

Children in Need

A study of
children in
institutional
homes in
Ghana

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March
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April 1998

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Published by the Centre for Social Policy Studies (CSPS), Faculty of Social Studies,
University of Ghana, Legon, Ghana.

ISBN: 9988-7772-5-6

ACKNOWLEDGMENTS

We acknowledge with gratitude the contributions of management, staff, teachers and volunteers of the Homes studied who so generously gave their time and attention to our field investigation. We acknowledge also the various field assistance provided by Social Work students of the University of Ghana especially the following who so ably undertook the examination of the children's records. These are:

Ania Akature
Nana Ama Ampadu-Agyei
Patience Tweneboa
Rose Owusu Gyemfa
Solomon B. Sulemani

Finally we thank UNICEF without whose sponsorship this study would not have been. We are especially grateful to Nicolas Pron, UNICEF Urban consultant under whose assignment this study was undertaken, for his extreme patience and understanding of various constraints that we encountered during this study.

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EXECUTIVE SUMMARY

Background:

Presently, there is a strong policy interest in investigating the circumstances of those children who live their lives without parents on the street; this study is intended to develop our knowledge of children who live their lives without parents in institutional settings. A previous study (Apt, 1975) of children in an institutional setting in Ghana identified the social processes by which such children are selected for residence in such institutions. In examining the options available to Ghanaian society in respect of orphans and other children in need of care, it is important to understand that as long as such children have any living relatives their consent must be obtained before adoption can proceed no matter whether the relative in question takes an active interest in the child's welfare or not. This law governing the adoption process operates to keep children in institutional settings once they have been placed there and closes down the option of placing such children with permanent families.

Objectives

The study aimed to:

- ❖ identify existing arrangements surrounding children's presence in institutional settings;
- ❖ identify the legislation which contributes to the institutionalisation of children; and
- ❖ make policy recommendations in respect of the opportunities to improve existing arrangements.

Methodology

Eight of nine children's Homes operating in Ghana were investigated for this study. Three of the Homes at Osu, Accra, Kumasi and Tamale are government-assisted homes and the rest at Tema, Asiakwa, Mampong, Oyoko and Jirapa are operated by missionary and other philanthropic bodies.

A total of 277 children were selected from eight children's homes currently operating in Ghana for study. The study examined the Home records and sought the views and opinions of the institutional staff, teachers and volunteers as well as the views of older children in the institutions. The study also made use of field observations.

Main findings of the study are as follows:

Age of the children:

The ages of young children in the institutions studied range from 0 - 10 years. There was a substantial presence of juveniles and older youths in the institutions; some of the latter group though a minority (2.2%) are past 20 years old. The majority population in the institutions, however, are to be found in the 0 - 5 year group which forms a total of 109 children or 48% of the sample. Boy children dominate this age group slightly by 5.7%. The age group 11-15 years follow in succession order with 22.5% and the 6-10 year olds follow behind with a total of 17.6%. In both of these age groupings, girl children also dominate slightly by 5.5%.

Age at admission:

The data presented shows that the majority of the children were admitted into the homes before the age of 11, the commonest age of admission being under one year old (36.1%) followed by 1-5 years (33.9%). Only 5.5% of the children were admitted into the homes after the age of 11 years and only boys were admitted at age 16 years and above.

Ethnicity:

The majority of the children (86) were Akans, 64 of Northern ethnicity, 18 Ewes or 7.9%, 7 (3.1%) Ga/Adangbe, and 39 (17.2%) of unknown origin. Only 13 or 5.7% of the sample were alleged to be non-Ghanaians. All ethnic groups are represented with Akans and Northerners dominating. This is not surprising since there is a concentration of these institutions in Akan areas (Asiakwa, Kumasi, Mampong and Oyoko) and in Northern areas (Tamale and Jirapa).

Length of time spent in the Home:

A large majority of the children (90.3%), had lived in the institutions/homes between 0-10 years (90.3%). Among this proportion, 131 or 57.7% had lived in the homes between 1-5 years. This is followed by 18.5% who had been there under one year only and 14.1% had lived there for a period of 6-10 years. Those who had lived in the homes beyond ten years were the least number represented. These account for 22 or 9.7% of the sample. Of this group, the majority of 18 or 7.9% of the total sample had lived in the homes from 11 to 15 years. Only 4 children or 1.8% had lived in the homes beyond 15 years.

