



**RESOURCES USED IN THE PROVISION OF SERVICES  
TO ADOLESCENTS WITH EMOTIONAL AND BEHAVIORAL  
DISORDERS AT KAKAMEGA REHABILITATION CENTRE,  
KAKAMEGA COUNTY, KENYA**

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**Abstract:**

This study purposely sought to investigate resources used in the provision of services to adolescents with emotional and behavioural disorders. The study adopted a case study design targeting 250 rehabilitees, 30 rehabilitators, and 1 manager. The study used a lottery method to select a sample size of 50% of the target population. The study sample comprised 125 rehabilitees, 15 rehabilitators, and 1 manager making a total of 141 respondents. The semi-structured interview guide for the manager, questionnaires for both rehabilitators and rehabilitees, and observation checklist for resources were used as research instruments. Piloting of the instruments was done at the Shikusa rehabilitation centre. A case study research methodology was used in the study. Data from objectives were analysed both quantitatively and qualitatively. Descriptive statistics for example frequency tables and percentages sum up information measurably from the closed-ended items. The analysed information was introduced utilizing frequency tables, structured presentations, pie charts, and graphs while qualitative data from the manager's semi-

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structured interview schedule was summarized thematically and narrated in words. The findings indicated that the main material resources available were playing fields, workshops, dormitories, building and construction tools, carpentry tools, classrooms, poultry apparatus, and teaching and learning materials. The study recommends that service providers at the centre need to help the adolescents to achieve a greater sense of independence, and personal responsibility, setting goals, making choices, and understanding their responsibilities which would enhance their self-determination. There is a need for the government to implement strict measures that would ensure that juvenile acts are monitored and youths are protected from any harm. Kenya Institute of Curriculum Development should come up with guidelines on effective ways of managing learners with behaviour disorders while they are still in the childhood stage.

**Keywords:** resources, provision of services, adolescents with emotional and behavioral disorders

## 1. Introduction

Adolescence is a developmental stage of stress, strain, and crisis characterized by violence, lack of stability and control in expression, emotional fury, the influence of drugs, delinquency, truancy, peer pressure, and challenges associated with physical growth and development (Resto, Lainer, Brock O'Cummings, & Milligan, 2016). In the United States of America, the transition involves movement from one state or condition to another (Baer & Flexer, 2013). There is high accessibility to resources and transition services for adolescents with emotional and behavioural disorders, characterized by residential treatment programs, expanded American Academy of Child Adolescent Psychiatry (AACAP), Depression Resource Centre for Parents, Youth, and Clinicians, and presence of public and private therapeutic boarding schools to offer behavioural therapy to the adolescents (American Academy of Child and Adolescent Psychiatry, 2018).

Comparatively, in the United Kingdom, adolescents with emotional and behavioural disorders are provided with teen behaviour treatment services which include day and wilderness treatment programs hence their emotional and behavioural problems do not alter their transition into adulthood (Acadia, 2019). In Norway, transition services such as adolescent psychotherapy are readily available for adolescents with emotional and behavioural disorders, in institutions such as The Norwegian Centre for Child Behavior Development play an active role in the identification and management of adolescents with emotional and behavioural support needs (Ogden, 2018).

In Nigeria, the only available services are the approved schools, which are stereotyped as correction institutions for youths rather than support institutions for behaviour change and emotional support (Chinawa, 2014). In Kenya, the new Competence Based Curriculum Reforms in Special Needs Education (BECF, 2019) have been designed by the education system to address the needs of learners with special

