents' reactions were as shown as follows in table 4.42 that follow:-

**Table 4.42: Cognitive development**

	Frequency	Percent	Valid Percent	Cumulative Percent
V.S	56	44.8	44.8	44.8
S	57	45.6	45.6	90.4
D	7	5.6	5.6	96.0
V.D	5	4.0	4.0	100.0
Total	125	100.0	100.0	

Results obtained from table 4.42 depicted a majority among respondents 57 (45.6%) were satisfied as they opinioned, followed by 56 (44.8%) that were very satisfied with cognitive development as a factor within supportive approaches, this result was followed by 6 (4.8%) that were very dissatisfied and 5 (4.0%) that were dissatisfied respectively. A contingency table analysis of the categorical relationship to the influence of the individual factor to program success was studied in which the resultant mini-tabs revealed the chi-square statistic and the likelihood ratio posting significance/and or non-significance of the indicator as studied. This was as follows:-

**Table 4.43: Program success & cognitive development**

		Cognitive development				Total	
		V.S	S	D	V.D		
Program success	Yes	Count&% within cognitive development	43 76.8%	33 57.9%	5 71.4%	3 60.0%	84 67.2%
	No	Count&% within cognitive development	13 23.2%	24 42.1%	2 28.6%	2 40.0%	41 32.8%
<b>Total</b>		Count&% within cognitive development	56 100.0%	57 100.0%	7 100.0%	5 100.0%	125 100.0%

A test for relationship was derived as results from mini-tabs from cross tabulations revealed and it was established that in the chi-square test provided, two statistics indicating the association and/or independence of variables in the study that were; a chi-square statistic and a p-value were described as: - observed the p-value compared to 0.05 alpha-level; a Pearson chi-square statistic was 4.748 (with a p-value of 0.191) with a likelihood chi-square statistic of 4.803 (which also gave a p-value of 0.187) at a 3df thereby showing a slight significant association between cognitive development as a factor within supportive approaches and program success in Shikusa Borstal institution.

#### 4.7.4. Role Modeling

Role modeling as a last indicator within supportive a factor within education and training and its influence on juvenile rehabilitation programs implementation where the responses were solicited from the population as drawn from a likert scale responses where the respondents were asked to acknowledge their responses on a scale of: very satisfied (SA), Agree (A), Disagree (D),strongly disagree (SD). Respondentsøreactions were as shown as follows in table 4.8 that follow:-

**Table 4.44: Role modelling**

	<b>Frequency</b>	<b>Percent</b>	<b>Valid Percent</b>	<b>Cumulative Percent</b>
V.S	55	44.0	44.0	44.0
S	58	46.4	46.4	90.4
D	6	4.8	4.8	95.2
V.D	6	4.8	4.8	100.0
<b>Total</b>	<b>125</b>	<b>100.0</b>	<b>100.0</b>	

Results obtained from table 4.44 depicted a majority among respondents 58 (46.4%) were satisfied as they opinioned, followed by 55 (44.0%) that were very satisfied with role modelling as a factor within psychological support, this result was followed by a

joint 6 (4.8%) that were very dissatisfied and dissatisfied respectively. A contingency table analysis of the categorical relationship to the influence of the individual factor to program success was studied in which the resultant mini-tabs revealed the chi-square statistic and the likelihood ratio posting significance/and or non-significance of the indicator as studied. This was as follows:-

**Table 4.45: Program success & role modelling**

		Role modeling				Total	
		V.S	S	D	V.D		
Program success	Yes	Count&% within role modeling	33 60.0%	46 79.3%	2 33.3%	3 50.0%	84 67.2%
	No	Count&% within role modeling	22 40.0%	12 20.7%	4 66.7%	3 50.0%	41 32.8%
Total		Count&% within role modeling	55 100.0%	58 100.0%	6 100.0%	6 100.0%	125 100.0%

A test for relationship was derived as results from mini-tabs from cross tabulations revealed and it was established that in the chi-square test provided, two statistics indicating the association and/or independence of variables in the study that were; a chi-square statistic and a p-value were described as: - observed the p-value compared to 0.05 alpha-level; a Pearson chi-square statistic was 9.080 (with a p-value of 0.028) with a likelihood chi-square statistic of 9.062 (which also gave a p-value of 0.028) at a 3df thereby showing a significant association between role modeling as a factor within supportive approaches and program success in Shikusa Borstal institution.

