



Community Perception of Inclusive Education and Rehabilitation for Street Children in Mumias West Sub-County, Kenya

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Abstract

Street children's prevalence varies globally even among high-income countries. This prevalence reflects a difference in the social, welfare, and health care factors that influence street children's holistic development. Studies on the Sustainable Development Goal (SDG) agenda on universal education seem elusive to this category of population. Kenya's current competency-based curriculum of education defines a pathway for every Kenyan child yet prevalence of street children out of school including Mumias Sub-County continues to grow. Successful rehabilitation and re-integration of street children requires active participation and sustained support from communities in which they live. Researchers examined potential of inclusive education as a strategy for the rehabilitation of street children. Grounded in the Person-Environment (P-E)-Fit theory and the Social Exclusion Theory, this qualitative study explored the paradox of rehabilitating street children through inclusive education in Mumias West Sub-County Kenya amid negative community perceptions. Based on data drawn from 33 sampled street children and 11 key informants, researchers examined community attitudes, stigmatisation, parental involvement, and systemic barriers. Study findings reveal existence of negative community perception at 66.7%, stigmatization prevalence at 66.6%, negative attitude towards re-integration at 72.7%, and lack of direct parental involvement at 72.7%. Focused group discussions and interviews reveal limited community support, participation, and collaboration. This undermines rehabilitation and re-integration efforts for street children. The study recommends establishment and strengthening of multi-sector collaboration frameworks that consist of community leaders, governments, non-governmental organisations, schools and private institutions to create a supportive environment that promotes acceptance and provides psychosocial support for street children.

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Introduction

Globally, tens of millions of people under 24 years old live and work on the streets (Consortium for Street Children [CSC], 2021; Thomas de Benitez, 2011; UNICEF, 2021). Studies indicate that the number of street children continues to rise rapidly in virtually every country and in major cities, emphasising the urgency of addressing this phenomenon (Quainoo, 2020; Buske, 2011; Ghosh, 2022; Lyn, 2021). Kenya has an estimated 250,000-300,000 children and youth living and working on the streets, with approximately 60, 000 in Nairobi alone (Embleton et al., 2016; Integrated Regional Information Networks [IRIN], 2007).

The United Nations Children's Fund [UNICEF], 2020) and the Consortium for Street Children (CSC, 2021) define children in street situations (street children) as children whose lives and survival are closely linked to the streets, relying on them for their livelihood, work, social support, and/or residence. This includes children who live on the streets independently or with their families, work on the streets while maintaining varying levels of family contact, accompany family members or peers on the streets, or depend on street-based networks as a central part of their daily lives. In many countries, street children are named after their main survival activities. In Kenya, they are called “chokoraa” or “chokora pipa” (those who scavenge for food from the composite pits). However, a new terminology has evolved to reduce stigmatisation and negative connotations associated with the label ‘street child’, and the terms ‘street-connected’ or ‘children in street situations’ have been adopted to identify children and youth for whom the streets play a significant role in their everyday lives and social identities (United Nations Committee on the Rights of the Child [UN CRC], 2017)

According to the Kenya National Bureau of Statistics (KNBS), 2019, Mumias West forms part of Kakamega County, which is one of the most densely populated counties in Western Kenya. The demographic structure of the area is characterised by a high proportion of children and youth, which has implications for education, social services, and child protection systems. The increasing population, combined with socioeconomic challenges such as poverty, unemployment, and rural-urban migration, contributes to the vulnerability of some children, including the risk of street involvement. Evidence from rehabilitation initiatives in Kakamega and Mumias further shows that despite ongoing rescue and reintegration efforts, stigma continues to limit the effectiveness of inclusive education programs (Kakamega County Children Services Office [KCCSO], 2021; Kakamega County Children Welfare Consortium [KCCWC], 2021). Further, limited empirical evidence exists on its role in the rehabilitation of children in street situations, particularly regarding how inclusive educational practices influence their reintegration, sense of belonging, and educational outcomes (Susan & Maina, 2014; Wambua & Mutisya, 2023). The current study addresses this gap by examining the contribution of inclusive education to the rehabilitation of street children and exploring how participation in mainstream learning environments supports their social and educational development.