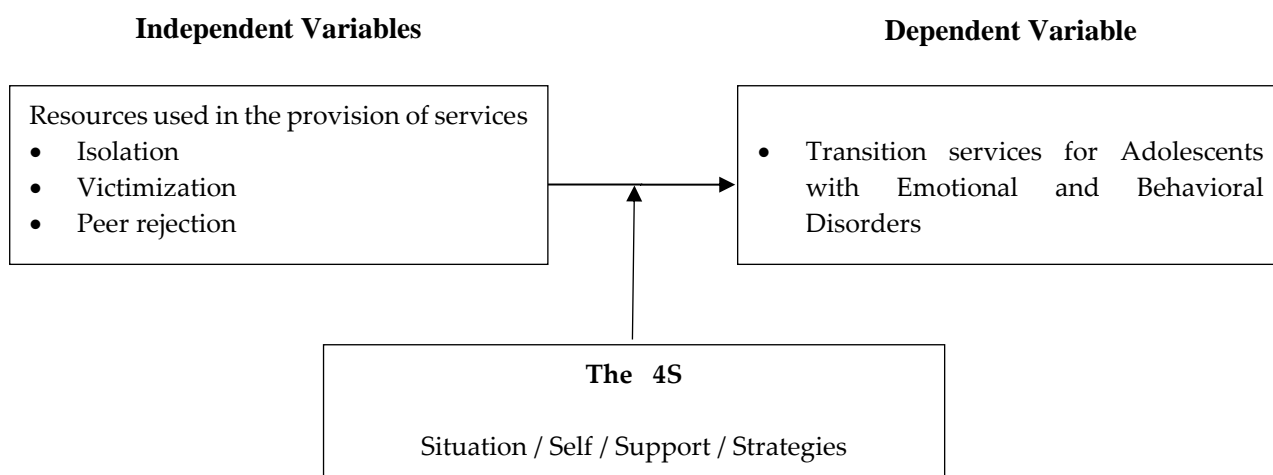
needs but still, the ability to access the right transition services by adolescents with emotional and behavioural disorder remains a challenge.

Okutoyi (2015) found that in Kakamega many adolescents have emotional and behavioural challenges. However, most of them do not have access to the right transition services. The Kenyan law provides for a range of penalties for children convicted offenses. The purpose of rehabilitation centres is to rehabilitate children and reintegrate them into the community for a functional living (Mugure, 2014). However, research has revealed that during the rehabilitation process, other deviant behaviors emerge among rehabilitees in the centres hindering them to access the right transition services (Chinawa, 2014). It is yet a point of research whether transition services provided in the rehabilitation centres fully address the diverse needs of adolescents with emotional and behavioural disorders through correction and modelling since some continuously commit more serious and organized crimes while a few join without known criminal records turn out to be criminals after probation. This raises concern about the challenges they pass through during the transition period, hence the central goal of the study was to establish the challenges faced by adolescents with emotional and behavioural disorders when accessing transition services at Kakamega rehabilitation centre.

### 1.1 Purpose of the Study

The purpose of this study was to investigate resources used in the provision of services to adolescents with emotional and behavioural disorders.

### 1.2 Conceptual Framework



## 2. Literature Review

This section discusses the theoretical framework and the literature related to the study topic.

## **2.1 Theoretical Review**

The study was guided by Schlossberg's (1981) Transition Theory which provides details on the approach to transition. The 4S systems that is, the Situation, Self, Support, Strategy examines the adolescents with EBD strengths and weaknesses in coping with different transitions based on their behaviour needs and preferences. Furthermore, the model focuses mainly on counselling of young adults with behaviour problems undergoing transition. It emphasizes positive behaviour change among adolescents with emotional and behavioural disorders. In addition, the assessment of strengths and weaknesses of the delinquents' behaviour during entry determines the type of services provided at the centre.

## **2.2 Resources Used in the Provision of Transition Services**

In the provision of services, rehabilitation centres rely on well-trained and well-equipped personnel with the necessary diagnostic, evaluation, intervention, and diagnostic tools to provide quality services to their clients. In the UK, Vreeman, McCoy, and Lee (2017) revealed that resource-limited settings were one of the major limitations to the provision of mental health services to adolescents. The lack of resources and instruments to evaluate mental and behavioural health outcomes limit the access to the services offered in the rehabilitation centre and should help the research to identify the impact of limited resources on the delivery of services to rehabilitees.

In Ethiopia, Crosswell, Malee, Yogev, and Muller (2014) findings indicated that their resources including personnel were limited affecting the quality of service delivery. Similarly, Odera (2013) found that the current rehabilitation settings in Kenya were ineffective and limited access to services due to lack of resources and deplorable working conditions. A mixed phenomenology and descriptive survey research design were utilized by Wambugu (2014) to explore the lived experiences of juvenile offenders and the current state of the juvenile rehabilitation centres in Kenya revealed that assessment tools and procedures for assessing juvenile offenders were inadequate and lacking in capacity to identify the causes of behavioural problems.

