

SURVEY ON
RESIDENTIAL CHILDCARE
INSTITUTIONS
IN NAIROBI //

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" A Thesis submitted in fullfilment for the
degree of M. A. in the
University of Nairobi . "

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Declaration

" This Thesis is my original work and has not been
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" This Thesis has been submitted for examination
with my approval as University Supervisor . "

Erasto Muga.

Dr. E. Muga

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SUMMARY

In a survey on Problems of Child Welfare done in Kenya in 1961 we read: "Neither Adoption nor Foster Homes can provide for all homeless children in need of care and there must be 'permanent Institutional Homes' for those who cannot be so placed or who need special treatment." (1)

*bad home
good inst.*

Theis and Simonsen on the other hand once stated, "Bad homes are often better than good Institutions." (2) True enough this is far from definite as in any case all depends on how bad the home is and how good the Institution. But it serves us as a reminder that there may be something worse than a bad home - and that is No Home.

The purpose of this thesis is to examine how the Residential Child Care Institutions in Nairobi came into existence, how well they provide for the physical, intellectual and emotional growing-up of the children and how these Child Care Standards can be raised.

Fifty years ago the problems of orphans in Nairobi hardly existed. The principal causes responsible for putting up these Children's Institutions appear to be: the rapid social change taking place with a decline of authority and responsibility of traditional institutions, dislocation of family life and parental control, the increase of divorce, prostitution and influx of

unmarried mothers into the City.

The fundamental question whether a bad Home is better than a good Institution has been extensively dealt with in the Theoretical Analysis. Well known authorities on Child Development like: Bowlby, Spitz, Wolf, Binning, Goldfarb and so forth have been extensively quoted. There is little doubt, Institutionalization has many negative effects on a growing child, but there may be something worse than an Institution and that is No Home.

According to Simonsen and Goldfarb, the IQ and DQ of Institutionalized children is often seriously retarded. Durfee & Wolf state the overall DQ drops from about 65 for those who have been in an Institution for 6 months to about 50 for those in for more than a year. Bakwin describes the typical separated infant from his mother as: "listless, quiet, unhappy, unresponsive to a smile." Spitz and Wolf named these symptoms 'anaclitic depression'. Binning found that events in the child's life that caused separation from one or both parents adversely affects physical growth and intelligence. According to Lowrey the common symptoms of maternal deprivation on young children are: "aggressiveness, selfishness, excessive crying, food difficulties, speech defects and enuresis".

Not only does maternal deprivation affect intelligence, development and growth of a young child, but according to Bowlby it appears that there is a very strong case indeed for believing that prolonged separation of a child from his mother or substitute during the first 8 years of life stands foremost among the causes of delinquent character development.

The great question is how can Institutions lessen these effects of 'maternal deprivation?' There is experimental evidence that extra mothering from a substitute mother and intensified individual care will greatly diminish these ill-effects, as well as the restoration to his mother or substitute mother whenever possible.

The survey did not go into great details on the nutritional aspect in Children's Institutions but the need and importance of a well balanced diet for growing children cannot be stressed enough. Studies done on the effects of nutritional improvement on mental performance in children have shown that a 'mal-nourished group' showed an increase of 18 points in IQ after proper feeding in contrast to the 'well nourished group'.

The study confines itself only to children in six Institutions in the City of Nairobi. The number of children interviewed was 89 out of a

total of 395. This is approximately 23%. Out of these were 46 males and 43 females, the average age was 12 years. The children interviewed were admitted to these Institutions between 1964 - 1975.

For the sake of accuracy the most relevant data : on the parental background, on who refers these children to the Institutions and on reasons for admission was collected of all the 395 children.

The interviews were conducted by the principal investigator and two research assistants. All the interviews were well and fully recorded according to the two questionnaires.

The study provides us with some useful insight on how these children are referred and by whom to these Institutions. The survey showed 73% of the children interviewed have never known a father; 60% are brought to the Institutions by Police and Social Workers; 85% are in these Institutions due to being an orphan/semi-orphan or coming from a broken family. Over two-thirds of the children are from the Central Province. Most of these Homes spent only 10% to 15% of the total budget on nutrition. On education it has been found that these Institutions pay too little attention to prepare a child to be self-reliant after leaving Primary 7.

The survey has highlighted that in the

socialization process of a child, the relationship between staff and child is a fundamental issue. It was found that a good number of problems in the Institution have their origin here.

One cannot but wonder to see the great differences in operational costs between the different Institutions. These differences vary between K.Shs. 2,600.00 to K.Shs. 6,200.00 per child, per year. The figures on Table 13 gives us a good insight on what money can and cannot do. From this, it appears that high operational costs do not necessarily guarantee happy children in an Institution.

In the Recommendation the following points have been highlighted: the primary function of the Child Care Institution is to serve children whose needs, for one reason or another, either temporarily, or permanently cannot be met by their own families. The whole internal programme of the Institution should always be geared towards eventual discharge. Lastly, it must never be forgotten it will always be difficult to provide a mother's love outside the family.

ACKNOWLEDGEMENT

I think it is true to say that a Research is seldom written by one person alone. Perhaps all Researchers and writers are influenced in three ways - by the books they read, by the people with whom they converse and by their own experience. For myself all three - books, people and personal experience have had their influence, and I have gained in knowledge and clarity of thought from them all.

I am much indebted to my Supervisors Dr. E. Muga - Department of Sociology and Professor M. F. Okatcha - Department of Educational Psychology who guided and assisted me with their advice, experience and constructive criticism. My thanks are also due to Dr. W. Abilla - Department of Sociology for his encouragement in the early stages of the Research.

I also owe my thanks to the interviewers and to the Administrator of the different Children's Institutions for their assistance and co-operation in collecting data , and to the 'children' who with the exception of a few had been co-operative and patient to answer our questionnaire.

Finally, I wish to express my thanks to the Christian Children's Fund, Inc., who sponsored this Research.

CHAPTER IINTRODUCTION

For the past 10 years since Kenya gained its "Independence" several impressive efforts have been made in throwing more light on the great issues of solving some of the social problems.

Kenya covers 583.000 sq.km. and has a population of over 12 million people. Only 10% live in towns, yet for the last 20 years urbanisation has been occurring at a rapid pace. The population of Nairobi rose from 119.000 in 1948 to 477.000 in 1969. People from far and near flock here in search of employment. A great strain is thus put on the social services provided by the City Council, resulting in an increase of social problems such as unemployment, shortage of houses, health and education facilities. Drunkenness, crime and prostitution have increased nearly 60% in the last decade, and last but not least cruelty and neglect of children have also increased.

There is at present the world over an ever increasing awareness of the importance of upgrading child care services in Institutions, in order to raise responsible citizens.

A nation's future lies in its children. Improvement in services to children should be viewed as an investment. "Of Kenya's living

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population 50% are children under 15 years old".⁽³⁾ Assuming that 'per capita' consumption among the average is two thirds of that of adults. This means that consumption by children is 33% of the total consumption or 33% of the total national income. Although labelled as 'consumption' this is really investment, the true investment of any community, that is to raise the next generation of producers.

This study confines itself only to children in Institutions in the City of Nairobi where over 1050 children are cared for in 9 such Institutions.

For a good number of them there are plans to be adopted by foster parents, but by far the majority will grow up in one of the City's Children's Institutions.

Children grow and develop in three ways - physically, intellectually and emotionally, that is in character and personality.

Physical growth has been measured and studied since the early days of medicine, for the obvious reason that there had to be an exact standard for the determination of underdevelopment, malnutrition and the like. The pathological can only be determined if the physiological norm is known. Similarly, since the introduction of intelligence tests it has been possible to measure

the growth of mental ability. But in the ease of growth of character and personality, although the most important of the three modes, no proper standards of measurement have yet been developed.

The great question here is how do children in these 9 Institutions grow up and develop, and how can standards be raised.

OBJECTIVES OF THE STUDY

For several years now the City Council, Governmental and Non-Governmental agencies engaged in Child Care in this city have expressed the wish and interest in a survey on Child Care standards in Nairobi.

The aim of this study is, therefore an attempt:

1. To examine the present Residential Child Care Institutions in Nairobi: how they provide for the physical, intellectual and emotional growing up of the children.
2. To look into the objectives of these Child Care Institutions:
 - (a) What are the physical premises like?
 - (b) What kind of emotional guidance and rehabilitation is given to 'disturbed' children?
 - (c) What attempts are made to encourage 'warm institutional atmosphere' so necessary to a child's maturation?

- (d) How far do they train these children to conform to the objectives of the country elders and parents?
 - (e) What form of spiritual guidance is given to these children, so necessary later on in life?
 - (f) What efforts are made by these Institutions to find Foster and Adoption Homes, in order that the child will have as natural a 'family constellation' as possible?
 - (g) What is done by way of after-care in following the progress of children who leave these Institutions after they have finished Primary 7 or in case they are dismissed?
 - (h) What is the cost per child per month in the different Homes with regard to food, overall expenditure and education? Why are there differences?
3. Finally, this study will attempt to identify:
- (a) The type of problems which arise in the process of delivering child welfare services from the cultural, geographical or economic aspect. For instance how does the 'Cottage Type System' as we find it, at the 'SOS Children's Village' on the Buru Buru

Estate compare with the 'Dormitory Type' Institutions like Doctor Barnardo's Children's Home and the Salvation Army at Kabete, etc.? Which Institution suits this country best?

