
Aftercare Programmes in the Juvenile Justice System in Malaysia: are we Doing Enough for the Child Offenders?

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Abstract

Child offenders' physical, emotional, and mental health's development are often severely affected when they are detained in the institutions due to the adverse effects of incarceration. Following the release of child offenders from the institutions, the existing legal framework is inadequate in facilitating their rehabilitation process. Lack of structured programmes, individualized assessments, expertise and inter agencies cooperation failed to meet the children's needs when undergoing the rehabilitation process, leading some children to reoffend. The study's objectives are to analyse the inadequacies of the legal framework governing the aftercare programmes of child offenders following their release from the institutions and propose alternative models as part of the aftercare programmes. A qualitative research design is undertaken to explore issues surrounding the rehabilitation of child offenders. This study involved undertaking library-based research by conducting a literature review from various first and secondary sources to review and explore effective aftercare programmes critically. This research's findings demonstrate that aftercare programmes for child offenders that focuses on the risk-needs and responsivity model can offer a viable alternative for effective rehabilitation programmes. This research concludes that well-delivered aftercare programmes adhering to the risk-needs and responsivity model can effectively reduce the reoffending rates among child offenders.

Keywords: child offenders, the juvenile justice system, risk-needs-responsibility, aftercare programme, Malaysia.

1. INTRODUCTION

Aftercare or juvenile reentry is defined as the reintegrative services provided to child offenders for their eventual reintegration process into society by establishing the necessary collaboration with the community and its resources to ensure services and supervision are delivered to them [1]. Additionally, reentry programmes may be broadly defined as “the processes and experiences associated with offenders’ incarceration and release from prison, jail or some form of secure confinement” [2]. In recent years, aftercare programmes have been established to facilitate offenders with their reintegration process upon their release from the institutions, address mass incarceration issues, and help reduce persistent recidivism rates [3]. It is highlighted that the term aftercare is regarded as more of a misnomer because, ideally, reintegrative services for children commence before child offenders are released into society, and the term reentry is now commonly used [4]. However, for this study, the term aftercare programme will describe the programmes provided to child offenders when they are released from the institutions.

In the United States, aftercare programmes developed due to the adverse effects of the retributive justice model that underpins the juvenile justice system, emphasising more on punishment and deterrence. Additionally, changes in the legal framework resulted in more child offenders being incarcerated and subjected to extended periods of detention, and consequently, high cost is associated with institutionalisation. Subsequently, these inadequacies in the juvenile justice system in the United States have paved the way to developing efficacious aftercare services developed by the Office of the Juvenile Justice and Delinquency Prevention (Development Services Group, Inc. 2017) in 1987 [5]. Thus, the aftercare

programmes in the United States have developed and established in various forms to address the high numbers of child offenders who are incarcerated. It is estimated that each year, approximately around 80,000 child offenders who return to society after completing their sentence and about 50% of these children will be arrested within three (3) years or less upon their released [6]. Hence, having aftercare programmes as part of the intervention measures are crucial to prevent child offenders from reoffending. In Malaysia, in 2019, it is reported that 4,248 first-time child offenders came into contact with the criminal justice system by committing a crime. However, it is also recorded that a number of 585 child offenders reoffended or committed a crime again at the end of the year 2019 [7].

In Malaysia, the aftercare provisions in the juvenile justice system in Malaysia are governed by the Child Act 2001 (hereinafter referred to as the 2001 Act). With reference to Section 2 of the 2001 Act, a child is defined as someone below eighteen (18) years old and has attained the age of criminal responsibility, set at ten (10) years old, under Section 82 of the Penal Code. This definition is in line with Article 1 of the Convention on the Rights of the Child 1989 (hereinafter referred to as the CRC). Since Malaysia acceded to the CRC in 1995, the country is under an obligation to carry out the CRC provisions to protect the legal rights of the children in Malaysia. The study's objectives are to analyse the inadequacies of the legal framework governing the rehabilitation process of child offenders in Malaysia following their release from the institutions and propose the risk-need-responsivity model in the rehabilitation programme.