#### **4.8. Other factors**

The study further established emerging factors that stood between the successes of the programs for juveniles that had significant concepts on their influence on individual indicators within the general themes. These were studied as follows: -



**Table 4.46: Government policies on correctional institutions**

	Frequency	Percent	Valid Percent	Cumulative Percent
V.S	56	44.8	44.8	44.8
S	58	46.4	46.4	91.2
D	5	4.0	4.0	95.2
V.D	6	4.8	4.8	100.0
<b>Total</b>	<b>125</b>	<b>100.0</b>	<b>100.0</b>	

Results obtained from table 4.46 depicted a majority among respondents 58 (46.4%) were satisfied as they opinioned, followed by 56 (44.8%) that were very satisfied with government policies on correctional institutions as a factor within other factors, this result was followed by 6 (4.8%) that were very dissatisfied and 5 (4.0%) that were dissatisfied respectively. A contingency table analysis of the categorical relationship to the influence of the individual factor to program success was studied in which the resultant mini-tabs revealed the chi-square statistic and the likelihood ratio posting significance/and or non-significance of the indicator as studied. This was as follows:-

**Table 4.47: Program success & government policies on correctional institutions**

		Government policies on correctional institutions				Total	
			V.S	S	D	V.D	
Program success	Yes	Count & % within government policies on correctional institutions	32 57.1%	44 75.9%	4 80.0%	4 66.7%	84 67.2%
	No	Count & % within government policies on correctional institutions	24 42.9%	14 24.1%	1 20.0%	2 33.3%	41 32.8%
<b>Total</b>		<b>Count &amp; % within government policies on correctional institutions</b>	<b>56 100.0%</b>	<b>58 100.0%</b>	<b>5 100.0%</b>	<b>6 100.0%</b>	<b>125 100.0%</b>

A test for relationship was derived as results from mini-tabs from cross tabulations revealed and it was established that in the chi-square test provided, two statistics indicating the association and/or independence of variables in the study that were; a chi-square statistic and a p-value were described as: - observed the p-value compared to 0.05 alpha-level; a Pearson chi-square statistic was 4.917 (with a p-value of 0.178) with a likelihood chi-square statistic of 4.951 (which also gave a p-value of 0.175) at a 3df thereby showing a slight significant association between government policies within correctional institutions and program success in Shikusa Borstal institution.

**Table 4.48: Stakeholder involvement in simultaneous program implementation**

	Frequency	Percent	Valid Percent	Cumulative Percent
V.S	52	41.6	41.6	41.6
S	56	44.8	44.8	86.4
D	11	8.8	8.8	95.2
V.D	6	4.8	4.8	100.0
Total	125	100.0	100.0	

Results obtained from table 4.14 depicted a majority among respondents 56 (44.8%) were satisfied as they opinioned, followed by 52 (41.6%) that were very satisfied with stakeholder involvement in simultaneous program implementation as a factor within psychological support, this result was followed by 11 (8.8%) that were dissatisfied and 6 (4.8%) that were very dissatisfied respectively. A contingency table analysis of the categorical relationship to the influence of the individual factor to program success was studied in which the resultant mini-tabs revealed the chi-square statistic and the likelihood ratio posting significance/and or non-significance of the indicator as studied. This was as follows:-

**Table 4.49: Program success & stakeholder involvement in simultaneous program implementation**

			Stakeholder involvement in simultaneous program implementation				Total
			V.S	S	D	V.D	
Program success	Yes	Count & % within stakeholder involvement	40 76.9%	31 55.4%	8 72.7%	5 83.3%	84 67.2%
	No	Count & % within stakeholder involvement	12 23.1%	25 44.6%	3 27.3%	1 16.7%	41 32.8%
<b>Total</b>		<b>Count &amp; % within stakeholder involvement</b>	<b>52 100.0%</b>	<b>56 100.0%</b>	<b>11 100.0%</b>	<b>6 100.0%</b>	<b>125 100.0%</b>

A test for relationship was derived as results from mini-tabs from cross tabulations revealed and it was established that in the chi-square test provided, two statistics indicating the association and/or independence of variables in the study that were; a chi-square statistic and a p-value were described as: - observed the p-value compared to 0.05 alpha-level; a Pearson chi-square statistic was 6.655 (with a p-value of 0.084) with a likelihood chi-square statistic of 6.721 (which also gave a p-value of 0.081) at a 3df thereby showing a significant association between stakeholder involvement in program implementation and program success in Shikusa Borstal institution.