Okutoyi, (2015), conducted an explorative case study in Shikusa Borstal institution on the Rehabilitation of children in conflict with the law in Kakamega County. The findings revealed challenges in terms of insufficient resources and personnel, inadequate and outdated laws, and a poor environment. Whereas the central purpose of this study is to find out the challenges faced by adolescents with emotional and behavioral disorders while accessing transition services in terms of eligibility determination procedures, intervention services, personnel and material resources at Kakamega Rehabilitation centre. From the studies reviewed, it can be seen that resources including personnel, furniture, learning and teaching resources, evaluation, and diagnostic tools are vital for the success of rehabilitative services. The findings may however be limited by their scope, target population, and lack of a representative sample which calls for this study to fill the research gap.

### **3. Methodology**

#### **3.1 Research Design and Target Population**

This study adopted a case study. A case study is an in-depth look at an individual or a single entity. It provided in-depth information about an individual or a group. A case study design was appropriate for the present study because it provided detailed information on the subject under study as well as other contextual conditions that affected transition services in the centre (Yin, 2009). The entire population for the study comprised 250 rehabilitees, 30 rehabilitators, and 1 manager at Kakamega rehabilitation centre in Kakamega County.

#### **3.2 Sampling Technique and Sample Size**

The study used the lottery method to select a sample size. The study used 250 bottle tops with 125 "NO"s and 125 "YES." Rehabilitees picked the bottle tops accordingly. Those who picked "yes" were given the questionnaires to participate in the study. In addition, 30 bottle tops with 15 NOs and 15 YES were used to select rehabilitators. Rehabilitees picked up 30 bottle tops representing various rehabilitators, as it was difficult to gather all the 30 rehabilitators to do the exercise. Those who picked 'yes' were given questionnaires. A simple random sampling technique was used to select the rehabilitees who were given equal opportunities to participate in the study. The researcher came up with a manageable size of 50% of the entire population used. 125 rehabilitees, 15 rehabilitators, and 1 manager were picked to comprise the subjects from which data was collected. The study comprised a total of 141 respondents.

#### **3.3 Research Instruments**

The study used interview guides or schedules, questionnaires, and an observation checklists. The study interviewed the manager to establish the challenges facing adolescents with emotional and behavioral disorders while accessing transition services in the rehabilitation centre. The questionnaires were used to collect both qualitative and quantitative data from the rehabilitators with the researcher dividing the questionnaire into five sections. Questionnaires were used to gather data from the rehabilitees. As the primary stakeholders, the rehabilitees' views shed light on the effects of the challenges experienced in the provision of rehabilitation services on their recovery.

#### **3.4 Pilot Study**

The questionnaires for rehabilitation and the rehabilitators as well as the manager's interview schedule were pre-tested at Shikusa Rehabilitation Centre in Kakamega County. The centre was chosen because it had the same characteristics as the target population. The legitimacy of the questionnaires and the meeting timetables was upgraded by utilizing content validity. The researcher validated content by consulting with the scholars at Kenyatta University in terms of the instructions, the importance of the items to the investigation substance, and their appropriateness to the examination

goals. For reliability, the Test re-test method was used to measure the reliability of the instrument. The questionnaire was issued to the same respondents two times. Correlation between the two sets of scores from piloting was obtained using the Cronbach Alpha Method.

### 3.5 Data Collection Procedure

After getting all the required documents, the researcher made appointments with the manager of the rehabilitation centre, confirmed the dates for the study, and delivered research instruments for data collection. First, the questionnaires were issued to both rehabilitators and rehabilitees. The questionnaires were self-administered; hence after the informed consent was obtained, the respondents were issued with the questionnaires, filled, and collected the same day. The interviews were organized at the convenience of the Manager on the agreed date and time. The researcher conducted a face-to-face interview lasting approximately thirty minutes. Notes and a tape recorder were used to record the data obtained. The observation was done on the dates of delivering and collecting the questionnaires.