Health of the children:

We limited our investigation to a period of ten months preceeding the survey. Four areas specifically investigated are as follows:

- ❖ Frequency of illness in the months preceeding the study;
- ❖ Nature of the illness;
- ❖ Frequency of child's complaints about ill-health; and
- ❖ Rating of the children's health by the Home authorities.

40% of the children had no illness in the ten months preceeding the survey; 30% were noted to have had one illness only. Recorded incidence of illnesses for 23.4% of the number ranged from 2 to 6. Only 5.7% had suffered from more than 6 illness within the stipulated period.

Malaria naturally topped the list of recorded ailments with 34.8%. The good health of the children was further confirmed by the majority (75.3%) who according to their carers, rarely complained of feeling unwell. Over 80% of the children were rated by their guardians to be in satisfactory or good health and only 2.2% of the children were rated to have poor health.

However, the health status of a child is not based only on the number of times he has been ill and the nature of his illness. The quality of health is also assessed in terms of growth rate by height and weight in relation to age; physical activity and amount of energy. The appearance of the skin, hair and scalp, and the size of the abdomen are related to nutritional standards. Of concern also, is the child's mental health which is expressed in terms of his interest in himself and in his environment, and his ability to relate to other children and respond normally to stressful experiences. In this study children were not physically examined.

It is to be realised also that a child below the age of 2 years is not capable of complaining of ill-health; he exhibits symptoms of illness which must be observed. Between 2 and 5 years he may complain of ill health but is quite incompetent in monitoring progress of illness. These age groups constitute about half the number of children in the institutions under review.

Admission circumstances:

96 children in the sample (42.3%) were either full or half-orphans and in 73 cases (32.2%) it was the mother that had died. The remaining records show 64 abandonment cases and 36 destitute cases. 24 cases were of children separated from a mother who was insane. There were also, 2 mentally defective or psychological cases. Only 5 cases in the sample were refugee children.

For all the causal factors for admission of children, death of a parent/s stand out as a main factor but more especially, **death of a mother** is very crucial since 32.2% of the children's admission was a direct consequence of mother's death alone. This is to be compared to 10.1% cases who were completely orphaned. When 10.6% of mentally ill mothers are added to the score, it gives 42.8% cases whose admission to the home is linked to the non-presence physically and/or mentally of a mother.

Contact with known family members:

Of the 56.4% whose case records in the homes showed known relations, visits from these relations are rather negligible or infrequent. Only 5 children were alleged to be engaged in correspondence with known relatives outside the homes.

The children's visitors are predominantly parents, siblings and grandparents although other extended relations do also visit. Over 50% of the children receive visits only occasionally or sporadically (often past one year periods); 14.6% receive visitors on yearly basis. This makes up a substantial proportion of 67% of these children having sporadic contact with known relations within long periods ranging from one to three years. There was no significant difference in the visitation pattern in government and non government homes.

How children relate to their visitors:

Even though almost 50% of the children who receive visitors do enjoy such visits, the majority (56.3%) appear to manifest problems with these visits. Considering the irregular pattern of their kinsmen's established visits, this observed reaction is not surprising. Our investigations established that a significant proportion's visitation (35.9%) is characterised by indifference from the children; 6.3% children were known to actually hate these visits and 14.1% showed other negative manifestations. Some of these children have also been observed to manifest behavior problems like bed wetting or social withdrawal after such visits.

Children's personality traits:

Our assessments were based on opinions and information collected from persons closely related to the children in the homes, i.e. house mothers, child carers, social workers, teachers, volunteers etc, that is, all such persons in the home known to have daily contact with the children. The main issue of concern was the children's ability to relate to other children and to maintain relationships.

Ability to make friends:

Out of a total population of 142 children six years and above in non government children's homes, 68 children or 51.9% were said to be capable of making friends easily as against 17 (14%) who were incapable. 48 under age children were not assessed. In the government homes 29 children were not assessed. 28% of 85 children were judged capable of making friends as compared to 14.1% who could not. Although in both government and non government homes 14% of the children appeared to have difficulties making friends, there appears to be a greater proportion of children in non government homes (51.9% as compared with 28% statutory) who have no problems in making friends.