1.1 Aftercare Programmes

Aftercare programmes commence from the day the Court imposed sentencing on child offenders and continues until they are serving Courts' sentences and are released into the community. However, aftercare programmes are distinguished from the traditional juvenile justice system in the following two ways; (a) firstly, in the traditional juvenile justice system, child offenders may only be supervised, but they may not be receiving services as part of the aftercare programmes. Conversely, in aftercare programmes, child offenders received both aftercare services and supervision when they are released from the institutions; and (b) secondly, in aftercare programmes, child offenders are engaged in intensive intervention while they are incarcerated, during their reintegration process to the community and when they are under community-based supervision [8]. Families and child offenders released from the institutions face a myriad of challenges such as psychopathology, behaviour problems, histories of substance abuse, mental illness, poverty and others that can adversely affect their reintegration process unless their specific needs are met [9-10]. The following are examples of challenges that both families and child offenders are facing during the aftercare programmes.

1.1.1 Family engagement and peers influence

Research has indicated the crucial role of family support and parenting in preventing children from being involved in anti-social behaviour or delinquency [11]. For child offenders, mothers play a pivotal role as a protective factor that ensures the success of their reintegration process [12]. Reconnecting with family members can even start before child offenders are released from the institutions. Research has shown that frequent visitations from family members can reduce depressive symptoms among incarcerated child offenders and even reduce post-release reoffending cases for adult offenders [13]. Some child offenders may have living arrangements and can return to supportive families upon their release from the institutions, but others may be unable to return to their families if they come from broken family members. Thus, it is integral to keep families involved in the aftercare programmes to ensure child offenders are prevented from reoffending. Another factor that can affect the child offenders success in the aftercare programme is peers influence. It is reported that negative peer influence can increase recidivism rates among child offenders released from the institutions, and association with prosocial peers can reduce it. Peer influence can be a distinctive factor for child offenders aged between 15-17 years old, but younger child offenders between 11-14 years old are more affected by familial and living arrangements [14]

1.1.2 Mental health

It is reported that the prevalence rate of child offenders who are released from institutions and suffering from mental health issues is about four times higher than the general youth population. For instance, approximately 80% of child offenders suffer from conduct disorder, attention deficit disorder, and mood and anxiety disorders. Additionally, about 20% of child offenders suffer from more serious mental health issues such as schizophrenia, major depression, and bipolar disorder. When these issues are left untreated, their chances of successfully engaging with educational and employment opportunities will be affected when released from the institutions. It is reported that child offenders suffering from childhood trauma have a higher likelihood of being rearrested. Moreover, child offenders who are victims of abuse, neglect, and trauma also have increased rates of committing severe, violent and repeated offences [15]. The fear of being

stigmatized and seeking help from service providers may impede child offenders' success in the aftercare programmes. Therefore, it is crucial for aftercare programmes to provide mental health support and address the effects of past trauma, fear of stigma and emphasis on building trusting relationships with service providers [16]. Thus, providing mental health treatment as part of the aftercare programme is necessary to reduce the instances of reoffending among child offenders [17]. Research has also shown that parents play an integral role in ensuring that child offenders can access the healthcare system during the child offender's reintegration process [18].

1.1.3 Substance Abuse

Involvement with substance abuse such as alcohol and illicit drugs is another factor that can influence child offenders' successful reintegration process once they are released from the institutions. Research has shown that approximately around 9% of child offenders below eighteen years old were serving sentences in the institutions due to their alcohol involvement and being intoxicated. In comparison, a higher percentage of child offenders (15%) committed a crime because drugs influenced them. On the other hand, around 23% of child offenders were serving sentences due to their alcohol and drugs involvement. It is reported that substance use disorders can increase the likelihood of reoffending among child offenders. Hence, providing targeted substance use treatment as part of the aftercare programme is necessary to reduce the instances of reoffending among child offenders [19]. It is also reported that parents play a fundamental role in ensuring that their children access the healthcare services they need [20].

1.1.4 Education and Employment Programmes

It is highlighted that having education and employment are two strong predictors of child offenders involved with the criminal justice system and delinquency. Juvenile delinquency is often associated with poor school performance, truancy, and quitting school. It is highlighted that those child offenders released from the institutions face more significant challenges to return to school, making them more susceptible to reoffend [21]. Other challenges facing child offenders in continuing their education are lack of transitional planning and delay in transferring academic records. Moreover, child offenders with special needs need educational support, such as learning disabilities and emotional or behavioural disorders [22]. Hence, education plays a central role in the aftercare process in preventing reoffending among child offenders. Findings from one research suggest that less than half of child offenders were enrolled in schools or employed six (6) months after returning to the community, making them susceptible to reoffend. Another research demonstrates that one of the most critical factors that impede child offenders success in aftercare programmes is failing to remain in schools. Research has also shown that approximately 33% of child offenders serving sentences in the institutions have been diagnosed with a learning disability compared to 8% of the general population. Unfortunately, child offenders cannot have access to special education and other educational facilities in some circumstances, making it even harder for them to re-enrol in schools after being released from the institutions. Thus, it is pivotal for service providers to ensure that child offenders received appropriate support to have access to education and enrol themselves in schools when released from the institutions to prevent reoffending. Similarly, child offenders who work more than 20 hours per week and attend schools regularly have reduced the possibilities of engaging in anti-social behaviour compared with those who are unemployed over five (5) years [23].