- (b) The quality of Staff and Training Programmes.

VALUE OF THE STUDY

The present research is designed primarily: To provide useful information to Governmental and Non-Governmental agencies on how to improve the Child Care standards in the existing Institutions in Nairobi.

Secondly: It is hoped that the findings will be a base for Christian Children's Fund, Inc., and International Child Care Organisation, in developing its programme of expansion in Kenya and in providing fresh insight on how to improve Child Care standards.

Thirdly: This survey might be of value to the Government of Kenya in identifying the problems which exist in the country and factors which give rise to the need for Institutions for children, like the ones studied.

DEFINITION OF TERMS

'Survey': A collection of data and its interpretation.

'Residential Institution': In this context 'Residential Institution' refers to an 'Institution' for children, where there must be a physical building, which provides boarding and lodging facilities for 'children' aged 0-16 years, as compared to 'Non-Residential Institutions' where children may receive food, but they do not sleep there.

'Child Welfare Services': Comprise all the services 'Residential Institutions' provide in the up-bringing of a child aged 0-16 years, such as: Shelter, food, clothing, medical care, education and spiritual guidance.

'Children': Refers to boys and girls, aged 0-16 years, residing in any of the selected Residential Institutions.

'Nairobi': This survey confines itself to the geographical boundry of the City of Nairobi, the capital of Kenya.

'SOS Village': SOS stands for 'Save Our Souls', in other words, save the lives of children. 'SOS Village', is a Village Type Institution, for children aged 0-16 years, who are in need of care and protection. It originated in Austria. The

founder is Doctor Gmeiner from Vienna.

'Cottage Type Institution': Refers to an Institution consisting of several independent housing units, each catering for a family of ten children.

'Dormitory Type Institution': Here all children sleep and eat in common dormitories and dining halls.

VARIABLES

'Age': The age of the respondents interviewed is from 6-16 years.

The age of respondents residing in Institutions is between one day and 16 years.

'Tribe': Refers to tribal communities in Kenya.

'Sex': Respondents were of male and female sex.

'Religion': Here refers to the three main religions: Protestantism, Catholicism and Islamic religion. All respondents belonged to one of these.

'Race': All respondents belonged to the African negroid race.

CHAPTER II

METHODOLOGY

(a) Pretesting of Questionnaire

The pretesting of questionnaires was done at the 'Kenya Christian Homes' (Doctor Barnardo's Home). One of the results of this study was, that we had to change the length of the questionnaire. The first questionnaire was too long. The amended one had 56 questions compared to the first which had 69.

All in all, 20 children were interviewed, 8 boys and 12 girls; the age varied from 6-16.

Having once completed the pretesting of the questionnaire we started with the data collection, which consisted of:

(b) Carrying out the Interviews

The interviews were conducted by the principal investigator and two research assistants. The two research assistants were briefed before they started the work by the Department of Sociology, Nairobi University. There was one female research assistant, who was responsible mainly for interviewing the girls and one male assistant responsible for interviewing mainly the boys.

Two interview schedules were used. One for children and one for adults. Both were written in

English, but the interviews were conducted (when necessary) in the vernacular languages of Swahili or the respective language the child knew. All the interviews were well and fully recorded, according to the questionnaire. Average duration of the individual interviews was approximately half an hour.

Among the adults interviewed there were men and women belonging to different classes in Society, ranging from Superintendents of Institutions to House-mothers, Administrative Staff and Social Workers as well as Children's Officers.

The sampling of adults was done at random. Some of these persons were contacted at their offices, whilst others were interviewed at their places of work.

At the initial stage of data collection, efforts were made to have a 'total sampling', that is, as far as possible to interview every Residential Institution connected with Child Care in this city; but due to technical problems this was impossible to do. Finally, six Institutions were chosen out of nine, but a short description of all nine are given in the next paragraph, p. 23

The number of children interviewed was 89 out of a total of 395. This is approximately 23%.

Out of these there were 46 males and 43 females. Furthermore some of the most relevant data of all the resident children were collected from their Case Histories, see 'Data Analysis', p. 129

The following Institutions were not interviewed:

- (a) Dayanand Home
- (b) Eastleigh Children's Home
- (c) Starehe Boys' Centre

The number of children in the Dayanand Home and Eastleigh Children's Home is very low; technically the data would be too minimal for interpretation.

At Starehe Boys' Centre it was technically impossible to get an 'adequate' sampling done, due to the high number of respondents, (total number of residential, as well as non-residential boys is 1250) and the lack of time.

(c) Institutions Chosen:

(i) DAGORETTI CHILDREN'S CENTRE

This Home is approximately 15 Kms. from the centre of Nairobi in the Dagoretti area. It is one of the earlier residential institutions established in 1953. It is part of the Kenya Red Cross Society.

Its main purpose is to meet the emotional and physiological need of the handicapped and abandoned children. There is a total of 130 children there.

Summarising the programme (at Dagoretti) we can say their objectives are:

1. To promote the welfare of under-nourished children.
2. To rehabilitate the handicapped and abandoned children and provide educational services up to Standard 7.
3. To train pre-school deaf children aged 3-6 years. Nearly 100% of the children are either mentally or physically ill here.

The standard of child care services are barely acceptable. The toddlers' section is poorly equipped and they get too little individual attention. No attention whatsoever is given to children showing clear signs of emotional problems. Few are ever taken to a child psychiatrist; the result is, few of them recover. More attention is paid to the malnourished children, and the rehabilitation of the physically handicapped is followed up only in a sporadic way.

One reason for the low standard is the fact that they have diverted too much; they care for malnourished children, for the mentally and

physically handicapped as well as for deaf children.

The amount spent on a child per month is approximately K.Shs. 190.00. This is low, as one can see in Table 13, comparing it with other Homes.

The staff/child ratio in this Home is 1:3 but it must be pointed out that 40 of the staff, who do not receive a salary, are training to be Assistant Nursery Teachers. There is no trained Social Worker here, and only one trained Nurse.

The source of income in this Home is partly from private individuals and Organisations, and partly from the Local Government. The Red Cross has so far been helpful in assisting this Home. The future plan is to hand it over to the Cheshire Society.

What this Institution badly needs is an 'Intensive Medical Care Unit'.

(ii) KENYA CHRISTIAN HOMES or (Doctor Barnardo's Homes).

It is approximately 5 Kms. from the city centre on the road to Ngong. This Home was started in 1961. There are, all in all, 70 children in this Home - 40 boys and 30 girls. It is a well and efficiently run Home.

The buildings are well maintained and of a good construction.

The children are grouped in a family way,

each family having a house-mother, with the bigger boys having a house-father.

Much individual attention is given here to each child. The atmosphere in general is friendly, trusting and co-operative.

The ages of these children vary from very young ones aged one year to 18 years of age.

The purpose of this Home is to care for orphans and abandoned children in Kenya, irrespective of race, religion or colour.

The general objectives of this Home are:

1. To provide residential care for orphaned and abandoned children.
2. To educate them from Primary 1-7.
3. To assist children when they go on to Secondary School or for training in a trade.

Children's progress is measured by examinations and Progress Reports.

The staff ratio is 1:2. This is high. All the staff are well qualified.

One of the problems here is the 'Follow-up'. When these children reach Primary 7, the follow-up system here is not quite as it should be. A good number of these children drift back into the streets in spite of having had a very good education and a good home. It seems they are not prepared well enough for the hard facts of life when they

have to leave. There could be other reasons for this, such as 'deprivation of maternal care' in early childhood, as we shall see later.

The overall expenditure here is high. It is probably one of the most expensively run Institutions in Nairobi. The cost per child, per year comes to K.Shs. 6,000.00 which is K.Shs. 500.00 per month; whilst in other Homes the cost per child varies between K.Shs. 2,300.00 to K.Shs. 4,500.00 per year (See Table 13).

The main source of income is Doctor Barnardo's Home in Britain. There are a good number of private Organisations and individuals also who assist this Institution.

(iii) SALVATION ARMY - KABETE

This Home belongs to the Salvation Army, an Organisation which does much in assisting children, old people as well as caring for handicapped children.

The main programme here is to provide a Home for children who are orphans or come from broken families.

The main goals are to provide children with boarding and education right up to Primary 7.

Here again little is done to follow-up the progress of the children once they reach Primary 7, and a good number of them drift back into the

streets without having become self-reliant.

It is a Home which is run in the old style of a 'Dormitory Type Institution', a typical example of the 'Traditional Progressive System'. The person in charge here becomes the highest authority with regards to rewards as well as punishment. The system favours the easy and unproblematic cases, but can be harmful to emotionally disturbed children. There is too little involvement of the staff with the children. There is no trained Social Worker. The house-father is more of an Administrator, whose main duty is the efficient running of the Home rather than in giving it a 'warm and family-like' atmosphere, consequently children do not confide really, in anyone.

The girls lack a well trained 'House-mother', so necessary for identity building. The Home would also need a Social Worker for the follow-up of the children as well as for gathering vital information on the background of children.

From the financial point of view, it is a Home which is run on a tight string. The expenditure here per child, per year is about a third of the Doctor Barnardo's Home. It is K.Shs.210.00 per month, per child. This has also got its drawbacks with regards to food and the general care and up-keep of the Home. On the other

hand one has to give them credit because their income is low and they do make use of the little they get in a very economical way.

