

The Influence of Competency Level of Staff and Rehabilitation Programmes in Controlling Juvenile Delinquency in Kenya.

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Abstract: Globally, the cases of crimes committed by juveniles continue to increase. This not only affects education and health but puts immense pressure on the judicial system. High rates of juvenile reoffending is also of concern to society today. This paper examines the role of rehabilitation programmes in controlling juvenile delinquency in Dagoretti and Kabete Rehabilitation schools restricting itself to competency level of staff and the existing rehabilitation programmes offered at the mentioned institutions. This paper is based on the findings of a study carried out among the Juveniles in Kenya. The paper is grounded on Rehabilitation theory. The study used both probability and non-probability sampling techniques and various methods of data collection such as FGDs, Questionnaires and Key Informant Interviews. The paper examined educational and vocational programme, counseling and psychosocial services. The findings show that the programmes are delivered by the staff. However, the paper noted that the challenges that affected delivery of the programmes include inadequately trained personnel, inadequate funding, poor parental involvement and negative attitude from the community. The paper recommends the Government of Kenya to provide adequate funds to support rehabilitation programmes in terms of employment of more staff, in-service training, recruitment of counselors and psychologists, provision of adequate classrooms, workshops, equipment and basic needs. Efforts should also be made to provide juveniles with startup funds, working tools and assistance in marketing their products. Efforts should also be made to encourage parental involvement and improve the community attitude on the juveniles. The ministry of education and the Department of children's services should work closely to identify the needs of the juveniles so as to give effective and sustainable programmes for effective rehabilitation.

Keywords: Rehabilitation, Delinquency, Juveniles, Competency Level of Staff Programmes

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I. INTRODUCTION

Crime is one of the leading social problems in the world and offences committed by the young have particularly become an emerging global problem (Nguku, Chege, Odera & Ndaita, 2017). Juvenile delinquency involves actions that violate the laws of the country by a person over the minimum age of criminal responsibility but who is still under the age of criminal majority when a person is legally considered an adult (Young, Greer & Church, 2017). In Kenya, the minimum age of criminal responsibility is 8 years (GoK, 2001). Juvenile delinquency also involves subcultural behavior that contradicts the traditional norms of a particular community by a person below age 18 (Young *et al*, 2017). Juvenile delinquents are often disobedient to parents and adults in the community, they may choose not to attend school regularly, run away from home and are aggressive and difficult to change through punishment. They may also engage in substance abuse, theft and armed robbery (Sharma, Dhillon & Bano, 2009). Globally juvenile delinquency is on the increase, this has an impact on national development (Jalalabadi, 2016). Statistics have shown that recorded cases of offences committed by both boys and girls are increasing and becoming more serious (Muncie, 2004). Due to negative effects experienced on educational, financial, health, vocational and the judicial systems, juvenile delinquency has become a serious issue in the society (Ojo, 2012). Previously incarcerated youth have been found to return to the justice system at high rates (Darbouze, 2009). Similarly, incarcerated youth are affected by behavioural problems such as conduct disorder, anxiety, and depression which place them at risk of adult criminality later in life (Enzmann & Podan, 2011).

The rise in juvenile offending has led to an increase in delinquents sent to correctional facilities for rehabilitation and eventual re-integration back into mainstream society (Darbouze, 2009). However, correctional centers such as prisons do not offer an opportunity for rehabilitation of juvenile delinquents due to overcrowding, inefficient management, risk of recidivism, lack of funding, space, conditions and facilities for

rehabilitation. Besides the prisons pays more attention to aspects of reward and punishment (Jalalabadi, 2016). The main reason for rehabilitation for juveniles is to reduce re-offending and prevent adult criminal activity later in life (Darbouze, 2009). Rehabilitation is therefore an intervention aimed at reducing recidivism among offenders by changing aspects that contribute to criminal behavior such as attitudes, cognitive processes, personality, mental health, social relationships, education and vocational skills or employment (Muyobela & Strydom, 2017). In the United States, victimisation surveys conducted between 2000 and 2006 showed continued increases in cases of juvenile offending. Juvenile courts have been created by a law that also considers the safety and welfare of juvenile delinquents in the USA (U.S Department of Justice, 2016). Increases in juvenile offending were also recorded in the United Kingdom in the 1980s and 1990s (Young *et al*, 2017). Many juvenile delinquents are imprisoned together with adults in the UK. The Netherlands reported downward trends in juvenile offending but experienced an increasing trend toward punitive responses to youth antisocial behavior (Office of Juvenile Justice and Delinquency Prevention, 2011).