Ability to maintain relationship:

Information on the children's ability to maintain relationships clearly add another dimension to the above discussed finding on the statutory/non statutory differentiation in that there are more children judged to be incapable of maintaining relationships in statutory homes (13.2%) than non statutory (2.1%). The capability level on the other hand is almost twice as much in favour of non-statutory homes.

Personality description:

When carers and other relevant persons were asked to provide the best personality description possible for the sampled children in their care aged 6 years and over, the difference between statutory and non statutory personality descriptions were rather staggering. Apart from "moodiness" characteristic which showed an almost equal score for both groups, there were twice as many children in government homes described in problem terms.

Education and school performance:

Comparatively, there appears to be more children of non-government homes in the junior and senior secondary schools (27.5% & 3.5% as against 2.4% & 1.2%). Whilst this might reflect the ages of the children in the two types of homes as well as length of stay in the homes, it

might also be a reflection on the school performance of the children which we examined in more detail: children's reading ability, their performance in school (deduced from their school reports) and the children's own attitude to schooling.

Reading ability:

The reading competence of children in non statutory Homes was clearly much better than that of government assisted homes: Good reading was scored by 26.8% non-government Home (NGH) children compared to 20.8% Government Home children (GH); satisfactory scores were 55.4% NGH compared to 39.6% GH; and poor scores were 17.8% NGH as against 39.6% GH.

School performance based on. school reports:

There was not a single child among the statutory group with satisfactory school report. Besides, more than 50% of their number achieved below average marks. This is to be compared with 17.9 % of the non-government group with satisfactory mark scores and 34.8% below average marks. What is clearly shown here is that institutional children in Ghana on the whole do not do well in school but this situation is worse in government assisted homes.

Children's attitude to schooling:

The results showed distinct variations between the statutory and non-statutory homes. Whilst the greater proportion (66.8%) of the non-statutory group showed positive attitude towards schooling, only 32% from the government side showed similar attitude. The greater majority in this group (Statutory) were negative about school either hating it or showing indifference and even anger.

Falling on our field observations and discussions with teachers, and relevant administrative staff of these homes, it is a well known puzzle to them that children from these institutions generally perform poorly in schools in spite of the many environmental advantages they seemingly have over many non institutionalised children in their schools. Whilst these sentiments were expressed often enough by the Home authorities themselves, and by school teachers, what this study has further put in place is that **the condition/s which give rise to this low school performance appear to be more aggravated in the statutory Homes. This is an area needing further investigation.**

POLICY QUESTIONS ARISING FROM THE STUDY ARE AS FOLLOWS:

- ❖ Are government Homes economically feasible when there are 21 or even less children on admission and 18 paid staff of various grades and professions?
- ❖ Since the input of the government is about 20 percent of the annual budget of government assisted homes, is there a need for the government to run own Homes when in actual fact the present Homes are highly subsidised by individuals and philanthropic organisations?

- ❖ How can effective use be made of community efforts in the running of the government homes if indeed they are necessary?
- ❖ What happens to other Ghanaian children in other Regions like Volta, Central, Western etc. which do not have any such institutions? Do the “children in difficult circumstances” in these areas die off? How do such children survive and who takes care of them?
- ❖ For the proper development of children in such circumstances, is it not better for them to be placed for adoption when relatives do not show interest in them while on home admission?
- ❖ Are institutions the only way out for “children in difficult circumstances” in a country that is world renowned in literature for its traditional fostering of children?
- ❖ What other possible alternatives exist?
- ❖ If economic constraints make the assistance of the extended family no longer easily forthcoming, what can be done by way of sponsorship to enable family members continue this indigenous caring arrangements?
- ❖ Could the capital costs of institutions be invested in people to do the fostering as before with statutory supervision?
- ❖ Fostering and institutionalisation - which move will be less costly to society in both economic and social terms?

The following policy recommendations are made as guidelines for the provision of better services to children in difficult circumstances who must be in institutions:

1. Legal Framework

In spite of the fact that Ghana was among the first signatories to the United Nations Convention for the Rights of Children, there is still much to be done in legal terms to clarify the nation’s specific responsibilities towards children in need of care and protection in legal terms. Child maintenance Act, unrealistic as its 1975 modification stands at this moment, is not enough to ensure the wellbeing of children. Many children in our society do not receive proper basic care. Many are often cruelly and violently treated by their parents/guardians. The law is silent over their protection and only the isolated cases of extreme cruelty receive some redress in the courts when they hit the headlines. Even then one wonders what happens to the children afterwards. Who takes responsibility for their welfare? Do they go back to their “unsupervised” guardians?