(iv) SOS CHILDREN'S VILLAGE

This Village is one of the outstanding and unique Institutions in Nairobi, built in 1972. It is a small village with 10 houses within the Buru Buru Housing Estate. Each house is a family with a house-mother and approximately 8-10 children. The overall administration and direction is under a Director and his Assistant. So far 6 houses are already occupied.

Its general goal is to provide orphaned and abandoned children with a new home.

Its work of education is based on four simple principles:

- (a) Every destitute child needs a mother, for example a woman who takes care of him like a mother.
- (b) In the SOS Village the child is not grouped with children of his own age, but rather grows up with 'brothers and sisters'. The SOS family consists of 8-10 children.
- (c) Each SOS family lives in a house of its own, which is not just a place in which to eat and sleep, but for the child, the nest, the shelter, the protective shell for a life

still unformed.

- (d) The Village provides the children with opportunities for establishing contacts on a broader basis.

Every 'mother' is the head of the family and runs her own household. Recruitment of House-mothers here is unique. Only single mothers with 1 or 2 children are accepted. They are allowed to keep their children, thus they are made part of the Home, and the turnover of staff is very low.

The standard of Child Care here is very high. This is perhaps the only Home in the whole country, which is able to give a child a 'family-like' atmosphere and makes it really feel at 'home'.

The total expenditure per child, per month is approximately K.Shs.200.00. Considering the overall expenditure and up-keep, one can say, that this is, inspite of the intensive care the children get here, low.

Here too, serious thoughts will have to be given by the Director on future planning, when children leave after Primary 7. What will happen to these children? The 'follow-up' must aim to assist the children through secondary school and through trade school in order to become self-reliant and independent.

(v) * MAMA NGINA CHILDREN'S HOME

The Home belongs to the Kenya Child Welfare Society. It is 5 Kms. from the city centre, just off the road to Mombasa. The Home cares for approximately 35 boys and girls.

Its main purpose is to care for orphans and children from broken families and to find and supervise Foster parents for these children. Great efforts are made in this respect and the Home is able to place approximately 20 children per year with Foster parents. Quite a success.

The majority of the children here are brought in by the Police. Age here varies from babies aged one day to children of 16 years.

The standard in the Baby section is acceptable. For older children the Home lacks the 'family atmosphere' due to the high turn-over of staff.

The general expenditure per child is approximately K.Shs.390.00 per month. This is rather high; one explanation is, the Baby section needs a high ratio of staff.

* (vi) EDELVALE

This Institution is approximately 12 Kms. from the city centre, off the Outer Ring Road. It was established in 1959. It is an Institution which looks exclusively after girls, aged 8-16 years,

there are at present 40 girls there.

Its main aim is to give shelter and protection to teenage girls who lack parental care or are on the verge of delinquency or prostitution. The Institution provides boarding and education up to High School and if necessary rehabilitation and preparation of the girls for normal life in Society.

It is a 'Cottage Type Institution' system much like SOS Village. Children live in separate Houses with their House-mothers. The standard of Child Care is high here. Especially noteworthy is the fact that the girls are well prepared for life through training in a trade such as sewing, tailoring, weaving, thus they are trained to become self-reliant and to be able to stand on their own feet when they leave.

'Follow-up' system after they leave is efficient.

The following example might be of interest to the reader:

Jane's father died when she was very small, leaving her young and rather inadequate mother with three children. The family moved into a Nairobi shanty town, where things went from bad to worse, the mother going into prostitution when she

couldn't get any other work and two more children were born. Jane by then had become uncontrollable and was staying out at night. She was referred by a Social Worker to this Home, where she settled in quite well.

Later on Jane's mother landed in prison and her children were scattered, some were taken by relatives, others landed in some other Institutions in the city.

Jane always behaved like a little 'Miss', who liked nothing better than new clothes and doing her hair. Whilst in the Home she learnt how to sew and became quite an expert seamstress.

Last year she got married to a fine young man of her age. They are both living in town with one child.

Occasionally Jane comes to the Home. From time to time, the Social Worker or the Superintendent of the Home goes and visits the family, advises and helps them if necessary, in short there is still a remarkably true friendship and relationship between Jane and this Home, Jane speaks highly of this Home.

In the last 10 years approximately 40 girls left this Home to start life on their own. Each and everyone was trained in a job such as sewing, weaving, typing and shorthand, Some had been

trained as Social Workers others as nurses or teachers.

It is remarkable according to the records kept by the Sister-In-Charge, few had proved a failure in life. A good number of them got married, others live their own life, very few of them have become involved with the Police or rehabilitation officers, considering their background, I think it is remarkable.

It must be stressed as a point in favour of this Home, 90% of the children leaving this Home continue to have ties with the Home; some call once or twice a year, just to say "Hello", others ask for advise or help if they have some special problems.

There is little doubt that the relationship between staff and children in this Home and the training they give them for life, are the main sources for this outstanding attachment to the Home, as well as their success in life.

Financially, the Home belongs to the "Edelvale Trust". The Home is 30% self-supporting from the handicrafts and agricultural products they produce.

(d) Experiences and Problems

The problems experienced in the Survey were mainly related to the carrying out of the

interview.

At the beginning several problems arose, due to the fact that some of the Superintendents were suspicious of the interview as well as of the motive behind the interview. After explaining and personal discussions with the Superintendents, this matter was satisfactorily solved and we received every co-operation from the staff.

Memorising the Questionnaire and answers proved to be difficult, but as time went on and one became more familiar with the questions, the problem solved itself.

Of a different nature were the problems related to getting information on 'touchy subjects' such as, 'Why are you in this Home'; 'Who brought you here'; 'Did you ever run away' and 'Why'; 'Who are your friends'.

Another experience was that a good number of the children were not truthful in their answers. Fortunately enough, we were in a position to double check all the background information these children gave us. On most children interviewed, we have a file here at the Office of the Christian Children's Fund, Inc. which gives a detailed description on the background of the child.

Besides, informal discussions were held with the staff in order to get more information

and double check the answers from the children.

Short Description of the Children's Homes
Where the Children were not Interviewed

(a) DAYANAND HOME

It is situated right behind the Aryan Secondary School in the 2nd Parklands Avenue.

The total number of children present is 22.

Out of these 7 are Kambas, 2 Luos, 1 Masai and 12 Kikuyus.

The ages vary between 6 years to 16 years.

The Home caters only for boys. At present two boys have completed Secondary IV and are awaiting the results. The majority of these boys come from the rural areas not from Nairobi. The present policy is not to accept any new admissions. The facilities such as dormitories, bath and toilets, dining hall and kitchen as well as recreation room exist, but the general maintenance is not good. Things are not kept clean. The Management is entirely in the hands of an Indian Welfare Society, who provide everything the Home needs: Food, clothing, fees and upkeep. The present staff consists of One Administrator, One Cook, and One Dobi and a part-time teacher.

The Administration also pays the salaries.

This Home, if well maintained, could provide ample place for at least 40 children.

There are ample play facilities as well; there is an easy access to any school in town.

(b) EASTLEIGH CHILDREN'S HOME

This Home is in Eastleigh just off Eastleigh 2nd Avenue. It caters for 15 children, boys and girls, aged 3 months to 15 years. It resembles a large family, not an Institution.

The buildings they are using is a former residential house with 4 rooms: kitchen, dining room, toilet and bath.

The Home is administered by an Organisation called 'Kenya Women's Organisation'. It was started several years ago by a Mrs. Grif.

I found the Home well administered, tidy and clean. The children looked happy and well fed.

They care for abandoned and orphaned children, and children from broken families from in and around Nairobi.

The children are referred by members of the Women's Organisation or Local Welfare Agencies.

Their source of income is: Private individuals.

(c) STAREHE BOYS' CENTRE

The Centre was started by G.W. Griffin - 1952.

The following is an extract from the

Starehe's Magazine 'Endeavour', 1974:

"a) History: It exists to serve boys who are fatherless and helpless. To many of them it is home as well as school, caring for them in the holidays and continuing to maintain them after they finish their education until employment can be found for them and they are able to move out into independent adulthood. Of the 1,250 boys presently at Starehe, 56.6%, drawn from all parts of the Republic, fall in this free category - the size of which is limited only by the availability of boarding places. Most of our dayboy places are awarded to boys from disadvantaged families in the poorer areas of Nairobi City. Such pupils are charged a nominal sum and the Centre makes up the balance. Finally, a small number of boys (4.8% at the moment) are taken from wealthy families. They are admitted because we feel that a mixing of social classes is an excellent thing for all concerned. Such pupils pay a greater tuition fee than is charged by the country's high cost schools.

b) Referral: Entry is at two levels: Primary Standard I and Secondary or Technical Form I. Since Starehe is the only school in Kenya able to provide a full free education to the needy, pressure is very great. For example, we select 100 Form I entrants each year from among 4,000 applicants,

everyone one of whom is interviewed and assessed in the light of documentation from local Chiefs, Priests, Social Workers and Primary School Headmasters.