There is a sizeable amount of research on juvenile justice and the rehabilitation of youth offenders. However, only a small fraction of these studies look into the interventions and services for youth returning to life in the society including schooling, job training, work and family life (Spencer & Jones-Walker, 2003). In the UK, rehabilitation programmes for juvenile offenders comprise of education programmes and vocational or skills-based training which have reduced the chances of reoffending by juvenile delinquents (Young, Greer & Church, 2017). The rehabilitative methods used on juvenile delinquents in the United States include therapy methods, educational, and vocational training which have also reduced chances of recidivism (Darbouze, 2009). In Africa, delinquency has been related to poor parenting due to urban pressure and high population resulting in lack of proper supervision of children (Baffoura & Abass, 2016). More than 90,000 juveniles are placed in rehabilitation annually with a few finding their way into adult prisons in Africa (CDC, 2007). Staff in correctional institutions in Africa face challenges such as difficult learners, poor oversight policies, high staff turnover, lack of resources, shortage of resources and security issues (Muthomi & Muthee, 2016). In Ethiopia, the total number of delinquents fluctuated between recent years but was still high and on the increase (Mebratu, 2017). In Zambia, children are incarcerated with adults in some prisons despite legal provision due to little or no capacity by authorities (Todrys, Amon, Malembeka, Clayton, 2011).

Studies have shown that Juvenile delinquents have better prospects for rehabilitation compared to adults since children are viewed and treated as in need of care when in trouble and not to be considered as entirely responsible and capable of forming criminal intent (Huss, 2008; Horowitz, 2000). Rehabilitation shapes and moulds a child offender from criminality to become productive and law-abiding as an adult citizen leading to protection of society from crime (Hoge, Guerra & Boxer, 2008). Sherman (2002) identifies rehabilitation as focusing on personal change in the offender to discontinue their criminal activities as they return to society, have a more constructive role after intervention measures and reduce recidivism. Juvenile offenders have been found to respond positively to many interventions (Mincey, Maldonado, Lacey & Thomson, 2008). Through interventions by changing aspects regarded as contributing to criminal behavior, recidivism can be reduced. These include attitudes, cognitive processes, personality, mental health, social relationships and imparting education, vocational skills and employment. Interventions that exist include probation supervision, work readiness, incarceration, training, cognitive skills training and behaviour therapy through counseling, guidance and treatment. These interventions target to change behavior and beliefs conducive to crime and reduce the frequency of juvenile offenses (Bradshaw & Roseborough, 2005). The aim is to promote personal responsibility and provide offenders with real opportunities to succeed in legitimate occupations. Strategies such as vocational training, specific counseling and educational methods can be effective if they are intensive, relate to program goals and meet the juvenile's individual needs (Siegal, 2002). Rehabilitation programs determine successful re-entry of former juvenile delinquents into society and provide them with options to succeed in society without involvement in crime. This leads to reduction of rates in juvenile delinquency while tax payers' money is also saved with effective rehabilitation programs (Lipsey, Wilson & Cothorn, 2000).

In Kenya, the number of juvenile offenders in rehabilitation between 2008 and 2012 increased by over 60% from 6,318 to 13,108 per 100,000 (Griffin, 2010). Incarcerated youth in Kenya have also been reported to return to the justice system at high rates. The crimes that many juvenile delinquents are apprehended for committing include drug and substance offences, truancy, prostitutions, disorderly conduct, loitering and possession of stolen properties. Kenya has many rehabilitation type centres with Nairobi having the bulk of these amounting to almost 351 centres. The centres offer a wide variety of programmes ranging from formal education to psychological services. Some of the centres are government supported while the rest receive sponsorship from Faith Based Organizations (FBOs), Community Based Organizations (CBOs), Non-governmental organizations (NGOs) and privately owned organizations. The centres rescue, rehabilitate and reintegrate children back into the society (Griffin, 2010). The Children's Department through rehabilitation homes has been faced with difficulties in rehabilitation of juvenile delinquents. Among these is increase in numbers of juvenile delinquents and recidivism after reintegration into society (Mbiriri, 2017).

Notably, the competency level of staff is faced with inadequate funding to facilitate in-service training and purchase of other equipment for effective rehabilitation to take place. Rintaugu and Muthee (2016) found that majority of staff members in juvenile rehabilitation centres were certificate holders while only a few were diploma and degree holders. Additionally, it was found that majority of staff were trained teachers followed by social workers but there were no trained counselors. As a result, teachers and social workers took on the added role of counseling. Due to the low qualifications among staff members, there was a challenge in implementing the programmes (Rintaugu & Muthee, 2016). Studies show that social welfare officers in correctional institutions provide supportive roles in the adjunctive fields of mental health and substance abuse, vocational rehabilitation and education. They also provide linkage roles through advocacy, brokerage and linkage between incarcerated offenders and their communities (Muyobela & Strydom, 2017). According to Mumba (2011), lack of human resources such as staff for rehabilitating child offenders and support professionals like psychologists, counselors, trained teachers and doctors impedes the effective rehabilitation of offenders. Therefore there is need for a multidisciplinary and multi-sectoral approach for successful rehabilitation of juveniles. Due to inadequate funding to pay trained and qualified employees, some rehabilitation centres may hire unqualified staff who may not perform rehabilitation work well (Dallape, 1987).

