

**INFLUENCE OF REHABILITATION STRATEGIES ON REINTEGRATION:
AN ANALYSIS OF FORMER STREET CHILDREN IN KITALE TOWN,
TRANS-NZOIA COUNTY, KENYA**

BY

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TRANS-NZOIA COUNTY, KENYA**

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**A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF THE
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2023

DECLARATION

DECLARATION BY THE CANDIDATE

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DEDICATION

This work is dedicated to our son Ivan Kaita, who was born while I was working on the thesis:

ACKNOWLEDGEMENT

As the saying goes, *"No one can whistle a symphony alone. It takes an orchestra to play it."* Like an orchestra, I am indebted to the many who assisted me with this thesis. Dr. Taji Shivachi and Dr John Sibuur, my supervisors, for their professional guidance and input in this work. I am also grateful to the Department of Humanities and Social Sciences faculty members for their intellectual discourse and input in my thesis when I presented my concept, proposal, and findings. To my 2018 cohort colleagues - Amos, Maureen, Elon, and Gabriella, thank you so much for making this intellectual journey memorable.

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ABSTRACT

The number of street children has been on the rise globally despite the interventions put in place by different organisations. Although Kitale town has many caregiving institutions and is located in an agricultural-rich neighbourhood, the number of street children has risen like in many other towns. This study sought to determine the influence of rehabilitation strategies on the reintegration of former street children in Trans Nzoia County. The study's specific objectives were to establish the rehabilitation approaches adopted by rehabilitation centres, examine the patterns of reintegration in relation to rehabilitation approaches of former street children, and investigate the challenges in the rehabilitation and reintegration process of former street children. The study was guided by relapse prevention theory which examines the practical adaptation of street children in a new environment. The literature was reviewed as per the study objectives. A descriptive survey design was used with a mixed method of data collection. The study targeted 734 former street children who had benefited from rehabilitation and reintegration programs in Kitale town and its environs. Multiple sampling techniques, specifically systematic simple random technique, were used to select respondents and purposive sampling to select caregiving organisations with rehabilitation and reintegration programs. Taro Yamane's formula was used to select a sample of 259 from both institutions. Questionnaires, focus group discussions, and interview schedules were used to obtain data from respondents and key informants. Quantitative data was analysed using SPSS Version 25, while qualitative data was analysed using emerging themes. Ethical issues of consent, confidentiality, anonymity, and freedom of participation were observed. The study established a positive relationship between rehabilitation strategies and reintegration in which most former street children are positively engaged and prefer to remain at home than return to the streets. The study concludes that Rehabilitation strategies impact the reintegration process, and thus they should be continuously evaluated and redesigned to improve their impact on reintegration. Lack of food and job opportunities emerged as the main challenges facing former street children at home. The study recommends more investments to uplift the parents' living standards and scholarships to support the school-going, reintegrated street children.

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ABBREVIATIONS AND ACRONYMS

CBOs	Community-Based Organizations
CRK	Child Rescue Kenya
CSC	The Consortium of Street Children
CSOs	Civil Society Organizations
CWIG	Child Welfare Information Gateway
FBOs	Faith-Based Organisations
KSCRC	Kisumu Street Children Rehabilitation Consortium
NGOs	Non-Governmental Organizations
RP	Relapse Prevention
TRACSEN	Trans-Nzoia Children's Service Network
UN	United Nations
UNCHS	United Nations Centre for Human Rights
UNICEF	United Nations International Children Emergency Fund
WHO	World Health Organization
NACOSTI	National Council for Science and Technology and Innovation

OPERATIONAL DEFINITION OF KEY TERMS

The Adaptation	Process of change of the former street children from their former environment (streets) to suit the new environment they have been placed in.
Caregiver	The person taking care of the well-being of a child.
Caregiver institutions	Organisations established to care for street children before reintegration.
Former street children:	Children who lived on the streets but have already left the streets.
Formal education:	The structured training where pupils go to school to learn and get more knowledgeable.
Rehabilitation:	The corrective measures caregivers take through the street children to reform into better people.
Reintegration:	The process of reuniting street children with their natural families, foster families, or community homes after leaving the streets.
Street children:	The children (boys and girls) who live on the streets mainly without adult supervision.
Streetism:	The way the street children live on the streets and their life situations.
Rehabilitation strategies:	A set of interventions designed and used by rehabilitation institutions to reform rehabilitees.
Personal dynamics:	Personality of someone and how to cope in different situations.
Successful reintegration:	Reuniting and acceptance of the street children in the community.

CHAPTER ONE: INTRODUCTION

1.1 Background of the Study

A street child is any boy or girl under 18 years who is inadequately safeguarded, supervised, or directed by responsible people; and for whom the street has become a habitual habitation and/or source of livelihood (UNICEF (1988). While on the streets, street children may beg for money or food, sell goods, or engage in other activities to survive (Njine, 2016). Street children are vulnerable to abuse, neglect, and exploitation and face various risks, including malnutrition, illness, violence, and involvement in criminal activities.

According to international treaties like the United Nations Convention on the Rights of the Child (UNCRC) (1989) and individual countries' The Children Act of Kenya (2001), children are entitled to certain fundamental rights to ensure their well-being, development and protection. Living in the streets denies the children rights to life, education, health care, protection from violence and exploitation, freedom of expression, and the right to participate in decisions that affect them as provided for in the United Nations Convention on the Rights of the Child (UNCRC) 1989 treaty.

Since children living on the streets is a global phenomenon, the word "street children" has a variety of meanings depending on where it is used and what the street children do for a living. For instance, they are known as sellers in Dakar, Senegal, and Lusaka, Zambia; street gangs in Stuttgart, Germany; while in Kenya, they are referred to as

"*chokora pipa*," a Swahili term for scavenging through a dumpster or waste bins. It is typically abbreviated as *chokora* (Njine, 2016). Street children can often be divided into three groups, those who have fled their homes and live alone on the streets; those who spend most of their time there but occasionally return home, and those who live there with their families. These designations share the commonality that these kids are vulnerable, alone, and not well cared for by adults, leaving them on the periphery of society.

Street children menace is a severe global problem caused by urbanisation, conflicts, poverty, abuse at home, peer pressure, civil unrest and family breakdowns (Chin, 2016). The state of street children globally is complex and varies across regions and countries. The exact number of street children worldwide is difficult to determine, but estimates suggest that the number of street children has increased by 50% from 1989 to 2018 (UNICEF, 2018). While street children are a global challenge, Asia, Latin America, and Africa bear the most significant burden since most children are found on the three continents. According to UNICEF (2018), 40 million street children live in different towns and cities in Latin America. India alone has 18 million, while Africa is home to 30 million street children. Africa has a diverse population of street children, with Nigeria having the highest number at over 7 million, followed by Egypt at 1.2 million and Kenya at about 300,000 (UNICEF 2018). In Africa, street children are a relatively new phenomenon, and their numbers have been rising quickly due to the numerous ongoing

conflicts and other natural disasters that plague the continent; the problem of street children is much more complicated (Dankwa, 2018).

The phenomena first appeared in Kenya in the mid-1950s, following the Mau Mau War of 1952–1956, which left many children homeless. Since then, the numbers have progressively increased as a result of growing urbanisation and other factors like poverty, abuse at home, population increase, peer pressure, drug abuse, political turmoil, civil unrest, family breakdowns, and death of parents, among others (Onyango *et al.*, 1991; Chin, 2016 & Goodman *et al.*, 2017). According to the Kenya Bureau of National Statistics (KNBS) (2019), there are 46,639 street families in Kenya distributed in virtually all urban areas; Nairobi City is home to 15,337 street families, followed by Mombasa with 7,529, Kisumu with 2,746, Uasin Gishu with 2,147, Nakuru with 2,005, and Kitale town at 796.

The difficulties of growing up and living on the streets force the children to fend for themselves using a range of tactics, from legal ones like menial work, scavenging for food and clothing, begging, hawking, and helping drivers find parking spaces to illegal ones like stealing drug trafficking, and even prostitution. Additionally, homeless children are commonly exposed to societal vices like drug and alcohol addiction and suffer from various cases of abuse like rape, illnesses, hunger, violence, and even death (Sitienei & Pillay, 2019). These challenges deprive street children of their fundamental rights, such as the right to a healthy diet, education, and human dignity, as stated in the African

Charter on the Rights and Welfare of Children and the United Nations Convention on the Rights of the Child (1990) (Kaime-Atterhög, Persson, & Ahlberg, 2017).

In response to the escalating problem of street children globally, governmental and non-governmental agencies like UNICEF, Save the Children and Consortium for Street Children have devised interventions to rehabilitate and reintegrate them back into society or assist them in starting an independent life. Interventions targeting street children fall within either of two broad paradigms: 1) Short-term remedial measures, such as the provision of shelter, food, clothing, and medical interventions to improve the children's life on the streets, and 2) Long term measures that strive to rehabilitate and reintegrate the children back to society (Kaime-Atterhög, Persson, & Ahlberg, 2017). The threat of street children can be reduced through preventive efforts, such as empowering families economically and practising positive parenting, as well as corrective measures related to rehabilitation programs. According to Sorber *et al.* (2014), the issue of street children is best addressed through preventive programs and policies that target social and economic causes. Njine (2016) acknowledges that while prevention is essential, children on the streets require immediate opportunities for human development to fit into society.

Rehabilitation refers to capacity-building programs like guidance, counselling, and economic empowerment that help one change behaviour, start a new life, and fit back into society's accepted norms. On the other hand, reintegration mainly includes strategies used in reuniting street children with either; their natural or foster families or institutions of care (Njine, 2016). According to UNICEF (2015), rehabilitation and reintegration are

the most sustainable solutions to street children's menace. Children are reunited with their families and enabled to start an independent life. However, this is not always the case. Studies such as Onyiko and Pechacova (2015) and Frimpong-Manso and Bugyei (2019) have indicated that many reintegrated street children return to the streets.

Despite intervention efforts, a critical examination of the data on children living on the streets reveals that the numbers have risen. This has been attributed to numerous factors, including poverty, wars, domestic abuse, parent loss, and family system disruption, which have been linked to rising numbers (Sitienei, E. C., & Pillay, J. (2019). However, there is limited evidence of the relationship between rehabilitation strategies and reintegration. The available information about street children primarily focuses on streetism, its causes, and approaches for rehabilitation and reintegration. This increase in the number of street children against the effort by caregivers to reintegrate them is worrying. Eleven organisations took care of street children in Kitale town alone in 2021, up from two in the 1990s (Khaoya, 2014). Every institution has its main focus or priority areas, and thus they employ different approaches to rehabilitate and reintegrate street children. There is an urgent need to review rehabilitation strategies based on sound data to determine how they influence the success or relapse rate. This study mainly focuses on establishing how the rehabilitating approaches influence the reintegration of former street children back into families and society since studies show that the relapse rates are still high despite the reintegration interventions.

1.2 Statement of the Problem

In Kenya, many actors implement various rehabilitation and reintegration interventions for street children. These interventions are anchored on various legal instruments, such as the UN Convention on the Rights of the Child (1989) and Kenya's Children Act (2022),) all of which advocate for the rehabilitation and reintegration of street children.

However, despite the various reintegration interventions, there is evidence that more than 10% of reintegrated street children relapse back to the streets (Khaoya, 2014; Omondi, 2015). Considering that a lot of resources have been and continue to be poured into these rehabilitation and reintegration programs, it is necessary to examine the programs. The high percentage of relapse necessitates a re-examination of the reintegration strategies.

This study, therefore, sought to examine the different rehabilitation strategies for the reintegration outcomes of former street children in Kitale Town, Trans-Nzoia County, Kenya, which remains unclear. By analysing the influence of rehabilitation strategies on the reintegration of former street children in Kitale Town, this study seeks to provide valuable insights for policymakers, non-governmental organisations, and stakeholders involved in child welfare. Understanding the effectiveness of different strategies can help guide the development and improvement of programs to facilitate successful reintegration and reduce the recurrence of street involvement among children in the area.

1.3 Purpose of the Study

To investigate the influence of rehabilitation strategies on former street children's reintegration in Kitale town Trans-Nzoia County, Kenya.

1.4 Objectives of the Study

The specific objectives were to:

1. Establish the different approaches adopted by rehabilitation centres to rehabilitate former street children in Kitale town.
2. Determine the reintegration patterns of former street children in relation to rehabilitation approaches in Kitale town.
3. Examine the rehabilitation and reintegration challenges of former street children in Kitale town.

1.5 Research Questions

The study sought to answer the following questions:

1. Which rehabilitation approaches are used in the selected rehabilitation centres in the study area?
2. What are the reintegration patterns of former street children in relation to rehabilitation strategies in the study area?
3. Which challenges are encountered in the rehabilitation and reintegration process of former street children in the study area?

1.6 Justification of the Study

All children have the right to good health, education, family life, play and recreation, an adequate standard of living, and protection from abuse and harm (The 1989 UN Convention on the Rights of the Child (CRC)). According to this convention, street children are among the most disadvantaged children because all their rights are violated as they face numerous challenges and vulnerabilities, including limited access to education, healthcare, and protection from abuse and exploitation. This study is part of a more significant effort to change the situation so that all children have equal opportunities and rights. Focusing on rehabilitation strategies and reintegration, the study addresses a critical issue affecting the well-being and prospects of former street children in Kitale Town.

Despite mitigation efforts, street children have been rising in Kitale town, like in many other urban areas (Khaoya, 2014; Omondi, 2015). In contrast to many other cities where war, poverty, and a lack of food are the main factors contributing to the rise in street children, Kitale is situated in an agriculturally prosperous and mostly tranquil county. The findings provide directly relevant insights to the community and inform local initiatives and interventions. This localised approach enables stakeholders to understand the unique challenges and opportunities in the area and develop context-specific interventions accordingly.

The evidence is biased toward the causes of street children, available rehabilitation programs, and reintegration initiatives. The study aims to provide empirical evidence on the influence of rehabilitation strategies on reintegration outcomes. This evidence-based approach can guide policymakers, practitioners, and organisations in making informed decisions and implementing more effective rehabilitation programs.

1.7 Significance of the Study

The study's findings provide insights into the effectiveness of existing rehabilitation strategies, enabling policymakers, non-governmental organisations, and stakeholders to improve and refine their programs. By understanding which strategies positively impact reintegration outcomes, interventions can be tailored to meet the specific needs of former street children in Kitale Town. The rehabilitation and reintegration of street children is a significant focus of many care facilities. Each institution tends to have a unique strategy, which produces unique outcomes. This study's results will help standardise the reintegration and rehabilitation process.

By understanding the factors influencing successful reintegration, the study can reduce the likelihood of former street children returning to street life. It can identify key areas of support needed, such as education, vocational training, mental health services, and social integration, to ensure a sustainable reintegration process. Further, the findings will facilitate dialogue, knowledge sharing, and cooperation, fostering a holistic approach to addressing the challenges of rehabilitation and reintegration. This can allow collaboration

and engagement among various stakeholders, including government agencies, non-governmental organisations, community leaders, and former street children.

The study's findings inform the development or improve evidence-based policies and guidelines focused on the rehabilitation and reintegration of former street children. Policymakers can utilise the study's recommendations at the national and county levels to create comprehensive strategies that address the unique challenges faced by these children, promoting their successful transition into society.

The new knowledge gained from the street children's reintegration is a valuable addition to the body of knowledge already available on programs for their rehabilitation. This will aid in the growth or advancement of the philosophy of rehabilitation and reintegration. Since there is little research on the connection between rehabilitation and reintegration, the study's findings will offer the necessary understandings that can be applied to develop comprehensive models and theories gradually. The results of this study could serve as a starting point for more research in related fields by other researchers.