Children under sixteen normally become wards of the courts when they have committed criminal act or have been proven delinquent in one way or other and sentenced to Industrial schools. There is no protection for the young child who is maltreated at home or who is left to fend for himself or herself at an age that is considered too young to be left alone. What about babies and

children who are used to beg on the streets? All such circumstances make for the vulnerability of children and therefore the need for a well defined comprehensive legal protection for children in Ghana.

It is, therefore, recommended that first and foremost a committee be set up to examine all aspects of difficulties faced by Ghanaian children and make recommendations for statutory measures for their protection.

2. Adoption

Interviews with the directorate of the Department of Social Welfare shows that the children who stand the best chance of being adopted in statutory homes (on condition that they are normal) are the "abandoned" cases. The law on adoption itself provides opportunities for relations to "dump" children in institutions and let them grow up to maturity with all that it entails socially and psychologically.

It is recommended that this law be reviewed to make it possible for children whose relatives do not show interest in their children within certain stipulated time periods be eligible for adoption and be given the opportunity to grow up in a home out of the institution.

In this respect it is necessary to review the policy of SOS and other voluntary organisations whose philosophy is geared to keeping normal children permanently in institutional setting until they are matured. Experience has shown that this is not the best solution in the long run. Could parents, grandparents/relatives, too poor perhaps but capable of fostering be materially assisted by these organisations to enable them provide love and care for their wards in their own community instead of the village/home?

This leads to the question as to who may be kept in an institutional Home.

3. Children's Homes

From our field studies, it is obvious that abnormal and handicapped children are not easily placed for adoption. Presently there are some seriously abnormal children housed in very depressing conditions in the Accra Psychiatric Hospital. It makes sense under the circumstances to encourage organisations that are willing to provide care for children to put more emphasis on care of the handicapped and the abnormal. Thus the Oyoko Westphalian Home for instance, which does not receive abnormal or disabled children for care ought to be persuaded to see the need for taking care of such children rather than the normal.

- ❖ **The question as to what child should be permanently admitted into an Institutional home in Ghana needs to be seriously addressed by law.**

4. Record Keeping

This was found wanting in all the homes studied. It is necessary that correct health records for example, be kept on each individual child. Periods of immunization and the cause of any disease suffered must be well recorded. This is a duty that cannot be shirked by any Children's Home. These records are needed by education authorities when the child starts school. In later

life, the child should know his/her past medical history to be able to obtain help when necessary. The fact still remains that in modern medical practice, history of past illnesses is essential for correct diagnosis and treatment of disease. Also, adults who adopt or take children into fostering have a right to know the health status and medical history of the child in order to know how to meet their needs. It is important to keep proper written records of important facts because it is difficult to remember later on all facts about a particular child. The following records are recommended to be kept in every Home. These are :

- a) **Child Case Record:** Should contain all the necessary information about each child's life in the home.
- b) **Daily Report:** storing accounts of what happens in the home every day. This is to be completed by the staff on duty by day and night. For example if a child has an accident or receives a visitor, etc the daily record should capture all that.
- c) **Monthly, Half Yearly and Annual Report:** Regular progress reports on the situation of the child by the Home Administrator.
- d) **Report of Significant Events:** These are events not in the day to day life of the Home. They may be about good or bad things that happen e.g. celebrations, an epidemic of disease attacking the children etc. etc. Such reports are important because they show more details about life in the home.

5. Training

To equip staff of children's homes with essential knowledge and skills in planning and administration, it is recommended that appropriate training schemes be programmed for them:

- ❖ To enable them keep written records;
- ❖ To enable them improve their working conditions;
- ❖ To enable them plan effectively for the children in their care;
- ❖ To enable them develop effective relationship with the children as well as with the community.

The question regarding the qualifications of personnel caring for children or working with children in institutions is equally important as we move into the year 2000. Unlike the fifties when educational levels were low, Ghanaians are now getting more and more qualifications.

- ❖ The time has come for a government decision as to the minimum qualification for child care workers as well as the kind of qualifications acceptable to manage child welfare institutions. Working with children on the basis of "love for children" alone should no longer be allowed without proper child-care training.