Studies have consistently found that only a few rehabilitation staff have opportunities for in-service training while security officers are allocated work in the rehabilitation section in addition to their security duties. It further shows that most correctional centers are characterized by high inmate–staff ratios which impede relationship development, mentoring opportunities and the provision of support. Successful rehabilitation programmes require a line staff with relevant educational background, skill set, and training. There is need to have trained and qualified staff who have an attitude and mindset for developing meaningful relationships with offenders to monitor and help advance their progress toward return to the society (Byrne *et al.*, 2015), Mokoteli (2005).

In Kenya, the Children Act of 2001 provides for the establishment of rehabilitation schools to address juvenile delinquency. Regrettably the rehabilitation schools have been faced with increase in recidivism, inadequate trained personnel and lack of professional counselors and clinical psychologists (Mbiriri, 2017). This paper focusses on the influence of programmes offered and staff competency in the rehabilitation of the juveniles.

II. METHODOLOGY

The study was carried out at Dagoretti Girls and Kabete Boys Rehabilitation Schools in Nairobi, Kenya. The study targeted a sample size of sixty six juveniles. The specific target were juveniles of various ages who were about to graduate from the rehabilitation schools. Systematic random sampling was used to select juvenile delinquents considering the number of years they have spent in the institution.

Data was collected using questionnaires, key informant interviews, focus group discussions (FGDs) and observation method. The structured questionnaires were administered on juvenile delinquents to capture opinions and comments on specific issues. Questionnaires are more objective since responses are gathered in a standardized way. Key informant interviews enabled the authors to collect in-depth or detailed information from those with first hand knowledge, in this case staff in the two institutions. Focus Group Discussions comprised of juvenile delinquents to allow for open discussions while the author observed the institutions' Programmes. FGDs provides detailed information or a wide variety of insights about personal or group perceptions or opinions enriching the study.

The study was grounded on the **Rehabilitation theory** an offshoot of the rehabilitative model which was first applied in the penitentiaries built during the Jacksonian era of the late 19th century with Martinson (1974) and Irwin (1980) as earlier proponents. The rehabilitative model held that individual differences and risk factors such as lack of parental love and supervision, exposure to delinquent peers, internalization of anti-social values or an impulsive temperament affect how people behave. Such individuals are more likely to be involved in crime than people not having these experiences and traits (Martinson, 1974; Irwin, 1980). The rehabilitative model has been debated for almost a century in the face of recidivism among offenders. The rehabilitative model is traced to positive criminology which argues that given proper care and treatment, criminals can be transformed into productive law-abiding citizens (Butterfield, 2001).

Raynor and Robinson (2009) are the recent proponents of the contemporary theory of rehabilitation advocating for reformation and prevention of future crime by helping criminals to be reintegrated into society through educational programs, opportunities and skills and treatment for mental illness, chemical dependency and chronic violent behavior. This theory 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. Rehabilitation takes the form of behavioural modification or cognitive-behavioural treatment especially those at risk of recidivism, suitable education and treatment of criminal mentality (Brewer & Williams, 2005). The rehabilitation theory is best

fitted to explain rehabilitation of juvenile delinquents since child offenders in general have better prospects for rehabilitation compared to adults (Horowitz, 2000). Children should not be considered entirely responsible and capable of forming criminal intent but should instead be viewed and treated as in need of care when in trouble (Huss, 2008). The theory is relevant to the study in the sense that rehabilitation shapes and moulds a child offender from criminality to become productive and law-abiding as an adult citizen leading to protection of society from crime (Hoge, Guerra & Boxer, 2008). Through interventions by changing aspects regarded as contributing to criminal behavior, recidivism can be reduced. These include attitudes, cognitive processes, personality, mental health, social relationships and imparting education, vocational skills and employment.

The main objective of the study was to examine the role of rehabilitation programmes in controlling juvenile delinquency in Kenyan rehabilitation schools. The paper examines existing programmes offered at the institutions and the competency level of the staff with a view to determine the effectiveness of the programmes. In order to achieve the objective, the study looked at the existing programmes, competency level of staff, challenges facing effective delivery of programmes and way forward.