1.8 Scope of the Study

The study sought to analyse the various rehabilitation strategies implemented in Kitale Town for former street children. This included examining strategies such as formal education, vocational training, counselling support and family reunion. The study focused on understanding how these strategies influence the reintegration of former street children.

The study focused on Kitale Town, located in Trans-Nzoia County, Kenya, particularly on organisations within Kitale Town that deal with street children. The county had eleven (11) institutions in Kitale town dealing with street children; the study focused on two institutions. The two were purposely identified as information-rich units since they have been rehabilitating and reintegrating street children in Kitale town for more than five years. The study examined the rehabilitation strategies and reintegration outcomes within this particular area between the years 2018 to 2020. The findings may not be generalisable to other locations without further research.

The study adopted a descriptive survey design; the primary respondents were a sample of former street children who have gone through different rehabilitation programs within Kitale Town. Surveys, interviews, and focus group discussions were used to collect the necessary data for analysis.

1.9 Limitations of the Study

The study relied on participants' recall of their experiences in rehabilitation homes. However, some former street children had difficulty recalling specific details, particularly regarding their rehabilitation process and outcomes. To overcome this challenge, the researcher used triangulation to collect data from multiple sources to obtain more accurate and comprehensive. The former street children who were the primary respondents of the study participated in a survey then the researcher selected a few to participate in focus group discussions.

Accessing former street children who had gone through rehabilitation programs in Kitale Town proved difficult for the researcher because many came from homes sparsely spread throughout the county, while others had relocated out of the county. This made it difficult to distribute and collect all the questionnaires, especially when respondents were not accessible or available on the agreed day for data collection. The study was restricted to two caregiver institutions working with former street children in Kitale town. The researcher developed inclusion criteria limited to former street children in Kitale town and its environs who were rehabilitated in the two selected homes. This means that the study's findings are specific to the context of Kitale Town, Trans-Nzoia County, Kenya.

While efforts were made to ensure ethical conduct throughout the study, obtaining informed consent to collect data from the children was challenging. Further, of the nature and socialisation of former street children, some were uncomfortable opening up, while others were unwilling to participate in the study. This introduced selection bias and potentially impacted the representation of the experiences and perspectives of the entire population of former street children in Kitale Town. The researcher endeavoured to create an atmosphere of trust and reassurance to encourage the children to participate. The researcher was accompanied by the social workers whom the former street children were familiar with to be free while sharing their experiences. Further, the researcher explained the purpose of the study, which was purely for academic purposes, and assured the respondents of the confidentiality of the information they provided.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This Chapter is divided into two major parts; the first part reviews the literature on the study themes drawn from the objectives to identify the research gap that needs to be filled by this study. The themes covered include; Approaches adopted by rehabilitation centres on the reintegration of former street children, Reintegration patterns of former street children in relation to rehabilitation approaches, and the Challenges of rehabilitation and reintegration of former street children. The last section of the first part shows the research gap the study filled. The second part of the Chapter presents the theories that guided the study. The variables and application of the theories are discussed to develop a conceptual framework for the study.

2.2 Approaches Adopted by Rehabilitation Centers in the Rehabilitation of former street children

While living on the streets, most street children develop risky behaviours and undesirable habits like bullying, stealing, and commercial sex. These children must be rehabilitated to resume living a normal life and integrate into society. The concept of rehabilitation is explained differently by scholars depending on the subject. In the context of street children, rehabilitation is understood as assisting children who have been spending time and earning a living on the streets to reintegrate into society and lead fulfilling lives once more. It requires attending to their social, emotional, and physical needs and allowing

them to break the cycle of street life and assist these kids in developing into self-sufficient, valuable members of society (Schrader-McMillan, and Herrera 2016).

Before the children are taken back home, the social workers spend a lot of resources (time and money) on guidance, counselling and reestablishing a bond between the children and their families. Although reintegration is a long process, returning the child to their biological or foster family is the most crucial step. The most desirable result of a rehabilitation approach is to help street children change their minds and start over (Singh, 2016).). However, this is not a simple task due to the intricacy of the factors that lead to children moving or living on the streets. For instance, some street children adopt and get addicted to bad habits like substance use and bad sexual habits like commercial sex, some do not have homes to return to, and others have experienced abuse at the hands of their parents or guardians (Miriti, 2015 and Mutua, 2017). For this reason, different caregivers adopt strategies to rehabilitate and reintegrate street children. The Interventions also differ depending on the age of the target children. Those geared to young children concentrate on essential assistance, education, and family reintegration, while activities aimed at adolescents include job training, housing, and sexual health. The interventions can also be done at the individual level or group level.

According to The United Nations Convention on the Rights of the Child (UNCRC) (1989): Children have the following rights, among others, family life, parental care, life, survival, and development; a name and nationality; protection from violence, abuse, neglect, and exploitation; education; health and healthcare; protection of privacy;

protection from discrimination; and protection from economic exploitation and dangerous work, among others. Living or working on the streets deprives children of such rights, and such rehabilitation programs are mainly centred on filling the gaps. Although different approaches are used in rehabilitation, some approaches, like providing basic needs, education, counselling, treatment, and skill development, are common (Salihu, 2019).

Children who live or work on the streets experience changes in practically every aspect of their lives (Coren, 2013). As a result, rehabilitation centres should offer comprehensive care that meets former street children's physical, emotional, psychological, and educational requirements. According to Schrader-McMillan, and Herrera (2016), a successful rehabilitation strategy should offer street children an alternative family that offers a safe and nurturing setting where kids can experience stability, get medical attention, and access basic needs.

According to Kaime-Atterhög (2012), the provision of education and skill development is critical in empowering and equipping former street children with the knowledge and skills necessary for the new beginning. This is why virtually all homes have different Skill development programs that may include vocational training in areas such as carpentry, cooking, tailoring, or computer skills to provide for themselves. Therefore, during rehabilitation, it is crucial to teach the street children life skills, such as hygiene, numeracy and literacy skills, sports, religious education, drama, and the acquisition of

living values. This helps them transition from street children to responsible citizens (Njine, 2016).

Once the former street children have been properly rehabilitated, it is paramount that they be reconnected with their families whenever possible. As envisioned in the Children Act 2001, all children have a right to be loved and cared for by their parents. The rehabilitation programs should ensure that homes are safe and supportive environments for their return. This should be followed up with follow-ups to ensure the reintegration is Successful. According to Van Raemdonck and Seedat-Khan, (2018), this can be done through networks or partnerships with local organisations, schools, or mentors to continue supporting the child's progress after leaving the institution. Other than providing basic needs, rehabilitation programs should also focus on eradicating dangerous behaviour like drug use or the potential to use drugs shortly.

Due to the complexities and costs involved, most caregiver institutions face various challenges in rehabilitating children. The major challenge is inadequate resources, as the process often involves a range of services such as shelter, food, medical care, education, vocational training, counselling, and family support. However, many organisations and governments continue to invest heavily to break the cycle of poverty and provide these individuals with a chance for a brighter future (Aptekar & Stoecklin, 2014).

2.3 Reintegration Patterns of Street Children

Reuniting the former street children with their families and assuring them of normal growth and development is the ideal result of a rehabilitation program (Schrader-McMillan and Herrera 2016). This is because a family is critical for assuring children's well-being, providing for their fundamental requirements, allowing them opportunities for personal growth, and fostering a more inclusive and equitable society. As such, the main objective of rehabilitation and reintegration is to remove the child from the streets and gradually change their social, emotional, and psychological behaviours before reintegrating them into their family and the larger society (Lucchini & Stoecklin, 2020).

Wedge (2013) asserts that the primary strategy for reintegrating children is to ensure they are returned to their natural or foster families and the community, where they may get care, safety, and necessities, making them more capable of adjusting to their new environment. The most desirable outcome of reintegration is the reunion of formerly homeless children with their biological families. Success, however, hinges on the family's capacity and willingness to take in and care for the child while addressing the underlying reasons for the child's relocation to the streets (Delap & Wedge, 2016). For example, the child may be on the streets because he or she has no home or family to return to. This could be due to parents' death, abuse, or financial hardship. Alternative solutions, such as foster families, adoption, or community homes, should be used if the child cannot rejoin his or her natural family (Vanderwill *et al.*, 2021).

Family members are critical in assisting children in obtaining necessities or meaningful engagement and lowering relapse rates. This is because families play an essential role in assisting former street children in adjusting because they are the primary source of support and the agent of much-needed change (Aptekar & Stoecklin, 2014). Without a sound support system, the children risk relapsing and returning to the streets at home. This could be due to factors such as discrimination, victimisation and rejection. As such, parents and children should be prepared and supported for these possibilities through proper counselling and guidance to boost confidence and helps to resolve conflicts quickly.

It is occasionally not practical to reunite former street children with their biological families due to some reasons such as neglect, abuse, abandonment, or if their parents are unable to care for them due to illness, addiction, or other challenging circumstances. As a result, some children are forced to be reintegrated with foster families or supported to start an independent life. A foster family is a home that offers support and care to children who, for various reasons, cannot live with their biological parents or guardians. Children may be put in foster families' care arrangements when returning to their biological families is not possible or safe. According to Pinderhughes and Brodzinsky (2019), foster families are becoming more prevalent globally for various reasons, such as sociodemographics, family structure, parenting responsibilities, and family type. In Kenya, foster parenting is provided for in the Children Act of 2001. Adoption is considered a separate process, and if you are interested in adopting a child, you would

need to follow the legal adoption procedures outlined by the Adoption Act. As such, foster families must be carefully selected, screened, and trained by government agencies or organisations responsible before they can receive the children.

In the event, it is impossible to place the child back in the biological or foster families, depending on their circumstances, family backgrounds and, at times, the homes' policies. According to Delap and Wedge (2016), the main reasons that make it difficult to place some children back home or with foster families include; the lack of a safe and stable family environment to return to, ongoing therapy, counselling, or medical treatment that is best provided within a structured environment like a rehabilitation home; the inability of the family to provide adequate care; and a shortage of suitable foster families or adoptive parents available to provide a permanent home for a child. Such children are placed back in residential care institutions managed by governments or rehabilitation homes. Residential care institutions, just like other homes, provide a safe and structured environment where children receive care, education, and other necessary services. Efforts are made to facilitate their reintegration into society by addressing their needs, providing education and vocational training, and establishing connections with families or support networks. Some former street children may be placed in residential care institutions temporarily or permanently if other reintegration options are not available or suitable.

When rejoining the natural family due to family disintegration or adverse poverty is not safe or advisable, alternative solutions such as foster families, adoption, or community homes are considered. There is, therefore, a need to pay attention to the circumstances

that caused the child to flee or those that the child believes could make a family setting hostile, which must also be examined and addressed, with the understanding that family challenges continue. However, extra concessions and leeway must be made with a vulnerable child attempting to re-enter the social setting. Following the child's reunion with the family, it is necessary to ensure that the child and family adjust to each other by building better relationships (Aptekar & Stoecklin, 2014).

Caregiving organisations have different reintegration approaches depending on the unique circumstances of every case and their structures. For example, some provide residential services for a small number of children for a certain amount of time, while others focus on nonresidential or outreach services to a more significant number of children on a less continuous basis. Despite the differences in the approaches, there appears to be a scholarly consensus that whatever form the reintegration process takes; it must feature strategies that cover the following three main phases: Establishing contact and friendship with the street children, Behavior change and establishing contact with their families; and follow-ups to establish how they are coping. Kaime-Atterhög (2012) conducted the most comprehensive study on the reintegration of street families. The study sought to document lived experiences in Nairobi and Nakuru, Kenya, and Bangkok, Thailand. The study's findings indicated that a safe and conducive environment is required to complete the reintegration process, irrespective of where the children are.

For successful reintegration, the process must be backed up with solid education and capacity building, guidance and counselling and provision of safe spaces where questions

of identity and discrimination are answered, and the psychosocial needs are met, on-the-job training, essential assistance to establish and run income-generating activities, and continuous monitoring (Delap & Wedge, 2016; Kisirkoi & Mse, 2016). Further, the process has to be slow, gradual, and methodical. The children are introduced to families and given the freedom to decide whether or not to stay. Reintegration is arguably the most sustainable solution to the ballooning street children menace.

2.4 Challenges of Rehabilitation and Reintegration of Former Street Children

Reuniting street children with their families or guardians is the most sustainable approach to dealing with street children's menace. However, the success of the process is not always guaranteed as some of the reintegrated children are relapsing back to the streets. This could be attributed to the fact that the rehabilitation and reintegration process is a long and complex process that is prone to numerous challenges.

The main challenge is dealing with the factors that pushed the children onto the streets. In situations where the factors still exist, some children run away and return to the streets. Friberg and Martinsson (2017) categorised challenges into the local context, family relationships, streetwise children, and the belief in a quick fix to the issue. Factors such as peer influence, substance abuse, limited economic opportunities, or difficulty adjusting to mainstream society can contribute to recidivism. Continual support, aftercare services, and ongoing monitoring are necessary to prevent relapse and promote sustainable reintegration.

Former Street children are people with opinions and feelings, and thus the pervasive wisdom in which they are treated as objects and taken to institutions where they must fit a specific mould makes them yearn for escape. Many former street children have experienced traumatic events, including abuse, neglect, violence, and exploitation. These experiences result in significant emotional and psychological challenges, such as post-traumatic stress disorder (PTSD), anxiety, depression, and trust issues (Cénat, 2018). Addressing and healing from these traumas requires specialised support and therapeutic interventions, which are time-consuming and expensive.

When former street children are placed back home or in a new environment off the streets, they face challenges due to the new environment (Kaime-Atterhög, 2012). This is because the life, people, and general environment on the streets differ significantly from life at home and the community at large. This calls for an adjustment in behaviour, socialisation, feeding, and general activities of the day. For these reasons, the reintegration process should be gradual as it requires enough time and resources for training, counselling, and sometimes financial help to start a business or pay bills. After the child is reunited with the family, there is also a need for follow-up activities to ensure that the children adapt well and support them as they fit back into their families. This is because the process is filled with much anxiety in the host family, from adults, children, and now from the street; children must be recognised and addressed (Schrader-McMillan & Herrera 2016).

While working and staying on the streets, the Street children's right to education was provided for in the United Nations Convention on the Rights of the Child (UNCRC) (1989) treaty and the Children Act (2001). The lost time and opportunity make it difficult to reintegrate them into mainstream education systems, and providing them with vocational training can be challenging. They may require additional educational support and catch-up programs to bridge the gaps in their learning. As for those old enough, a lack of necessary skills may also hinder their ability to find employment and sustain themselves long-term. When the former street children are returned to school, many have difficulties. While on the streets, they developed health, psychological, and behavioural problems that affected concentration, discipline, and school social relations (Aptekar & Stoecklin, 2014; Petersen, Joseph & Feit, 2014). Furthermore, teachers and pupils may not be ready to accept the street child. Therefore, training and sensitising school staff to overcome stereotypes, accept and integrate street children, and pay attention to their specific skills and needs is essential.

Virtually all former street children face social stigma and discrimination in adapting to their new placement. This is because the adaptation process is accompanied by many prejudices like discrimination, being treated as criminals or suspects of crime, and denial by family and community (Onyiko & Pechacova (2015). Negative perceptions and stereotypes can affect their self-esteem, relationships, and opportunities. Overcoming societal bias and promoting inclusivity and acceptance can be an ongoing challenge in their rehabilitation and reintegration process.