While numerous efforts to rehabilitate street children have largely focused on addressing the educational, psychosocial, and economic needs of street children, comparatively less attention has been given to the influence of community perception on rehabilitation outcomes (Susan & Maina, 2014). Negative community attitudes, stigma, discrimination and social exclusion often undermine the effectiveness of rehabilitation by limiting children’s acceptance into schools, families, and community life. Although inclusive education seeks to promote equal participation and a sense of belonging for all



learners, there is limited empirical evidence on how community perceptions shape its implementation and effectiveness in the rehabilitation of street children (Purnomo & Suryono, 2023; Wambua & Mutisya, 2023; UN, 2017). This study provides an in-depth examination of community perceptions and their influence on inclusive education and the rehabilitation of street children.

Inclusive schools often offer only structural access, falling short of addressing the deeper relational and emotional needs of street children (Wambua & Mutisya, 2023). Authors posit that this creates a paradox: Schools that aim to rehabilitate and include also inadvertently reproduce exclusion. The mismatch between the personal needs of street children and the educational environment, as framed by the Person-Environment Fit Theory, undermines their adjustment and performance (Kristof-Brown, et al., 2005). At the same time, societal stigma and marginalisation, explained through the lens of social Exclusion Theory, continue to impede full integration (Siver, 1994; Levitas, 2005; Room, 1995). This study examines the potential of inclusive education as a strategy to bridge the gap between physical access and genuine inclusion in the rehabilitation of street children. The study uses a qualitative approach, grounded in the Social Exclusion and P-E Fit Theories, to reveal the paradoxes of inclusion, in which schools offer opportunities for transformation yet also replicate exclusion when systems are unresponsive to children's lived realities.

Street Children and Education in Kenya

Street children are among the most vulnerable groups globally, facing multifaceted challenges such as poverty, neglect, abuse, and institutional marginalisation. In Kenya, estimates suggest that tens of thousands of children live and work on the streets (Ministry of Labour and Social Protection [MLSP], 2021). Their disconnection from formal structures, particularly family and education, greatly reduces their chances of future integration into productive adult life. While the right to education is guaranteed in Article 53(1)(b) of the Constitution of Kenya and reinforced by the Basic Education Act (2013), many street children remain unreached by inclusive educational reforms (Republic of Kenya, 2010). Factors such as lack of identification documents, poor parental support, stigma and trauma impede their access and retention (Lagat et al., 2024; Purnomo & Suryono, 2023; Azzam et al. 2021; Miller 2023; Quainoo, 2020; Parveen 2019; Salihu, 2019; Abate et al., 2022; Adebayo & Olaogun, 2019; Joshi, 2021; Malindi & Molahlehi, 2020).

Inclusive Education: Concept and Practice

Inclusive education aims to provide quality education to all learners, regardless of their backgrounds or abilities (UNESCO, 2020). In the Kenyan Context, inclusive education has traditionally focused on learners with disabilities but has been gradually broadened to include marginalised groups, such as street-connected children (Corcoran et al., 2020). However, inclusion in practice is uneven. Many schools lack the resources, training, and infrastructure needed to support street-involved children (Julien, 2024). Moreover, social attitudes and community perceptions remain a significant barrier where teachers and parents often resist the integration of street children into schools, citing fears of negative influence or academic underperformance (Wambua and Mutisya, 2023).

Street Children and School Re-integration

Recent studies show mixed outcomes in the reintegration of street children into schools (Corcoran et al. 2020; Lagat et al. 2024; Goodman et al. 2023). Lagat et al. (2024) found that government interventions



such as school feeding programs and fee waivers improved enrolment, but retention remained low due to home instability and a lack of emotional support. Corcoran et al. (2020) highlighted how street children bring with them survival behaviours, like aggression or withdrawal, that often clash with school norms, making their adjustment difficult. Teachers often lack the capacity to manage these dynamics, and peer discrimination further complicates integration. Furthermore, Goodman et al. (2023) emphasise the role of community-based models, such as the Flourishing Community Model, in promoting more sustainable rehabilitation outcomes. These models link formal education with vocational training, psychosocial counselling, and family mediation.

