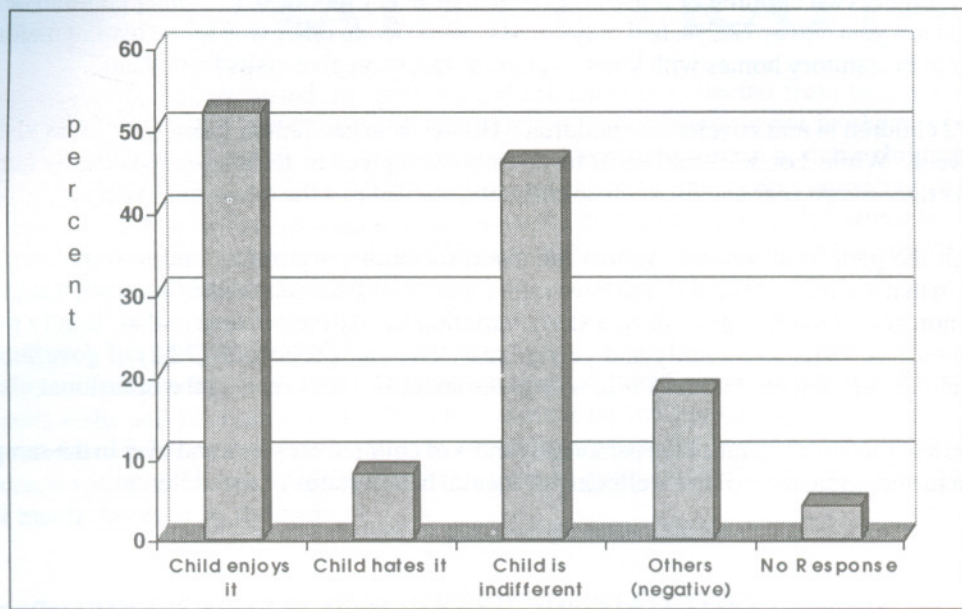


**Figure 6: HOW CHILD RELATES TO FAMILY VISITS**



### **5.1 COMPARISONS BETWEEN GOVERNMENT AND NON GOVERNMENT HOMES**

We were interested to find out whether there are any differentiations in patterns of visits between Government and non Government Homes. Of the total of 85 children in government children's Homes, run by the Department of Social Welfare on whom information was sought, 36 or 42.4% had visits from members of their families. Tables 8 and 9 (*see appendix*) show the family visitors of children in Government Homes and non government Homes and the frequency of their visits:

Of the 36 children in **statutory Homes** who had visits from family members, only one child or 2.8% of the total number was visited by both parents; 22 of these children i.e. 61.1% were motherless children visited by fathers only. Four children, or 11.1%, were visited only by their mothers and 2 children were visited by other siblings. Grandparents visited 3 children or 8.3% of the population and 4 children had visits from other extended relations.

Of the 92 children out of a total of 142 in **non government Homes**, who had visits from family members, 4 were visited by both parents; 25 motherless children constituting 27.2% of the sample were visited by fathers only and 17 children or 18.5% had visits only from their mothers. Fourteen or 15.2% of the children were visited by their siblings. 11 children or 12% of the population had visits from their grandparents and other relations accounted for 22.8% of the visits.

Out of the 36 children in statutory children's Homes who had visits from family members, 3 or 8.3% were visited once a week, while an equal number of 3 children were also visited once in every fortnight. Two children or 5.6% had visits once every month with 2 other children being visited once a year. 26 or 72.2%, had only occasional visits. In other words, the overall majority of children in statutory homes with known relations rarely receive visits from them.

Of the 92 children in non government children's Homes who had family links, only 1 was visited once a week. While 3 or 3.3% had visits fortnightly. Seventeen or 18.5% were visited by family members once every year and 54 of these children (58.6%) had the occasional visits.

Although the pattern of visits is almost the same for both government and non government Homes, in that majority of the children have infrequent visits from relations in all cases, it appears that the non government Homes show a slight variation in visiting patterns in that slightly more children receive visits on monthly and yearly basis. The vast proportion (72.2) of government Homes children (compared with 58% in non government Homes), receive the occasional visit.