### 3.6 Data Processing and Analysis

Both qualitative and quantitative analysis methods were used. Quantitative data were analysed using Statistical Packages for Social Science (SPSS version 26.0). Descriptive statistics for example frequency and percentages were applied to depict and sum up information measurably from closed-ended items. The analysed information was introduced utilizing frequency tables, structured presentations, pie charts and graphs. Qualitative information from open-ended items that were from the manager's semi-structured interview schedule was summarized thematically and narrated in words.

## 4. Results and Discussions

### 4.1 Bio-Data of the Respondents

**Figure 1:** Distribution of the Respondents by Gender

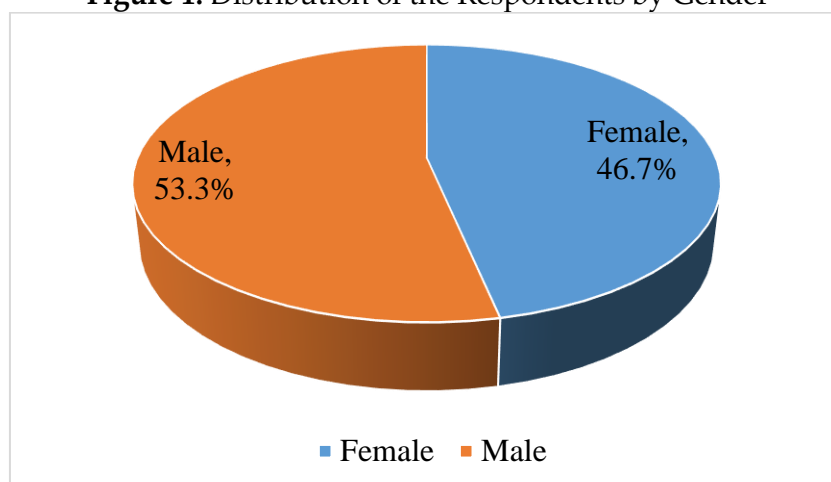
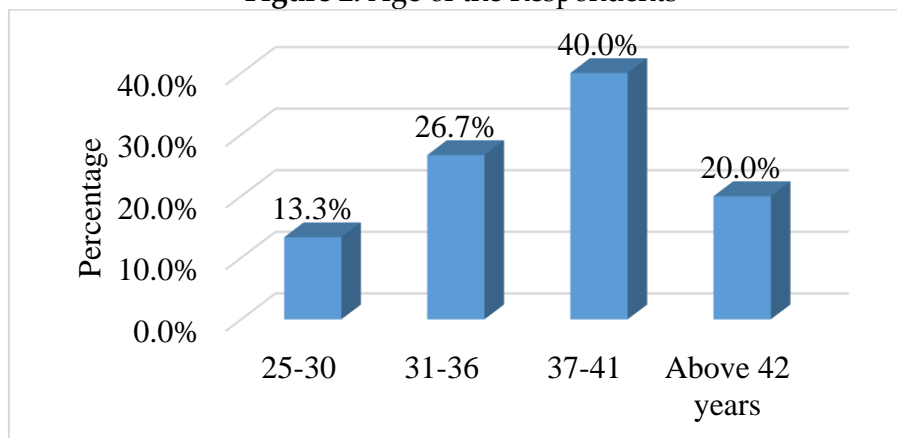


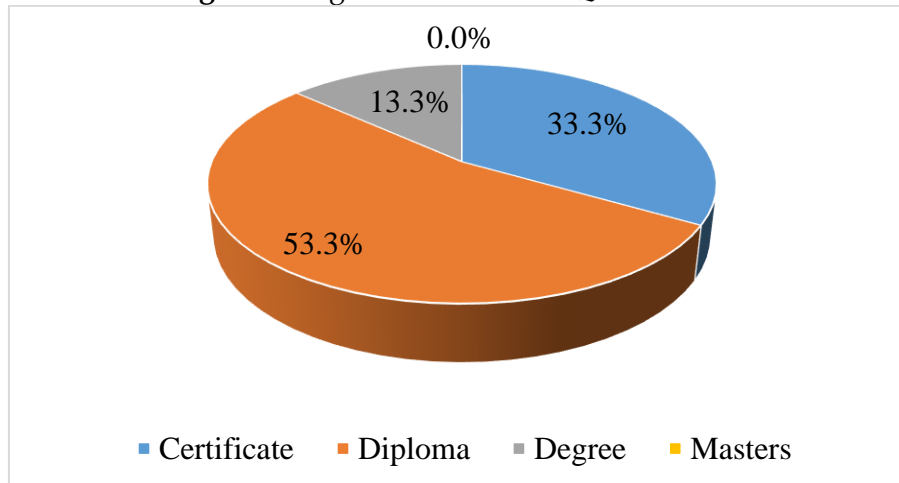
Figure 1 shows that 53.3% of the rehabilitators were male while 46.7% were female implying that there is a small gender gap among service providers who participated in the study at Kakamega rehabilitation centre.