Community Perception and Stigmatisation

In previous studies, community attitudes remain one of the greatest challenges to successful inclusion (Julien, 2024; Lumumba et al. 2016). Many community members view street children as troublemakers or morally tainted. This attitudinal exclusion persists even when children are structurally included in schools. (Wambua & Mutisya, 2023; Bhattacharyya & Chakraborty, 2024). The current study's findings, in which 66.6% of respondents agreed that street children in inclusive schools are stigmatised, support earlier research and underscore the need for public sensitisation alongside school-level interventions.

Challenges in Rehabilitating Street Children

The rehabilitation of street children through inclusive education in Kenya, particularly Kakamega County, presents both significant challenges and promising opportunities. Street children often experience a multiplicity of vulnerabilities rooted in poverty, trauma, social exclusion, and institutional neglect. Yet with the right policies, partnerships and pedagogical approaches, inclusive education can offer a transformative path towards rehabilitation, re-integration and empowerment (KCCSO, 2021; KCCWC, 2021; Lagat, et al. 2024). Street children frequently come from economically marginalised backgrounds. The inability to afford school uniforms, examination fees, and learning materials inhibits their consistent participation in school. Even with Free Primary Education (FPE), hidden costs and economic pressure push many back to street life (Wambugu & Mbuthia, 2019).

Many street children are orphaned, estranged, or come from unstable homes. The absence of a reliable caregiver undermines their emotional stability and school attendance. Embleton et al. (2016) found that lack of familial support is a key predictor of prolonged street involvement. Street children often face stigmatisation and discrimination through labelling, bullying, and isolation in schools, making integration difficult. Teachers and students often view them as delinquents, reinforcing exclusion (Aptekar & Stoecklin, 2014). Stigma has a negative effect on their self-esteem and academic performance. By addressing these challenges, Kenya stands at a pivotal moment to integrate its street-connected children into a more just and inclusive educational landscape, one that recognises every child's right to learn, thrive and belong. This study examines inclusive education strategies in Mumias West Sub-County, with a specific focus on the presence of collaborative approaches involving stakeholders such as the government, communities, schools, and non-governmental organisations (Lagat, et al. 2024).

Social Exclusion Theory

Social Exclusion theory posits that exclusion is not just economic but also relational, institutional, cultural and symbolic. (Siver, 1994; Levitas, 2005 & Room, 1995). Street children, by virtue of their



background, face multiple layers of exclusion from family systems, educational opportunities, and social acceptance. The theory explains the deep-rooted marginalisation that street children experience. In Kenya, including Mumias Sub-County, street children are often labelled as delinquents or “chokoraa”, a Swahili term with pejorative connotations (Goodman, et al. 2023). This labelling reinforces their alienation and hinders social reintegration. The National Guidelines for the rehabilitation and re-integration of Children in Street Situations in Kenya (CSC, 2021; Committee on the Rights of the Child, 2017) acknowledges this multidimensional exclusion and promotes a holistic approach, linking education with family reunification, psychosocial support, and community sensitisation.

Person-Environment Fit Theory

The Person-Environment (P-E) Fit Theory posits that the congruence between an individual’s needs, characteristics and the environment significantly influences outcomes such as satisfaction, performance, and well-being (Kristof-Brown, et al. 2005). In the case of street children, a poor fit between their needs (emotional support, trauma recovery, and flexible learning) and the conventional school environment can lead to maladjustment or dropout. For example, while inclusive schools may offer structural access (e.g., free tuition and school meals), they often fail to provide trauma-informed instruction or relational support, leaving street children feeling lonely or stigmatised (Julien, 2024). This mismatch suggests that inclusion must be redefined not just as access but as alignment between learner needs and school practices. This theory is crucial to understanding institutional settings and their inability to prepare children for re-entry into mainstream education in Mumias Sub-County.

Methods

A qualitative empirical enquiry was conducted using questionnaires, interview guides, focus group discussions, document analyses, and observation checklists.

Study Location

The study was conducted in Mumias West Sub-County, Kenya. Mumias West Sub-County lies within Kakamega County in western Kenya. Mumias town is a cosmopolitan area in the heart of Mumias Sub-County. Many migrants of different socio-economic backgrounds and nationalities inhabit Mumias town, having come as workers in the Mumias factory, farmers and businesspeople (KNBS, 2019). A factor that contributes to the emergence of many social problems, such as an increase in crime rates, drug and substance abuse, despondency, and street children, makes the study site information rich.