**Table 4.50: Community attitudes towards incarcerated juveniles**

	Frequency	Percent	Valid Percent	Cumulative Percent
V.S	53	42.4	42.4	42.4
S	60	48.0	48.0	90.4
D	7	5.6	5.6	96.0
V.D	5	4.0	4.0	100.0
<b>Total</b>	<b>125</b>	<b>100.0</b>	<b>100.0</b>	

Results obtained from table 4.50 depicted a majority among respondents 60 (48.0%) were satisfied as they opinioned, followed by 53 (42.4%) that were very satisfied with community attitudes towards incarcerated juveniles as a factor within other factors

influencing the study , this result was followed by 7 (5.6%) that were dissatisfied and 5 (4.0%) that were very dissatisfied respectively. A contingency table analysis of the categorical relationship to the influence of the individual factor to program success was studied in which the resultant mini-tabs revealed the chi-square statistic and the likelihood ratio posting significance/and or non-significance of the indicator as studied. This was as follows:-

**Table 4.51: Program success & community attitudes towards incarcerated juveniles**

		Community attitudes towards incarcerated juveniles				Total	
		V.S	S	D	V.D		
<b>Program success</b>	Yes	Count&% within community attitudes	38 71.7%	37 61.7%	5 71.4%	4 80.0%	84 67.2%
	No	Count&% within community attitudes	15 28.3%	23 38.3%	2 28.6%	1 20.0%	41 32.8%
<b>Total</b>		Count & % within community attitudes	53 100.0%	60 100.0%	7 100.0%	5 100.0%	125 100.0%

A test for relationship was derived as results from mini-tabs from cross tabulations revealed and it was established that in the chi-square test provided, two statistics indicating the association and/or independence of variables in the study that were; a chi-square statistic and a p-value were described as: - observed the p-value compared to 0.05 alpha-level; a Pearson chi-square statistic was 1.748 (with a p-value of 0.626) with a likelihood chi-square statistic of 1.775 (which also gave a p-value of 0.620) at a 3df thereby showing a non-significant association between community attitudes towards juveniles and program success in Shikusa Borstal institution.

The study further established from findings that:-

## **The staff's indicative qualitative opinions on the impact of the discussed rehabilitation models**

In summary the benefits of the programmes to the children as indicated by staff were that some children were able to forget and stopped drug abuse and trafficking while in the institution, it provided a conducive environment for the children and saved their lives since some of them committed crimes which were a threat to their neighborhoods in which they could have been killed or lynched. Children from poor families were able to get care and protection. According to the Child Care Act, (2011), it is the principal objective of children rehabilitation schools to offer suitable educational and training programs and other related resources for juveniles recommended to them by Law courts. They should have a vested interest in their interests, safety, health, welfare, as well as, their psychological, emotional and physical welfare. They were able to get proper basic needs and to continue with their education. Street children were able to be removed from the streets and brought where they finally found a home hence they got the ability to change their behavior. Counseling helped the children to understand their problems and how to tackle them. It provided proper care, guidance, supervision and initiates acceptable relationships between the children and their families, exercised appropriate ethical and disciplinary habits, and recognized individual, cultural, and linguistic identity everyone (Children's Act, 2001). Most of the children got reformed to be better people, various skills acquired like barber, saloon, bakery, fashion and design and hygiene among others could help them in future. Through spiritual nourishment, the children were able to change their behavior and became better people spiritually. They helped the children to be accepted back to the society and became reliable in their families. This was in agreement with Grace (2007)

## **CHAPTER FIVE**

### **SUMMARY, FINDINGS, CONCLUSIONS AND RECOMMENDATIONS**

#### **5.1. Introduction**

This chapter outlines the summary, conclusion and recommendations of the study. The 1<sup>st</sup> section of the chapter presents a summary of the study while the study's conclusion is discussed in 2<sup>nd</sup> section. The 3<sup>rd</sup> section contains the study's recommendations. The last section of the chapter recommends subjects for further studies.