**Figure 2: Age of the Respondents**



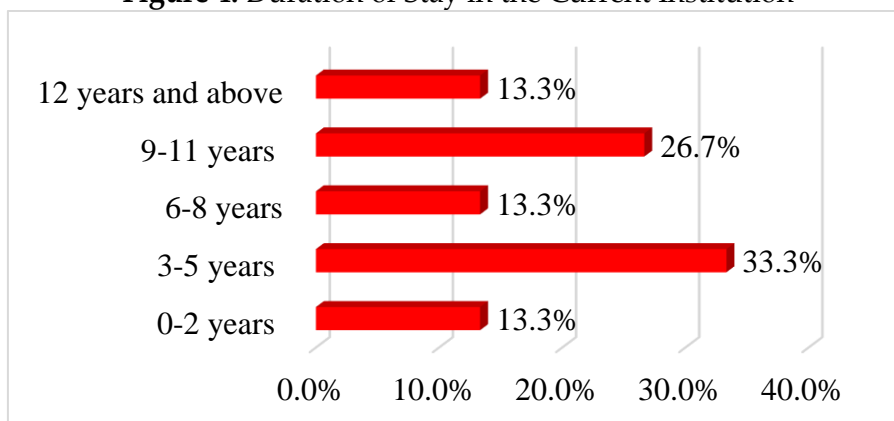
The results in Figure 2 show that 40.0% of the respondents were aged between 37-41 years, followed by those of ages between 31-36 years at 26.7%. However, the least comprised of ages between 25-30 years while none was below 25 years.

**Figure 3: Highest Professional Qualifications**



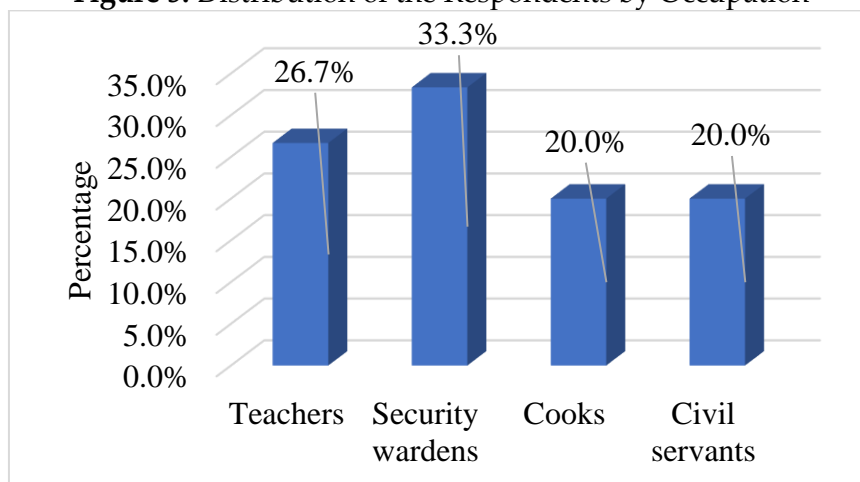
Findings in Figure 3 show that rehabilitators were distributed across all the professional qualifications except Diploma with the highest proportion (53.3%) holding a certificate (33.3%) while the least (13.3%) with a degree. It would be logical therefore to conclude that all the service providers had some knowledge of handling adolescents with emotional and behaviour problems.