Families play a vital function in the success of the reintegration process. Street children often lack supportive family structures or positive role models. Rebuilding their support networks and providing them with healthy relationships is crucial for their rehabilitation. However, finding appropriate and reliable support systems, including foster families or mentors, can be challenging and require significant effort and resources. According to Schrader-McMillan and Herrera (2016), the reintegration process is very unpredictable because each child and family are unique in terms of culture, readiness to embrace one another, and, most importantly, the reasons that made the children move to the streets. Some children do not have safe families to return to, especially when those supposed to protect the children cause their running away (Delap & Wedge, 2016; Friberg & Martinsson, 2017). In some cases, families are ready to have their children back, but they do not have the financial ability to provide for their basic needs. Unless the financial need is addressed, the children will likely go back to the streets to look for a living (Lucchini & Stoecklin, 2020).

A significant challenge is experienced in families where most parents have not been taught how to care for their children and do not make good role models. In some families, the fathers are usually absent, which creates a loss of a male role model for the boys. When reintegrating children from such families, the caregivers must be educated on positive parenting skills, enabling them to care for their children correctly. Friberg and Martinsson (2017) also noted a challenge when dealing with street children: some are good at manipulating. They always know what social workers want to hear, saying it to

get what they want. Because of the poverty that forced them away from home, most do not feel like belonging to their family.

Ensuring the long-term sustainability of rehabilitation and reintegration efforts is a challenge. According to Schrader-McMillan and Herrera (2016), some street children run away from home due to relapse into the old habits that had them kicked out of the house, failure to complete the reintegration cycle, especially when they are still battling an identity crisis while frowning upon the order and discipline that a family unit demands. Gichuba (2009), Njine (2016), and Lucchini and Stoecklin (2020) all emphasise this point. For reintegration to succeed, there is a need to ensure comprehensive planning, coordination, and collaboration among various stakeholders, including government agencies, NGOs, community organisations, and donors. This must be backed up with adequate funding, ongoing support services, and follow-up mechanisms are crucial to sustaining positive outcomes for former street children.

Addressing these challenges requires a holistic and multi-dimensional approach that combines psychological support, education, vocational training, community engagement, and policy initiatives. It requires a long-term commitment and recognition of former street children's unique needs and vulnerabilities to ensure their successful rehabilitation and reintegration into society.

2.5 Research Gap Filled by the Study

The reintegration of former street children is a complex process that requires careful planning and effective strategies. The reviewed literature revealed that most studies on the subject had been done to determine the causal factors and the impact of the increasing numbers of street children (Kaime-Atterhög, 2012, Miriti, 2015 & Mutua, 2017, Njine, 2016, Salihu, 2019). The available literature conducted in Kenya, specifically in Kitale town, does not show the relationship between the rehabilitation strategies used and their impact on the reintegration and subsequent adaptation of former street children to the needs of mainstream society (Gichuba, 2009, Khaoya, 2014 & Omondi, 2015). Further, there is limited evidence that a study targeting former street children has been done in Kitale and its environs. This study sought to understand the specific approaches used by rehabilitation centres and their impact on the reintegration outcomes of former street children in Kitale town. From the literature, Trans Nzoia County is considered an agricultural-rich county with many organisations working with vulnerable children; however, the number of street children has been rising. This study sought to establish whether this could be attributed to different caregivers' rehabilitation and reintegration strategies. The study examined the effectiveness of approaches to rehabilitate and reintegrate former street children, such as mentorship, counselling and vocational training.

Understanding the reintegration patterns of street children is crucial in developing effective interventions and support systems to facilitate their successful transition back

into society. From the reviewed literature, the patterns of reintegration vary depending on various reasons such as the reintegration strategy used, the family background and the state of the child (Aptekar & Stoecklin, 2014; Delap & Wedge, 2016; Kaime-Atterhög, 2012). To better understand what works best in a given context, like homes in Kitale town, there is a need to investigate the various reintegration patterns observed among street children in specific contexts as they transition from street life to mainstream society. This study sought to understand "What reintegration patterns are exhibited by street children, and what factors influence these patterns?"

The rehabilitation and reintegration of former street children pose significant challenges that must be addressed to ensure their successful transition into society. The literature reviewed acknowledges the existence of obstacles and difficulties that impede the rehabilitation and reintegration process for former street children (Aptekar & Stoecklin, 2014; Lucchini & Stoecklin, 2020; Schrader-McMillan & Herrera, 2016). The challenges tend to vary with almost every child involved. This is because each street child is unique in their thoughts and feelings. The reasons why they are on the streets tend to be as different and complex as the number of children on the streets. As such, for an effective reintegration process, there is a need to understand each child as a unique case. Each child should, therefore, be treated with respect and not like objects that should fit in already determined solutions. This study sought to establish the unique issues former street children in Trans Nzoia go through as they try to adapt after rehabilitation. By investigating this gap, valuable insights can be gained into the strengths, limitations, and

potential areas of improvement in the approaches adopted by rehabilitation centres. The study's findings can inform the development of evidence-based practices and interventions that enhance the reintegration outcomes for former street children, ultimately contributing to their successful transition into a stable and supportive environment.

2.6 Theoretical Framework

This section describes the relapse and prevention theory used to guide the study and the conceptual framework that the researcher developed to illustrate the main variables in the study.

2.6.1 Relapse Prevention Theory (Witkiewitz and Marlatt 2007)

The Relapse Theory (Witkiewitz and Marlatt, 2007) was used to guide the study because it is seen to be the most effective in understanding and preventing relapse in those who have previously engaged in addictive behaviours such as substance misuse, living on the streets or problem gambling (Brandon et al. 2007; Menon, J., & Kandasamy, 2018). As a result, it was thought to help guide the conversation on how reintegrated street children adapt and fit back into their families and society, as well as explain why some return to the streets.

The Theory was first put forth in the 1980s by Alan Marlatt and his colleagues as they sought to develop a systematic approach to handling relapse, a common occurrence among individuals who struggle with alcohol and substance abuse (Brownell, Marlatt,

Lichtenstein, & Wilson, 1986). The theory has since been modified; Marlatt and Gordon (1980) identified the determinants of relapse, and Marlatt (1990) included self-efficacy and addictive behaviour. In 2007, Witkiewitz and Marlatt expanded the original theory. They provided further insights into its application by emphasising the dynamic nature of relapse and the importance of understanding the factors that contribute to it. Their work has further informed the development of evidence-based interventions and treatment approaches for addiction. The researcher chose to use Witkiewitz and Marlatt (2007) because they expanded the understanding of relapse prevention theory by incorporating the dynamic nature of relapse, the identification of high-risk situations, the role of coping skills and self-efficacy, and the integration of mindfulness-based approaches.

According to the proponents of this theory, relapse is a process that unfolds over time, with specific stages and warning signs. Further, they argue that relapse is not an event that happens suddenly, but rather a gradual progression with three main stages; Emotional relapse, which occurs before the individual starts thinking about engaging in the addictive behaviour again; Mental relapse, which occurs when the person experiences a battle between the desire engage in the addictive behaviour and the desire to stay in recovery; and physical relapse occurs when the person engages in the addictive behaviour again.

Understanding these processes can assist in interrupting or halting them with appropriate intervention and at the right time. Abuse and Ashley (2020) state that the standard relapse incidence rate is in the first three months of remission. According to Marlatt & Witkiewit (2002), when an individual is removed from a high-risk environment or activity, such as

the streets or drug and alcohol abuse, there are two possibilities: effectively coping in the new environment, as evidenced by increased self-efficacy and a lower likelihood of returning to the old habit, or not faring well in the new environment, implying a high likelihood of returning to the old practice. In their later study, Witkiewitz and Marlatt (2007) established that several months after stopping substance abuse, there was a pattern in the percentage (up to 40%) of people who relapsed.

The theory aims to address the lapse issue, develop prevention techniques, and manage its recurrence (Donovan, Witkiewitz & Hartzler, 2012). Relapse Prevention is a valuable method for therapists and patients to overcome addiction and an influential theory for understanding why substance abusers fail to stay clean. Even though the proponents' studies focused on Relapse Prevention in alcohol and drug abuse, the model has been widely used in various behavioural change studies.

According to the RP model, there are two major categories of factors that can cause converts or returnees to relapse to their old practice: 1) the person's coping skills, the abstinence violation effect, outcome experiences, and high-risk situations, and 2) the converts or returnees' family and social background as indicated in Figure 2.1. This included strategies or support systems to help them adjust to the new normal. However, RP must be tailored to the needs of individual substance abuse clients (Bowen, Chawla, and Witkiewitz, 2014). The detailed classification (i.e., taxonomy) of factors or situations that can precipitate or contribute to relapse episodes is an essential aspect of the model (Gordon & Marlatt, 1985), as indicated in Figure 2.1.

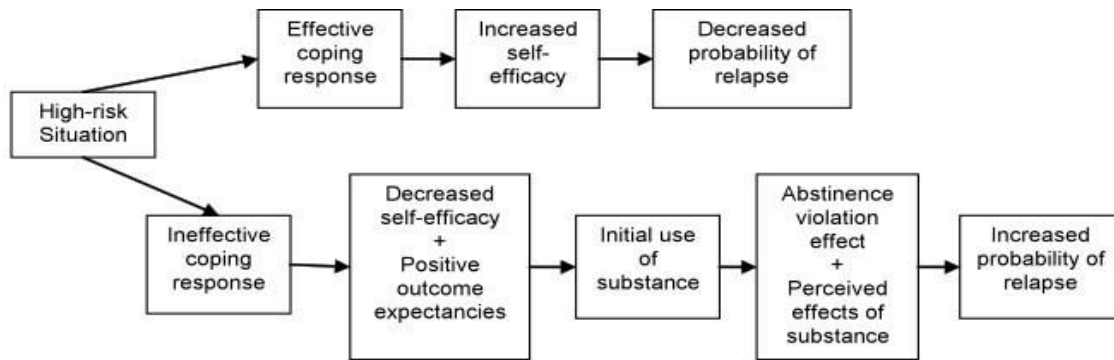


Figure 2.1: Relapse Model

Source: *Marlatt and Gordon (1985)*

According to the proponents, the caregivers should have specific interventions tailored to each client that improve the client's coping skills, increase self-efficacy, dispel myths about adverse effects, manage lapses, and restructure the client's perceptions of the relapse process. Some of the strategies that can assist individuals in maintaining their recovery include; increasing self-awareness that helps individuals recognise and identify the early warning signs of relapse; developing effective coping mechanisms; building social support system; and Creating a relapse prevention plan that outlines specific strategies and actions to take to prevent relapse.

Suitability of the Relapse theory to this study

Relapse Prevention (RP) is a popular cognitive-behavioural treatment intervention for various social disorders and addictions. Outcome studies have produced inconclusive results regarding the efficacy of this approach or the conditions for maximum effectiveness. According to Irvin *et al.* (1999), Relapse Prevention Theory is generally

adequate for alcoholics and users of multiple illicit substances. The theory's strengths include an excellent support system, a good treatment team, good insight, and motivation to improve by utilising diverse skills (Barnett, Manderville-Norden, and Rakestrow, 2014). Despite its strengths, the theory has flaws, such as perfectionism, putting insight into action, and dealing with change. Strengths and weaknesses are the foundation for a Relapse Prevention strategy (Witkiewitz, Bowen, Douglas & Hsu, 2013).

This study uses this model to demonstrate the two options for reintegrating street children. After rehabilitation, former street children are expected to adapt well to family and society by being actively engaged. As a result, the likelihood of relapse is low. Those unable to adapt risk returning to the streets. Further, the Relapse prevention theory was used in this study to provide a framework for understanding and addressing the rehabilitation strategies, reintegration patterns and the challenges faced in the process. Figure 2.2 shows an example of this.

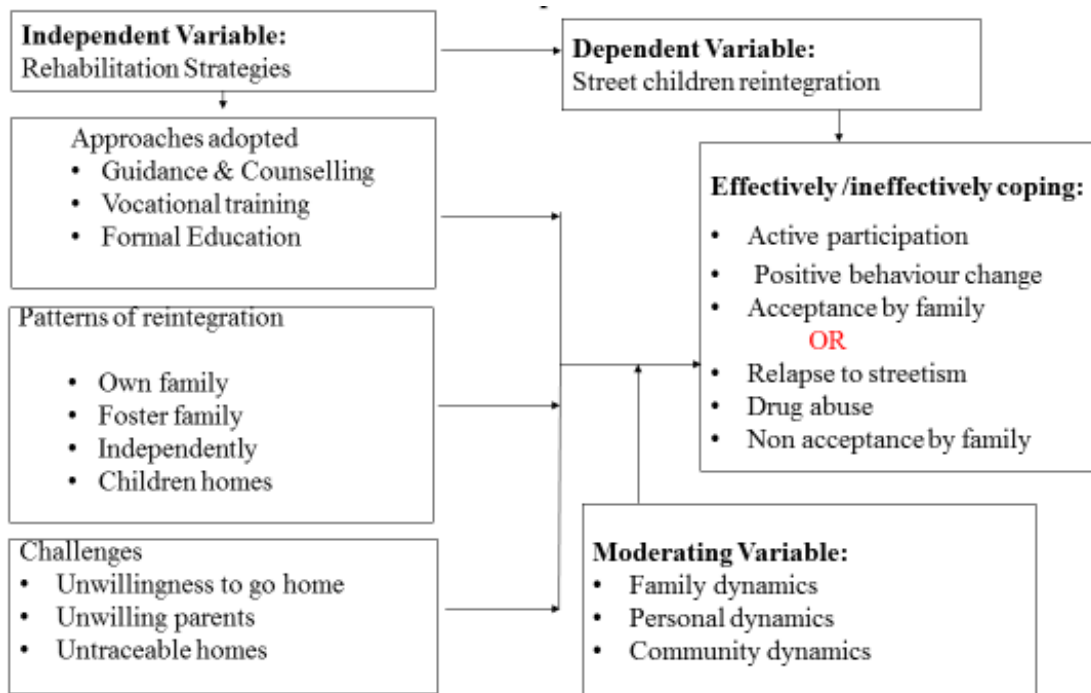


Figure 2.2 Illustration of Reintegration Process Using Relapse Theory

2.6.2 Conceptual Framework

In this study, the researcher identified key variables that should be considered to understand the factors contributing to the successful transition and reintegration of former street children back into society. These variables provide insights into the rehabilitation strategies, reintegration patterns and the factors that affect the effectiveness of interventions or support programs, as illustrated in Figure 2.3.

Figure 2.3: Conceptual Framework for Adaptation of Former Street Children

From the conceptual framework Figure 2.2, the rehabilitation approaches, patterns of reintegration and the challenges facing the reintegration have been identified as the independent variables. On the other hand, the ability of the former street children to fit in society and the possibility of relapse have been identified as the dependent variable. This, however, depends on other intervening variables like family dynamics, personal dynamics and community dynamics.

The rehabilitation approaches (guidance and counselling, vocational training and Formal Education) refer to activities caregivers use to help street children reform and return to their families, such as psychosocial support, life skills training, vocational training, formal education, and talent development. Effective rehabilitation programs for former street children typically employ a holistic and multidisciplinary approach. Since the programs offered by caregivers determine how former street children fit back into their families and societies, there is a need to ensure that appropriate programs are implemented. For example, programs offering safe shelter, nutritious meals, and a sense of belonging can help alleviate the risk factors contributing to relapse. Emotional support and positive role models also play a vital role in rebuilding self-esteem and developing healthy coping mechanisms.