1.1.5 Housing

It is reported that an estimated one in four child offenders that come into contact with the criminal justice system is facing homelessness issues. Additionally, it is also integral to help child offenders find suitable accommodation, which is not located in low-income and disadvantaged areas since these areas may contribute to child offenders involvement in a crime. Hence, it is fundamental for child offenders to receive appropriate support in finding housing and accommodation upon release since it may reduce the possibilities of reoffending among child offenders and ensure the success of their aftercare programmes [24].

1.1.6 Meeting the Needs of Child Offenders

In light of the above challenges facing child offenders when they are released from the institutions, it is vital for service providers to provide services that meet child offenders' needs to prevent recidivism instances. Hence, research has shown that it is crucial to identify the criminogenic needs of child offenders (needs associated with criminal behaviour such as substance abuse issues) and the services they need most when released from the institutions to prevent any possibilities that they may reoffend.

To identify the criminogenic needs of child offenders, *the practitioners use risk/needs assessment tools* to collect and assess information about a child to assess the child's risk of reoffending and identify other factors that can reduce the child's risk of reoffending likelihood of reoffending [8]. These risk assessment tools can be used at various stages of the juvenile justice system, including at the system's diversion, adjudication and

disposition stage. In the United States, there are more than 20 risk assessment tools used and implemented statewide. Among the three risk assessment tools that are widely used in the United States are as followed; (a) *The Youth Level Services/Case Management Inventory* (YLS/CMI) is used to estimate a youth's risk of recidivating and need for services based on a variety of factors; (b) *The Youth Assessment and Screening Instrument* (YASI) is employed to prescreen and to identify the risk factors among child offenders who are moderate or high-risk youths before a full assessment is used, and (c) *The Structured Assessment of Violence Risk in Youth* (SAVRY) is adopted to assess the risk associated with youth who are specifically violent. *Risk factors* refer to characteristics of child offenders or the environment surrounding the child offenders that increase the likelihood of their involvement with delinquency. Risk factors are variables associated with problem behaviours such as the early onset of aggressive behaviour, broken family with conflicts, school-related problems (truancy, gang involvement) and availability of drugs or firearms in the neighbourhood. Risk factors can further be divided into two aspects, which are *static* and *dynamic risk factors*. The former refers to behaviours that cannot be changed through treatment or programming, such as when the first crime was committed, the history of violent behaviour and parental criminality. However, the latter refers to child offenders' characteristics that can be changed over time because of treatment or normal developmental processes such as poor parenting practices, substance misuse, association with negative peers influence, and poor academic achievements.

Criminogenic needs factors are related to dynamic risk factors and refer to child offenders traits that, when changed, are associated with changes in risk of reoffending. For instance, substance use is a risk factor, but it can also be criminogenic needs factors if a child offender substance use is related to his or her delinquency behaviour, and if this is treated, his or her risk of reoffending can be reduced. On the other hand, responsivity factors are non-criminogenic factors that should not be considered in assessing the level of risks associated with child offenders but are significant in considering the appropriate and services that should be given to child offenders, such as motivation to change, cognitive functioning and access to transportation [25].

Underpinning one of the risk assessment tools used in the aftercare programmes is the Risk-Need-Responsivity (hereinafter referred to as the RNR principles) principles. The *risk principle* connotes that the level of service provided to child offenders should correspond with the level of risks demonstrated by them. For instance, the higher the risks a child offender projected, they should receive a more intensive intervention. The *needs principle* suggests that services or treatment provided should be targeting the criminogenic needs factors associated with the criminal or delinquent behaviour of the child offenders. Finally, the *responsivity principle* proposed that the treatment or interventions that can be carried out in the aftercare programmes should be guided by child offenders' attributes that may affect her or his ability to respond and change (such as learning style or motivation) [26].