The study established that the centres offered various programmes such as primary education, vocational training courses, Counselling and Psychosocial Services and Spiritual Welfare. The response rate is positive showing that to a large extent the juveniles benefit from the programmes. Studies show that education prepares juvenile delinquents for employment and empowers them to fit in the society (Miriti, 2013). Vocational training gives juvenile delinquents job skills which enable them to easily transit back into society and live successfully without recidivating (Darbouze, 2009). Counseling and psychosocial services are offered since there is a general prevalence of mental health problems among juvenile offenders (Young *et al.*, 2017). A large number of the juveniles also attend church on Sunday and fellowships which address their spiritual welfare.

Main Rehabilitation programmes in rehabilitation schools

Rehabilitation programmes	Yes	No	Total
Education	64 (97%)	2(3%)	66 (100%)
Vocational training	62 (93.9%)	4(6.1%)	66 (100%)
Counseling and Psychosocial Services	60 (90.9%)	6(9.1%)	66 (100%)
Spiritual welfare	51 (77.3%)	15(22.7%)	66 (100%)

The authors interviewed a number of juveniles and some had this to say; A female juvenile respondent aged 15 years and enrolled in fashion and design programme at Dagoretti: ***“We are offered education from standard 5 to standard 8 and a variety of vocational courses including farming skills or green house farming. We also receive spiritual guidance, life skills training, guidance and counseling and participate in games and sporting activities. Upon successful completion of the courses, we sit for government trade test III.”*** Another male juvenile respondent aged 15 years and enrolled in electrical and wiring programme at Kabete made the following comment on the rehabilitation programmes: ***“Pastor provides spiritual nourishment and bible study while every Sunday people from Don Bosco minister to us. In life skills we are taught decision making, tolerance, co-operation, choice of friendship, independent living skills. We are also involved in mentorship programmes to guide our education and in behavioural change.”***

The implication here is that juveniles were not only offered with spiritual nourishment but also practical programmes that equip them with life skills. The juveniles came from diverse backgrounds, they have learnt to understand their world through the context of their languages, traditions, behavior, beliefs and values. They had to be mentored on the importance of cooperation, tolerance and making friendship which the authors observed was a challenge as the juveniles interacted with one another in an environment governed by rules.

The study further established the specific programmes done by the juveniles were both formal and vocational as shown on the table below. It shows that majority of the respondents (97%) attended primary school since the rehabilitation schools offer academic programmes which is core to all rehabilitation programmes. Juveniles are taught literature and numeracy for the purpose of literacy and to empower them to learn vocational skills for employment (Miriti, 2013). The respondents indicated that they attended other rehabilitation programmes including bakery and confectionery (39.4%), fashion and design (27.3%), masonry (19.7%), counseling (18.2%), electrical and wiring (15.2%), carpentry (15.2%), mechanics (15.2%) and mat and bead making (7.6%). It can be concluded therefore that the juvenile delinquents are distributed across these rehabilitation programmes according to their interests, abilities and decisions made by the rehabilitation schools. The authors established that the juvenile were eager to pursue courses that enhances self reliance, this was confirmed during the focused Group Discussions. The juveniles who were formerly at the street understood the challenges of employment and wanted to make their lives better. Rehabilitation shapes and moulds a child offender from criminality to become productive and law-abiding (Hoge *et al.*, 2008). Rehabilitation schools offer many rehabilitation programs but they face many challenges that impede service delivery in the rehabilitation of child offenders (Muyobela *et al.*, 2017). However, the authors established that the respondents were dissatisfied

with quality of services. One juvenile had this to say; A female juvenile respondent aged 16 years and enrolled in fashion and design at Dagoretti made the following comment on the types of rehabilitation programmes: *“My school offers academic subjects and vocational programmes including fashion and design. Majority of these programmes are effective because they are timetabled but a few like saloon face challenges due to lack of instructors and financial support.”* Another male juvenile respondent aged 15 years and enrolled in mechanics at Kabete made the following comment on the types of rehabilitation programmes: *“Most of the rehabilitation are not done well especially the academic section which has shortage of teachers leading sometimes to failure in completing the syllabus. Guidance and counseling is well done but the challenge is that the same teachers who deal with discipline are the same ones who do guidance and counseling.”*

Specific Rehabilitation programmes in rehabilitation schools

Rehabilitation programmes	Yes	No	Total
Academic subjects	64 (97%)	2(3%)	66 (100%)
Bakery and confectionery	26 (39.4%)	40(60.6%)	66 (100%)
Fashion and design	18 (27.3%)	48(72.7%)	66 (100%)
Masonry	13 (19.7%)	53(80.3%)	66 (100%)
Counseling	12 (18.2%)	54(81.8%)	66 (100%)
Electrical and wiring	10 (15.2%)	56(84.8%)	66 (100)
Carpentry	10 (15.2%)	56(84.8%)	66 (100%)
Mechanic	10 (15.2%)	56(84.8%)	66 (100%)
Mat and bead making	5 (7.6%)	61(92.4%)	66 (100%)

The table shows that a lot of emphasis is on academics which promotes literacy among the juveniles. However, it is noted that the vocational courses do not get a lot of emphasis yet it plays a major role in the rehabilitation of the juveniles and helping them to become self reliant when they leave the institutions. It was observed that the technical courses lacked trained instructors. As much as the juveniles appreciated the importance of technical subjects, they were discouraged by the lack of focus and incentives on the part of the Kenyan Government to provide adequate funding to train the staff and to equip the workshops.