Once the former street children have been rehabilitated, they start again differently. Figure 2.3 shows that former street children can be placed in their own families, foster families, and rehabilitation centres or start living independently. According to Witkiewitz

and Marlatt (2007), the family and the community support given to the returnees determines the success of reintegration. This also explains why most of the intervening variables in the study have to do with family and community dynamics other than the person in the context. Any effect, shift, or disturbance of these factors may impact former street children's adaptation. A positive impact, such as family support, a conducive environment, and personal resilience, may produce a positive result that may lead to successful reintegration. On the other hand, a negative shift, such as family wrangles, traumatic experiences, and an unfriendly environment, can have a negative impact, leading to unsuccessful reintegration, and many children may end up on the streets.

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Introduction

This Chapter describes the study's methodology. The research design, study area, and population details, such as the target group, sample size, sampling procedure, and inclusion and exclusion criteria, are all described in detail. In addition, this Chapter describes the data collection tools and techniques, as well as the data analysis and presentation. Finally, the Chapter concludes with an explanation of the ethical principles that guided the study.

3.2 Research Design

This study used a descriptive design because it enabled the researcher to provide a comprehensive overview of how rehabilitation strategies influence the reintegration of former street children in Kitale Town and further characterise how the former street children are integrating into society. According to Erickson (2017), descriptive research design helps contextualise the findings within the specific setting. This study enabled the researcher to explore the local context and community dynamics that influence the effectiveness of rehabilitation strategies and reintegration outcomes in Kitale Town, Trans-Nzoia County. Descriptive design was also appropriate for the study as it supports collecting quantitative and qualitative data through various methods such as surveys, interviews, and focus group discussions (Creswell, 2017).

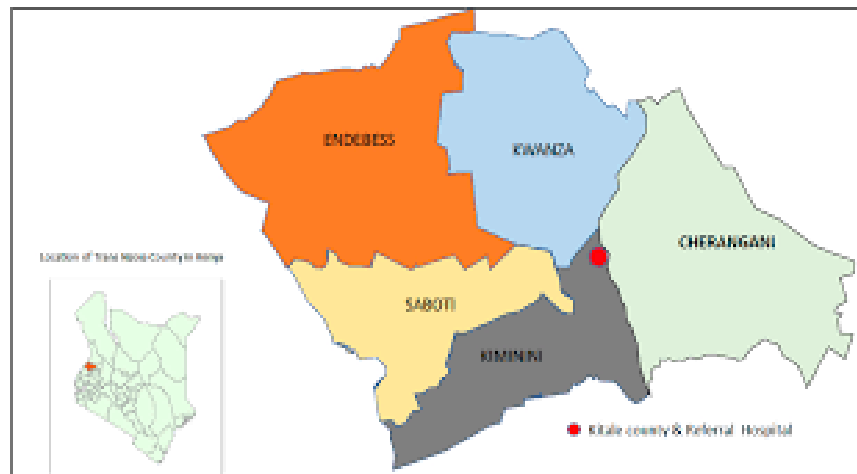
A convergent mixed-method approach was used to collect quantitative and qualitative data independently, analyse them separately, and then discuss them. This approach was found appropriate to provide a comprehensive understanding of the topic as it combined the strengths of both approaches through triangulation. According to Dawadi (2021), the mixed method allows the researcher to explore not only the "what" (quantitative data) but also the "why" and "how" (qualitative data) behind the research phenomenon. By integrating quantitative and qualitative data, the researcher validated and corroborated the findings by comparing and contrasting different data sources to ensure the reliability and validity of the findings (Creswell, 2017). The combination of quantitative and qualitative data informed the development of practical recommendations and evidence-based interventions. Further, combining qualitative and quantitative data helped generate unique insights into complex social phenomena that would be impossible if either type of data was used alone.

3.3 Study Area

This study was carried out in Kitale Town, Trans-Nzoia County. Kitale is the administrative town of the agricultural-rich Trans Nzoia County. The town is at latitude 1.0191° N and longitude 35.0023° E. It is between Mount Elgon and the Cherangani hills. The town of Kitale was chosen because there are a lot of former street children living there, although there are several rehabilitation facilities in town. At the time of the study,

11 homes were working with street children within the town. According to Khaoya (2014), a high relapse rate is one of the causes of the large number of street children in Kitale town. Focusing on Kitale Town, Trans-Nzoia County, the researcher gained insights into the specific challenges and opportunities related to former street children's reintegration in Kitale.

Figure 3.1 Location of Trans Nzoia County in Kenya and the sub-counties in relation and Kitale town.



Source: Rono et al., 2019

3.4. Population

The main respondents for this study consisted of all former street children who had benefited from rehabilitation and reintegration programs in Kitale town. The main respondents were selected from among the beneficiaries of rehabilitation and reintegration programs in two rehabilitation centres. The two rehabilitation centres were purposively selected since they have both been in operation for more than five years.

Further, they were chosen because they work specifically with street children and have rehabilitation and reintegration programs.

The study population also included key informants, consisting of two managers, two social workers, two parents and a community elder. Study respondents were selected from among beneficiaries of rehabilitation programs in the three years preceding the study. This was considered an ideal time for respondents to recall previous events and thus share their experiences with the researcher. Cumulatively, the study targeted 741 respondents consisting of 7 key informants and 734 former street children who had been beneficiaries of rehabilitation and reintegration from the two rehabilitation centres, as summarised in Table 3.1.

Table 3.1: Number of Reintegrated Street Children

Caregiver Institution	Number of Street Children Beneficiaries			
	2018	2019	2020	Total
A	140	134	122	396
B	111	97	130	338

Source: Centre A & B records

3.5 Sampling Techniques

The sample was selected through a four-step procedure.

3.5.1 Sample Size and Sampling Procedure

In the first step, two rehabilitation centres were purposively selected for the study because they had been in operation and had rehabilitated 734 former street children in the last five years. A sample of 259 out of the 734 was arrived at using Taro Yamane's formula.

$$n = \frac{N}{1 + N(e^2)} \quad (\text{Yamane, 1967}).$$

Where:

n = is the required sample size

N = is the population of the former street children

e = is the precision level (level of significance). At a precision level of 95% with a ± 5

The margin of Error, the set precision level, is 0.05

Thus:

$$n = \frac{734}{1 + 734(0.05)(0.05)}$$

$$n = \frac{734}{1 + 734(0.0025)}$$

$$n = \frac{734}{1 + 1.835}$$

$$n = \frac{734}{2.835}$$

n = 258.90
Sample size: 259

The sample was then divided into two strata's, with proportionate quotas assigned to each stratum, as indicated in Table 3.2.

Table 3.2: Sample Size Distribution

Sampled caregiver	No rehabilitated children in the past 3 yrs.	Sample
B	338	119
A	396	140
Total	734	259

The next step involved selecting respondents from each stratum, using simple random until the quota was achieved. Contacts for each selected participant were then sought and obtained from the rehabilitation centres. Where a selected participant was unreachable or away from Kitale town, the next available member on the sampling frame was selected.

3.5.2 Inclusion and Exclusion Criteria

This study included only former street children who were beneficiaries of rehabilitation and reintegration services at the selected facilities within the study area. Only those beneficiaries within the three years preceding the study were included. This was because three years was considered an appropriate time to recall what happened (Semkovska et al. 2019). The age limit for this study was 13 - 25 years; thus, participants under 13 were excluded for ethical reasons. For key informants, only social workers and managers working at the selected rehabilitation centres were selected because they had rich

information on the study. Community elders from the areas where the street children came from were included, as well as the parents/guardians of the reintegrated street children.

The target population were identified using the following criteria; individuals who have previously lived on the streets of Kitale Town and have gone through rehabilitation programs at the two identified homes; the participants have actively engaged in rehabilitation programs and have completed or are in the process of completing the program and thus have been exposed to the rehabilitation strategies being investigated; and diversity that allows for a more comprehensive understanding of the study (Age groups, Gender,

3.6 Data Collection Instruments

A questionnaire, an interview schedule, and a focus group discussion guide were used to collect data. These instruments were used in the manner described below.

3.6.1 Questionnaire

A semi-structured questionnaire was developed for this study, and copies were made and distributed to the primary respondents. Questionnaires allow for standardised data collection and enable researchers to simultaneously collect data from a large population in a time-efficient manner (Rowley, 2014). The closed questions provided an objective sketch of reality, whereas the open-ended questions, which primarily addressed the qualitative component, illuminated and allowed for the interpretation of participants' reality and experiences (Young, 2015).

Section A of the questionnaire was the consent page, while section B collected information on respondents' backgrounds, including demographics. Each of the subsequent sections was dedicated to each objective of the study.

3.6.2 Focus Group Discussion Guide

A focus group discussion (FGD) guide was developed to collect qualitative data from the main respondents. This allowed for triangulation with quantitative data collected via questionnaires. This is because the focus groups' unstructured interactions yielded more data through probing. The FGD guide was developed in English and translated into Kiswahili so that the discussion could occur in the language spoken by all respondents, Kiswahili. To give respondents adequate time to answer, the researcher used the schedule to ask questions and pause throughout dialogues. One focus group discussion was done at each caregiver organisation to triangulate data received via questionnaire. In total, there were two focus group discussions. The first focus group comprised six participants, while the second had seven.

3.6.3 Key Informant Interview Schedule

A key informant's interview schedule (KII) was created to collect qualitative data from selected respondents to explore their perspectives on a specific idea, program, or situation (Peters & Halcomb, 2015). The tool was used on one community elder, two parents, two social workers, and two project managers. The tool gathered information about the

rehabilitation program's approaches. It documents the difficulties encountered while rehabilitating and reintegrating former street children.

3.7. Data Quality Strategies

Before data collection, the quality of data was achieved through the following:

3.7.1 Validity of the Instruments

Before data collection, the researcher sought to ensure that the research tools (questionnaires, the interview schedule, and the focus group discussion guide) accurately measured the variables to be studied. According to Daniel (2019), validity is an essential aspect of research quality and refers to the degree of accuracy, soundness, and appropriateness of the conclusions drawn from the data. In this study, face and content validity were ensured through verification of the tools by the supervisors, who are research experts, while Construct validity was achieved by using variables identified by the theory to ensure that the variables being studied are valid indicators or measures of the theoretical constructs they are intended to represent.

3.7.2 Reliability of the Instruments

In order to ensure that the data collection tools yield consistent results after repeated trials, tools were pretested before being adopted. After the tools had been developed, the researcher pre-tested them in Kisumu town because the respondents had the same characteristics as those in Kitale town. The researcher personally administered the questionnaires and the interview schedule to make necessary clarifications. Respondents

were encouraged to comment and suggest instructions, the language used and questions' clarity, the finer details of the questionnaire, and the question's relevancy to the study. The pre-test exercise enabled the researcher to realize any problems and correct them before going out for actual data collection. A test re-test method was employed on a selected category of respondents after one week to examine the consistency of response between the two tests in a pilot study. A Cronbach alpha test was done, which gave a score of 0.9. According to Stadler, M., Sailer, M., & Fischer, F. (2021), the higher the alpha coefficient, the more the items have shared covariance and probably measure the same underlying concept. The Internal consistency technique was used to assess how well the set of items measured a particular behaviour or characteristics of the variables within the tests.

3.8 Data Collection Procedure

Before data collection, the researcher sought approval from NACOSTI to collect data for the study. The researcher also requested consent from parents, legal guardians, and primary respondents. The main respondents signed a consent form before data was collected.

After the data collection tools were ready, the researcher contacted the social workers from the two selected rehabilitation centres and briefed them on how the researcher intended to collect the data. The questionnaires were distributed to the primary respondents, and focus group discussions were held. The researcher concluded by conducting interviews with the key informant respondents.

Further, purposive sampling was also used to identify the Key Informants interviewed; two project managers, two social workers, two parents and a community elder. The key informants were selected to provide firsthand knowledge about the challenges faced by street children, the effectiveness of different rehabilitation approaches, and the factors that influence successful reintegration. They have expertise and experience working directly with street children and implementing rehabilitation strategies. Two managers and two social workers from the selected rehabilitation centres were interviewed on their strategies to rehabilitate street children and their challenges. Two parents and a community elder were interviewed on how they relate to the reintegrated children at home and in the community.

After data had been collected through questionnaires and interviews, the researcher liaised with the social worker to purposely select seven members per centre to participate in the Focus group discussions. This selection was based on gender, age, educational background and employment status. To identify participants who could provide valuable insights into the research, the researcher worked closely with the social workers with information and experienced working with former street children in Kitale Town.

3.8.1 Administering the Questionnaire

Two research assistants (RAs) were hired to help distribute copies of the questionnaire. Before beginning data collection, the RAs were given one-day training. The RAs were made to familiarize themselves with the purpose of the study during the principal

investigator's training. They were also taken through the questionnaire to internalize it in case there were any questions in the field. The course also covered ethics and etiquette.

Copies of the questionnaire were distributed to former street children from the two rehabilitation centres. The questionnaire was distributed systematically using a pre-planned sampling criterion. Research assistants waited until the questionnaire was filled up before collecting it and proceeding to the next respondent.

3.8.2 Conducting Focus Group Discussions

This study included two focus group discussions. Although the researcher targeted seven participants per focus group, the first group from Centre A had six, and Centre B had seven participants. This is because one of the participants of FGD A asked to be excused in the morning of the discussion, and the researcher could not replace her. Only those primary respondents who completed and returned the questionnaire were considered for inclusion in the FGDs. The locations and times of each FGD were chosen in consultation with study participants and social workers. The principal researcher facilitated all FGDs but was assisted by one RA in recording proceedings. A rapport was established with respondents by assuring confidentiality and explaining the purpose of the study. Probing was used to understand their experiences better and seek clarification.

3.8.3 Conducting Key Informant Interviews

The researcher conducted interviews with the key informants using the interview guide. After preparing an interview schedule and necessary approvals, the researcher purposely identified information-rich Key Informants (participants who possess diverse experiences, backgrounds, and perspectives related to rehabilitation and reintegration). With the aid of the social workers, the researcher reached out to the participants to make an appointment and Informed consent and participant preparation. The researcher conducted both face-to-face and virtual interviews with the selected participants.

Before the interviews, the researcher established rapport and reminded participants of the purpose and confidentiality of the study. The interview was conducted using the interview schedule with interludes to capture emerging themes or issues raised by the participants. The conversation was recorded using audio recording, and the researcher took notes with the participant's permission. The interviews were conducted in the respective areas where the key informants were.

3.9 Data Processing, Analysis, Interpretation, and Dissemination of Information

All filled-up copies of the questionnaire were checked for data quality before being analyzed. This involved editing data to ensure that the raw data collected was free from errors and omissions and enabled detected errors to be corrected. Coding was done by assigning numerals to responses for the sake of classification. Classification involves

arranging data in groups or classes based on similarities. The open-ended questions were analyzed by transcribing the information and determining the common themes. All the responses were transcribed, and the content was reviewed until consistent themes emerged. Qualitative data was analyzed thematically according to the emerging themes. The analyzed data was presented in themes as per the study objectives. The data analysis guided the methodological assumptions underpinning a particular research project. After completing the findings, they were shared through a seminar and published in a peer-reviewed journal. The thesis report will also be deposited in the Rongo University Institutional Repository per graduate studies directorate guidelines.

3.10 Ethical Considerations

The study involved a unique population of children; thus, ethical considerations had to be put in place to protect the children. The researcher sought the necessary permissions before conducting the research. The researcher ensured and maintained the confidentiality of the respondents during the entire research process by preserving the anonymity of all the participants and their families' privacy. Informed consent from the parents was also sought for children below the age of 18 years.