The Court for Children in Malaysia is vested with the powers under Section 91 (1) (f) of the 2001 Act to send child offenders to the Approved Schools or the Henry Gurney Schools if the Court is satisfied that an offence has been proved, following the crime committed by the child offenders. In addition, a child will be sent to the Approved schools if he committed offences other than grave crime (not serious) and if the Court feels that he requires institutional rehabilitation and reformation under Section 67 of the 2001 Act. Furthermore, under Section 75 of the 2001 Act, child offenders can also be placed in the Henry Gurney Schools if a serious crime is committed and the child needs to undergo reformation and suppress the child from committing further crime. Upon their release from these institutions, they are placed under the supervision of the Probation Officer or any other person appointed by the Child Welfare Team for one (1) year under Section 70 and Section 75 (2) (b) (i) of the 2001 Act respectively. Thus, these provisions are significant to support child offenders when they are released into the community and prevent reoffending among child offenders. It is reported that before the child offenders are released from the institutions, the Probation Officers will generally visit the parents of the children to assess their readiness in helping their children with the reintegration process. However, it is also reported that this exercise does not provide a structured pre-release planning programme, and there is no reintegration plan prepared for children. Consequently, some child offenders would return to their anti-social behaviour, which is detrimental to their well-being [27]. These seem not to be in line with Article 40 (1) of the CRC 1989, which provides that every child who comes into contact with the criminal justice system should be treated with dignity and worth, taking into account their age, and to facilitate them with the reintegration process, as well as letting the child assume their constructive role in the society. Therefore, this paper adopts a qualitative research design to explore the concepts of aftercare programmes for child offenders released from the institutions.

2. METHODOLOGY

This paper adopts a qualitative research design to explore the concepts of aftercare programmes for child offenders released from the institutions. To examine this research area in greater detail, doctrinal research is employed where it is a form of a research process that involves identifying, analysing and synthesising the contents of the law [28]. Doctrinal research involves a two-stage process: locating the relevant sources and interpreting and analysing the texts. For this study, firstly, relevant sources are located by conducting library-based research to examine primary and secondary sources. The former emphasises the examination of legislation, policies, and judicial decisions, while the latter constitutes a literature review search from online databases such as SAGE, Hein Online, Lexis Nexis, and others. In addition, to examine evidence-based practices and systematic reviews, online databases such as Campbell Collaboration and Crime Solutions are reviewed. Secondly, content analysis is undertaken when analysing the primary and secondary resources to establish the law's nature and parameters [29]. Thus, this study's doctrinal research involved examining the legal framework governing aftercare programmes in Malaysia and the Convention on the Rights of the Child 1989 while drawing best practices from other jurisdictions, such as the United States.

3. RESULTS AND DISCUSSIONS

Drawing from the secondary sources from the library search that has been undertaken, it is reported that many researchers have been undertaken to assess the effectiveness of the aftercare or reentry programmes. For instance, three meta-analyses study was conducted to assess the effectiveness of the aftercare programmes on child offenders and these studies are illustrated in Table 1 below.

Table 1. Meta-Analyses Study on Aftercare Programmes

Meta-Analyses Study	Literature Coverage Dates	Number of Studies	Number of Participants in the Study
Study 1 (James et al. 2013)	1990- 2009	22	4595
Study 2 (Weaver & Campbell 2015)	1990-2009	30	6620
Study 3 (Bouchard & Wong 2018)	1993-2012	10	0

Sources obtained from Practice Profile (Juvenile Reentry Programs, 2016)

With reference from Table 1 above, it can be seen that in assessing the effectiveness of aftercare programmes and the impact of aftercare programmes on recidivism/reoffending, results from twenty-two (22) studies were obtained in Study 1. In Study 1, James et al. 2013 found that aftercare programmes had a small yet significant impact on recidivism, meaning that child offenders who participated in the aftercare programmes have lower reoffending rates than child offenders who did not participate in the programmes [30]. Similarly, in a more recent meta-analysis study involving ten (10) studies of supervision-oriented aftercare programmes conducted by Bouchard and Wong (2018), the findings in Study 3 demonstrate that aftercare programmes have a small yet significant impact on recidivism. Furthermore, compared to child offenders who did not participate in the aftercare programmes, child offenders involved with the aftercare programmes were less likely to be charged or arrested upon their release from the institutions [31]. Thus, these studies show that although there are differences in the findings, well-implemented aftercare programmes positively impact child offenders and reduce the rate of reoffending when released from the institutions.