The following section examines the personality traits of children six years and over in the sample. This is a further indication of the wellbeing or mental health status of the children.



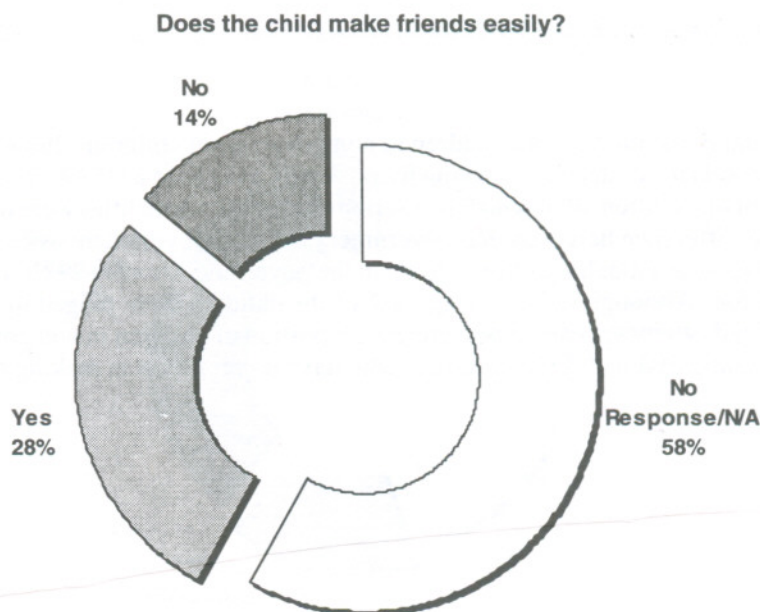
# PERSONALITY TRAITS

Our assessments here are based on opinions and information collected from persons closely related to the children in the Homes: House mothers, child carers, social workers, teachers, volunteers etc, 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. This issue has been examined separately, that is, Government (Statutory) and non Government Homes in order to assess whether any differences exist. Figures 7a and 7b below provide the necessary information.

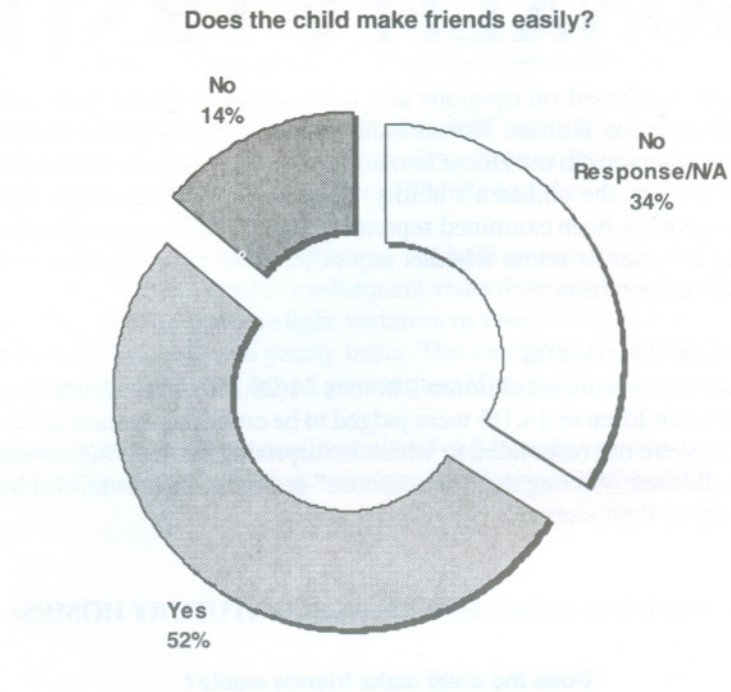
## 6.1 ABILITY TO MAKE FRIENDS

Of the 85 children in government children's homes 24(28.2%) were said to be able to make friends easily and 12 children or 14.1% were judged to be emotionally incapable. The cases of 49 children 57.7% were not responded to which is surprising considering the supposed close contacts with the children. Among this "no response" group are 29 normal children, obviously not much observed by their carers.