Effectiveness of Main Rehabilitation Programmes

The authors sought to establish the effectiveness of Main Rehabilitation Programmes and the respondents were asked to rate the extent of effectiveness for the rehabilitation programmes. A Likert scale was used where very high extent was given a weight of 5, high a score of 4, low a score of 3, very low a score of 2 and not at all was given a score of 1. The means were then compared as shown in the table below.

Extent of Effectiveness of programmes

Rehabilitation programmes	VH (%)	H (%)	L (%)	VL (%)	Total percentage	Total frequency	Mean
Education	72.7	27.3	-	-	100%	66	3.94
Vocational training	66.1	21.2	12.7	-	100%	66	3.61
Counseling and Psychosocial Services	60.6	18.2	21.2	-	100%	66	3.41
Spiritual welfare	48.5	37.9	13.6	-	100%	66	3.16

From the findings, one can conclude that the most important rehabilitation programmes which were considered to assist in rehabilitation to a great extent include “Education” (highest mean of 3.94), “Vocational training” (mean of 3.61) and “Counseling and Psychosocial Services” (mean of 3.41). These results show that education has contributed to literacy among juvenile delinquents, literature prepares them to learn vocational skills. Vocational skills empower juveniles with job skills for earning a livelihood which enables them to easily reintegrate into society (Darbouze, 2009). Studies have shown that Counseling and psychosocial services has a high probability to lead to reduction of juvenile delinquent behaviour leading to appropriate behavior modification (Phillips, 2009). According to Miruka et al (2005) the programmes play a major role in enhancing social development and imparting lifeskills that will help the juveniles adjust more easily into the community after their release. It was noted that Spiritual welfare also has a high mean of above 3.00 which indicates that the rehabilitation programmes have positively assisted juvenile delinquents appreciate spiritual nourishment. From the interviews with the respondents, they had this to say; A female juvenile respondent aged 15 years and enrolled in bakery and confectionery programme at Dagoretti indicated the following on effectiveness of the rehabilitation programmes: *“I am able to learn how to read and write and also learn a skill like baking and*

hair dressing which will assist me to earn money when I leave the rehabilitation school.”Another female juvenile respondent aged 16 years and enrolled in fashion and design programme at Dagoretti indicated the following on effectiveness of the rehabilitation programmes: *“Counseling is very good and has helped in my rehabilitation from the time of admission to the moment. It enables me to open up to the counsellors in the institution for better problem solution. Apart from counseling, these programmes generally enable me to be a better person now and in the future.”*

On the effectiveness of the rehabilitation programmes, a male key informant teaching carpentry at Kabete indicated the following: *The resources and facilities provided can be improved although they are not bad for now. All the programmes in the rehabilitation school are basically rated as average.*”

From the foregoing discussion, the authors established that the programmes are playing a role in the rehabilitation despite the challenges. Education, vocational training, counseling and psychosocial services and spiritual welfare all play a positive role towards rehabilitation of juvenile delinquents. The juveniles felt that the programmes were helpful, the boys were able to open up to share their issues openly something they could not do before. This was confirmed during the FGDs where the respondents brought out their issues freely. It was observed that they were confident and the self esteem had greatly improved. Studies have shown that self esteem comes from experiences with different people and activities, these include childhood experiences, successes, failures and how one has been treated by family, friends, peers and teachers. Some of the experiences that may lead to low self esteem include emotional, physical or sexual abuse. It may include being ridiculed, teased, being ignored or even harsh criticisms. As observed earlier the juveniles were exposed to these experiences before joining the rehabilitation schools.

III. Satisfaction with Facilities in Rehabilitation School

The respondents indicated that they were most satisfied with learning and training facilities (95.5%), classrooms/workshops (95.5%) and rules guiding stay in the rehabilitation school (95.5%). The respondents also indicated that they were satisfied with basic needs (89.4%), accommodation facilities (87.9%), teaching staff and teaching facilities (72.7%). The respondents were therefore generally satisfied with the facilities or items in the rehabilitation school as shown by the positive responses which were all above 70%. Most of the rehabilitation schools in Kenya are supported by the government with exception of some rehabilitation type centres which receive sponsorship from FBOs, CBOs, NGOs and privately owned organizations. The two rehabilitation schools are under the Children’s Department in the Ministry of Labour and Social Protection. The government allocates adequate funds for facilities in the rehabilitation schools for the rehabilitation programmes to be provided (Mbiriri, 2017).