**Figure 4: Duration of Stay in the Current Institution**



Results in Figure 4 indicate that rehabilitators were distributed across all the categories of duration of stay with the highest proportion (33.3%) with a duration between 3-5 years, followed by 26.7% having 9-11 years while the least (13.3%) with a duration of 12 years and above in their current station of work. These findings imply that the majority of the service providers had enough time to stay and therefore could observe, understand and analyze the characteristics and challenges of adolescents with emotional and behaviour problems after their admission.

**Figure 5: Distribution of the Respondents by Occupation**



Results in Figure 5 show that rehabilitators were mainly security wardens (33.3%), teachers (26.7%), cooks (20.0%), and civil servants (20.0%). These findings imply that there was inadequate personnel specifically trained to address challenges and provide transition services to adolescents with emotional and behaviour problems admitted to Kakamega rehabilitation centre.

#### **4.2 Resources Used in the Provision of Services to Adolescents with Emotional and Behaviour Problems**

To achieve this, the researcher used a questionnaire to enquire about both human and material resources from the rehabilitators and rehabilitees that were available at the



rehabilitation centre under study. The results were analysed accordingly as presented under the following relevant themes. The respondents were asked to list some of the personnel available in the centre and the services each provides to the youth with EBD in the centre. The results were analysed descriptively and presented in Table 1.

**Table 1: Human Resources as Reported by Rehabilitators (N=15)**

Human resources	Frequency	Percentage
Manager	2	13.3%
Head teacher	6	40.0%
Teachers	9	60.0%
Vocational training officers	9	60.0%
Storekeepers	8	53.3%
Security wardens	3	20.0%
Cooks	3	20.0%

The study findings in Table 1 indicate that the main human resources available at Kakamega rehabilitation centre include managers (100.0%), vocational training officers (60.0%), teachers (60.0%), storekeepers (53.3%), head teacher (40.0%), security warden (20.0%), and cooks (20.0%). The manager was in charge of the centre, vocational training officers were in charge of training adolescents on vocational skills, Teachers had the responsibility to implement the curriculum, the head teacher was in charge of academic programmes, the storekeeper was in charge of the stores, security warden offered security in the centre and cooks had the duty to prepare meals for the youths in the centre. Rehabilitators were asked to identify the material resources that were readily available in the centre to be used by adolescents with EBD while receiving transition services from their entry to release. Table 2 presents the results of the study.

**Table 2: Material Resources Available as Reported by Rehabilitators (N=15)**

Material resources available	Frequency	Percentage
Workshops	7	46.7%
Classrooms	5	33.3%
Dormitories	7	46.7%
Playing field	9	60.0%
Poultry practical apparatus	4	26.7%
Farmyard	2	13.3%
Farm tools	2	13.3%
Carpentry tools	6	40.0%
Building and construction tools	7	46.7%
Shoe-making and shining materials	2	13.3%
Necklace-making materials	2	13.3%
Carpets-making material	2	13.3%
Teaching and learning materials	4	26.7%
Assessment tools	3	20.0%

The study findings in Table 2 indicate that the main material resources available at Kakamega rehabilitation centre included, a playing field (60.0%), workshops for training and skills acquisition (46.7%), dormitories for accommodation amenities (46.7%), Building and construction tools (46.7%), carpentry tools (40.0%), and classrooms (33.3%) as reported by the rehabilitators who took part in the study. Other materials resources included poultry practical apparatus, teaching and learning materials, carpets-making material, necklace-making materials, shoe-making, and shining materials, and farm yard and farm tools. These findings implied that materials were not adequate in the rehabilitating centre of Kakamega. These findings agree with those of Vreeman et al. (2017) who revealed that limited resources were one of the significant impediments to the arrangement of psychological wellness administrations for the youths. The lack of resources and instruments to evaluate mental and behavioural health outcomes limit access to the services offered in rehabilitation centres.

Further, a checklist was used to observe the physical facilities or infrastructure and materials available for the provision of various transition services in the centre. Data were recorded, analysed descriptively in form of narratives, and presented in Table 3.