#### **5.2. Summary**

The study findings showed that once the juvenile delinquents had been admitted into the rehabilitation schools, they were taken through various existing rehabilitative programmes such as skills empowerment (vocational training). The courses in this discipline included barbers, bead work, catering and tailoring and dress making, others like masonry, mechanic, carpentry and joinery. The girls were taught about hair dressing, bakery, fashion and design while agriculture and hygiene was common for both sexes. Counselling was provided mostly in groups with individual counselling given minimal consideration. Formal education (8.4.4) syllabus covered all the major subjects that were taught in primary schools. These were English, Kiswahili, Maths, science, CRE/IRE and social studies. Spiritual welfare which was geared towards guiding and moulding the characters of the juveniles also took prominence among the rehabilitation schools together with personal hygiene. The children were also taught on how to live with one another peacefully with respect and harmoniously. With all these programs in place, the children found vocational training courses more relevant in addressing their antisocial habits. This was because the programs were tailor made

to address the troubled backgrounds of the juveniles, reforming their habits, equipping them with life skills and ensuring that they were always focused. However much of the time was spent on class work with less time given to welfare officers and vocational training instructors. This according to the children made staying in the institutions boring to some of the children who never liked schooling even before they were admitted into the institutions. This was in conjunction with the researcher's observation during data collection in all the schools studied. He realized that education or class work was more prominent with class work in session while the rest of the programs were not being conducted.

The findings showed ineffectiveness of the existing rehabilitation programs ranging from relevancy to implementation of the programs thus leading to poor rehabilitation process of the juvenile delinquents as demonstrated by the juveniles who felt they had not been successfully rehabilitated even after being in the institutions for the recommended period of 3 years.

This was confirmed by the fact that all the children who participated in the study had spent 3 years and for the ones who had gone past the recommended period were just waiting for their release back to their families. Among the reasons why children were arrested and referred to the rehabilitation schools were stealing/pick pocketing where 58.4 % of staff indicated they had been arrested for truancy, loitering, school dropout, drug abuse and keeping bad companies among others.

The juvenile population in Shikusa was manageable where programs like individual counseling was possible and the staff members could easily carry out assessment of the progress of each individual (ITP) child admitted in the institution. This further helped in ensuring full utilization of the available facilities. The schools are currently

lacking adequate accommodation facilities for the available juveniles. The study however established a majority among juveniles being dissatisfied with the accommodation facilities provided within the schools despite the fact that they have been in existence for a long period.

According to the children, their perception about the staffs' experience/qualifications, hinted that they ought to be friendly to the children, accommodative and co-operative. They ought to be experienced in dealing with difficult children and listening to their needs. Teachers were rated as good because they gave children assignments and trained them on leadership and responsibilities. The teachers were always available in class and on duty to help them with assignments and carrier guidance services. They were free to consult them whenever in need of anything. Some helped children by calling their parents from their own cell-phones to come and visit them.

The research findings on the staff competence level established that the staff members charged with the responsibility to take the juveniles through the rehabilitation process had qualifications in diverse fields especially children with special needs. Welfare officers indicated that they had been trained on social development, child development and guidance and counseling, sociology and have been taken through various seminars/trainings on how to deal with juvenile delinquents.

### **5.3. Conclusions**

The study concluded from findings that among themes discussed;-

Selective interventions, a factor within psychological support had the least influence on the dependent variable, followed by indicated interventions, universal interventions and lastly treatment of juveniles. This indicated that treatment as a



factor within the first theme highly influenced the study and this was as drawn from a Wald test and its p-value chi-statistic of 0.075.

Under education and training, successful program completion, differentiated employment-based interventions, program design, vocational programming, successful program completion and lastly structured life skills followed in their level of significance as drawn from a Wald test and their respective p-values chi-statistics of 0.017.

Within the third theme, it was established that networking and stakeholder involvement, monitoring and evaluation, assessment for risk and protective factors and lastly communication and coordination followed their respective level of influence on the dependent variable.

On the fourth objective, supportive approaches had socio-emotional development, role modeling, restorative practices and cognitive development follow in their order of influence according to a Wald statistic conducted.