c) Finance: Starehe is a charity. Since its inception, with a handful of boys sheltering in two tiny huts fifteen years ago, capital grants for buildings and equipment have come from the International Union for Child Welfare, Oxfam, the Governments of Holland and Denmark, the Protestant Central Agency of West Germany, the Swedish Save the Children Fund and the Ford, Nuffield, Bernard Van Leer and Dulverton Foundations and Trusts. While many of the teachers are now supplied by the Kenya Ministry of Education and Teachers' Service Commission, the Centre is still heavily reliant on Volunteers - from Britain, Denmark, Holland, Norway and France. General recurrent costs - food, clothing, textbooks, tools, salaries of non-teaching staff and the like - are raised from charitable giving. The British Save the Children Fund and Kenya Shell Ltd., are, respectively, the largest overseas and local donors. Thousands of small groups and individuals throughout the world make a vital contribution, often as the sponsors of individual boys, either directly or through such Organisations as Christian Aid, Danish Red Barnet, Swedish Radda Barnens, the

Canadian Save the Children Fund, the Christian Children's Fund, Inc., British Columbia S.C.F., Interaid and War-on-Want. Locally, the Ministry of Social Services and the Nairobi City Council give as much help as they can. They are fortunate indeed in being the focus of so much international goodwill.

d) Aim: Starehe's avowed aim is to give its boys an education as good as (and, if possible, better than) is obtainable anywhere else at any cost. In the period under review, considerable strides have been made. Through the generosity of the Government of the Netherlands, two new blocks were added to the Technical Division, providing it with splendid facilities second to none in Kenya. It is of interest that boys leaving the Technical Division at the end of 1973 had as many as 6 offers of jobs and apprenticeships a piece! The West German Protestant Central Agency for Development Aid built us a magnificent Sixth Form tuition block, providing the senior boys with specialist laboratories and classrooms for all their subjects. The sympathy of the Ministry of Education has brought about a strengthening of the teaching staff, which is reflected in the steady improvement of our examination results. In 1973, 100 out of 101 boys passed the East African Certificate of Education (O-Level), the breakdown

being 28.8% Division III, 13.9% E.A.C.E. and 0.9% fail. Twenty-three boys attempted the East African Advanced Certificate of Education (A-Level). All gained certificates, and 60% qualified for University entry. Of 17 boys who were prepared for the Accounts Clerk Examination of the Kenya Secretaries and Accountants National Examination Board, 13 passed Stage I and 7 of these succeeded in Stage II as well.

e) Activities: An enormous range of sports, games, clubs, societies and outdoor adventure activities enriches the life of the school.

f) Atmosphere: Above all, the unique spirit of the school continues to flourish. The sense of brotherhood is very strong, and is reflected in the warm welcome given by the boys to newcomers, enabling the latter to adjust quickly and easily to their new environment. The desire to serve is as powerful as ever, manifesting itself in the hundreds of boys who volunteer to give up their holidays to work in the community, and particularly in understaffed hospitals and clinics. The school's reputation for good discipline and character-training has never stood higher, resulting in many career-openings being offered out to leavers, despite the difficult employment situation prevailing in the country."⁽⁴⁾

HYPOTHESIS

The following hypothesis were used in this study:

1. The main causes that give rise to the need of these Institutions in Nairobi are the following:
 - (a) The increase of unmarried mothers in the city who are unable to make adequate provision for their children.
 - (b) A good number of children belong to prostitutes who are unwilling or unable to care for them.
 - (c) Other children come from Broken Homes, where they are exposed to cruelty and neglect.
 - (d) Illness (physical, mental):
Parents who have children suffering from physical and mental illness are unable to care for them and are compelled to put them into Institutions.
2. In view of the background of the children admitted into these Institutions and in view of their needs as dictated by the kind of deprivation they suffer from, few of the Institutions (where they are now) are adequately satisfying their needs, consequently many will be no better off when they leave the Institutions.

3. One of the main reasons why a good number of these children who leave these Institutions start a criminal career may be due to the fact that the psychological aspect of the child e.g. such as the relationship between parental and particularly maternal deprivation and mental health is totally neglected in most Institutions.
4. Many problems in the Institutions are caused by the fact that interaction between staff and children is poor and inadequate.
- *5. When these children leave these Institutions, they are often unable to support themselves and face society, because the 'Follow-up System' of most Institutions is non-existent or ineffective in training them to be self-reliant.
6. The overall high cost of operation of an Institution does not necessarily mean that the children are well cared for and happy.

CHAPTER IIITHEORETICAL ANALYSIS

(literature)

Extensive studies have been done in the past 70 years on Child Welfare in Europe and America and a great number of books have been published by UNICEF and by well known authors like: Sears, Spitz and Wolf, Bowlby, Rondello etc., on topics like Health - Nutrition - of children, Paternal deprivation, children in Institutions, juvenile delinquency etc. Comparatively, there is far less literature available on Child Welfare in Africa, especially in Kenya. In the 1950's and 1960's two reports related to children and juveniles have been published in Kenya of which a short analysis is given here.

In 1953 a study was published, called "Report of the Committee on Young Persons and Children". The Chairman of the Committee was Mr. Humphrey Slade, a person who has done much, from the legal point of view, with regard to children. The report embraces young persons and children of both sexes, of all races in Kenya. The report recommended uniform definitions to be used for the following concepts:

" 'Child': The definition of a child is restricted to a person who has not yet reached his

or her 16th birthday.

'Young Person': Is a person who has ceased to be a child but has not reached his or her 18th birthday.

'Juvenile': Means and includes any child or young person as defined above." (5)

The recommendations put forward then became Law in 1963 in Kenya (see Children's and Young Persons Act). (6)

The recommendations made in that report was that wherever possible, the foregoing definition of 'child', 'young person' and 'juvenile' respectively, be used uniformly in all ordinances relating to such persons and substituted for such conflicting definitions as may be found in existing ordinance.

On the need for Residential Institutions in Nairobi - the report reads:

"As a result of the impact of Western Civilization an increasing number of African children and young persons, tired of village life, and village control, lacking educational facilities, wander from the homes, in some cases defying their parents and tribal elders and move to the towns, where some develop bad habits, whilst the younger ones end up in residential institutions, the older ones become criminals and join with the rest of the

criminals of the city." (7)

For the first time in the history of Kenya, the problems on 'children', 'juveniles', 'children in need of care and protection' was legally tackled and 35 recommendations were submitted to the Government for approval, this included concepts like: 'care and protection, vagrancy, delinquency, employment, legitimacy, adoption, guardianship, custody and maintenance, age of majority' and so forth.

Recommendation 8 - recommends that the proposed Ordinance should:

1. Recognise and define:
 - (a) "'Voluntary Homes' to include orphanages and other homes or institutions supported wholly or partly by voluntary contributions for the care and maintenance of juveniles needing a home.
 - (b) 'Nursery' to include institutions receiving and caring for five or more children, under the age of 7 years, on behalf of the parents for gain, whether or not education be undertaken there.
 - (c) 'Places of Safety' on the lines indicated by Section 11 of the Draft Bill (see Appendix).
2. Provide for Supervision of children boarded for reward away from their parents on the

- lines indicated by Section 24 of the Draft Bill (see Appendix) with the exception that: persons housing children solely for the purpose of attending these day schools, need only give notice to the Education Department.
3. Provide for regulation of both voluntary homes and nurseries.
 4. Provide against interference with the custody of juveniles on the lines indicated by Section 68 of the Draft Bill" (8) (see Appendix).

The report thinks and quite rightly, "that prevention of juvenile vagrancy depends more upon social and economical reforms than upon legislation and stresses the point that juvenile vagrants are best treated, at least in the first instance, 'as being in need of care' rather than as delinquents and therefore (the Committee) is of the opinion: that juvenile vagrants should not be associated with delinquents either in Remand Homes or in Reformatories, as is the case many times in Nairobi where these types of children are put into Remand-Homes or into Approved Schools." (9)

The recommendation should be read carefully by persons in charge of Residential Institutions, who are but too quick in handing a difficult child over to the Approved School.

A similar study was done later and a report was published in 1961 on a SURVEY ON PROBLEMS OF CHILD WELFARE IN KENYA.

The report was the outcome of various Organisations especially interested in Child Welfare activities, under the Chairmanship of the Minister of Health. The conference ended by passing a resolution as follows:

"To organise a survey by a professional Sociologist affecting the mental, physical and moral welfare of children in the Colony and to make recommendations for improvement of such conditions with particular regard to:

- (a) The work of existing departments of Government and Voluntary Organisations and means of co-ordinating their activities.
- (b) The method of preventing an increase of existing adverse conditions.
- (c) The financial requirements of any existing or future project that may be recommended and the comparative urgency thereof." (10)

The working party selected to undertake this survey decided to present the following:

- (i) "A picture of the general, sociological background.
- (ii) A broad assessment of present problems and activities in the field of Child Welfare, and

(iii) A summary of the most urgent needs." (11)

Under (i) 'General Sociological Background', we read under item 'Urbanisation', the following:

"The urbanisation process has hardly begun in Kenya. There is only a very small percentage of Africans who regard the urban area as 'Home'. Few own property, and those who do, are chiefly found in Mombasa and Kisumu

The average African family in Nairobi has been residing for less than three years." (12)
This was in 1959.

Below is a table giving the break-down:

<u>Length of Residence in Nairobi</u>	
<u>African Adult Males</u>	
	<u>Per Cent</u>
Less than Six Months	25%
Six Months to One Year	14%
One Year less than Two	6%
Two Years less than Three	5%
More than Three Years	50%
Source: Survey on Problems of Child Welfare in Kenya, p. 18.	
Government Printers, Nairobi 1961.	