Satisfaction with rehabilitation schools

Satisfied with items in rehabilitation school	Yes	No	Total
Accommodation facilities	58(87.9%)	8(12.1%)	66 (100%)
Basic needs	59(89.4%)	7(10.6%)	66 (100%)
Classrooms/workshops	61(92.4%)	5(7.6%)	66 (100%)
Learning/training facilities	63(95.5%)	3(4.5%)	66 (100%)
Teaching staff and teaching facilities	48(72.7%)	18(27.3%)	66 (100%)
Rules guiding stay in the rehabilitation school	61(92.4%)	5(7.6%)	66 (100%)

The table shows that there was a general satisfaction on the facilities. What stands out as a lower one is the teaching staff and teaching facilities. The authors observed that the accommodation facilities were not adequate, one respondent had this to say; A female juvenile respondent aged 14 years and enrolled in fashion and design programme at Dagoretti: *The dormitories and classes are adequate but the vocational workshops are not enough. Classrooms need renovation while there is need for more workshop classes. We need more teachers including those for vocational training including saloon which urgently needs an instructor. Teaching staff cannot match the number of learners.*” The implication of the views by the juvenile delinquents is that the facilities in both Kabete and Dagoretti rehabilitation schools are not sufficient to offer rehabilitation programmes. The authors noted that lack of adequate facilities hinders effective delivery of programmes. A female juvenile respondent aged 14 years and enrolled in fashion and design at Dagoretti, had this to say; *“Classroom and workshops are also not enough since only std 5 to std 8 are accommodated. Workshops lack enough and frequent supply of training materials for effective rehabilitation. Learning and training facilities including textbooks, workshop tools and materials are inadequate.*”The authors observed that that basic needs including food is provided , however, it was noted that toiletries including soaps and toilet papers are inadequate and are distributed on a weekly basis hence a hindrance to effective rehabilitation. Classrooms are not enough with only std 5 to std 8 being accommodated while workshops lack enough and frequent supply of training materials to effectively rehabilitate the boys and equip them with the vocational

skills. Learning and training facilities are inadequate including textbooks, workshop tools and materials hence ineffective programmes. There are few teaching staff, only three in Kabete hence they are overburdened. It was also observed that 80% of the students have severe learning difficulties, behavioural disorders as well as negative perception about education. This frustrates learners and teachers, compromising the performance of education leading to low education output in KCPE.” This observation was corroborated during the FGDs with both male and female juveniles. They revealed that basic needs, rules and facilities such as classrooms and dormitories in the schools are not adequate and require renovation. Learning or training facilities such as workshops and teachers or instructors were also inadequate. For effective rehabilitation to be realized there is need to strengthen the facilities at the two institutions.

IV. COMPETENCE LEVEL OF STAFF IN THE DELIVERY OF REHABILITATION PROGRAMMES

As indicated earlier, this paper also examines the competence level of staff in delivering the programmes for effective rehabilitation of the juveniles. It will examine the skills and training of staff members, level and satisfaction with the education and how these assist in delivery of the rehabilitation programmes.

V. EDUCATION LEVEL OF STAFF MEMBERS

A majority of the staff (46.5%) were holders of certificates followed by diploma (28.6%) and Bachelor degrees holders (17.8%). Only 7.1% of the staff were holders of Masters degrees. These results can be attributed to teachers in the schools who are employed while possessing at least a minimum of certificate in primary education. Vocational instructors are also needed with at least a certificate although a few hold diplomas. Welfare or children officers upon employment are required to possess at least a degree certificate and include the respondents with Master degrees. These results agree with Rintaugu and Muthee (2016) who found that majority of staff members in juvenile rehabilitation centres were certificate holders while only a few were diploma and degree holders. These low qualifications may become a challenge in implementing the programmes. The table below captures;

Education level of staff

Level	Frequency (n)	Percent (%)
Masters	2	7.1%
Bachelors	5	17.8%
Diploma	8	28.6%
Certificate	13	46.5%
Total	28	100%

The professional qualifications of the staff members included Bachelors degree in Special needs education, advanced diploma in Hospitality Management (instructor for Bakery), diploma in Education Management at KEMI and diploma in social work and community development. Other professional qualifications were diploma in theological education, diploma in technical education, diploma in building and construction and certificate in guidance and counseling. The authors observed that the staff had acquired additional professional qualifications in their line of work in order to improve delivery of service. These included certificate in training of trainers, certificate in psychosocial support for children and certificate in counseling psychology. In addition are certificate in primary teachers’ education, certificate in computer application, certificate in education competencies, certificate in youth and children (community based) and certificate in childrens’ rights.