**Figure 7a: CHILD'S ABILITY TO MAKE FRIENDS (STATUTORY HOMES)**

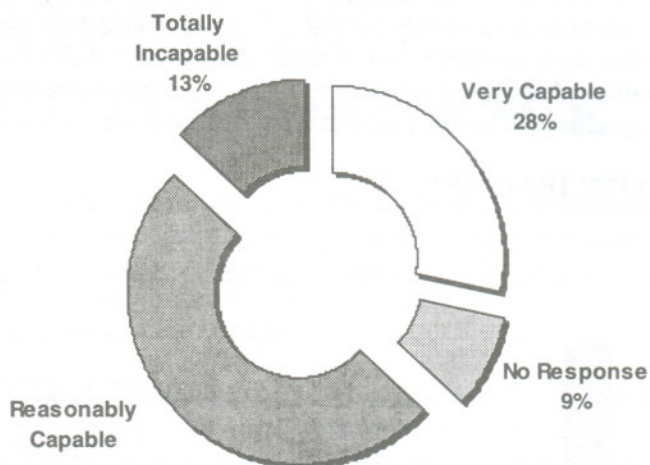


**Figure 7b: CHILD'S ABILITY TO MAKE FRIENDS (NON-GOVERNMENT HOMES)**



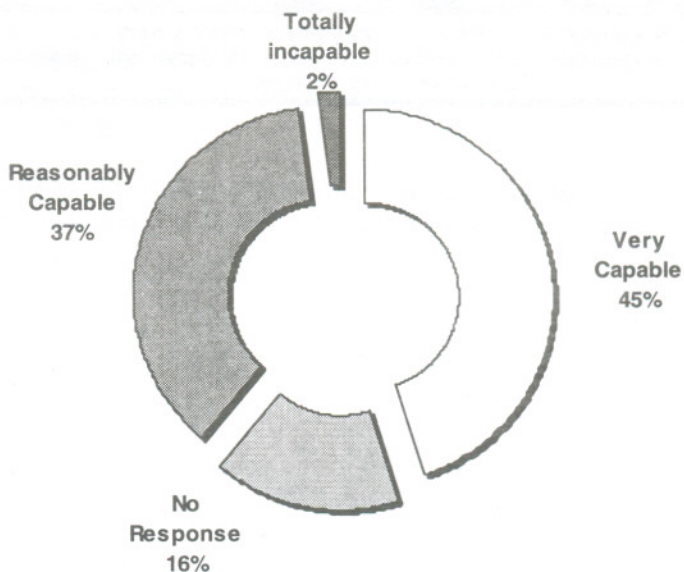
Out of a total population of 142 children in non government children's homes, 68 children or 47.9% were said to be capable of making friends easily as against 17 (12%) who were incapable. The cases of 48 children all of whom had serious mental abnormalities were not assessed. The established difference here between government and non government assessments has to do with the level of personalised observation. In the government homes 29 children could not be accounted for. Although in both cases 14% of the children were judged 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.

**Figure 8a: ABILITY OF CHILD TO MAINTAIN REALTIONSHIPS (STATUTORY HOMES)**



Figures 8a and 8b, which provide information on the children's ability to maintain relationships, clearly add another dimension to the above discussed finding on the statutory/non-statutory differentiations 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.