**Table 3:** Availability of Physical Facilities as Observed through the Checklist

Physical facility	Availability	Status	Recommendation
Administration block	Available	Scratched outer walls, floor made of tiles, and not spacious	Needs renovation
Classrooms	Available	Squeezed	More classes needed
Dormitory	Available	Lack security	Needs renovation
Carpentry workshops	Available	Some machines are not functional	Needs maintenance
Cattle shade	Available	Not well maintained	Needs maintenance
Dress-making for tailoring	Available	Some not functional	
A kitchen and dining hall (for meetings and eating)	Available	Scratched floor	Needs maintenance
Poultry workshops	Available	Having sophisticated tools for example incubators are not well utilized	Needs improvement and training
Big farm for vegetables, maize, livestock, and agro-forestry.	Available	Not utilized	Needs improvement through skills
Rehabilitators squatters	Available	Old houses	Need renovation
Stores for food	Available	Non-conditioned	Need modern method for improvement
Playground	Available	Support athletics and football	Needs maintenance
Library	Available	Stored with instructional materials but inadequate	Need more learning materials

It was observed that all the physical facilities at Kakamega rehabilitation centre need improvement to effectively provide services to adolescents with emotional and

behaviour problems. For instance, the administration block, kitchen and dining halls were available but had damaged walls that needed renovation. Large farms for growing vegetables, maize, livestock, agro-forestry and the growing of crops including; beans, potatoes, cassava, and sugarcane were available. Nevertheless, it was not utilized as there were no major activities in agriculture. Playgrounds were available and supported athletics, football and other sporting activities. Library was stored with instructional materials including charts, exercise books, rulers, maps, and 8-4-4 and CBC Textbooks (grades 4-5). However, learning materials were not adequate, and there was no differentiated curriculum offered despite embracing the practical part of CBC. Kimera et al. (2019) support the findings of the current study indicating that the major challenge facing rehabilitation centres is the lack of resources to assess and determine the accessibility to rehabilitation services for the transition of adolescents.

In an interview with the manager at Kakamega rehabilitation centre, the respondent lamented that;

*"The major challenges we experience in this institution are related to fear and guilt from our youths who may take longer or unusual time while copying up with change when receiving services. In addition, the enrolled may lack a positive attitude as many have no interest in learning new things during training in the workshops. Therefore, I can say it is not always one hundred percent transition..."*

During an interview, the manager was further asked to state the challenges faced by youths with emotional and behavioural disorders while accessing transition services to enable them transient from adolescence to adulthood and become self-reliant back in the community after release or graduation.

The respondent disagreed that;

*"The centre does not provide a differentiated curriculum to meet the diverse needs of adolescents with emotional and behavioural problems. In addition, the lack of specified personnel who can provide training services to young people with emotional and behavioural disorders has been a big challenge."*

These findings demonstrate that art workshops, diagnostic tools, teaching and learning materials, furniture and play space, and play materials are essential to the provision of transition services to youths with emotional and behavioural disorders. However, the institution experiences short of training personnel specialized in persons with emotional and behavioural disorders. These findings agree with that of Crosswell et al. (2014) that if resources including personnel are limited, the quality of service delivery is highly affected. The findings also support a local study conducted by Odera (2013) which showed that the current rehabilitation settings in Kenya are ineffective and limit access of intervention services due to a lack of resources and deplorable working conditions. Findings from another local study which was conducted by Okutoyi, (2015)

in Shikusa Borstal institution on rehabilitation of children in conflict with the law in Kakamega County indicated challenges in terms of insufficient resources and personnel, inadequate and outdated laws, and poor environment.

## 5. Conclusions

The study concludes that inadequate human and material resources including building and construction tools, carpentry tools, classrooms, poultry practical apparatus, teaching and learning materials, carpets-making material, necklace-making materials, shoe-making and shining materials, farm yard, and farm tools led to poor delivery of transition services at Kakamega rehabilitation centre.

## 6. Recommendations

1. The study recommended that there is a need to help adolescents to achieve a greater sense of independence, and personal responsibility, setting goals for oneself, making choices, and understanding their responsibilities which would enhance their self-determination. There is also a need to train them on skills such as effective communication skills; negotiation and conflict resolution; being assertive, and inter-personal problem-solving.
2. There is a need for the government, through the ministry of education to establish and fully equip rehabilitation centres with a competence-based curriculum that would provide each affected adolescent with an opportunity to acquire skills through vocational training and workshops.

## Conflict of Interest Statement

The authors declare no conflicts of interest.

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