Sampling Procedure and Sample Size

The study employed non-probability sampling techniques to select participants. Street children were recruited through purposive and snowball sampling. Initially, the researchers worked with rehabilitation centres, social workers and community leaders to identify children who met the inclusion criteria, including those who had lived or worked on the streets and had experience with rehabilitation or inclusive education initiatives. These participants then referred to other eligible street children who met the study criteria until a sample of 33 participants was obtained. The sample size was determined by data saturation, whereby no new information or themes emerged during data collection. Key informants were selected through purposive sampling based on their knowledge, experience, and involvement in matters related to street children and community rehabilitation. The researchers



identified individuals occupying roles that provided rich information on community perception, including community leaders, social workers, local administrators, and representatives of community-based organisations. 11 key informants were recruited because they met the inclusion criteria and collectively represented diverse perspectives relevant to the study. Recruitment ceased when the information obtained was considered sufficient to achieve data saturation.

Data Collection Instruments

The researchers employed five data collection instruments in this study: an open-ended questionnaire was administered to 1 officer in the youth affairs office, 1 education officer, 2 teachers, 1 welfare officer at the children's office (Mumias), 2 officers at the NGO rehabilitation centre (the Child Opportunity Trust, Mumias), and 1 Mumias EARC coordinator. The questionnaire was specifically designed to encourage respondents to express their views, experiences and opinions in their own words. It was self-administered. The respondents were given adequate time to provide detailed responses. This enabled the researchers to collect in-depth context-specific information that provided a comprehensive understanding of how different stakeholders perceive street children and factors influencing those perceptions. After completion, the questionnaire was reviewed for completion and prepared for qualitative analysis. An interview schedule guide was administered face-to-face to 2 parents and 2 opinion leaders in the community. During the administration, the researchers recorded participants' responses verbatim and, with permission, audio recorded them to ensure accuracy. Focused group discussions were used with 33 street children. A document analysis guide was used to verify school admissions and rehabilitation centre attendance trends, while an observation checklist was used to collect information on peer interactions and non-verbal cues.

Reliability and Validity of Research Instruments

The reliability and validity of the questionnaire and interview guide were established through a pilot study conducted among 4 street children, 2 officers, 1 teacher, and 1 parent in Shibale town, which shares characteristics similar to the study area. The pilot study enabled the researcher to pre-test the research instruments and procedures to determine whether the interview questions were clear, relevant, and appropriate for the participant's age, experiences, and level of understanding. It also enabled the researchers to identify ambiguous or sensitive questions, estimate the time required for each interview, assess the feasibility of the data collection procedures, and refine the interview guide before the main study (Braun and Clarke, 2006; Creswell, 2018). Conducting the pilot study with 4 street children, 2 officers, 1 teacher, 1 community leader, and 1 parent was considered sufficient because the objective was to test the usability and effectiveness of the research instruments rather than to generate findings for analysis or to achieve representativeness. Feedback obtained from the pilot study informed revisions that enhanced the credibility and dependability of the data collection process in the main study.

Validity of the instruments was ensured through expert review. The instruments were examined to determine whether the questions adequately captured the study objective on community perceptions and rehabilitation of street children. Feedback from the pilot study helped to identify ambiguous leading questions, which were subsequently revised to improve content and construct validity. To enhance credibility and trustworthiness, data triangulation was applied by comparing findings from



interviews, focus group discussions, and key informant responses, as evidenced in the discussion section.

Data Analysis

Qualitative data collected through interviews and focus group discussions were first audio recorded with consent and then transcribed verbatim. The transcripts were read repeatedly to ensure familiarity with the data and to identify initial patterns and meanings. Data were then organised into meaningful categories through a systematic coding process. The analysis was conducted using NVivo version 12 qualitative data analysis software, which facilitated efficient data management, coding, and theme retrieval. Open coding was first applied to identify key concepts and recurring ideas within the data. These codes were then grouped into broader categories through axial coding, which helped to establish relationships between concepts. Finally, selective coding was used to generate overarching themes and subthemes aligned with the main study objective. Thematic analysis was guided by the qualitative analysis framework proposed by Braun and Clarke (2006), which involves familiarisation with data, generating initial codes, searching for themes, reviewing themes, defining and naming themes and producing the final report. This approach enabled a systematic and flexible interpretation of participants' experiences and perceptions of community attitudes and the rehabilitation of street children.