Let us see what the family life of these few residents in Nairobi was like. From the report it appears that only 36% of the men had their wife/wives with them in Nairobi. Looking at married adults with children, we find that only 26.5 had all their children with them. Nearly 50%, although they had children, left them at home in the rural areas. See the table below.

<u>Domicile of Children</u>	
<u>Married Adult Males</u>	
	<u>Per Cent</u>
No children	18.0
All children with him	26.5
No children with him	47.5
Some children with him	8.0

Source: Survey on Problems of Child Welfare in Kenya, p. 19
Government Printers, Nairobi 1961.

This caused a pressing problem from the point of Child Welfare. Residential Institutions at that time were practically non-existent in Nairobi.

On 'Housing', the report reads:

"Welfare of Children naturally is reflected in the type of environment in which they are expected to live and it should be remembered that a high percentage of Africans living in the urban areas are accustomed to standards of housing in the African Land Units, which are inferior to the most crowded conditions in the urban area." (13)

The basis of a formula provided by the Ministry of Health dated 30 July 1955 stated:

"40 square feet is accepted not as adequate but as the minimum standard. Children under the age of One year, should be disregarded. Up to say 12 years, they are able to share a bed, regardless of sex." (14) Obviously, this is far from the ideal housing. The report continues:

"It should be remembered that the Institutional housing for Africans consists chiefly of a single-roomed dwelling. It is reasonable to estimate therefore that the majority of Africans are satisfied with similar standards in the urban areas and consequently find a one-roomed house adequate to house the family." (15)

Although this may be quite out-dated there is some truth in it with regard to building children's Institutions. Architects might look at this.

In order to minimise expenses when building Institutions, why not build a family type house like at the SOS Village, but build them in the African type Round Hut style. For erecting Residential Children's Institutions, this would be beneficial as it fits into the surroundings, furthermore it is more economical, especially in rural areas.

Under (ii) the item 'Assessment of the Problems and Activities in the Field of Child Welfare', the report attributes the high incidence of diseases among African children to low standards of environmental hygiene, malnutrition and poor or bad sanitation. (16)

On the problem of mentally defective or retarded children, the survey has found that these children seem to be mainly in towns, where the mental stresses and social demands are more severe than in rural life. It made the following recommendations on the problems of mental deficiency amongst children:

- (a) "Establishment of more special training and educational facilities in different towns in Kenya for regular attendance by mentally defective children.

- (b) Education of parents. Advise parents how to teach their children to play." (17)

On cruelty and neglect, the survey found that wilful neglect of children approaching cruelty is comparatively rare in Kenya.

The principal causes of 'neglect' are:

- (a) "Increasing lack of understanding by parents of the needs of their children in a situation of rapid social change and especially the decline of authority and responsibility of traditional institutions, such as the 'clan'.
- (b) Poverty.
- (c) Dislocation of family life and parental control.
- (d) Broken families.
- (e) Divorce
- (f) Prostitution and the increase of un-married mothers in the towns who are unable to make adequate provision for their children.
- (g) Overcrowding and ignorance in respect of physical welfare." (18)

These appeared to be the main causes responsible, for neglect of children.

At that time the problem of orphans was small. Few orphanages or Residential Institutions existed in Nairobi to care for them. Most orphans

were still absorbed in their own clans by customary adoptions; but the problem became very acute after the Mau Mau disturbances, as more and more of them were placed with Missions and it was found impossible to cope with this problem.

The survey made the following recommendations on orphans:

- (a) "Build more 'Special Institutions' in African rural areas and in towns to provide for the physical care of orphans, especially up to the age of two years.
- (b) Build more places of safety throughout Kenya." (19)

With regard to cases of 'neglect', the recommendations made, state "there is need for a greatly enlarged service of children's officers. There is further need for a 'place of safety' for boys in Nairobi, and more accomodation at Edelvale as a safe place for girls and small boys." (20)

'Vagrancy': Already at that time the survey showed, "that every year in Nairobi alone some 1,500 African children between the ages of 8 - 15 years are found without any home, often near starvation trying to make a living by illegal means." (21)

This had considerable influence on the increase of Residential Children's Institutions in Nairobi between 1960 - 1975.

The report puts great stress on 'training of growing children'. It was testified unanimously by all the members interviewed that the greatest single cause of trouble among children, either in residence or outside, is the lack of occupation and discipline between the times that they leave school and find employment. Few of them are able to settle and get a job. This leads to boredom, discontent and often to demoralisation, vagrancy and delinquency. It constitutes one of the greatest problems of Child Welfare in Nairobi.

'Delinquency': The report says:

"Delinquency among children of any race in Kenya is not abnormally widespread as compared with older countries. The common form of delinquency among African children is petty larceny, and similar crimes associated with survival, except when children are used by adult criminals to assist in more serious offences." (22)

In Nairobi during March 1960, offences committed against the Penal Code were only some 10% of all offences committed by Juveniles, few girls of any race appear on criminal charges. Among European and Asian children, though much fewer in number, delinquency tends to take on, more serious and violent forms.

The evidence further shows, that among all races in Kenya, juvenile delinquency is primarily attributed to 'neglect in its widest sense', as in other countries. Among African and Asian children the majority of delinquents are those who have left school under the age of sixteen and have nothing to do.

On 'Prostitution': Juvenile prostitution appears to be on the increase in towns. Edelvale at Nairobi had dealt with 63 girls aged 13 upwards from various districts.

The principal causes of Juvenile prostitution appear to be:

- (a) "Among African Girls a desire for money (particularly to buy smart clothes), vagrancy, shortage of suitable training and shortage of girls' hostels, lack of a stable home." (23)

Summarizing: The report calls for: "more training centres, clubs, hostels, equipment, more health visitors and children's officers and a closer co-ordination for all who are working in the field of Child Welfare." (24)

Great stress is put on more professional workers among children, be they employed by the Government as well as by Voluntary Organisations.

Great emphasis is put on the development

of training and qualifications of such workers.

These and similar studies carried out in other parts of the world would leave little doubt that as stated in the first hypothesis, the main cause giving rise to Institutions for children are: Broken homes, prostitution, and the increase of unmarried mothers in towns as well as loss of parental control due to the structural social changes taking place in the world.

Parental Deprivation and Mental Health: Much research has been done on this topic and a great number of books have been published.

Due to changes in philosophy and practice in Child Welfare, new developments in child philosophy have been apparent. For one thing the integration of psychiatric knowledge with that of social work has been a significant achievement.

During the last 70 years the modern conception of the emotional life as the great dynamic force and of emotional life as the most significant conditioning factor in the production of behaviour tendencies, have received much attention and full corroboration from many studies done on child psychiatry thus changing needs and practices in Child Welfare.

From comparative studies on 'paternal deprivation and mental health' done during the past quarter of the century, it appears that the quality

of the parental, particularly maternal care, the child receives in his early years is of vital importance for his future health (physical and mental).

In the course of this survey it was found that the children who suffered from parental deprivation is as high as 60% in some Institutions, consequently the number of emotionally disturbed children in these Institutions is far higher than expected.

From past and present research studies in other parts of the world, it has been reasonably well established that the main cause of emotional disturbances in children and consequent development often of a delinquent character is due to 'paternal', particularly the 'maternal' deprivation. The ill effects of deprivation vary with its degree.

'Complete deprivation' as it is the case in most Institutions has far reaching effects on character development and may entirely cripple the capacity to make relationships.

Direct observations of the ill effects of deprivation in young children have shown that the child's development may be affected physically, intellectually, emotionally and socially.

In the Institutions studied, almost always 'complete deprivation' takes place from both

parents; but few of the people directly involved with children have realised the ill effects of such deprivation.

I should point out here that 'parental deprivation' involves absence of father and mother.

A good number of studies on 'father absence' have been done for example by: Bach (1946), (25) Sears (1946), (26) Stolz (1954), (27); they studied families in which the father was absent during the war. Sears and his associates, and Bach, using projective doll play to assess personality and behaviour patterns, found less aggressive doll play among boys in families where the father was absent than in boys where the father was present. Sears P.S. (1951), (28) dealt with situations in which the marriage has been disrupted by divorce, separation.

In general the father's absence compared to the mother's absence has left much less of a mystery concerning the process by means of which parental absence is linked to the child's personality and behaviour. This is mainly because there are many natural settings to enable one to study 'father's absence'.

Neubauer in his Psychoanalytic Studies of the Child, (1960) suggests that the absence of the father during early childhood may lead to

difficulties in the development of appropriate sex-role identity in boys. (29) Stolz noted behaviour difficulties among the boys whose fathers had been absent during at least the first years of their lives. "They were having difficulties in establishing and maintaining genuine relationships with adults as well as peers. These children showed higher levels of anxiety, and in the doll play experiment conducted after the father had returned, they showed more aggression than did the children in the control group of non-separated families."

(* See Footnote)

Studies on 'maternal deprivation' are far * more numerous. The history of concern for this issue goes back many years, but much of the research on maternal separation has appeared in the past twenty years.

The earliest experiment on the effects of maternal deprivation has been attributed to King Frederick II in the thirteenth century (Stone, 1954). (30).