On the other hand, Study 2 showed that results are drawn from thirty (30) studies demonstrate that although aftercare programmes appeared to reduce the reoffending rates among the child offenders, the impact was not significant [32]. It was highlighted that the differences in the results might be attributed to the different definitions of what constituted aftercare programmes and the different inclusion criteria used for each study. For instance, Study 1 only included studies on reentry programmes that incorporated a treatment modality

(cognitive-behavioural therapy or skills training). On the other hand, Study 2 included reentry programmes that involved monitoring and supervision and other treatment services (such as counselling or education), and since the study was conducted later, it may include studies conducted by James et al. (2013). However, Weaver and Campbell (2015) pointed out that aftercare programmes for older child offenders (whose age is 16.5 years and older) and aftercare programmes that were well-implemented have more potent effects on child offenders released from the institutions. Thus even though these meta-analyses may vary on the findings, it can be concluded that well-implemented aftercare programmes that meet the needs of child offenders would be effective in reducing the rate of reoffending among child offenders. The results from the meta-analysis studies conducted above are supported by the findings from evidence-based studies derived from conducting the library search as part of the qualitative design to demonstrate the positive effects of aftercare programmes on child offenders. As highlighted in the preceding paragraphs, there are many types of aftercare programmes that have been developed in the United States by the Office of Juvenile Justice and Delinquency Prevention in 1987. Table 2 below illustrates the six various types of aftercare programmes, the evidence rating and the targeted population that have been designed to help reduce the rates of reoffending among child offenders.

Table 2. Evidence-Based Studies on Aftercare Programmes

Evidence-Based Studies on Aftercare Programs	Evidence Rating	Targeted population
The Philadelphia (Penn.) Juvenile Probation Department's Intensive Aftercare Probation Program (IAP)	Promising	Age: 16 – 18 years old Gender: Male, Female
The Wayne County (Michigan) Second Chance Reentry (WC-SCR) Program	Promising	Age: 13 – 18 years old Gender: Male
Project BUILD (Broader Urban Involvement and Leadership Involvement; now known as Violence Intervention Curriculum)	Effective	Age: 10 – 17 years old Gender: Male, Female
Operation New Hope	Promising	Age: 16 – 22 years old Gender: Male, Female
Multi-systemic Therapy-Family Integrated Transitions (MST-FIT)	Promising	Age: 12 – 19 years old Gender: Male, Female
Functional Family Parole	Promising	Age: 0 – 17 years old Gender: Male, Female

Sources obtained from the National Institute of Justice (Crime Solutions)

With reference to Table 2, it can be seen that in the United States, many types of aftercare programmes have developed with various purposes to help the child offenders in their reintegration process and to reduce the rates of reoffending. For instance, **The Philadelphia (Penn.) Juvenile Probation Department's Intensive Aftercare Probation Program (IAP)** was established as an intensive alternative reintegration programme for high-risk male child offenders who were undergoing probation after their release from the institutions. The outcomes of this programme demonstrate that the numbers of child offenders in the treatment group (16 to 18 years old) who were rearrested were statistically lower compared to the child offenders in the comparison group, in the following nine months, after their release from the institutions [33]. Additionally, **The Wayne County (Michigan) Second Chance Reentry (WC-SCR) Program** is another aftercare programme that was designed to reduce recidivism cases and increase the reentry services for child offenders (between 13 to 18 years old) who had committed crimes and who are serving sentences in the institutions. This programme results reveal a statistically significant decrease in recidivism rates among child offenders compared to child offenders who receive routine services [34].

In addition to the above, **Project BUILD (Broader Urban Involvement and Leadership Involvement; now known as Violence Intervention Curriculum)** is a program comprising of violence prevention curriculum designed to facilitate youth in overcoming challenges such as gangs, violence, crime and substance use when they are released from the institutions. The outcome of this programme showed that following one year after participating in the programme, the children (10 to 17 years old) who are part of the treatment group demonstrates a lower group of recidivism and took longer time to recidivate compared with children in the control group and these differences were *statistically significant*. Therefore, this programme

is rated as *effective* [35]. **Operation New Hope** is another example of a curriculum-based aftercare programme established to facilitate the reintegration process among chronic, high-risk child offenders when released from the institutions. It is reported that child offenders (between 16 to 22 years old) who participated in the aftercare programmes have a *significantly* lower number of rearrests and revocations as well as a lower likelihood of involvement with substance use and associations with negative peers influence compared with child offenders who are in the control group [36]. Additionally, another aftercare programme that was implemented is the **Multisystemic Therapy-Family Integrated Transitions (MST-FIT)** which focuses on providing integrated individual and family services to child offenders (age 12 to 19 years old) who are suffering from both mental health and chemical dependency disorders during their reintegration process, when they are released from the community. Although this study's outcomes do not significantly affect overall recidivism (misdemeanour or felony), a significant effect is shown on felony recidivism, 36 months following the release of the child offenders from the institutions [37].