The researcher also endeavoured to convince the participants that the study was purely for academic purposes; thus, all information given was used only for that purpose. The wishes of those who did not want to participate were respected. The researcher also sought an appointment with the primary respondents and informed them about the

purpose of the study. The National Council for Science, Technology and Innovation (NACOSTI) sought approval and permission to carry out the research through an introductory letter from the Directorate of Postgraduate Studies, Rongo University.

CHAPTER FOUR: DATA ANALYSIS, PRESENTATION, INTERPRETATION, AND DISCUSSION

4.1 Introduction

This Chapter provides and discusses the findings based on the study objectives. The first part contains demographic information about the research participants, while the second section is organized around themes of the study objectives.

4.1.1 Response Rate

Although the study set out to survey 259 former street children, only 182 of the 259 questionnaires were completed and returned. This gave a response rate of 70%, which is within the acceptable range, according to Mugenda and Mugenda (2008). The low response rate was attributed to former street children being widely dispersed throughout the county and region. In addition, the researcher interviewed two project managers, two social workers, two parents and one community leader and held two focus group discussions, one in each of the rehabilitation centres. As intended, the sampled respondents were drawn from the research region. Table 4.1 shows the summary of the number of questionnaires issued to former street children and returned.

Table 4.1: Response Rate

Respondents	Questionnaire Issued	Questionnaire Returned	Response Rate
Former Street Children	259	182	70%

4.1.2 Respondents' Socio-demographic Features

Data on the respondents' social-demographic characteristics, such as age, gender, and degree of educational attainment, were obtained. This information was critical in demonstrating the sample's representativeness. The respondents' social-demographic characteristics were as indicated in Table 4.2.

Table 4.2: Respondents' age, gender, and level of educational attainment

Socio-demographic Features		Frequency	Percent
Age in years	13-16 yrs	164	90.1
	17-20 yrs	12	6.6
	21-24 yrs	5	2.7
	Over 25	1	.5
Total		182	100.0
Gender	Male	112	62
	Female	70	38
Total		182	100.0
Level of education	Primary	173	95
	Secondary	6	3
	Tertiary	3	2
Total		182	100.0

The results in Table 4.2 show that most respondents (90.1%) were between 13 and 16. The remaining age categories had very small proportions: 6.6% for those aged 17 to 20 years, 2.7% for those aged 21 to 25, and a meagre 0.5% for those beyond 25 years. According to qualitative data from key informant interviews, the skewed age distribution of the respondents might be ascribed to the rehabilitation institutions' approach of favouring younger children for rescue. According to one of the key informants:

"We focus mainly on the new entrants, mostly young children who have not stayed long in the streets. This is because it is easier to rehabilitate them since they have not acquired the risky behaviors and are not addicted to drugs, unlike those who have stayed for quite some time." (Key Informant 001, Home A)

Table 4.2 also reveals that around two-thirds (62%) of the respondents were male, indicating that more boys than girls had been rescued and reintegrated. These findings are consistent with the results of Kaime-Atterhög, Persson, and Ahlberg (2017) and Njine (2016), who discovered that there were more males than females on the streets of Aracaju in Brazil, and Harare in Zimbabwe, respectively. According to Manjengwa *et al.* (2016), the gender difference could be associated with boys being more adept at manoeuvring their way around street life than girls.

In terms of educational attainment, the study found that the most significant majority of the respondents (95%) had not completed secondary school by the time data were collected. This means that most street children have little or no formal education, which

might explain why schooling is one of the essential activities in rehabilitation centres, as corroborated by one of the primary informants.

"Education is the key focus area of our rehabilitation programs. This is because it assists in forming the child and empowers them to start a new life."

(Key Informant 001, Home B)

The low level of educational attainment among street children in this study, as shown in Table 4.2, is comparable to that found by Manjengwa *et al.* (2016), who discovered that most street children in Harare had only completed elementary school, and others had not attended school at all.

It is clear from the results that most children living on the streets are young boys with low education levels. From a sociological point of view, the fact that so many young children are on the streets may indicate that the family and community structures meant to care for and safeguard the kids have broken down. Children are expected to be cared for and protected by their parents or guardians under Kenya's Children Act (2022). Additionally, this demonstrates the ineffectiveness of governance frameworks in ensuring children's well-being.

Further, from the findings, more boys are on the streets than girls. This could be attributed to the fact that Kenya appears to have prioritized girls in policy and legislation. For instance, Kenya has ratified international instruments such as the Convention on the Rights of the Child (CRC) and the Solemn Declaration on Gender Equality in Africa,

among others. At the national level, Kenya is also party to other international initiatives that compel states to improve gender equality, such as the Beijing Platform for Action, and the Sustainable Development Goals (SDGs), where the fifth Goal sets specific targets for women and girls. At the national level, Kenya has implemented the Sexual Offences Act (2006) and the Prohibition of Female Genital Mutilation Act (2011), among others. All of these instruments obligate the state to safeguard the rights of women and girls.

Another factor contributing to the reduced resilience of boys could be the socialization process within the culture of the Luhya, where the study area is located. According to Abeingo Community Network (2022), in Luhya culture, boys are raised to be robust and resilient, which involves rigorous discipline by parents and caregivers so that they can fend for and defend themselves and their families when they reach adulthood. This sometimes implies harsh treatment of boys, as opposed to girls. Similar sentiments about the resilience of boys were made by Graber, Turner, and Madill (2016), whom all posit that boys are more vulnerable to the effects of separation occasioned by the death of a parent than girls. The authors argue that boys find coping with the psychological trauma associated with grief more challenging than girls. The authors further aver that girls cope better than boys with adverse family circumstances such as being maltreated, orphaned, or abandoned. While on the streets, qualitative data from FGDs and KIIs show that more boys on the street than girls may be associated with higher risks for the latter.

Given the age of the respondents, it would be expected that most of them are at the secondary school level, considering that the average age of completion of secondary

school in Kenya is 18 years (Ozier, 2018). The revelation that 95% of the respondents are yet to join secondary education demonstrates the disadvantaged situation of street children and former street children. Their situation contravenes Article 53 (1) (b) of the Kenyan Constitution, which guarantees every child the right to free and compulsory basic education. The fact that some children in Kenya are not in school means that society and the government have failed this category of children. The study concurs with Salihu (2019), who says that training offers individuals such as former street children an opportunity to learn non-formally, something they did not have previously. Vocational training has also been recommended for rehabilitated street children as part of their reintegration into society and as a source of income (Aptekar & Stoecklin,2014).

4.2 Approaches Adopted by Rehabilitation Centres in the Rehabilitation of former street children

The first objective of this study sought to establish the rehabilitation approaches adopted by rehabilitation centres in Trans-Nzoia County. The study's goal in this objective was to learn about the rehabilitation interventions that former street children were taken through to prepare them to start a new life. The respondents were asked to identify the rehabilitation activities they went through in their respective rehabilitation centres, and their responses are presented in Table 4.3.

Table 4.3: Rehabilitation programs received by children in the selected Centres

Program	Frequency	Percent
Guidance & counseling	182	100
Spiritual nourishment programs	182	100
Informal education	126	69.2
Vocational training	64	35.2
Talent development	23	12.6
Others	18	9.8

Data in Table 4.3 shows that all respondents (100%) received guidance, counselling services, and spiritual nourishment in both rehabilitation centres. The results showed that every respondent thought guidance, counselling, and spiritual nourishment programs were beneficial. Additionally, 69.2% benefited from informal education, while 35.2% and 12.6% benefited from vocational training and talent development. A modest fraction of people (9.8%) thought other programs like farming were essential to them.

According to qualitative information obtained from social workers, guidance and counselling, as well as spiritual nourishment programs, were considered essential pillars for the holistic development of children. One key informant observed as follows:

“We provide children with guidance and counselling. We have trained staff and counsellors who walk with them because most arrive traumatized and with strange behaviours.” (Key Informant 001, Home B)

The abovementioned sentiments were corroborated by qualitative data obtained from FGDs, which indicated that guidance and counselling was the most favourite service received by respondents because they gave them hope and encouragement in life and improved their self-esteem, which had suffered due to their experiences on the streets.

One of the key informants from Home B stated:

“A need assessment was performed to determine who required specialized and general counselling. It was done once or twice a week by various groups, including trained counsellors, social workers, and a weekly visit from a priest. Those who require specialized counselling and treatment are seen by a visiting doctor who comes here, while the project manager provides career counselling.” (Key Informant 001, Home A)

As shown in Table 4.3, all the respondents also benefited from spiritual nourishment programs, deemed necessary for positive behaviour change and dealing with traumatic experiences that the children may have had on or at home before moving to the streets. The spiritual nourishment primarily consisted of Christian teachings involving general and spiritual psychosocial programs. Qualitative data from FGDs and KIIs confirmed that all the children arrived at the homes with psychological issues due to events at home and on the streets, including rape and drug addiction. According to the study, all of the rehabilitation centres had resident pastors, social workers, and trained counsellors to spearhead spiritual nourishment programs, as confirmed by a key informant:

“Our pastor preaches and teaches the word of God to the children. It is a way of giving them hope and showing them God's love for his children. Spiritual programs are meant to cultivate a love for oneself and others which is geared to embracing one another despite people's mistakes.” (Key Informant 002, Home B).

Table 4.3 also shows that most of the respondents (69.2%) had the opportunity to participate in informal education at rehabilitation centres. This is an exciting revelation, considering that data in Table 4.2 shows that 90.1% of the respondents were between 13 and 16. From the findings, one of the centres had an ECD unit for children in the pre-primary age range. Those who had dropped out of primary or secondary school received informal education to prepare them to return to school, while older ones received vocational training.

The study sought explanations for the situation, and qualitative data revealed that former street children are disadvantaged. From KIIs, it emerged that former street children have significant difficulties coping with formal education's rigours because many did not have a solid educational foundation. Furthermore, some children are rescued when they are relatively advanced and are reluctant to join a lower-class school for fear of stigma from other children. According to one key informant:

“In some cases, we rescue children who are already teenage, yet they have never stepped inside a classroom, or maybe they dropped out in lower primary school. Such children are usually reluctant to start or rejoin school

because they fear being laughed at by other children because of their advanced age.” (Key Informant 001, Home B).

This situation is compounded by the fact that none of the rehabilitation centres selected for this study had a formal school. In the words of one key informant:

“Our centre only has preschool, so we must send the children to other schools. We run our school for PP1 to Grade 1 and liaise with neighbouring schools for other classes. If we had a formal school, our children would comfortably learn in an environment where they would not be stigmatized.”

(Key Informant 002, Home B)

Resolved street children are provided with vocational training and talent development to mitigate this. As seen in Table 4.3, approximately one-third (35.2%) of the respondents received vocational training, while 12.6 % underwent talent development, including activities such as ball games, athletics, and music. The children were trained and allowed to compete among themselves and other children in public schools to connect them with members of the general public. One key informant noted the following in Children's Home B:

“The talent development program was designed to provide children with an environment to keep their minds occupied. It helped the children learn new ways of socializing and freely interacting with members of the public. This program is critical in developing the children's talents and providing them with opportunities in the future if any of them are interested in pursuing a

career in sports or music. Some sports and music professionals are employed in society and earn a living in these fields. Children who interact with the public through sports and music participate in the community and gain self-esteem and confidence. The program also improves the rehabilitees' physical and psychological health, thereby improving their quality of life.” (Key Informant 002, Home A)

Life on the streets is associated with bad habits like drug abuse, pickpocketing, and commercial sex. This, therefore, means that an effective rehabilitation and reintegration program should focus on changing the risky behaviours of street children. According to the Relapse Prevention Theory, patients must be isolated from their surroundings to reduce the risk of relapse. This explains why the children are not returned directly to their families but to rehabilitation homes. While in the Centres, they go through a process that helps them unlearn street behaviour and prepares them for reintegration. According to the findings, the procedure borrows heavily from the Relapse Prevention Theory, which defines rescue, rehabilitation, redemption, and reintegration.

According to Aptekar and Stoecklin (2014), the rehabilitation process can range from a simple linear process to a complex nonlinear process in which various factors interact and collaborate. However, the essential stages are the same; behaviour change and focusing on relapse prevention. The findings showed that the caregivers emphasize positive behaviour change through programs like guidance and counselling, church activities, and

education. In order to prevent the children from relapsing, talent development programs are used to engage the children positively.

Based on the findings, treatment for an individual who has been removed from a high-risk environment or activity, such as the streets or drug and alcohol abuse, should focus on behaviour change and preventing relapse into old habits. According to proponents of the Relapse Prevention Theory, all treatments for addiction, in some way, are intended to prevent relapsing back into old habits. In this case, the treatment is rehabilitation, which requires the caregivers to identify and focus on the issues that put street children at risk of returning to the streets or the desire to continue with their bad habits, such as drug abuse.

4.3 Reintegration Patterns of Former Street Children

The second objective of this study was to establish the patterns of reintegration of former street children. In this objective, the study sought to find out how former street children were placed, how they are adapting back to their families, and the relationship between rehabilitation strategies and the reintegration patterns of former street children. The placement patterns were established before assessing how rehabilitation strategies influenced their adaptation.

4.3.1 Patterns of Reintegration in Relation to Rehabilitation Strategies

The study sought to determine where former street children were placed after being discharged from rehabilitation centres. Respondents were therefore asked to state where they were placed, and their responses are illustrated in Figure 4.1.

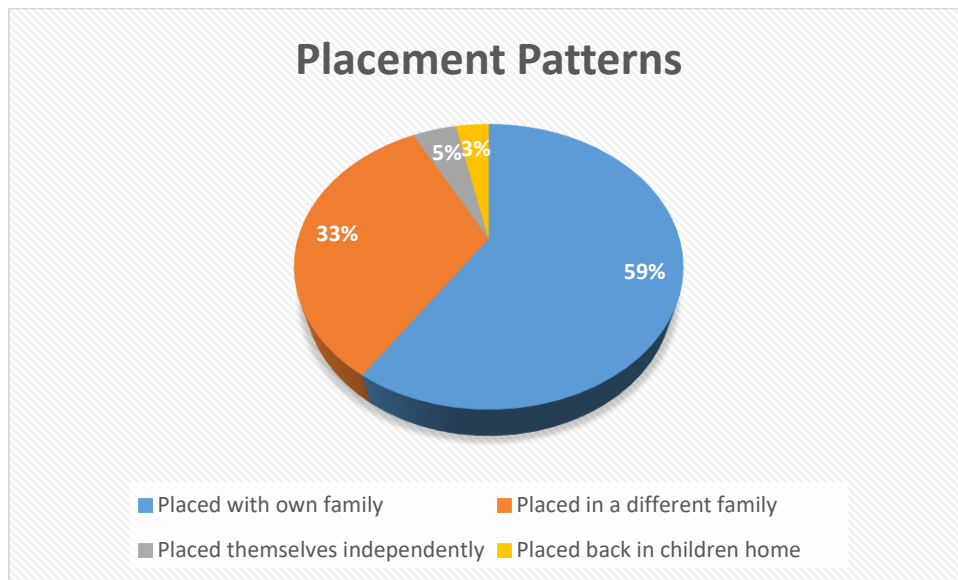


Figure 4.1: Respondents' placement patterns after discharge from the rehabilitation Centre

Figure 4.1 indicates that slightly less than two-thirds (59%) of the respondents were placed back with their own families, whereas one-third (33%) were placed with families other than their own. A small proportion was either back in a children's home (3%) or had settled independently (5%). The data in Figure 4.1 disclose some very telling outcomes. In the first place, as revealed by qualitative data from KIIs, the primary ideal outcome of the rehabilitation programs in each of the homes included in this study was

to place rescued children back into their own families. However, as seen in Figure 4.1, more than one-third of the respondents were not placed back with their own families.