Quantitative data were coded and entered into the Statistical Package for the Social Sciences (SPSS) version 28 for analysis. The data was cleaned and checked for completeness before analysis. Descriptive statistics that comprised frequencies, percentages and means were computed to summarise respondents' characteristics and key variables related to community perceptions and rehabilitation of street children. Results were presented using frequency tables for easier interpretation and comparison. Use of SPSS enhanced accuracy by minimising human error associated with manual computation.

Ethical Considerations

Ethical considerations and protocols were observed, including getting institutional approvals and a letter of consent. The research proposal was reviewed and approved by Masinde Muliro University of Science and Technology Institutional and Ethics Review Committee (MMUST/ISERC).



Results and Discussion

Table 1: Parental or Caretaker Status of the Street Children

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Has None	13	39.4	39.4	39.4
	Has a Caretaker	11	33.3	33.3	72.7
	Has One Parent	7	21.2	21.2	93.9
	Has Both Parents	2	6.1	6.1	100.0
	Total	33	100.0	100.0	

Only 6.1% of the children had both parents, while 39.4 had none, and 33.3% relied on caretakers. This underscores the initial exclusion at the family level. A combined 72.7% either have no parents or rely on non-parental caretakers, indicating significant family instability. This reflects early social detachment from the family unit, a critical socialising structure. The findings agree with those of Embleton et al. (2016), whose study attributed prolonged street involvement to a lack of familial support. Street children without parental ties are often stigmatised by peers and teachers, viewed as delinquents and denied social validation. This leads to symbolic exclusion, in which they are not recognised as equal members of society.

Loss of parental support often results in economic deprivation, emotional neglect, and breakdown of educational continuity. Children without stable parental support are more likely to enter into institutional care as a protective or corrective intervention. In this way, a family exclusion becomes the entry point to a wider chain of social exclusion, including education, healthcare, and community participation. Social Exclusion Theory helps highlight how broken family ties act as a catalyst for multiple forms of exclusion. The absence of a stable, nurturing family environment also contributes to poor Person Environment Fit in both institutional and school settings. For most children, the family is the first and most influential environment that supports emotional security, social norms, academic encouragement, and moral development. Interviews with children frequently revealed deep emotional wounds stemming from abandonment or family loss, shaping their educational disengagement. Through interviews, children living with parents often cited abuse, alcoholism, or neglect as the reason for running away. Orphans showed higher emotional dependency on caregivers and institutions.



Table 2: Community Perception on whether Street Children can Benefit from Inclusive Schools

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	7	21.2	21.2	21.2
	Disagree	15	45.5	45.5	66.7
	Undecided	4	12.1	12.1	78.8
	Agree	2	6.1	6.1	84.8
	Strongly Agree	5	15.2	15.2	100.0
	Total	33	100.0	100.0	

Over 66.7% of respondents either strongly disagree or disagree that street children can benefit from inclusive schools, a strong indicator of social resistance to the inclusion of this marginalised group. Only 21.3% either agree or strongly agree. The overwhelming negative response (66.7%) indicates that the general community does not view street children as worthy or capable beneficiaries of inclusive education. This reflects moral or behavioural judgements, stereotyping, or internalisation of stigma. The findings further suggest that street children are culturally excluded from what society deems a normal school population. They are not just poor but symbolically removed from the ideal student profile, i.e., lacking uniforms, stable homes, and formal behaviour. This is consistent with a study by Wambua and Mutisya (2023), which found that social attitudes and community perceptions remain significant barriers, as teachers and parents often resist integrating street children into schools, citing fears of negative influence or academic underperformance. Such negative perceptions weaken demand for inclusive reforms, reducing pressure on policymakers. When the community doubts the value of inclusive schooling, it is unlikely to support implementation.