Another aftercare programme that is rated promising is **Functional Family Parole** that incorporates family-focused, strengths-based Functional Family Therapy principles. This programme aims to reduce the rate of rearrest and increase employment rates among child offenders who are released from the institutions. This programme's outcomes reveal that those child offenders who participated in this programme and part of the treatment group (17 years old) were less likely to be rearrested, have higher chances of being employed, and have higher income compared to the children in the control group. These differences were statistically significant, and this programme is rated as promising [38].

In light of the above discussion, it can be seen that many programmes have been established in the United States to facilitate children undergoing aftercare programmes in their reintegration process. These programmes seem to align with the goals of aftercare programmes that aim to provide both aftercare services and supervision while the child offenders are still in the institutions and when they are released from the institutions. For example, based on the six evidence-based studies highlighted above, Project BUILD was rated effective in reducing recidivism rates among child offenders who participated in the aftercare programmes, compared to child offenders who did not. On the other hand, other programmes such as IAP, WC-SCR, Operation New Hope, MST-FIT, and Functional Family Parole were rated as promising in delivering the aftercare programmes and reducing recidivism rates among child offenders who participated in the aftercare programmes. Thus, these programmes can meet child offenders' needs, especially when they face multiple challenges in their reintegration process, as highlighted in the preceding paragraphs and can facilitate them in their reintegration process when they are released from the institutions.

On the contrary, in Malaysia, while rehabilitation programmes are implemented in the institutions, there is a gap in the services delivery in the aftercare programmes since there are not well-structured programmes to meet the needs of child offenders and to help reduce the reoffending rates, following their release from the institutions. The gap in the legal framework governing the aftercare programmes in Malaysia is apparent when there is a lack of support provided to child offenders upon their release from the institutions, and thus, this may lead them to reoffend. As demonstrated from the statistics highlighted earlier that at the end of 2019, there were about 585 child offenders who reoffended. Thus, it is questionable whether the aftercare programmes in Malaysia meet the needs of the child offenders when they are released from the institutions and in line with Article 40 of the CRC. Hence, without providing the child offenders with the support they need after they are released from the institutions; this may create a revolving prison-door phenomenon [39]. It is pointed out that having evidence-based programmes that measure the effectiveness of the delivery of the services, programme type, and components in the aftercare programmes are essential, but these are only two aspects of the aftercare programmes' overall structure. It is reported that young adults who have undergone aftercare programmes highlighted that successful aftercare programmes that can prevent them from reoffending and help overcome many challenges in their reintegration process constitute these four following main types of assistance; (a) programmes that deliver practical help such as the continuation of education and having gainful employment; (b) programmes that focus on fostering an emotional connection between the offenders and the supporting staff who treat them with kindness, love and respect; (c) programmes where supporting officers build strong rapport while offenders are still in the institutions and this relationship of trust continues until they are released from the institutions and (d) programmes where offenders feel that they received positive peer support from others who are undergoing similar process and experience that keep them motivated to continue with the programmes [40].

It is highlighted that aftercare programmes are designed to be inherently local, and the structure of the programmes varies according to the local needs, resources and statutory frameworks. Furthermore, programmes can vary according to the types, the number of phases, treatment modality employed, duration and location of treatment, offender risk level, and treatment provider type [41]. Thus, the aftercare

programmes in Malaysia can be designed by taking into account these factors and the needs of the child offenders. Additionally, the legal framework governing the aftercare programmes in Malaysia can be shaped by establishing various coordinated agencies that can facilitate and meet the child offenders' needs with their education, employment, health, and social support in their reintegration process. Incorporating the cultural and religious factors in the aftercare programmes can also ensure better success rates for child offenders. Research has shown that providing religious and spiritual support and faith-based social programmes can prevent offenders from reoffending and reduce recidivism rates [42-43]. Similarly, aftercare programmes that focus on meeting the needs and individual change positively impact reducing the rates of reoffending [44].

4. CONCLUSION

Aftercare programmes are an integral part of the juvenile justice system since these programmes aim to ensure that child offenders released from the institutions are given the opportunities to start a new life without reoffending. There are many challenges facing child offenders when they are released from the institutions, and having well-structured aftercare programmes is fundamental to avoid the revolving prison phenomenon among child offenders. Thus, the implementation of uniform and coordinated aftercare programmes that meet the child offenders' needs is essential in ensuring that they are provided with adequate support with their reintegration process.

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