Unfortunately, the experimental conditions created such extreme environmental deprivation that all of the subjects died. "For they could not live without the petting and joyful faces and loving

* Footnote: Quoted from M. Hoffman,

Review of Child Development, Vol. II, p. 119. Russell Sage Foundation, New York, 1964.

words of their foster mothers" (Salim-Beme, quoted by Stone & Church, 1957). (31) There is no record of this conclusive experiment having had any significant effect on Child-Care Practises. /

While psychoanalytic emphasis on the significance of early experiences did much to mobilize concern for the effects of deprivation in early maternal care, the first direct observation of such effects were reported by paediatricians early in the beginning of the twentieth century. Bakwin (1949), (32) reviewing the paediatric literature, describes observations made as far back as 1909 on the physical and psychological deterioration occurring in hospitalised infants.

Some research on young children in Institutions began to appear in the early 1930's (Durfee & Wolf, 1933), (33) but only in the past 20 years has there been a concerted research attack on the varied aspects of deprivation of maternal care.

Many significant studies stimulated concern among professional workers and created a receptive climate for Bowlby's conclusion in his comprehensive review of the literature for the World Health Organisation in 1951. (34)

In the 10 years following the publication of 'Maternal Care and Mental Health' by Bowlby, there appeared several major investigations, which

have helped to identify more precisely the most significant variables in institutional environments and established more clearly relationships between these variations and the intellectual, social and personality development of children subjected to these influences: (David & Appell, 1961; (35) Provence & Lipton, 1962; (36) Rheingold, 1956) (37).

There have also been a few major studies on infants and young children undergoing separation, experiences which have helped in arriving at a more differentiated picture of the relationship between the conditions of separation and the reactions of children (Bowlby, 1953 a, b; (38) Heinicke, 1956; (39) Robertson & Bowlby, 1952; (40) Schäffer, 1958) (41).

Three main classes of sources can be distinguished in reviewing the evidence on effects of 'deprivation of mother-love'.

- (a) The first source is from studies by direct observation of the mental health and development of children in Institutions, Hospitals and Foster Homes, called 'the direct Study'.
- (b) The second source is studies which investigate early histories of adolescence or adults, who have developed psychological illnesses, called 'retrospective study'.

(c) The third source are studies which follow-up groups of children who have suffered deprivation in early years with a view to determining their mental health called 'follow-up studies'.

The 'direct studies' are the most numerous. They make it plain that, when deprived of maternal care, the child's development is almost always retarded - physically, intellectually and socially - and that symptoms of physical and mental illness may appear. The 'retrospective' and 'follow-up' make it clear that some children are greatly damaged for life, but not all.

(a) 'Direct Studies': Direct observations of the ill effects on young children of complete deprivation of maternal care have been made by a large number of paediatricians, psychologists and child psychiatrists, and have shown that the child's development may be affected physically, intellectually, emotionally and socially. All children under about 7 years of age seem to be vulnerable, some of the effects are clearly discerned in the first few weeks of life.

Studies by Bakwin, (42) and Ribble, (43) have each given detailed accounts of the adverse effects on physical health. Bakwin summarises his own observations thus:

"Infants under six months of age, who have been in an Institution for some time, present a well defined picture. The outstanding features are listlessness, emaciation and pallor, relative immobility, quietness, unresponsiveness to stimuli, like a smile or a coo, indifferent appetite, failure to gain weight properly despite the ingestion of diets which, in the Home, are entirely adequate, frequent stools, poor sleep, appearance of unhappiness, proneness to febrile episodes, absence of sucking habits." (44)

The failure of such babies to smile at the sight of a human face have been confirmed by Spitz and Wolf. (45)

Brodbeck and Irwin (46) showed in a careful study of the infant's babbling and crying that babies from birth to six months in an orphanage were consistently less vocal than those in families.

Ripin (47); Prall, Simpson and McLaughlen (reported by Jones and Burks (48)) and Durfee and Wolf (49) used the 'Hetzer Wolf - Baby Tests'.

They compared the development quotients (DQ)* of 118 infants in various Institutions and correlated

* Footnote: The development quotient (DQ) although calculated in the way similar to the IQ is concerned with the general, physical and mental development of which intelligence is only a part. A DQ of 90 - 110 represents average development.

their findings with the amount of maternal care which the infants received. Although Durfee and Wolf discerned no difference before the age of three months, differences steadily increased so that the children who had been Institutionalised for more than eight months during the first year showed such severe psychiatric disturbances that they could not be tested.

There is little doubt that the development of an infant in an Institution deviates from the norm at a very early age. Gesell and Amatruda (50) have listed their appearances of adverse reactions in Institutionalised infants. See Table I on the following page.

TABLE IOrder of appearance of Adverse Reactions in
Institution Infants (Gesell & Amatruda)

<u>Adverse Reactions</u>	<u>Time of Appearance</u>
Diminished interest and reactivity.. .. .	. 8 - 12 weeks
Reduced integration of total behaviour.. .. .	. 8 - 12 weeks
Beginning of retardation evidenced by disparity between exploitation in supine and in sitting positions .. .. .	.12 - 16 weeks
Excessive preoccupation with strange persons.. .. .	.12 - 16 weeks
General retardation (prone behaviour relatively unaffected) .. .. .	.24 - 28 weeks
Blandness of facial expression.. .. .	.24 - 28 weeks
Impoverished initiative .. .. .	.24 - 28 weeks
Channelization and stereo types of sensori-motor behaviour .. .. .	.24 - 28 weeks
Ineptness in new social situations.. .. .	.44 - 48 weeks
Exaggerated resistance to new situations .. .. .	.48 - 52 weeks
Relative retardation in language behaviour .. .. .	.12 - 15 months

Source: Bowlby John, Maternal Care and Mental Health, 1952, p. 17.
W.H.O. Geneva.

The same tests were repeated by Spitz and Wolf in 1945 (51). They made a systematic study of the adverse effects which occur during the first year if the child is kept throughout in an Institutional environment. They studied all together four groups of children, in three of which the babies were with their mothers, and in one where they were not. Though the absolute level of development differed according to the social group the babies came from, there was no change of quotient during the year in the case of the babies who lived with their mothers, 103 in all; the group of 61 which was brought up in an Institution on the other hand, showed a catastrophic drop of developmental quotient between the ages of four and twelve months.

At the earlier age the average DQ was 124. By twelve months it had sunk to 72 and was by far the lowest. By the end of the second year it had sunk to 45. The last two figures indicate grave retardation. (See Table II)

In confirmation of earlier work Spitz and Wolf's results show that most of the drop in DQ had taken place during the first six months of life.

TABLE II

Mean Developmental Quotient of Infants at B
First Year with Regard to Social Class a

(Spitz)

Social Class	Presence or Absence of Mother	Number of Cases	Aver to
Unselected Urban	Absent	61	
Professional	Present	23	
Peasant	Present	11	
Delinquent unmarried mothers	Present	69	

Source: Bowlby John, Maternal Care
W.H.O. Geneva 1952, p. 1

There are several studies showing similar retardations in the second and later years. One of the earliest was that of Gindle et alia (52) who was working in pre-war Vienna, showed a difference of ten points in mean DQ between a group of twenty children aged from 15 to 23 months who had spent six months or more in an Institution and a similar group brought up in the poorest of homes. Confirmation comes from Denmark, France and U.S.A.

Goldfarb (53) in a very thorough study of thirty children aged 34 to 35 months, half of whom had lived in an Institution and the other half in foster homes, from four months of age, found a difference of 28 points of IQ on the Stanford-Binet Test* between the two groups. The IQ of the foster homes group averaged 96, which is average, those of the Institution children 68, which is seriously retarded, and borders on mentally defective.

Simonsen (54) using the Hetzer-Bühler Tests compared a group of 113 children, aged between one and four years, almost all of whom had spent their

* Footnote: Stanford-Binet Test: is an individual intelligence test administered by a psychologist to a single child or adult. The scales are arranged in order of ages. In administering the tests, the examiner finds the age level at which the subject passed all of the tests, called his basal age, and then continues testing until the subject reaches the age level where none of the tests are passed, the upper limit.

whole lives in one of some 12 different Institutions, with a comparable group who lived at home and attended day nurseries. The mothers of these children were working and their homes were often very unsatisfactory. Even so, the average DQ of the family children was normal - 102 while that of the Institution children retarded - 93. This difference is found consistently at each of three age levels, namely, children in the second, third and fourth years of life. (See Table III)

Finally, Rudinesco and Appell (55) made a similar study, using as their sample children aged one to four years. The group numbered 40. The control group of 104 children of similar-ages and social class was drawn from nursery schools situated in poor districts. The testing took place in Paris. Using the 'Gesell Test'* they found that the average DQ of the children living with their families was 95, that of the Institution children was as low as 59.

This confirms the work of Durfee and Wolf, and of Spitz and Wolf: the longer the child is in

* Footnote: Gesell Test: The test is arranged to give a general impression of a child's maturity of performance. The items of behaviour are rated plus or minus, according to whether or not they occur, and then the highest age at which plus signs are predominant is determined by inspection and called the developmental age. A developmental quotient or DQ is computed by the same method as the IQ (i.e. $100 \times DA/CA$).

the Institution, the lower becomes the DQ.

Although the numbers in each sub-group are small, totalling between 12 to 30, the consistency of the finding in each of these sub-tests suggests its reliability. The overall DQ drops from about 65 for those who have been in for between two to six months to about 50 for those in for more than a year.

The four studies done in four different countries using as criteria four different tests, are remarkably consistent. In each case the DQ of the control group averages 100 while that of the Institution group is retarded, very, seriously in the cases of Goldfarb and of Rudinesco and Appell. (See Table III)

TABLE III

Comparative DQ's and IQ's of Institution and
Family Children Aged from 1 to 4 Years.