This study probed this apparent discrepancy and noted three significant issues. However, before mentioning the three issues, it is essential to note that the placement process involves both the child and their family in both rehabilitation Centres. Both parties are asked if they are ready for the placement back home, and the child is placed back with the family only if both parties consent to it willingly. Regarding the three issues, first, for some children, the push factors that drove them out of their homes appear to have caused significant trauma. Notably, qualitative data from FGDs and KIIs revealed that a majority of the children who were not placed back with their families refused to do so for reasons ranging from better standards of care at the Centre than in their homes, fear of being abused again to unwilling parents/guardians to accept the children back.

One discussant said:

“Mimi siendi nyumbani ikiwa bado mama mdogo yuko, huwa ananichapa sana na kuninyima chakula [I am not going home if my step mum is still there; she always beats me and denies me food].” (FGD discussant II, Home A)

It was also echoed by one key informant who noted that:

“There are success stories about placement and also failures. For instance, there was a case where we took a child back, but he lied to us about the directions to his home. We kept going around without reaching his home.

After serious interrogation, he said he did not want to return home since there was no food and they slept hungry often.” (Key informant 001, Home B)

The second issue that emerges from the data in Figure 4.1 is the apparent hostility of family members towards former street children. The study established that in some instances where children were not placed back with their families, the family members were too hostile to the idea of the children being placed back home that the rehabilitation centre opted to place them elsewhere for the children’s well-being. The reasons for this hostility included long-standing family feuds, in which the children were caught up, and negative attitudes towards street children. Some family members sometimes felt that the children had brought shame and disgrace to their families and were reluctant to forgive them. In other instances, especially where the children were orphans, some family members sought to disinherit the children and viewed the latter as threatening their ill intentions.

A key informant expressed the difficulties they sometimes go through while placing children in their homes.

“Some families refuse to accept the children completely, citing the humiliation they bring and how the community will discuss them. A sad case of a boy whose uncle refused to welcome him back, we had to find another Centre where he was placed since we do not support them for long.” (Key informant 003, Home B)

Nevertheless, it is notable that in both rehabilitation Centres, the engagement with family members and children regarding placement started just a few weeks before placement.

According to one key informant:

“We do home visits and talk to parents/guardians about positive parenting a few weeks before placement. Before the placement, the children go for a weekend-long visit to rebuild the relationship.” (Key Informant 001, Home A)

The abovementioned revelation could explain some of the fear of rehabilitated children and the hostility from family members. According to Frimpong-Manso and Bugyei (2019), family members should have a long-term engagement with their rescued children before placement back with their families. The engagement period in this study's case of the rehabilitation Centres is too brief.

The third major issue that can be observed in Figure 4.1 is that 5% of the rehabilitated children were living independently. This is noteworthy, considering that only 2.7% of the respondents were above the age of 20 years, as shown in Table 4.2. The implication of the data in Figure 4.1 is that a proportion of the respondents are living independently, yet they are either still children or are barely out of their childhood. According to the United Nations Convention on the Rights of the Child (1989), all children are entitled to family and parental care until they are mature enough to fend for themselves. In this regard, there is a consensus that the optimum age of maturity is 24 years (Botwinick, 2013; Sawyer *et*

al., 2018). With this in mind, it is evident from this study that some former street children are being released to fend for themselves before they are mature enough to do so.

4.3.2 Experience after Placement.

In order to have a better understanding of how the former street children were adapting after their respective placements, the study sought to know if they were happy in their new homes and why.

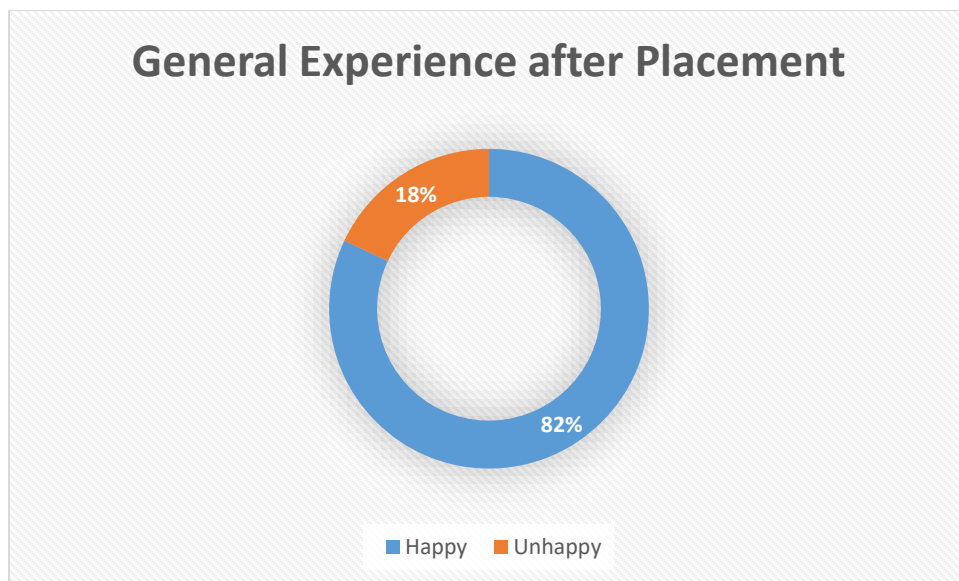


Figure 4.2: General experience after placement

When asked how they felt after placement, 82 % of the respondents were happy with where they were placed and did not miss the rehabilitation centre or the streets, while 18% indicated that they were unhappy, as shown in Figure 4.2. The fact that most indicated they were happy and contented to be back in the community explains that they do not miss life in the rehabilitation centres or the streets. The respondents were further

propped on how they felt on indicators like discrimination, the environment and the ability to access basic needs depending on where they were placed. The responses are shown in Figure 4.3.

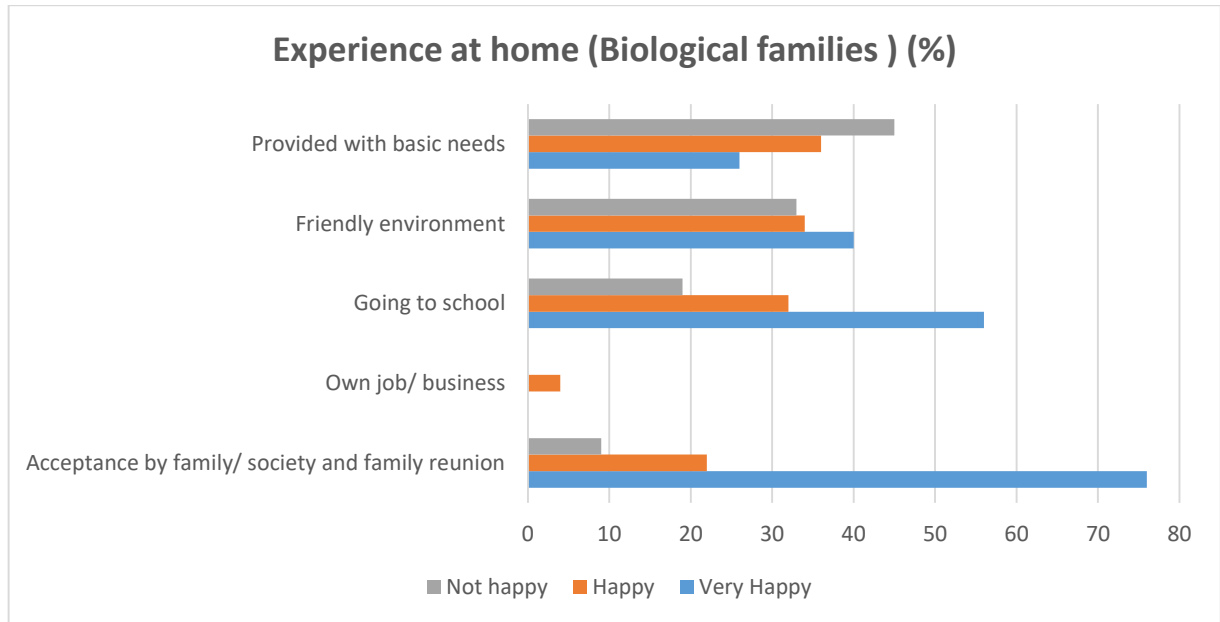


Figure 4.3: Experience at home (Biological families)

From Figure 4.3, the majority of the respondents (76%) who indicated that they were very happy were those placed with their families. This could imply that family members had accepted the children's return and had been successfully reintegrated back into their homes or that their current habitation was far superior to the rehabilitation homes. This makes family reunion and acceptance the primary reasons former street children were relieved to return home. This was reiterated by one FGD respondent, who noted:

“I feel accepted at home. Mama huwa hanichapi kama kitambo na pia nacheza na ndugu zangu vizuri, life ya street ni hard na hakuna food [I feel accepted at home. My mother does not beat me like she used to, and I play well with my siblings; living in the streets is hard, and there is no food].”

(Key Informant 001, Home B)

Further, 56% of those placed with their families indicated they were very happy because they go to school, while 40% attributed their joy to a good environment at home. This means that former street children found the home environment better than before or better when compared to the streets. It could also indicate that parents/guardians have adopted the positive parenting skills taught to them by social workers during the reintegration process. Positive outcomes could also be due to how parents/guardians punish their children. Some respondents said they were unhappy at home despite being reunited with family, were very happy to be in a good environment and could go to school.

Among those polled, 45% blamed it on a lack of basic needs, while 33% blamed it on an unfriendly home environment, 19% were unhappy that they had to go to school, and 9% felt discriminated by their families. The primary reason for those not being happy at home was a lack of basic needs. This considerable percentage could imply that the poverty level is still there, and if it was the contributing factor to going to the streets, then the chances of going back are there. It could also imply that either the officers from the rehabilitation centres never empowered the parents/guardians on ways of earning a livelihood, or they were trained but did not put it into practice.

Those placed with foster families were also asked about the same indicators; discrimination, the environment, provision of basic needs and ability to continue their studies. The degree of happiness differed significantly in those placed with their family.

Figure 4.4 shows how those placed with foster families felt.

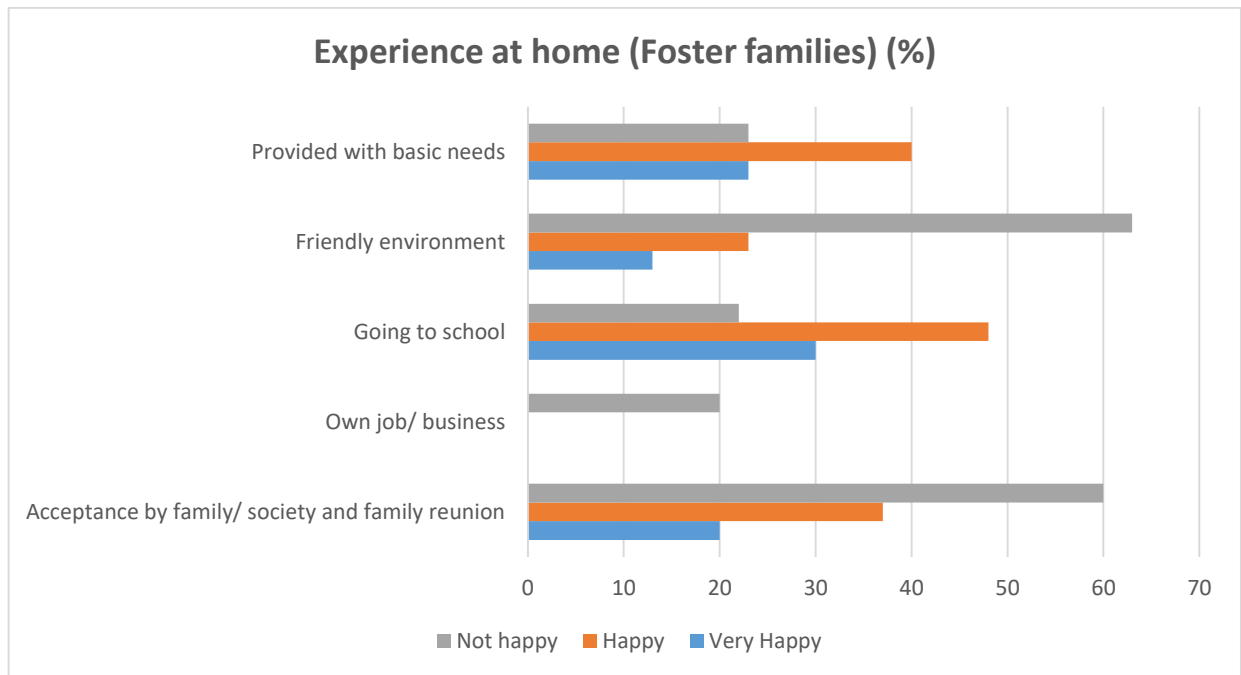


Figure 4.4: Experience at home (foster families)

The findings in Figure 4.4 shows that most respondents were happy and not very happy, like those placed back with their families. Of those that said they were happy to have been accepted, 37%, 48% are happy they go to school, 23% are happy because of the environment, and 40% are happy that they can get their basic needs. Few respondents indicated they were very happy compared to those placed with their families. Further, 20% said they felt accepted by their foster families, and 30% indicated they were very

happy they could attend school. Those attributed it to a good environment were 13, while 23% were happy because they could get their basic needs. A notable percentage of 60 and 63 felt they were not accepted by their foster families and found the environment hostile, respectively. This could imply that they were either mistreated or discriminated against.

In the FGD, some felt discriminated against because of sibling rivalry, while others felt overworked or punished by guardians or parents. Respondent 4 noted that;

“I feel discriminated against because my aunt only buys clothes for her children, and they always distance themselves from me.” (FGD discussant IV, Home A)

After probing the reason, the researcher learnt that the discussant had recently been placed back home, which could be why they had not interacted with him for some time and were suspicious about him. Acceptance by family members plays a more significant role in making the street children adapt and mingle with the other family members freely.

The treatment they receive at home is vital for their coping, as one parent revealed:

“Before the boy went to the streets, we lived well here at home. He fetched water, looked after cattle, and did other small chores. There was a day I punished him thoroughly, and he ran away. He was brought back by ‘Uncle wa Agape’ (the head of the reintegration programme). He talked to us and taught me how to punish him and others, and now we are very well. I now know how to relate with my children better.” (Respondent N)

Another parent observed that their adopted child's adjustment was gradual:

“At first, he was not talking much and would go behind the house and stay there alone. I encouraged the siblings to play with him, and he became close with time. We now socialize well.” (Respondent R)

Those placed independently were a meagre percentage (5%), and they indicated that, although they were happy they had reformed and out of the rehabilitation centre, they had no sustainable source of income to sustain them. One discussant expressed his concerns as follows:

“Manze hakuna jobs huku mtaani. Nilitrain kama plumber but nimesaka job for long bila kufanikiwa. [There are no jobs out here. I trained as a plumber, but I have been looking for a job for some time now in vain.” (FGD discussant IV, Home B)

4.3.3 Relationship with the Community

Another area explored in the study was how the former street children relate to the community in which they are placed. This is reported in Figure 4.5.