#### **5.4. Recommendations**

Based on the study findings, the study recommended that a comprehensive review of the rehabilitative programs be carried since some of the current rehabilitation programs not address the needs and concerns of the juvenile delinquents. Since vocational training courses seemed to be the most relevant courses to address the problems that the juveniles were facing, the government should device more current and state of the art courses to assist the juveniles in the contemporary society. Further the courses ought not to be gender based because the contemporary living distinguishes not between male and female skills but rather concentrate on aspects of

the juveniles' strength. Training in other courses ought to be made more exciting especially the educational one which contributes to the country's levels of literacy. The conditions under which the rehabilitation programs were offered was the greatest factor hindering successful reformation of the juvenile delinquents. The buildings were in a deplorable state and could not accommodate juvenile populations. Therefore stakeholders should make all the compulsory efforts to make a better living atmosphere by building modern hostels (UN standard i.e 10 x10 for every child) for the juveniles. In all the rehabilitation schools that were surveyed, the juveniles were given only one pair of uniform which became very difficult to manage especially when washed and wet. Additional pair of school uniforms be given to the children. There was a very serious food shortage and other core basic needs within the juvenile rehabilitation schools.

### **5.5. Recommendations for further studies**

Based on the study findings, the researcher recommended further studies in the following areas:

1. Communication and coordination of juvenile correctional programs and their implementation
2. Structured life skill programs for effective re-integration
3. Government policies follow up and implementation in juvenile institutions
4. Cognitive development at early stages of parenting as a element reducing juvenile delinquency

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## Section B QUESTIONNAIRE FOR BORSTAL BOYS

1) Do you receive any institutional support whenever you require?

Yes ( )

No ( )

2) Do you like the rehabilitation programs you are undertaking in the institution?

Yes ( )

No ( )

3) Which rehabilitation program are you involved in

a) Formal Education ( )

b) Vocational training ( )

c) Agriculture ( )

d) Other Program (Specify)

4) Do you intent to continue with polytechnic vocational training after exiting the Borstal institution.

a) Yes ( )

b) No ( )

5) Have you ever been visited by your parents since you were admitted into the Borstal institution?

a) Yes ( )

b) No ( )

6) Have you ever undergone disciplinary proceeding on contravening of Borstal institution rules?

a) Yes ( )



b) No ( )

7. i) Do you by any way believe that your parents were involved in your committal and rehabilitation in Shikusa Borstal institution,

A) Yes ( )

b) NO ( )

ii) If yes in 7 (i) above have you reconciled through family and child guidance and counseling?

a) Yes ( )

b) NO ( )

**Section B QUESTIONNAIRE BORSTAL INSTRUCTORS AND TEACHERS**

1) Do you have sufficient training and skills in handling juveniles in care and protection?

a)

b)

2) What are the main challenges while training boys in Borstal institutions?

i) í ..  
í ..

ii) í .  
í ..

2) Do you have sufficient training materials for the instruction of the boys?

a) Yes ( )

b) NO ( )

4. What is the transition rate of boys joining mainstream secondary schools after exiting Borstal institution? (Rate in five years) giving percentages. Review secondary data three years.(head teacher Primary section)

5. What is the rate of Boys who reoffend and are recommitted to borstal by revocation of license?

Low ( )

High ( )

6. For a period of Five, Years how many Borstal Boys have committed new offences and have been committed back to the Borstal institution. (Documentation section)

**Section B Questionnaire for parents and Guardians of borstal inmates**

1. At which age did truancy begin in your boy before being committed to the Borstal institution?

A) 10-15 ( )

b) 16-17 ( )

2. Have you ever received guidance and counseling awareness and functional family therapy in Shikusa B.I

a) Yes ( )

b) No ( )

3. Have you reconciled with your child, if yes did you recommend your child to be committed in the correctional institution?

a) Yes ( )

b) No ( )

4. Given a rating scale of 1-5, what do you rate the rehabilitation programs offered for boys in Shikusa Borstal Institution?(Tick where appropriate)

1-2 (weak)

3-5 (Strong)

Thank you for taking your time to fill and answer my questionnaire, information therein will be treated with a lot of confidentiality

## APPENDIX II: TIME SCHEDULE

TIME		ACTIVITY
SEPTEMBER	2016	PROPOSAL WRITING
MAY	2017	PROPOSAL DEFENCE
JUNE	2017	DATA COLLECTION
AUGUST	2017	PROJECT WRITING
OCTOBER	2017	PROJECT DEFENCE
NOVEMBER	2017	PROJECT CORRECTION
DECEMBER	2017	PROJECT BINDING