**Figure 8b: ABILITY OF CHILD TO MAINTAIN REALTIONSHIPS (NON-GOVERNMENT HOMES)**

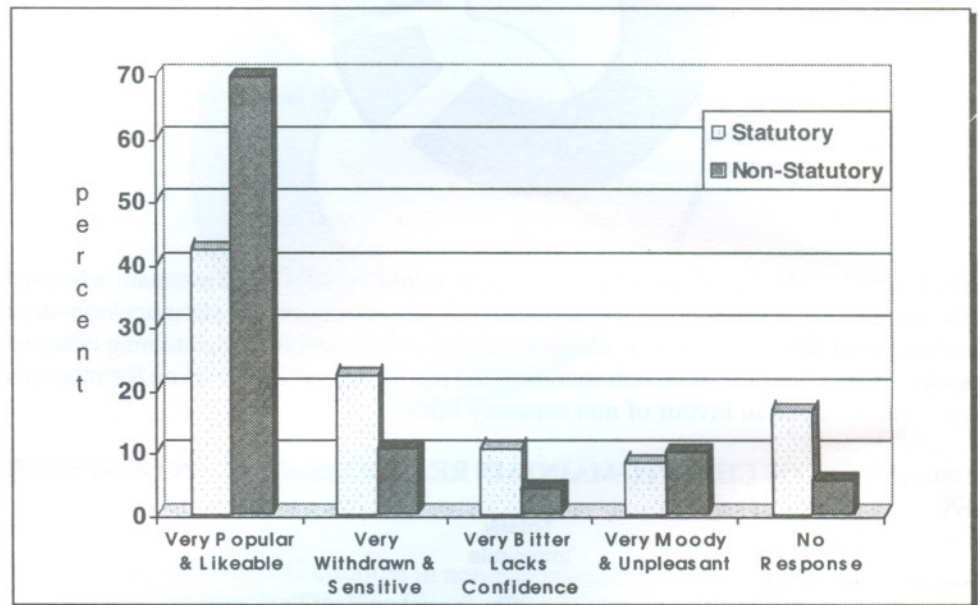




## 6.2 PERSONALITY DESCRIPTION OF THE CHILD:

When carers 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 as shown below rather staggering. Apart from "moodiness" characteristic which showed an almost equal score for both groups, there appears to be double as many children in government homes described in problem terms.

Figure 9: PERSONALITY DESCRIPTION



## EDUCATION AND SCHOOL PERFORMANCE

There is a wealth of world literature linking children's performance in school with their psychological wellbeing which we need not elaborate on them here. In our participatory discussions with the staff of the homes under review, it was well articulated that the majority of children in these homes are performing poorly in schools. Tables 10a and 10b (*see Appendix*) give an indication of the educational background of the children.

There were 85 children of school going age in the statutory children's Home sample: 31 or 36.5% were at the pre-primary level, while 9 or 10.6% were in primary school; 2 children were at the J.S.S. level and 1 child was at the S.S.S. level (Table 10a). Of the 85 children, 42 were unable to attend school due to their young age or abnormalities. Table 10b covering non government homes shows that 30 children were incapable of schooling. However, 32 or 22.5% of the 142 children were at pre-primary level of schooling, while another group of 32 children were at the primary school; 5 children or 3.5% were at the level of senior secondary school (S.S.S) and additionally, 4 children were out of the mainstream education in vocational training.

Thus, out of the total of 227 children in both government and non government children's Homes 63 or 27.8% were at the pre-primary level of education while 2 sets of 41 children or 18.1% of the population were being educated at the primary and J.S.S levels respectively.

Comparatively, there appears to be considerably more children of non government homes in the junior and secondary schools. 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.

The next section looks at this issue in more detail examining the children's reading ability, their competence in school (deduced from their school reports) and the children's own orientation or attitude to schooling:



**Figure 10: CHILD'S ABILITY TO READ**

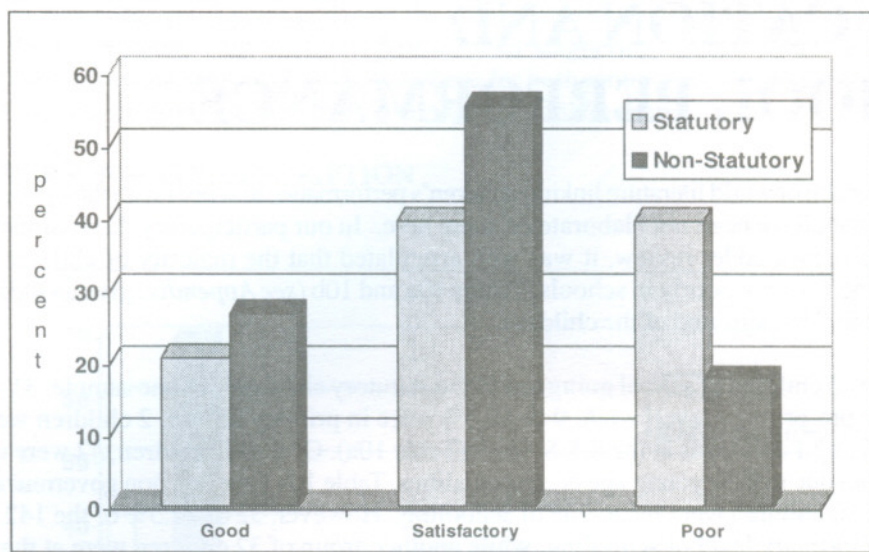
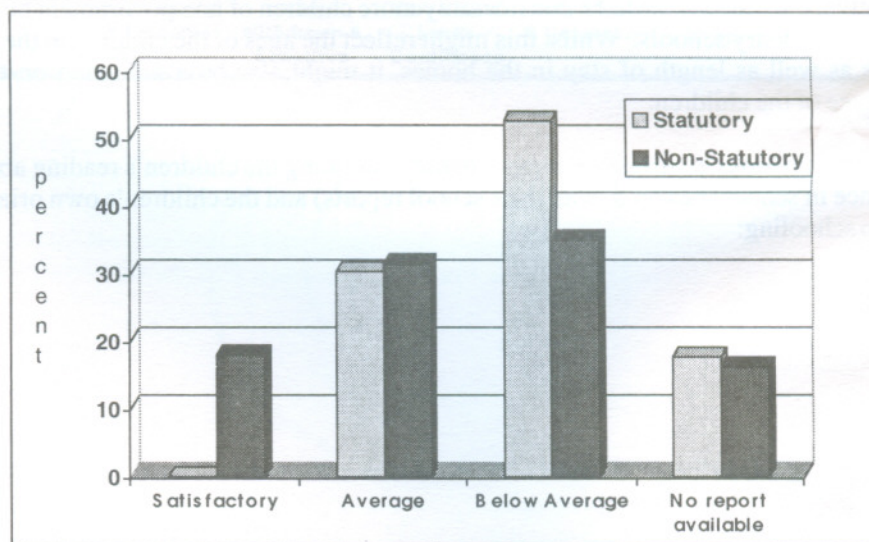


Figure 10 shows clearly that the reading competency in non statutory homes is much higher. The children's last school reports were also examined to establish further evidence of their progress in school. Figure 11, following, shows the comparative results for government and non government homes.

**Figure 11: SUMMARY OF SCHOOL REPORT**





In Figure 11, above, there is 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 the 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.

Attitude to school, which was the next and final area of investigation in respect of the children's school progress, likewise 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.

Our field observations, and our discussions with teachers and relevant administrative staff of these homes confirmed the above findings. 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.**

## WHAT SOME HOME AUTHORITIES SAY

### SUCSESSES:

#### *SOS GHANA*

- ❖ In the first place SOS has been able to provide the basic needs; food, shelter, clothing and education which these less unfortunate children would have been deprived of.
- ❖ All over the world there are women without family ties, unmarried or widows. For many of these, their job is not enough. They wish they had children and long to be able to give children their affection and care. All over the world there are children without parents who wish they had a mother, the SOS Villages, therefore, not only help destitute children they also help many women to find a life of fulfillment.
- ❖ An achievement in the SOS children's village concept is that since children grow up together as brothers and sisters this logically leads to that of co-education. As co-education is deliberately planned and controlled, it fulfills an important function in forming healthy attitudes to the opposite sex.
- ❖ The provision of permanent houses for the family, helps the children to acquire naturally the rudiments of culture.
- ❖ For the child, the SOS house is the refuge to which he can always return after what can sometimes be harsh encounters with "the world" around him. He is made to feel he has a real home.
- ❖ For the past twenty years of inception SOS Ghana has been able to resettle about thirty nine children in different parts of Ghana in their various careers. In addition, *many children have* been offered the opportunity to have basic education as well as training in different vocations and professions.