In this context, social exclusion can be understood through the intersections of poverty, stigma, and institutional barriers that marginalise street children. The data reflects deep-rooted social exclusion that goes beyond access to classrooms. It is about exclusion from social acceptance, support, and a sense of belonging.

In one of the interviews, a boy stated: *“In school I can eat and play. I learn and don’t fight like in the street.”* Schools that provide wraparound services create a stronger fit between the child’s complex needs (mental, physical, educational) and the learning environment. Inclusive schools dismantle material exclusion (e.g., lack of meals, books) but risk perpetuating symbolic exclusion (e.g., stigma, social labelling) (Mwangi & Njuguna, 2020).

Based on the Person-Environment Fit Theory (Goodman et al., 2023; Embleton et al., 2016), the high rate of disagreement suggests that most respondents do not perceive inclusive schools as suitable environments for street children. The community perceives a poor fit between street children’s characteristics (e.g., trauma histories, erratic behaviour, lack of basic needs) and Inclusive school demands (e.g., classroom structure, academic performance expectations, social norms). The majority



believe that inclusive schools are not equipped to handle the complex needs of street children, not because inclusion is wrong, but because the current educational environment is misaligned with what these children need to succeed. The paradox is that although education is universally recognised as the most effective tool for breaking the cycle of poverty and marginalisation (UNICEF, 2021), the very communities and systems designed to provide this education often resist reintegrating the most vulnerable children, street children, into mainstream schools. School children are excluded from school because they are different, yet without access to school, they remain different and socially excluded. Society demands that they conform before being included, but education is the very process that enables them to conform.

Table 3: Community Attitude towards Re-Integration of Street Children in Inclusive Schools

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	7	21.2	21.2	21.2
	Disagree	24	72.7	72.7	93.9
	Undecided	1	3.0	3.0	97.0
	Agree	1	3.0	3.0	100.0
	Total	33	100.0	100.0	

According to the findings, 72.7% disagreed, and 21.2% strongly disagreed with the statement that street children should be integrated into inclusive schools. Only 6% agreed or were undecided. This overwhelmingly negative perception highlights a significant community resistance to inclusion. The findings are supported by Corcoran et al. (2020), whose study findings highlighted how street children bring with them survival behaviours, like aggression or withdrawal, that often clash with school norms, making their adjustment difficult. Social exclusion is a multidimensional process in which individuals or groups are systematically barred from full participation in the economic, political, social, and cultural life of their communities. Street children in this context face both structural and symbolic exclusion, which becomes evident through negative stereotyping, moral judgement and blame, fear of negative influence and lack of awareness of inclusive education.

From a social exclusion theory perspective, community rejection of street children's integration is not just an attitudinal issue; it reflects embedded structural inequalities and cultural narratives that perpetuate marginalisation. Addressing these perceptions is as critical as addressing the educational needs of street children themselves.

Parents interviewed expressed concerns about behaviour and influence. Some parents feared the bad influence of street children. One stated: *"It is our duty to help them, but the school should prepare all children for this."* Partial integration without full social acceptance risks internal exclusion, in which children may be present in school yet remain marginalised. Interviews with rehabilitation officers indicated that rehabilitating a street child calls for consistent guiding & counselling from specialised people and constant provision of their basics.



Table 4: Prevalence of Stigmatisation of Street Children in Inclusive Schools

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	1	3.0	3.0	3.0
	Disagree	1	3.0	3.0	6.1
	Undecided	9	27.3	27.3	33.3
	Agree	11	33.3	33.3	66.7
	Strongly Agree	11	33.3	33.3	100.0
	Total	33	100.0	100.0	

Marginalised populations experience systemic barriers that prevent full social and institutional participation. In this context, 66.6% of respondents (Agree and strongly agree) believe that street children in inclusive schools are stigmatised. This provides a strong indication that:

Symbolic exclusion persists despite structural inclusion. Even when street children gain access to inclusive schools, they may not experience acceptance or emotional safety. Their peers and sometimes even teachers might still refer to them using derogatory labels (e.g. “chokoraa”), associate them with theft, aggression, or lack of hygiene, keep social distance or avoid interacting with them. This contributes to an internalised sense of inferiority and reinforces the cycle of exclusion within the very institution which is meant to rehabilitate them. These findings strongly agree with those in a study by Julien (2024), who posited that while inclusive schools may offer structural access such as free tuition and school meals, they often fail to provide trauma-informed instruction or relational support, leaving street children feeling lonely or stigmatised.