### APPENDIX III: THE BUDGET

<b>1</b>	<b>5Rims of Printing Paper</b>	<b>5,000/-</b>
<b>2</b>	<b>Typesetting and printing</b>	<b>2,500/-</b>
<b>3</b>	<b>Binding of the p proposal</b>	<b>2,000/-</b>
<b>4</b>	<b>Photocopying services</b>	<b>5,000/-</b>
<b>5</b>	<b>Travel and Accommodation</b>	<b>10,000/-</b>
<b>6</b>	<b>Posting of questionnaires</b>	<b>10,000/-</b>
<b>7</b>	<b>Research assistants</b>	<b>10,000/-</b>
<b>8</b>	<b>Miscellaneous</b>	<b>15, 000/-</b>
<b>9</b>	<b>Binding of the research report</b>	<b>10000/-</b>
<b>10</b>	<b>Printing of the research report</b>	<b>5000/-</b>
<b>11</b>	<b>Research permit</b>	<b>1000/-</b>
	<b>Total</b>	<b>75,500/=</b>

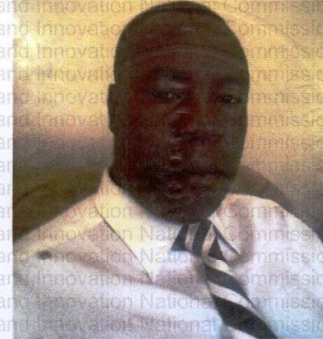
**THIS IS TO CERTIFY THAT:  
MR. ONDERI TOM  
of UNIVERSITY OF NAIROBI, 77-50100  
KAKAMEGA, has been permitted to  
conduct research in Kakamega County**

**on the topic: FACTORS INFLUENCING  
REHABILITATION PROGRAMS IN  
JUVENILE CORRECTIONAL CENTERS;A  
CASE OF SHIKUSA BORSTAL  
INSTITUTION,KENYA**

**for the period ending:  
13th October,2018**

.....  
**Applicant's  
Signature**

**Permit No : NACOSTI/P/17/83073/19138  
Date Of Issue : 13th October,2017  
Fee Received :Ksh 1000**



*[Handwritten Signature]*  
**Director General  
National Commission for Science,  
Technology & Innovation**

## CONDITIONS

1. The License is valid for the proposed research, research site specified period.
2. Both the Licence and any rights thereunder are non-transferable.
3. Upon request of the Commission, the Licensee shall submit a progress report.
4. The Licensee shall report to the County Director of Education and County Governor in the area of research before commencement of the research.
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Ref. No. **NACOSTI/P/17/83073/19138**

Date: **13<sup>th</sup> October, 2017**

Onderi Tom  
University of Nairobi  
P.O. Box 30197-00100  
**NAIROBI.**

**RE: RESEARCH AUTHORIZATION**

Following your application for authority to carry out research on ***“Factors influencing rehabilitation programs in juvenile correctional centers; A case of Shikusa Borstal Institution, Kenya”*** I am pleased to inform you that you have been authorized to undertake research in **Kakamega County** for the period ending **13<sup>th</sup> October, 2018**.

You are advised to report to **the County Commissioner, the County Director of Education and the County Director of Health Services, Kakamega County** before embarking on the research project.

Kindly note that, as an applicant who has been licensed under the Science, Technology and Innovation Act, 2013 to conduct research in Kenya, you shall deposit **a copy** of the final research report to the Commission within **one year** of completion. The soft copy of the same should be submitted through the Online Research Information System.

**GODFREY P. KALERWA MSc., MBA, MKIM  
FOR: DIRECTOR-GENERAL/CEO**

Copy to:

The County Commissioner  
Kakamega County.

The County Director of Education  
Kakamega County.



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13<sup>th</sup> July 2017

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**TO WHOM IT MAY CONCERN**

**REF: L50/81913/2015 TOM ONDERI**

This is to certify that the above named person is a student at the University of Nairobi, Open Distance & e-Learning Campus, School of Open and Distance Learning, pursuing a Course leading to the award of Master of Arts (Project Planning Management). He has completed his course work for Semester 1, 2 and 3.

He is undertaking a Research Project title FACTORS INFLUENCING REHABILITATION PROGRAMS IN JUVENILE CORRECTIONAL CENTERS; A CASE OF SHIKUSA BORSTAL, KENYA.

Any assistance accorded to him will be highly appreciated.

Kukubo Barasa  
Regional Learner Support Co-ordinator  
Kakamega Learning Centre