## ***MAMPONG BABIES HOME***

- ❖ This 'Babies' Home is different, because all the babies are motherless, and all are wanted by their families. When the baby can walk and is thriving on the local foods, he/she is given back to the nearest and most interested kin, usually an aunt or grandmother. - The only justification for children being in this home is the fact that probably 90% of the babies would have died if they had stayed in the village.
- ❖ The local people asked for this work to be started; they were aware that if the mother died, the baby usually died also, due to improper feeding and related complications. Bottle feeding in a tropical country like Ghana is difficult, dangerous for the baby, and very expensive.
- ❖ The Babies' Home fills a real need, because the Social Welfare Homes do not have trained nurses on their staff, and therefore cannot take the sick or new born babies. They are some distance from the over-crowded Regional Hospital which adds to their problem. We are equipped to take care of new born babies. We have often transferred older, healthy babies to them, if we had more admissions than we had room for.
- ❖ We encourage the student Nurse who is assigned to be a child's "Special Mother" to keep in close touch, if possible. The nurses enjoy this relationship, and are always welcomed by the family of the children. Two years ago we broadcast a message, asking for all our "old Boys and Girls" to be brought to see us. Many came, and we received news of others; those we saw were completely integrated with their families, and some were attending school.
- ❖ We ensure that young Ghanaian women will be able to give the best possible care to babies who either have no mother, or have to be separated from her (e.g. serious mental illness, when the baby is at risk). This we do quite successfully.

## ***GOVERNMENT ASSISTED HOMES***

- ❖ We have been able to successfully place some children for adoption and these children are doing well in life.
- ❖ With our assistance, some of the inmates of our homes have eventually traced their families and are re-united with them.
- ❖ A few passed out successfully and are doing well. One of our girls is married and she is now a housewife.
- ❖ Benevolent organisations and individuals help us. Without that, the management of the homes will be difficult. Only about 20% of the budget that runs the homes are from Government sources and this covers salaries and the buildings.

## PROBLEMS/FAILURES

### SOS

- ❖ SOS World wide depends upon “mothers” as the Central figures in the training and upbringing of the child, with a single man playing the role of the village “father”. But studies have shown that how successfully a family achieves the goals of inculcating appropriate sex roles depends upon the family structure especially whether adequate role models are available. So having insufficient direct experience with the appropriate father models leaves some psychological gaps to be filled.
- ❖ The provision of amenities is another problem. Several amenities have been provided for the children to make use of. However because most of the children do not define these provisions as their need, they do not make adequate use of them. Furthermore since they did not contribute in any way to the provision of the amenities, little attention is given to items provided for them. For example, (Master ‘X’ would wash his clothing items and dry them on the line and for weeks the items could be there if ‘X’ is not prompted to remove them) Asked why, X’s answer would be ... “after all I would be supplied with others in due course”. Children have the idea that SOS is somewhere with money and they have the right to such money no matter what. Because of this, they have low achievement motivation.
- ❖ In SOS worldwide, the concentration of care was on shelter, food, clothing leaving out mental development. This is reflected in their academic performances. Comparatively, the academic performances of SOS children and non SOS children in our primary and JSS show that non SOS children perform better than SOS children.
- ❖ A further issue is the period at which children are taken from the SOS family houses to the youth hostels. The age at which these children leave the houses is too early (it ranges from (15-17 yrs) for them to live an independent life. But for the fact that children would like to handle money by themselves instead of their mothers, some of them begin to create problems in the family houses so that they would be taken to the youth hostels. Once this is done there is no linkage between the mother and the child; indiscipline begins to set in when the child begins to handle money as he has the freedom to use the money any how.
- ❖ Rehabilitation of SOS children into society presents a problem. Almost always they come back not having found their feet. Well, since the village remains their home they have nowhere to turn when all else fails. But they often come back disturbed. One such case for study is Master “X”. He comes back home (village) in 1993 to ask for help to be a seaman. He collects money and goes back. In two months time, he returns to say that he is not successful and demands more money to enter into crop farming. A piece of land is acquired at Asiakwa and a huge amount of money is invested in the project. After a few months he comes threatening that if he is not given more money “hell would break loose”. Finally he is reported to the police for his threatening actions and he spends a whole day at the cells and signs a bond to be of good behaviour. Now Master X case hangs precariously without any better solution. Many other Master X and Ms. X exist in the system without any better solution to their problems. The real problem is that at one time the village is a home at another time it is an institution.