Attitudinal barriers exist in inclusive environments. The responses show that attitudinal stigma is a major barrier to effective inclusion, which may undermine classroom participation, lead to isolation, teasing, or bullying and reduced willingness to engage in school activities.

Normalisation of marginalisation. 23.3% of respondents who were undecided suggest that stigmatisation may be normalised or go unnoticed. This reflects a dangerous subtlety of social exclusion, in which harmful practices are not recognised because they are embedded in daily school culture. The two teachers interviewed acknowledged that stigma exists, with some of the learners admitting to labelling or avoiding street children. Teachers described how stigma surfaces subtly, through avoidance, teasing, and assumptions about intelligence or behaviour. One child shared: “*They call me chokoraa even when I wear uniform.*” Stigma creates a toxic environment, misaligned with the child’s needs for safety and self-worth, undermining the rehabilitation process. Stigma is a core mechanism of social exclusion, reinforcing inequality even inside formal institutions like schools (Goodman et al.; Embleton et al. (2016)). The negative community perception, as revealed in Mumias



West Sub-county, fuels existing and ongoing attitudinal barriers, undermining efforts toward true inclusion and rehabilitation.

Person-Environment Fit Theory, as described by Kristof-Brown et al. (2005), posits that positive outcomes occur when an individual's needs, values, and abilities align with the demands and culture of their environment. Stigmatisation is a signal of poor fit between the street child and the prevailing school environment. Street children may have behavioural norms shaped by street survival and trauma that manifest as distrust or aggression, and gaps in academic preparedness. The community, as part of the child's broader environment, influences the school climate. When community members resist integration or carry negative biases, they transfer that hostility to the school, shaping teacher and peer perceptions. The lack of fit, as evidenced in Mumias West Sub-County, can result in low self-esteem, absenteeism, dropout, peer isolation, and low participation (Kristof-Brown, et al, 2005).

The study has limitations that should be considered when interpreting the findings. First, the study was conducted with a relatively small, purposively selected sample, which is appropriate for qualitative inquiry but may limit the transferability of the findings to other populations. Further, the experiences and perspectives captured reflect those of participants within this study's geographical context and may not fully represent the diversity of views present in other contexts. Consequently, the findings should be interpreted within those geographical contexts since differences in other settings may lead to different perspectives. The study provides an in-depth understanding of participant experiences at a particular point in time. Future mixed-methods research could extend these findings and provide a more comprehensive understanding of street children's rehabilitation.

Conclusion

This study reveals a powerful paradox: Institutions meant to transition children into school are, in practice, preventing that very transition by fostering dependency, stagnation, disconnection and social exclusion. The study concludes that community perceptions play a significant role in shaping the effectiveness of rehabilitation and inclusive education programs for street children. Negative community perception, stigmatisation, low parental involvement and social exclusion, as evidenced in Mumias West Sub-County, not only lead to the marginalisation of street children but also act as external forces that undermine rehabilitation efforts and trap these children within institutional stagnation. When communities perceive street children as deviant, undeserving or permanently excluded from mainstream society, institutions struggle to implement inclusive education programs effectively, as reintegration efforts are often resisted or unsupported at the community level. This weakens partnerships between stakeholders, reduces the sustainability of interventions, and slows progress towards successful outcomes.

The study recommends implementing structured community sensitisation programmes to transform negative perceptions of street children. Such programs should be led by government agencies, educational institutions, religious organisations, and community-based organisations to promote awareness of children's rights and potential in street situations. In addition, community engagement should be strengthened to encourage active participation in rehabilitation and reintegration. This includes involving community leaders and members in school reintegration programs, mentorship initiatives, and child protection structures to foster ownership and accountability. Further, anti-stigma



campaigns and dialogue between institutions and communities should be integrated into local development and education policies to ensure feedback mechanisms that address concerns, build trust, and align rehabilitation efforts with community realities. This will help to reduce resistance, improve collaboration, and enhance the sustainability of inclusive education and rehabilitation programs.

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