VI. SATISFACTION WITH EDUCATION, SKILLS AND TRAINING OF STAFF MEMBERS

The authors sought to find out the level of satisfaction, it was established that the majority of the respondents (95.5%) indicated that they were satisfied with the education, skills and training of staff members in delivering the rehabilitation programmes as compared to only (4.5%) who disagreed. Juvenile delinquents undergo rehabilitation programs to improve their chances of successful re-entry into society and to have options to succeed in society without involvement in crime (Lipsey *et al*, 2000). Counseling is offered for appropriate behavior modification, literacy programmes offer skills to deal with the complexities of life while vocational training gives job skills for easy transition back into society and successful life without recidivating (Darbouze, 2009; Phillips, 2009). A female juvenile respondent aged 16 years and enrolled in mat and bead making at Dagoretti revealed; *The teachers and instructors possess adequate skills, education and training but it is not sufficient for effective rehabilitation of some difficult children. I think they need more training in counseling and in managing difficult children.*” A male key informant teaching electrical at Kabete made the following remarks; *“Yes, the current training, qualifications and experience by staff are to some extent not adequate for*

delivery of the rehabilitation programmes. What is needed is continuous staff upgrading courses in relation to children rehabilitation.”

The revelation above shows that the staff need constant upgrading and more training on psychosocial aspects for effective rehabilitation. Lack of support professionals like psychologists, counselors and trained teachers impedes the effective rehabilitation of offenders (Mumba, 2011). Shortage of qualified staff in rehabilitation schools affects rehabilitation of juvenile delinquents while unqualified staff may not perform rehabilitation work well (Mokoteli, 2005). It can be concluded that the education, skills and training of staff members was satisfactory in delivering the programmes, however, it should be pointed out that they require more training. This will enable them to successfully deliver the rehabilitation programmes.

The challenges affecting rehabilitation programmes

The authors sought to establish the extent to which the challenges have affected delivery of the rehabilitation programmes. The respondents were asked to rate the extent that challenges have affected delivery of the rehabilitation programmes. A Likert scale was used where very high extent was given a weight of 5, high a score of 4, low a score of 3, very low a score of 2 and not at all was given a score of 1. The means were then compared as shown in the table below.

Challenges affecting rehabilitation programmes

Challenges	VH (%)	H (%)	L (%)	VL (%)	Total percentage	Total frequency	Mean
Inadequately trained personnel (lack of capacity building, skills, training and knowledge to execute the programmes)	51.5	25.8	22.7	-	100%	66	4.00
Lack of staff (professional counselors, clinical psychologists and teachers)	72.7	27.3	-	-	100%	66	3.94
Inadequate funding	51.5	25.8	22.7	-	100%	66	4.00
Insecurity (alcohol and substance abuse leading to physical confrontation with staff)	48.5	37.9	13.6	-	100%	66	3.16
Lack of organisational resources (office space, transport and recreational facilities)	72.7	27.3	-	-	100%	66	3.94
Emphasis on educational programmes at expense of behaviour modification	22.7	34.8	33.3	9.1	100%	66	3.62
Inadequate space to stay for juveniles	48.5	37.9	13.6	-	100%	66	3.16
Lengthy criminal proceedings	22.7	34.8	33.3	9.1	100%	66	3.62
Lack of coordination between social welfare and police department	60.6	18.2	21.2	-	100%	66	3.41
Poor training and attitude by police in dealing with juveniles	48.5	37.9	13.6	-	100%	66	3.16

The findings shows that one of the greatest challenges is “inadequately trained personnel”

(highest mean of 4.00), “inadequate funding” (mean of 4.00), “lack of staff” (mean of 3.94) and “lack of organisational resources” (mean of 3.94). These results show that lack of knowledge by staff to execute the programmes results to challenges in performing duties such as counseling and poorly written reports which lack valuable information that the courts of law use to pass sentences. Inadequate funding to pay trained and qualified employees may lead to hiring of unqualified staff who may not perform well. Lack of staff for rehabilitating child offenders and support professionals like psychologists, counselors and trained teachers impedes the effective rehabilitation of offenders (Boakye, 2013). As indicated earlier, qualified and well trained staff is critical in effective delivery of services in any set up. The rest of the challenges have higher means of above 3.16 which indicate that these challenges affect the delivery of the rehabilitation programmes. The challenges include emphasis on educational programmes at expense of behaviour modification, lengthy criminal proceedings and lack of coordination between social welfare and police department. It can be noted that despite the benefits that the rehabilitation programmes bring, they are faced with a number of challenges. Placing more emphasis on educational programmes than on behaviour modification may lead to recidivism. Lengthy criminal proceedings waste time which could have been utilized to rehabilitate juvenile delinquents. Lack of coordination