- ❖ An issue worth noting is that at the onset, the authorities concentrated much more attention on the moral behaviour of the mothers as compared to the behaviour of the children. Children sooner or later became 'police officers' in the houses and for the least mistake, a mother was reported and a child was always right. By and large mothers felt they were only to cook for these children, so indeed other aspects of child training were ignored and this affected some of the children's behaviour.
- ❖ Eventually these young men and women are required to face the real joys and challenges of adult world. Such challenges include having to provide for themselves those things which the home used to provide for them, such as food, housing, clothing, medical care and spending money. While in the Home with their "mothers", they had become accustomed to certain comforts and standard of living without any commitments or proper understanding of the basics of life. They find it difficult to cope with less comforts or lower standards than they are used to. Only after many years of hardwork do most children ever attain or acquire the standards they once enjoyed as a young child but SOS children have little or no tolerance to hardship having lived a protected life behind the walls. They only discover the real world situation when they leave the home and make their life in the normal community.

### ***MAMPONG BABIES HOME***

- ❖ Lack of transportation is a problem. This affects our Home Visits programme. Because of the distances (some babies have been brought from three hundred miles away) we are unable to make home visits.
- ❖ Artificial feeding is something which is not properly understood. We have had many seriously ill babies brought to us as a result of incorrect artificial feeding after the death of a mother.
- ❖ There is a need for a wide out-reach. With extra funding we would run short courses in the Primary Health Care for under-fives, for women selected by their own villages. We would like young mothers to come, we could emphasize the importance of Breast Feeding, and build on their existing knowledge.
- ❖ Our biggest problem is lack of transport. With adequate transportation, we would be able to visit the surrounding villages on Market Days, going to each on the same day each month. This way, we can check on the health and progress of our "Old Boys and Girls" who have left the Home and are brought to see us and we will give simple Health Talks, in vernacular, using Teaching Aids. Many people comment on the health and strength of our toddlers, and as they are all fed on local foods, and taught to eat with a well-washed right hand, in the traditional manner, they would be excellent examples for our health talks.
- ❖ Many babies have been kept at home for as long as a fortnight after the mother dies, that is, until the funeral celebrations are over; this means that their general condition is very poor indeed when they finally come to us. Of the last fifty-four enrollments, eighteen have died in the Isolation Ward of the Maternity Hospital, before they were admitted to our Babies' Home.

- ❖ About one third of our babies were born in the Maternity Hospital; very often the mother died because there were complications, and she was brought in too late.