Investigators	Tests	Time spent in Institutions.	<u>DQ's/IQ's</u>	
			Institution Group	Family Group
Gindl et alia	Hetzer-Bühler	At least six months	90	100
Goldfarb	Stanford-Binet	From about four months	68	96
Goldfarb	Merrill-Palmer		79	91
Simonsen	Hetzer-Bühler	From birth	93	102
Rudinesco & Appell	Gesell	At least two months	59	95

Source: Bowlby John., Maternal Care and Mental Health,
Geneva, 1952, W.H.O. p. 19

Further, studies have shown that not all aspects of development are equally affected; the most affected is the 'speech'; and the least the neuromuscular development such as, walking, other locomotor activities, and manual dexterity. According to Burlingham and Freud (56) this 'speech retardation' improves remarkably quickly when children are home on visits. According to them these children gain in speech in one or two weeks, what they would have taken three months to gain in the Institution. Midway in retardation between motor development and speech, comes social responses and what Gesell calls 'Adaptivity'.

Furthermore, positive evidence that the causative factor is 'maternal deprivation' comes from other sources. There is experimental evidence that even if the child remains in the same Institution, extra mothering from a substitute will diminish the ill effects.

Nearly 20 years ago Daniels studied two groups of two year olds living in the same Institution: "One group was given very little tenderness, although adequately cared for in every other respect, while in the other, a nurse was assigned to each child, and there was no lack of tenderness and affection. At the end of half a year the first group was mentally and physically retarded in

comparison with the second." (Reported by Buhler) (57).

A comparable experiment has been done by Rudinesco and Appell, (58) who arranged that each of 11 children, of ages ranging from 19 months to 3 years and 8 months, should have special attention comprising four sessions a week of $\frac{1}{4}$ of an hour each with a special member of the staff (in 10 cases the psychologist and in one case a nurse). Though in some cases therapeutic work was attempted, for most the session consisted of giving the child a chance of regular contact away from the others, with a sympathetic adult. In several cases the results were very satisfactory. For instance, one child whose DQ had fallen to 37 and later (aged 18 months) became untestable, improved to 70 after three months, of this treatment. Another $2\frac{1}{2}$ year old whose DQ had fallen very low and had become untestable, improved to 100 (average) after a year's work.

The dramatic and tragic changes in behaviour and feelings which follows separation of the young child from his mother and the beneficent results of restoring him to her, are in fact available for all to see and it is astounding that so little attention has been given to them.

Bakwin describes the typical separated infant as "listless, quiet, unhappy, unresponsive to a smile." (59)

Spitz and Wolf named it 'anaclitic depression'; "Depression is the hall-mark of these children, activities are retarded and the child sits or lies inert in a dazed stupor. Insomnia is common and lack of appetite universal. Weight is lost and the child becomes prone to infection. The drop in DQ is precipitous." (60)

The illness respected neither sex nor race, boys and girls, white and coloured, all being affected. Spitz and Wolf believe that damage is done by changes even as early as three months. Nevertheless, substitute care even if not adequate is indispensable and should be given.

In the second and third years of life, the emotional response to separation is not only just as severe but substitute mothers are often rejected out of hand. For some weeks and even months the child may show a serious regression to infantile modes of behaviour, he wets his bed, masturbates, gives up talking and insists on being carried so that the less experienced nurse supposes him to be defective.

Naturally, there are many variations of reactions in this age group and not all the child-

ren respond in the way described, but it appears that children who have had the most intimate and happy relationship with their mothers suffer most. Those who have been brought up in an Institution right from infancy and have had no permanent mother figure show no responses of this kind at all, the result of their affective life already having been damaged.

In comparing the early life experiences of children who in adolescence were making satisfactory adjustments with those who were showing maladaptive behaviour patterns, Goldfarb (1947) ⁽⁶¹⁾ found significant differences between two groups of children (he studied) in the age of admission into the Institution and the length of time in the Institutional setting. A significantly larger number of the poorly adjusted children entered the Institution under six months of age and spent a longer period of time under Institutional care.

Similarly, Beres and Obers (1950) ⁽⁶²⁾ found differences in intellectual and personality outcomes which seemed to be related to age of Institutionalization. All of their cases showing mental retardation in adulthood were admitted to the Institution under six months of age; those diagnosed as schizophrenic entered the Institution at a later age.

Special note of warning must be sounded here to Superintendents or people who have to deal with children in the Institution. The warning concerns children who respond apathetically or by a cheerful indiscriminating friendliness, since people ignorant of the principles of mental health are deceived by them. Often these children are quiet, obedient, easy to manage, well mannered, orderly and physically healthy, many of them appear even happy. So long as they remain in the Institution there is no obvious reason for concern, yet when they leave, they go to pieces and it is evident that their adjustment was not based on a real growth of personality. Goldfarb (63) has made a detailed study of this in children of about three years of age.

While there is every reason to believe that all children under three, and a very large proportion between three and five suffer through depression, it also holds good for children aged five or eight years or more. We must also note that some children are by heredity more prone to emotional troubles. For them a separation is far more serious.

Finally mention should be made of two studies by Binning and Fried and Mayer. These are studies of the growth curves of school children as measured by the Wetzell Grid. (64)

Binning who studied 800 Canadian school children, reports that, "the changes in the speed of growth are frequently emotional in origin and may take the form either of an acceleration or a lag." (65)

He found that events in the child's life that caused separation from one or both parents, - death, - divorce and - a mental environment which gave the child a feeling that normal love and affection was lacking, did far more to damage the growth than did disease.

He also reports that, as growth lag increased, there was increasing danger of either psychosomatic symptoms or behaviour difficulties developing.

Fried and Mayer (66) found similar growth disturbances. They studied boys and girls between the ages of about six and thirteen years admitted to an Institution on account of personality disturbances following divorce, death of parents or rejection and concluded that 'socio-emotional disturbances' tends to affect physical growth adversely and that growth failure so caused is much more frequent than is generally recognised.

Binning reports another parallel between physical and mental development. This time between physical growth and intelligence.

He writes: "Similarly, when the Wetzel Grid shows lag in physical growth, mental growth as shown by Stanford-Binet tests also lags. Indeed, when plotting Wetzel Grids on children where two intelligence tests have been done, it is possible to predict with uncanny accuracy from the physical growth record just how much reduction of intelligence has taken place in a given time." (67)

These results are of the greatest interest, opening up new possibilities of research into the interrelation of Psyche and Soma.

(b) 'Retrospective and Follow-up Study.'

The second class of evidence on effects of deprivation is based on the 'retrospective and follow-up study'.

We have so far seen some of the immediately adverse effects of deprivation on young children and some of the short-term after effects. We shall now look at the medical side and studies which investigate the early histories of adolescence or adults, who have developed psychological illnesses.

During the late 1930's at least six independent workers were struck by the frequency with which children who committed numerous delinquencies seem to have no feelings for anyone, and were very difficult to treat, were found to have had disturbed relationships with their families. In

most cases they were moved from foster homes to foster homes, from Institutions to Institutions, persistent stealing, violence, egotism, sexual misdemeanours were among their less pleasant characteristics.

One of the first cases recorded was by Levy, which still stands as typical: "My first example he writes, is an eight year old girl, who was adopted a year and a half before referral. After an illegitimate birth, the child was shifted about from one relative to another, finally brought to a child placing agency and then placed in a foster home for two months, before she came to the referring foster parents. The complaints were lying and stealing. The parents described the child's reaction to the adoption as very casual. When they brought her home and showed her the room she was to have all to herself, and took her on a tour of the house and the grounds, she showed apparently no emotional response. Yet she appeared very vivacious and 'affectionate on the surface'. After a few weeks experience with her, the mother complained to the husband that the child did not seem able to show any affection. The husband told his wife that she was expecting too much, that she should give the child a chance to get adapted to the situation. The mother who was somewhat mollified

by these remarks, still insisted something was wrong. The father said he saw nothing wrong with the child. In a few months, however, he made the same complaint, by this time also it was noted that the child was deceitful and evasive. All methods of correction were of no avail. The school teacher complained of her general inattention and her lack of pride in the way that her things looked. However, she did well in her school subjects, in keeping with her good intelligence. She also made friends with children, though none of these were close friendships. After a contact of a year and a half with the patient, the father said, 'you just can't get to her', and the mother remarked, 'I have no more idea today what is going on in that child's mind than I knew the day she came, you can't get under her skin, she never tells you what she is thinking or what she feels. She chatters but it is all surface'." (68)

Summarizing the typical features, we can say they are as follows:

" Superficial relationships.

No real feeling.

No capacity to care for people or to
make true friends.

An inaccessability.

No emotional response to situations
where it is normal.

A curious lack of concern.

Deceit and evasion, often pointless.

Stealing.

Lack of concentration at school.

The only atypical item in this case is the child's good school work since this more often than not is seriously impaired." (Quoted from Bowlby John, Maternal Care and Mental Health, p. 31 W.H.O. Geneva, 1952.)

Other authors have put their fingers on the child's inability to make a relationship as being the central feature from which all the other disturbances sprang and on the history of Institutionalisation or, as in the case quoted of the child being shifted about from one foster mother to another, as being its cause.