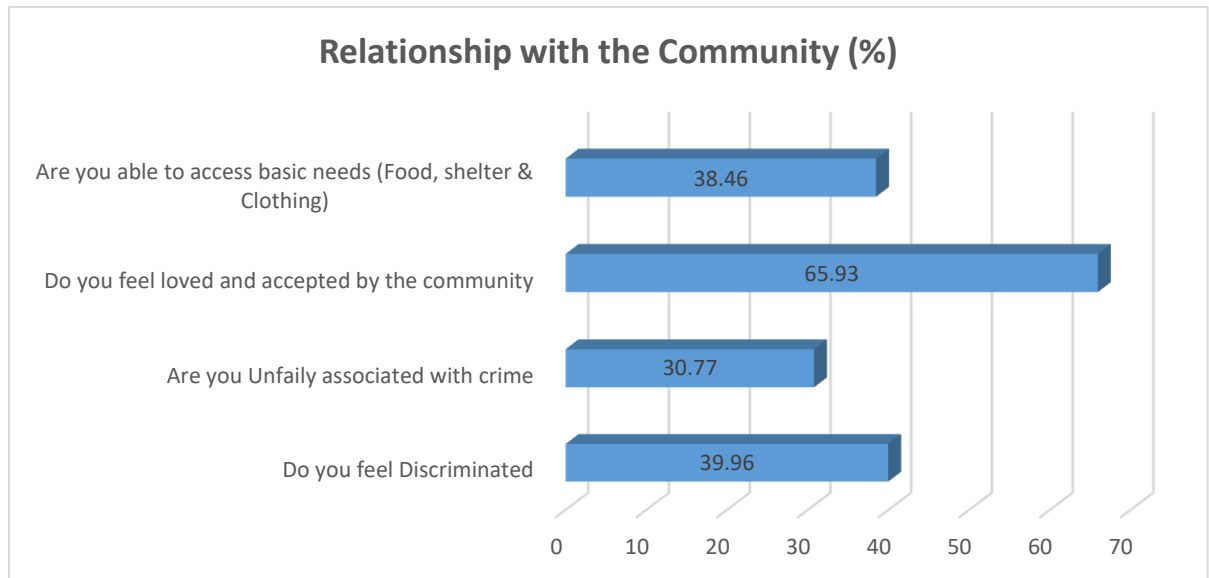


Figure 4.5: Relationship with the community

From the findings in Figure 4.5, most respondents (65.93%) indicated that they feel loved and accepted by the community, and 39.96% indicated that they feel discriminated against by society. A further 38.46% indicated that they feel unfairly associated with crimes whenever they happen. Other than the relationships, 30.77% indicated they could access basic needs, i.e. food, shelter and clothing.

The community plays a critical role in assisting rehabilitated street children in reintegrating back into their homes. According to Njine (2016), children who have previously lived on the streets crave acceptance and may be compelled to return to the streets if they do not receive it. When the community accepts rehabilitated children, they adapt more quickly, and when the community provides them with a contrary reception, they can quickly return to the streets. According to Lucchini and Stoecklin (2020), one of

the factors that drove former street children back to the streets after rehabilitation and reintegration was an unhappy home environment.

A good relationship with society could be that the former street children adapt well and associate well with the community members. From the focus group discussion, one discussant noted that:

Tunacheza poa sana na wale wototo wengine, especially kukiwa na football games hapa mtaani. Tunacompete na wao bila vurugu ama kitu yoyote mbaya. [We play peacefully with the other children, especially when we have football matches in the community. We compete with them without any problem.] (FGD discussant III, Home A)

A follow-up question in the FGD on why some felt the relationship was not the best established was that some members of the society had never accepted that street children could reform. They are always suspected of doing petty crimes like they used to do in the streets. They are the first suspects whenever a crime is committed in the area. This was echoed by one FGD discussant who said:

Ngori yoyote ikitokea mtaani ni mimi huwa wananishuku kwanza. Wanakujanga kuangalia kwa boma yetu kwanza kaa niko kejani. [I am always the first suspect whenever something terrible happens in the community. Their first stop is always in our house to check if I am in.] (FGD discussant IV, Home A)

In the study, 38.46% indicated that they were getting their basic needs. This implies that most respondents (61.54%) were not getting basic needs. This could further mean that even though the children have been reintegrated with their families, the poverty levels are still high, and they are struggling to get food. According to Khaoya (2014), providing basic needs is one of the reasons children go to the streets. As a long-term plan, there is a need to address the poverty level; otherwise, it can push the children back to the streets.

4.3.4 Rate of Relapsing

The study respondents were also asked about the chances of returning to the streets after being rescued, rehabilitated and taken back home. Their responses are captured in Figure 4.6.

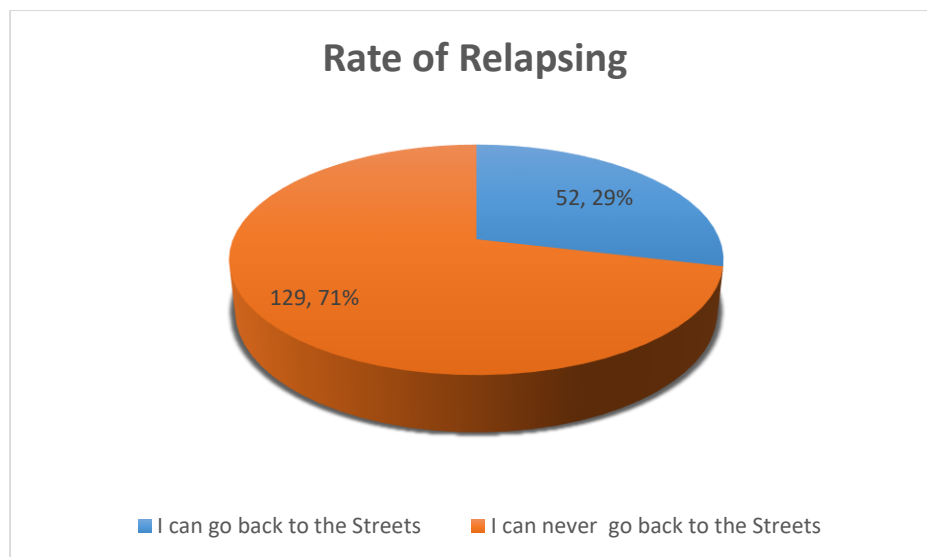


Figure 4.6: Rate of relapsing

Figure 4.6 shows that most respondents (71%) would not return to the streets, while a few (29%) would consider returning. Similar responses were obtained in the FGDs. One Discussant said.

“Street tena? I cannot. Wacha ningangane na masomo. Itakuwa sawa tu. Nafurahi buda amekuwa friendly. Anishambulii kama kitambo [Going to the street again? I cannot. Let me struggle with going to school. I know it will be well. I am happy dad is now very friendly. He does not punish me like in the past].” (FGD Discussant V, Home A)

The findings that 29% would probably go back to the streets agree with the supporters of RP Theory who assumed that substance abusers such as alcohol, nicotine, or heroin had a standard incidence rate of relapse in the first three months of remission (Abuse & Ashley, 2020). The pattern was that several months after stopping substance abuse, the percentage of people who had not relapsed ranged between 25% and 40%. However, there were also contrary opinions on the FGDs as expressed by discussant VI:

“Life ya mtaa ni noma but ikibidi nitaenda. Mimi ka boychild, sio poa kuona mathe akipiga hustle kila siku na mimi nimekaa tu. [I agree it is not easy to be on the streets, but sometimes it forces you. As a man, it is not easy to see Mum struggling to death to feed you. You are better off away].” (FGD Discussant VI, Home B)

Despite the majority indicating that they could not return to the streets for whatever reason, a relatively large number (29%) indicated they could. This implies that the reintegrated children must be closely monitored lest they relapse at the slightest provocation. Substance abuse, abuse by parents/guardians, and social-economic pressure on the family structure are some factors that drive children back to the streets (Omondi, 2015).

Reintegration is a long process that involves many players; the family, society, and the social workers who support the process. This was confirmed by the key informants, who said in the interview that:

“Before the child is taken back home, both the family and the child are adequately prepared for the reintegration.” (Key Informant 002, Home A)

These findings agree with and support the position of many studies that despite various interventional measures in the country to curb the menace of street children, there has been little success. For example, these findings agree with studies like Omondi (2015), who argue that there is a dialectic connection between the family system and the street children phenomenon in Kenya. When the family system fails, the children suffer, thus the possibility of having more children walking away from their families.

According to Marlatt and Gordon (2007), relapse can be caused by various factors, such as a risky environment, coping skills, outcome expectations, lifestyle factors, urges, and cravings. Although each child's push and pull factors are unique, common factors that

accelerate relapse include poverty, lack of housing, school failure, family neglect and abuse, armed conflicts, natural disasters, and epidemics. In their study, Onyiko and Pechacova (2015) discovered that up to 50.5% of children want to return to the institutions that support them for various reasons. The uninviting components of rehabilitation centres are among the factors that tend to draw children back to the streets (i.e., having abusive caregivers).

4.3.5 Relationship between rehabilitation programs and the reintegration patterns

The study looked at former street children's home activities to see if rehabilitation programs had influenced them. As shown in Table 4.4, former street children are involved in a variety of positive activities.

Table 4.4: Activities former street children are involved in at home

Area	Frequency	Percent
Schooling	147	80.8
Assist parents/ guardians in farming	80	44.0
Church activities	76	41.8
Assist in house chores	40	22.0
Own business	11	6.0
Sports and entertainment	2	1.1
Other activities	1	0.5

Findings reflected in Table 4.4 show that 80.8% of respondents are enrolled in school. A sizable proportion also stated that they actively assist parents and guardians, 44.0% in farming, 22.0% in housework, and 6.0% in their businesses. Among those polled, 41.8% were involved in Church activities. There appeared to be a minimal number involved in sports and entertainment (1.1%) or doing other activities (0.5%).

A critical examination of the activities in which former street children are involved at home reveals a connection with some of the rehabilitation programs. For example, most respondents (80.8%) are enrolled in school. This could also imply that they have readjusted to school life and have changed from their previous socialization, allowing them to mingle freely with other students. In general, school is a very engaging activity that occupies learners to the point where they do not have much time to engage in deviant behaviours picked up on the street (Salihu, 2019). Even though this percentage is slightly higher than that of those who received informal education at the rehabilitation centre (69.2%), focus group Discussants III stated that the informal education they received at the centre played a significant role in assisting them to return to school despite the challenges at home.

“Kitambo sikupenda shule but baada la life ya street na advice ya uncle wa Agape, niliona ni mimi najiwaste. Zile lessons za ‘campo’ zilinisaidia sana kupenda masomo. Sahi nangangana ingawa though kupata food ni noma sana. Natamani sana kwenda boarding kama bro. [In the past, I would not say I liked school or street life, and the advice I got at Agape made me realise

that I was wasting my life. The informal education at the centre assisted me in refocusing. I am now going on with my studies, throughout food is still a challenge at home. I would love to go to boarding school like my brother].”

(FGD Discussant III, Home A)

According to the findings, 44.8% of respondents said they help their parents and guardians on the farm, 22.0% do housework, and 41.8% are actively involved in church activities. This demonstrates that the guidance and counselling programs and spiritual nourishment positively impacted the former street children. As for the 6.0% and 1.1% involved in running their own business and sports and entertainment, respectively, this could be attributed to the vocational training and talent development programs they participated in the rehab. Participants in the focus group discussion also mentioned the influence the rehabilitation programs had on their lives, as indicated in the following sentiments:

“Zile skills nilipata nikiwa kwa Centre ndio zimenisaidia kuran hii bizna. Tulifunzwa fashion design nikaipenda. After kumaliza, nilipewa mashini ya kushona na rafiki ya mama na ndo imenisaidia kununua yangu. [The skills I gained from the rehabilitation centre have helped me run this business. We were taught fashion and design, and I liked it. After graduation, my mother’s friend lent me a sewing machine, enabling me to buy my own.].” (FGD Discussant IV, Home

B)

Another participant admitted that the programs were interesting and helped them identify their future.

“Nililearn kuplay keyboard nikiwa ‘campo’ sahii nasaidia na kutrain mayuth in church weekends. Nafurahi sana vile wanappreciate talanta na at times kunijenga. Nikimaliza shule ningependa kuwa msanii. [I learned how to play the keyboard at the rehab centre. Currently, I train other children in Church on weekends. I am happy to note that people appreciate my talent and sometimes give me some gifts. After school, I would like to be a musician.]” (FGD Discussant I, Home A)

The ultimate goal of rehabilitation is to provide a deviant with opportunities to restart, effectively participate, and be included in society (Mhizha *et al.*, 2021). According to the psychologist, behaviour change can be accomplished through education, environment, and mentorship. While at the centre, the children are engaged in different activities, which keeps them busy. This assists them in changing their behaviour and attitude in life and probably makes them more responsible. According to the proponents of RP Theory, being busy engages the mind and thus reduces the rate of relapsing and going back to the streets. This explains why the centre caregivers had to ensure that all the children did their chores.

One of the most influential factors in children's development is talent development. Children should discover and develop their talents at a young age if they are to grow purposefully and enjoyably. Every child possesses some hidden talent (Levine, 2012).

This is not possible on the streets because the environment is not conducive. Rehabilitation programs should help children identify their talents as well as modify their behaviour.

4.4 Challenges Faced During the Rehabilitation and Reintegration Process

The third objective of the study sought to find out the challenges experienced by former street children while at rehabilitation centres and trying to adapt back home.

4.4.1 Challenges Faced During the Rehabilitation Process

In order to appreciate the rehabilitation process, the study sought to show the challenges experienced while at the rehabilitation centre. Table 4.5 illustrates these challenges

Table 4.5: Challenges Faced by Street Children at Rehabilitation Centres

Challenging encounters at the centre	Frequency	Per cent
No challenge	97	53.3
Routine chores	85	46.7
Drug addiction	59	32.4
Making new friends	13	7.1
Bullying by other children	13	7.1
Restrictions of movement and individual activities	10	5.5
Academic pressure	1	.5

Data in Table 4.5 reveals two significant issues. First, more than half of the respondents did not report any challenges. This is very insightful and indicates that street children can lead a life without challenges if provided with a conducive environment. Secondly, the significant challenges rescued street children face are associated with coping difficulties. Moreover, as explained in the subsequent discussion, most respondents who reported coping challenges were those who had been living on the streets for long periods.

This is consistent with Damian *et al.* (2019), who argue that character alteration is a long process and that once solidified, character transformation can take quite some time. As seen in Table 4.5, nearly half (46.7%) of respondents had difficulty with routine chores. This could be explained by the presumption that they were not used to performing any chores on the streets. This difficulty in coping and character transformation is not unusual, as mentioned in the preceding paragraph.

It is also noticeable from Table 4.5 that a significant proportion (32.4%) of the respondents were struggling with drug addiction. Qualitative data from FGDs revealed that those struggling with addiction picked up the habit while still staying on the streets, where drug abuse is prevalent. Data obtained from FGDs and KIIs further revealed that drug addiction was more prevalent among those who had been on the streets for extended periods. In the words of one FGD discussant;

“Fegi nayo niliacha, naonja tu nikipata lakini pombe ni noma. Nimejaribu kuacha lakini nimeshindwa. Siezi fanya job poa kama sijawasha. [I stopped

smoking, but I still struggle with alcohol. I cannot work well if I have not taken alcohol.]” (FGD Discussant III, Home A).

One of the key informants also had this to say:

“Street children abuse drugs; commonly abused were bhang (Cannabis Sativa), miraa, and glue. When they are rescued and brought here, those addicted suffer withdrawal symptoms, but they are constantly treated in the centre, and we persuade them through guidance and counselling not to resume using such drugs.” (Key Informant 001, Home B)

Other than the two challenges mentioned above, others that were mentioned include bullying by other children and making new friends (both at 7.1%), restriction on movement (5.5%), as well as academic pressure (0.5%). Regarding bullying, the study noted that some rescued street children exhibited aggressive behaviour, which could be linked to their previous life on the street. For instance, during FGDs, it emerged that older boys tend to bully younger children. One of the respondents opined that the older boys bullied him because he was young and could not defend himself.