### **GOVERNMENT HOMES:**

- ❖ Our homes lack a father figure. Just look around you, only women are working with the children. I think even female children need to have a father around so what about boy children? In my view this is an urgent policy issue.
- ❖ Inadequate financing of the homes. Without additional inputs of food and material gifts from benevolent organisations and individuals, the situation would be even worse than it is presently.
- ❖ Financial problems! Our budget estimates are drastically cut down. Worse still are the cuts in the approved budget. Just imagine the last such cut was about 25 percent. That's a lot to lose in a budget that is already inadequate.
- ❖ Staff development is very poor. We would like to upgrade the skills of our staff and improve upon the facilities we have for the children but it all boils down to funds.
- ❖ Lack of transport means poor mobility from the home. Just imagine when a child is seriously sick and then you have to carry the child on your back to walk long distances to get medical attention!
- ❖ Increasing health care for the children is becoming a serious problem for us. Milk for the babies takes a lot out of our budget. Even though medical consultation is free for the children in government hospitals, we still need to pay for the prescribed drugs which are now very expensive. Given our meagre budget, it is really next to impossible to take proper care of the children when they are ill.
- ❖ Known relatives of the children have to pay some stipulated fees monthly but the majority don't pay and for that matter they hardly visit the children. This is not good for the development of the children.
- ❖ The adoption process is too long. Besides, nobody wants handicapped or defective children. This means such children become permanent residents of the homes.
- ❖ When you create institutions, you must create services to go along with them. It looks like ours were just simply set up and now nobody is interested to update the services nor the service providers.



## REFLECTIONS, PERSPECTIVES AND DIRECTIVES

The study has focused attention on children in difficult circumstances to sensitize constraints be it cultural, institutional, economic, health or otherwise. Many of the issues at stake are well articulated by stakeholders of these institutions which in our opinion is a healthy sign for progress in the future. However, in respect of policy, there are a few economic, social and psychological puzzles to be examined or discussed:

- ❖ 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 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?
- ❖ In view of the government policy of decentralisation, how can we make effective use of community efforts in the running of the government institutions if, indeed, they are necessary?

The indications are that the greater majority of children in these institutions come from communities and districts around the institutions. At best, they come from the regions within which they are located. If, as we suspect, large numbers of children in similar situations are contained in Ghanaian society, the question is:

- ❖ What happens to 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? If not, how do such children survive and who takes care of them?

To a great extent the study has shown that Ghanaian society has failed in its responsibility to children who are admitted to institutions for care. It is well established that where relatives exist, they do not visit and if they do, they visit infrequently. Neither do relatives provide economic support to the children while on admission. If as we have documented in this study, over forty percent of children in institutions have unknown relations and over fifty percent of those with

links to the society hardly have contact with their relations, what repercussions in the wider generalisations will this have on the psychological development of the child?

Question:

- ❖ For the proper development of children in such circumstances, would it not be better for them to be placed for adoption, when relatives do not show interest in them while on admission?

On the whole it can be said that the children's physical and material wellbeing while in institutions are well catered for. This is particularly so in non government establishments. Provision for the social and psychological development of children however lags woefully behind. As evidenced in this study, children in Ghanaian institutions of care show symptoms of their social and psychological handicaps in their school performance which on the whole is rather poor (see Figures 10 & 11). Some children also show symptoms of character disorders: moody and bitter, sensitive or withdrawn and lacking self confidence. These symptoms appear more pronounced in children in government homes.

We should be thinking:

- ❖ Are institutions the only way out for "children in difficult circumstances" in a country that is world renowned in literature for its indigenous fostering of children?
- ❖ What other possible alternatives exist other than institutionalisation?

In Ghana abundant evidence exist to show that children are sent to close relatives on weaning to be taken care of. It is a normal practice for working parents in urban areas to leave their children with relatives in the rural area and vice versa. The extended family in most cases is responsive to the needs of deprived or orphaned children.

- ❖ If economic constraints make the assistance of the extended family no longer easily forthcoming, what can be done, by way of sponsorship, to continue this indigenous caring arrangement?
- ❖ Could the capital costs of institutions be invested in people to do the fostering as before with statutory supervision?
- ❖ Which move will be less-costly to society in both economic and social terms – fostering children in normal homes or keeping children in institutions?

**These are issues worth investigating as the country moves towards the year 2000.**

Children 1 - 6 are in a stage of their emotional development when they react more to situations in their human and material environment. Change in location and care by strangers can be stressful. They have to adjust to this environment by making an effort to cope with stress experiences in everyday life. Depending on their disposition, past childhood experience and state of health, they will need emotional support. Emotional support is especially lacking in government children's