between social welfare and police department leads to poor rehabilitation services. Police lack training in dealing with juveniles and have poor attitude which leads to juveniles spending more time in police custody (Muyobela & Strydom, 2017). The authors had interview with the respondent and had this to say; A male key informant teaching academics programme at Kabete; ***“Allocation of funds, lack of motivation to staff members, lack of proper training and refresher course in the area of work and inadequate facilities are challenges that affect delivery of the rehabilitation programmes. Other challenges are lack of enough funding from the government, inadequate training and medical facilities, wrong judgement from the judiciary whereby some cases should be handled at the children office and not necessarily the child to be committed in the rehabilitation school.”*** A female key informant teaching bakery and confectionery at Dagoretti; ***“In some cases, children don’t open up during counseling and there is language barrier. The level of literacy and education for most of the children is low which affects their success in the programmes. Some of them also have a poor attitude towards the programme.”***

The authors established from one teaching staff that; “Challenges include language barrier, communication breakdown, conflicting reports from the field, lack of team work, financial constraints varying from time to time and non –cooperative parents and guardians. There is also less staff like in Dagoretti there is no bakery instructor and salon instructor. The teaching staff are also not enough with only 4 teachers against 8 classes. The school programmes are also congested hence some programmes including class lessons are at times interfered with or affected.”

It can be concluded that rehabilitation programmes are faced with many challenges that need urgent attention. These challenges emanate from the staff, children, community and from the rehabilitation programmes. Available studies show that psychologists and counselors assist in rehabilitation of juvenile delinquents. According to Mumba (2011) lack of training and skills leads to staff challenges in performance including counseling.

However, the authors engaged the respondents on possible solutions to the challenges. It was noted that the respondents are quite positive and they would like the institution to grow. The respondents would like to have a staff that is well skilled and trained. The staff

require capacity building in modern methodologies of teaching to be able to tackle the new curriculum. A male teacher had this to say; ***“The skills, education and training of staff members is not sufficient for effective rehabilitation of these children. Because a big number of staff were employed in the early 1980s and 1990s and some are about to retire hence the need to in-service them, give refresher courses and as well employ young, enthusiastic and energetic officers to help the young people in conflicts with the law.”***

Important to note is the fact that successful rehabilitation programmes require a line staff with relevant educational background, skill set, and training. It needs a staff who are focused on rehabilitation programmes with an educational background in social work, psychology, community social psychology or sociology. They also need to have an attitude and mindset for developing meaningful relationships with offenders to monitor and help advance their progress toward return to the society (Byrne *et al.*, 2015). It can be deduced that for staff to deliver the rehabilitation programmes for the benefit of juvenile delinquents, they need more in-service training and continuous upgrading, learning emerging trends in the field of rehabilitation so as to understand current issues.

VII. CONCLUSION

In conclusion, it was observed that the centres offered educational, vocational programmes, counseling and psychosocial services. The programmes are quite relevant. However, more emphasis should be on technical subjects to help the juveniles to be more reliant. The levels of skills for staff and satisfaction with education, skills and training of staff were found to be satisfactory. The study found that perception of children and staff on effectiveness of the programmes was satisfactory too. However, the staff and the children noted that the facilities are not adequate, the staff are inadequately trained, inadequate funding and lack of organizational resources. In general, it can be concluded that the programmes had a positive effect on rehabilitation of the juveniles. However, inadequate facilities within the institutions hindered effective rehabilitation of juvenile delinquents. There should be close and working relationship between the ministry of education and other important stakeholders to ensure that effective and sustainable rehabilitation is done. This requires a multisectoral approach.

VIII. RECOMMENDATIONS

Based on the above findings the study recommends that the Government of Kenya should provide adequate funds to support rehabilitation programmes in terms of employing more staff who are well trained both in formal and vocational education. Equally important is the recruitment of counselors and psychologists who are well equipped with skills. The provision of adequate classrooms, workshops, equipment and basic needs is also recommended. Secondly, efforts should also be made to provide juveniles with startup funds, working tools

and assistance in marketing their products. This will empower the juveniles and facilitate the process of reintegration. It will also boost their self esteem since they will be self reliant. Thirdly, Kenya Government through the judiciary should ensure that criminal proceedings for juveniles are concluded speedily. Proper coordination of all agencies that deal with juvenile issues should be strengthened. Efforts should also be made to encourage parental involvement in the lives of their children as well as the community attitude towards the juveniles. A lot of awareness should be created on the important role played by the parents as primary agents of socialization. In essence all the stakeholders should be involved for effective rehabilitation to be achieved..

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