“Manze nilikuwa bullied na the big boys especially wakati wa chakula sababu nilikuwa mdogo na singeeza kujitetea. [I was bullied by the big boys, especially at meal times, because I was young and could not defend myself.]”
(FGD discussant V, Home B)

It is instructive that bullying has been linked to both immediate and long-term consequences for the victim, including poor self-esteem, depression, sleeping disorders,

and truancy (Savarkar, T., & Das, 2019). Bullying has also been associated with suicidal thoughts and difficulty with relational difficulties (Dankyi & Huang, 2021). Indeed, the seriousness of bullying was captured by key informants, one of whom said:

“The older boys tend to bully the young ones, especially during meal times and routine chores. This instils fear in them, and thus find it difficult to associate. However, when we identify a case, the culprit is punished for acting as an example to the rest.” (Key Informant 001, Home B)

From the findings in Table 4.5, a relatively small percentage (5.5%) also identified restricted movements as a challenge. This was opposite to the life the street children were used to, roaming freely without inhibitions, as confirmed by Ongowo (2022). As one of the discussants pointed out, qualitative data from FGDs established that the daily schedule has many activities from morning to evening, leaving the children with little time to freely move around the centre and do personal things without supervision.

“Life haikuwa mbaya lakini kazi ndo mob. Kila kitu ni teke teke. [Life in the home was not bad, but there was much work. There was always an activity after the other.]” (FGD discussant II, Home B)

The findings also revealed that caregivers face several challenges while rehabilitating the children. The major challenge is inadequate resources regarding funds, human resources and physical facilities. It is difficult to consistently provide meals and other essential services like medication when children fall sick. The key informants attributed this to

inconsistent funding, lack of enough independent projects and the ever-increasing numbers of new entrants.

Those who said routine chores were difficult could be because they were not used to doing chores at home. This could very well be one of the reasons they fled their home. It could also imply that the routine chores were numerous and exhausting and were not performed in the streets. It was necessary to go through the daily routine chores that would make them responsible or more mature in responsibilities in order for them to get used to the chores. Respondents also identified drug addiction as one of the significant challenges. This means that while living on the streets, many people developed a habit of abusing drugs and progressed to the point where quitting became difficult. This could imply that specialized treatment is required to overcome addiction and prevent relapse to drug use.

Making new friends was also identified as a challenge by 7.1% of the respondents. This could be because they had a traumatic experience on the streets and are afraid to make friends. It could also indicate a lack of trust in friends due to betrayal or an experience. In normal circumstances, humans are social beings who form relationships that promote healthy living. Former street children who have difficulty making friends may have difficulties in their relationships later in life and may not want to marry or get married. Those bullied as children may grow up bitter and seek vengeance or be rude later in life.

4.4.2 Challenges Faced in Reintegration

The study also sought to establish former street children's challenges while adapting to the family and society. Table 4.6 displays the results of this question.

Table 4.6: Challenges in Adapting Back Home/Society

Challenges	Frequency	Per cent
Poverty/lack of basic needs	76	42%
Lack of school fees	50	27%
Stigma	42	23%
Mistreatment by guardians	32	18%
Other challenges	20	11%
None	20	11%
Lack of jobs in my area of training	6	4%
Lack of capital to start a business	4	2%

According to Table 4.6, 42% identified poverty and a lack of basic needs as the main challenge, while 27% indicated difficulties in paying school fees. Stigma and mistreatment by guardians were also rated as significant challenges, with 23% and 18%, respectively. The least rated challenges were a lack of jobs in my field of study (4%) and a lack of capital to start a business (2%). Notably, 11 % said they were content at home and faced no significant challenges.

Table 4.6 indicates that poverty (or lack of basic needs), lack of school fees, stigma, and mistreatment by guardians are some of the most common challenges former street children face in adapting to their homes or societies face. Similarly, when interviewed, the parents pointed out the fear of the unknown as the main challenge. This is because they would not be able to predict the next move of the former street children. A social worker in Home A similarly observed:

“We face different challenges, including children dropping out of school and family breakages, which make it hard to place a child back since there is no family to take the child back. Drug abuse and withdrawal is another challenging issue, especially for those who have stayed on the street long.”

(Key Informant 002, Home A)

From the FGD, one challenge highlighted was the lack of capital after vocational training:

“I have finished my vocational training but am still looking for capital to start a business. ‘I wish after finishing the course one is pursuing is given the capital or tools to start a business to avoid going back to the streets.” (FGD discussant I, Home B)

Further, those who had finished the vocational training indicated that they found it difficult to secure jobs. They wished they were supported with tools of work or capital to start their businesses, as this would help them. One of the respondents noted that:

“I completed my tailoring course but did not have enough money to purchase a tailoring machine. If they could just provide us with the necessary equipment for the job after training, we would be able to establish our enterprises and thereby better our lives.” (FGD discussant II, Home B)

A family is the most fundamental unit of society. The community and the entire nation fall apart when a family falls apart. The best place to raise a child is a family with adequate resources for basic needs such as food, shelter, clothing, and care. However, this is not always possible because many families are in some way deficient. In extreme cases, the difficulties overwhelm the children to the point where they flee their homes. In a few cases, children are drawn to the streets because of the perceived allure of the streets.

According to the literature, street children enter rehabilitation centres with a broken trust in their families and adults, and they may appear unpredictable Friberg and Martinsson (2017). In order for the former children to return home, the factors that drove them to the streets must be addressed. Former street children can easily relapse to the streets if the challenges are not addressed, despite going through rehabilitation programs (Onyiko & Pechacova, 2015). Since most challenges are at the family level, most efforts should be at the family level. This explains why social workers must establish the family background, contact the family, and counsel the parents before reuniting children with their families. According to the RP Theory, former street children have two options: those who are effectively reintegrated or those who are released and return to the streets. For

effective coping by the former street children, all the dynamics (Family, personal and community dynamics) should be constant.

CHAPTER FIVE: SUMMARY, CONCLUSION, AND RECOMMENDATION

5.1 Introduction

This Chapter summarises the findings obtained, the conclusions, and recommendations. The presentation is done along with the study objectives.

5.2 Summary of Findings

This section summarizes the key findings of the study. The significant findings have been summarized as per the objectives.

5.2.1 Rehabilitation Approaches for the Street Children

The first objective sought to establish rehabilitation approaches adopted by rehabilitation centres. The study found that in both Centres, five main approaches were adopted for street children, as shown in Table 4.3. This included guidance and counselling, spiritual nourishment programs, formal education, talent development, and vocational training. The guidance and counselling addressed trauma and emotional well-being before being reintegrated into society, while vocational training and talent development equipped them with skills that would make them self-sufficient. The study also shows the need for support and aftercare services for sustained rehabilitation outcomes. Another finding was that all children in both Centres were taken through guidance and counselling as well as spiritual nourishment, which assisted them later after they had been reintegrated back home. It was also found that the school-going children in both Centres went through

informal classes while in the Centres, which were meant to prepare them for formal education.

5.2.2 Reintegration Patterns in Relation to rehabilitation approaches of former street children.

The second objective sought to establish the patterns of reintegration with rehabilitation strategies. From the findings, most respondents were placed back with their biological families, followed by foster families and rehabilitation centres, while others started their independent life, as shown in Figure 4.1. Irrespective of where they were placed, the former street children were happy at home than in the streets, as shown in Figures 4.2, 4.3, and 4.4. The study established a positive connection between the rehabilitation strategies at the Centre and the activities the former street children are involved in at home. Notably, most children (80.8%) are in school with relatively little possibility of relapsing, as shown in Figure 4.6.

5.2.3 Rehabilitation and reintegration challenges.

The third objective of the study sought to ascertain the difficulties that former street children faced in readjusting to life at home and in society. In Table 4.6, the main challenges in adapting were identified as insufficient resources at home. Other issues raised included parental and guardian neglect and a lack of opportunities for former street children, particularly after receiving vocational training. Some proposed solutions to

these problems include bursaries and scholarships to help with school fees and follow-ups from rehabilitation Centres to see how these children are doing.

5.3 Conclusions

The first objective sought to identify the various approaches the rehabilitation centres used to rehabilitate former street children in Kitale town. From the findings, the study concludes that rehabilitation approaches adopted in the surveyed rehabilitation Centres in Kitale town are guidance & counselling, spiritual nourishment programs, informal education, vocational training and talent development programs.

The second objective examined the reintegration patterns of former street children in relation to rehabilitation approaches in Kitale town. From the findings, the study concludes that Placement in the biological home is the most preferred and also the leading place the majority of the former street children are placed. The findings show that former street children are happier at home or with foster families than back on the streets. Sufficient home visits before placing street children back with their biological families, foster families, and rehabilitation centres are not done and thus need more robust post-care support. The study revealed the significance of family and community involvement and support in reintegration. The study concludes that street children are placed with their biological or foster families, taken back to other children's homes or placed independently.

The third objective examined the challenges that hinder the rehabilitation and reintegration of former street children in Kitale town. From the findings, the study concludes that the rehabilitation and reintegration process of former street children is faced with challenges, including untraceable families, lack of food, school fees, job opportunities, discrimination and societal suspicions.

5.4 Study Recommendations

Based on the study's findings and conclusions, the study makes the following recommendations:

1. For successful rehabilitation and reintegration programs, the study recommends that the Street Families Rehabilitation Trust Fund develop a policy specifically focused on the rehabilitation and reintegration of street children in Kenya. This policy should address the root causes of the street children phenomenon, provide guidelines for effective interventions, and establish clear roles and responsibilities for government agencies, NGOs, and other relevant stakeholders.
2. For successful reintegration and placement in society, the study recommends that the Department of Children should provide a framework for enhanced pre-reintegration visits to the families by social workers.
3. The study recommends the establishment of a Street Families Rehabilitation Trust Fund to offer scholarships to former street children and capital/opportunities to those who have finished vocational training in order to overcome the barriers of reintegration and rehabilitation.

5.5 Recommendations for Further Studies

1. A study may be conducted on the gender dynamics in former street children.
2. Longitudinal studies may be conducted by following up on the lives of former street children following up on their progress in the long term.

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APPENDICES

APPENDIX 1: QUESTIONNAIRE OF FORMER STREET CHILDREN

Dear Respondent

Re: Request for you to participate in my study

My name is Maureen Makau, Tel phone no. 0728953430. I am a master's student at Rongo University. I am conducting a study on the *Influence of rehabilitation programmes on former street children's reintegration: A study of Kitale town, Trans-Nzoia County, Kenya*. I have selected you as one of the respondents in this study, and I kindly request you participate in this survey. Kindly spare your time and respond to my attached questionnaire. I assure you that the information you provide will be held with the utmost confidentiality and used for the purpose of this study only. In case you need any clarification, please feel free to contact me. Thank you very much in advance.

Yours sincerely

Maureen Mwendu Makau.

Consent form

I have read and understood the instructions. I hereby agree /do not agree to participate in the study.

Signature of the respondent:Date:

SECTION A: General Information (please tick (√) the appropriate box)

1. Gender:

Male [] Female [] Others []

2. Age:

13-16 yrs [] 17-20 yrs [] 21-24 yrs [] Over 25 []

3. Your highest level of educational

Primary [] Completed primary [] Secondary [] Completed secondary []

College []

4. For how long were you in the streets?

0-5 yrs [] 6- 10 yrs [] 11 – 15 yrs [] Above 16 yrs []

5. Why did you move to the streets?

To escape punishment [] Lack of food at home [] Abuse by parent/guardian []

Peer pressure [] Death of parents [] Other reasons []

Explain your answer.....

6. What challenges did you experience on the streets? Abuse by other street children []

Lack of food [] Rape [] Abuse by the public [] Diseases []

Others [] List them

.....

SECTION B: Rehabilitation Approaches

7. How did you leave the streets?
8. Which Children's rehabilitation centre were you in?
9. How many years did you stay in the rehabilitation centre?
- 0-5 yrs [] 6- 10 yrs [] 11 – 15 yrs [] Above 16 yrs []
10. a) What did you like most about the rehabilitation centre?
- Guidance and counselling [] Spiritual nourishment programs [] Informal
education [] Vocational training [] Talent development [] Others
.....
- b) Give reasons for your choices above?
11. Did you take any vocational/occupational/ apprentice training? Yes [] No []
- If yes, which one... ..

SECTION C: Patterns of Reintegration

12. Where were you placed after leaving the rehabilitation centre?
- [] Placed back with my own families
- [] Placed with guardians
- [] Placed in a children's home
- [] I settled independently

13. Please rate the following statements. How happy are you with your placement?

Very happy [] Happy [] Not happy []

Explain your reasons for your answer in (a) above

.....

14. How do you rate your relationship with society (Neighbors/ friends/school/ Church)?

Good [] Fair [] Not good []

Explain your reasons for your answer in (a) above

.....

15. Tick the sentence that describes your experience after placement

[] I am able to access basic needs, i.e. food, shelter, and clothing

[] I feel discriminated against by the society

[] I feel loved and accepted by the community

[] I feel unfairly associated with crime whenever it happens.

16. What activities do you do at home? Please list them.

.....

17. Which of the following statements is true?

i. I am adapting well here at home. True [] Not true []

ii. I am trying to adapt here at home. True [] Not true []

iii. I am having difficulties adapting at home. True [] Not true []

18. Do you believe the rehabilitation programs at the Centre assisted you in reintegrating into society? Yes [] No []

19. If YES/ NO, how
.....

SECTION D: Challenges faced during rehabilitation and Reintegration

20. In your opinion, what are the significant challenges you experienced in the whole process of moving from the streets back home?
.....
.....

21. In your opinion, what should be done to enhance reintegration at home/society?.....
.....

End

Thank you for your time and feedback.

APPENDIX 2: INTERVIEW SCHEDULE GUIDE FOR KEY INFORMANTS

1. What strategies do you use to rehabilitate street children?
2. Which strategies does your agency use to assist street children in fitting back into their families & community?
3. What are the challenges encountered in rehabilitating and reintegrating street children?
4. Are there follow-ups done on the reintegrated street children?
5. If Yes, how are the children fairing in their respective homes?
6. Is there any support given to them after reintegration?

APPENDIX 3: FOCUS GROUP INTERVIEW SCHEDULE

My name is Maureen, and I am a post-graduate student at Rongo University. This questionnaire aims to collect data on the influence of rehabilitation programmes on former street children's reintegration. You have been selected to take part in this study. You are assured that your identity will be treated with the utmost confidentiality, and the information will only be used for this study.

1. How was life in the rehabilitation centre, and which programs did you like most?
2. How is life back at home compared to life on the street?
3. What activities are you engaged in now?
4. Did the rehabilitation activities assist you in your reintegration process?
5. What life lessons did you learn from your caregiver institution?
6. What are the challenges you have faced while trying to fit back?

APPENDIX 4: NACOSTI LICENSE


REPUBLIC OF KENYA


**NATIONAL COMMISSION FOR
SCIENCE, TECHNOLOGY & INNOVATION**

Ref No: **786053** Date of Issue: **16/April/2021**

RESEARCH LICENSE



This is to Certify that Ms. Maureen Mwendu Makau of Rongo University, has been licensed to conduct research in Transzoia on the topic: INFLUENCE OF REHABILITATION PROGRAMMES ON FORMER STREET CHILDREN'S ADAPTATION: A STUDY OF KITALE TOWN, TRANS-NZOIA COUNTY, KENYA for the period ending : 16/April/2022.

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