According to Lowrey the common symptoms in most of these cases are:

"Aggressiveness, selfishness, excessive crying, food difficulties, speech defects, enuresis, inadequate personality development, chiefly related to an inability to give or receive affection. In other words inability to relate the self to others."
(69)

The conclusion seems, children reared in Institutions undergo an isolation type of experience with the resulting isolation type of personality.

Bowlby states, having made identical observations in London: "Prolonged breaks in the mother-child relationship during the first three years of life leave a characteristic impression on the child's personality. Clinically, such children appear emotionally withdrawn and isolated. They fail to develop ties with the other children or with adults and consequently have no friendship worth the name. Parents and school teachers complain that nothing you say or do has any effect on the child. If you thrash him he cries a bit, there is no emotional response to being out of favour, such as is normal to the ordinary child. A good number of them are persistent pilferers." (70)

In all these cases, the mother-child relation was broken during the first three years.

Similar studies were done by Bender and Goldfarb (71) who treated these children. According to them the common factor was 'deprivation of maternal care', caused either by their being in Institutions or by being posted like parcels from one mother figure to another. These children became neurotic and showed great behavioural disturbances with a special inclination and tendency to steal.

Bender's conclusions are based on the 5% to 10% of the 5,000 children whom she had under her

care in Bellevue Hospital from 1935 to 1944:

"There is an inability in these children to love or feel guilty. There is no conscience." (72)

Bender reports a follow-up study of ten children referred to, in her 1947 paper, who were seen five years later. This showed that all remained: "infantile, affectless, unhappy and unable to adjust to children in the school room or other group situation." (73)

Bowlby compared a group of 44 thieves with a control group similar in number, age and sex, who although emotionally disturbed did not steal. The thieves were distinguished from the controls in two main ways:

"First, there were among them 14 children whom he described as 'affectionless characters', while there were none in the control group.

Secondly, 17 of the thieves had suffered complete and prolonged separation (six months or more) from their mothers or foster mothers during their first five years of life; only two of the controls had suffered similar separations. He found that the 'affectionless children' were far more delinquent than any of the others." (74)

(See Table IV)

TABLE IV

Incidence of Separation and Affectionless
in a Group of Thieves and a Control
Emotionally Disturbed Children who did

(Bowlby)

	Thieves		
	Affectionless	Others	All
Separation	12	5	17
No Separation	2	25	27
Totals	14	30	44

Note: Both for the affectionless thieves versus the
the thieves versus controls, P is less than .
there is less than one chance in a hundred th
to chance.

Source: Bowlby John, Maternal Care and Ment.
W.H.O. Geneva 1952.

The overwhelming high incidence of separation among the affectionless thieves stands out. What these children lacked was affection in early life. When this is contrasted with the evidence of a bad heredity, there can be no doubt that for the affectionless thief, nurture rather than nature is the pathogenic agent. (See Table V)

After reviewing evidence from the work of Burt (75) Glueck and Glueck (76), Bowlby concludes:

"It appears that there is a very strong case indeed for believing that prolonged separation of a child from his mother or mother substitute during the first five years of life stands foremost among the causes of delinquent character development." (77)

One of the cases presented by Bowlby is one of a boy who was believed to have had a good relation with his mother until the age of 18 months but was then in hospital for nine months during which time visiting by his parents was forbidden. Others of Bowlby's cases suggest that hospitalization and changes of mother figure as late as the fourth year can have very destructive effects.

Both Bender and Bowlby (thus independently) advance the hypothesis that there is a specific connection between prolonged deprivation in the early years and the development of an affectionless

TABLE V

Incidence of Adverse Genetic Factors in a Group
and a Control Group of Emotionally Disturbed
Who Did Not Steal

(Bowlby)

	Thieves	
	Affectionless	Others
Bad Heredity	3	16
Heredity Not Bad	11	14
Totals	14	30

Source: Bowlby John, Maternal Care and C
W.H.O. Geneva 1952.

psychopathic character given to persistent delinquent conduct and extremely difficult to treat.

Among studies of adult patients, which have led their authors to the conclusion that love deprivation is the cause of the psychiatric condition, may be mentioned that of Kemp.

Kemp, who collected information of 530 prostitutes in Copenhagen found: "that one third of them had not been brought up at home but had spent their childhood under troubled and shifting conditions including different Institutions and Foster Homes." (Quoted by Bowlby John, Maternal Care and Mental Health, p. 35 W.H.O. Geneva 1952.)

Further evidence tracing delinquency, promiscuity, neurosis and even psychosis to deprivation, bereavment and broken homes is given in Table VI.

(c) 'Follow-up Studies'

Third class of evidence on effects of deprivation is based on 'follow-up studies'.

Here, the 'follow-up studies' done by Goldfarb (78) are of special value since they take a group of children Institutionalized in infancy and seek and determine how they have developed. The outstanding quality of Goldfarb's work is that it is scientifically well planned, from the beginning to test the hypothesis that the experience of

TABLE VI

Incidence of Broken Homes Among Patients Suffering From
Various Forms of Neurotic Disability

Author	Country	Nature of Disability	No. of Patients	% from Broken Homes before the age of	
				<u>6 yrs</u>	<u>16 yrs</u>
Glueck & Glueck	USA	Juvenile Delinquency	966	19	44
Armstrong	USA	Running Away	660	57	-
Powdermaker et al	USA	Delinquent girls	81	-	40
Ahnsjö	Sweden	Delinquent girls	1663	-	60
Otterström	Sweden	Delinquent boys	1315	-	42
		Delinquent girls	300	-	65
Menut	France	Children with behaviour disorders	839	-	66
Ministry of Health	England & Wales	Maladjusted Children	418	-	45

continued on next page

TABLE VI (continued)

Author	Country	Nature of Disability	No. of Patients	% from Broken Homes before the age of	
				<u>6 yrs</u>	<u>16 yrs</u>
Safler et al	USA	Promiscuous men	255)	-	60
		Promiscuous women	363)	-	
Bundesen et al	USA	Promiscuous men	50	-	56
Madow & Hardy	USA	Neurotic soldiers	211	-	36
Pollock et al	USA	Dementia praecox	175	-	38
Lidz & Lidz	USA	Young schizophrenics	50	-	40
Csillag & Hedri	Hungary	Accident Proneness	100	-	54
Mulock Houwer	Nether- Lands	Treason in Children	275	-	52

Source: Bowlby John, Maternal Care and Mental Health, p. 164, W.H.O. Geneva, 1952.

living in the highly impersonal surroundings of an Institutional Nursery in the first two or three years of life has an adverse affect on personality development.

All together he has done three main studies. In each he has compared the mental development of children, brought up until the age of about three in an Institution and then placed in Foster Homes, with others who had gone straight from their mothers to Foster Homes, in which they had remained. In both samples the children had been handed over by their mothers in infancy, usually within the first nine months of life. The sample most thoroughly studied consisted of 15 pairs of children who, at the time of examination ranged in age from ten to fourteen years. One set of 15 was in the Institution from about six months of age to three and a half years. The others had not had this experience. Conditions in the Institutions conformed to the high standard of physical hygiene, but lacked the elementary essentials of mental hygiene. He writes:

"Babies below the age of nine months were each kept in their own little cubicle to prevent the spread of epidemic infection. Their only contact with adults occurred during these few horrid moments when they were fed, dressed or changed by nurses."

(Goldfarb, W., Journal of Experimental Education, 1943, Volume 12, p. 106)

Later they were members of a group of 15 to 20 under the supervision of one nurse, who had neither the training nor the time to offer them love or attention. As a result they lived in 'almost complete social isolation during that first year of life' and their experience in the succeeding two years was only slightly richer. Goldfarb has gone to great pains to ensure that the foster home of the two groups are similar in respect of all observable criteria and demonstrates further that in respect of the mother's occupational, educational and mental status, the Institution group was slightly superior to the controls. Any difference in the mental states of the two groups of the children are, therefore, virtually certain to be the result of their differing experiences in infancy.

The two groups of children were studied by a great variety of tests and rating scales and all differences were checked for possible influence of chance. A few of the very numerous and striking differences are listed in the Tables VII and VIII.

TABLE VII

Differences Between Children Who Had Spent Their First 3 Years
in an Institution and Controls Who Had Not

(Goldfarb)

Function Tested or Rated	Test or Rating Method	Result Expressed As	Results	
			Institution Group	Control Group
Intelligence	Wechsler	Mean IQ	72.4	95.4
Ability to conceptualize	Weigl	Mean Score	2.4	6.8
	Vigotsky	Mean Score	0.5	4.7
Reading	Standard Tests	Mean Score	5.1	6.8
Arithmetic	Standard Tests	Mean Score	4.7	6.7
Social Maturity	Vineland Scale completed by caseworkers	Mean Social quotient	79.0	98.8

continued on the next page

TABLE VII (continued)

Function Tested or Rated	Test or Rating Method	Results Expressed As	Results	
			Institution Group	Control Group
Ability to keep rules	Frustration experiment	No. of children	3	12
		Guilt on breaking rules)	No. of children	2	11
Capacity for relationships	Caseworkers assessment	No. of children able to make nor- mal relationships	2	15
Speech		No. of children up to average	3	14
Total No. of children			15	15

Note: In the case of all differences shown, P is less than .01

Source: Bowlby John, Maternal Care and Mental Health, p. 37,
W.H.O. Geneva, 1952.

TABLE VIII

Incidence of Problems in Children Who Had Spent Their First
Three Years in an Institution and Controls Who Had Not

(Goldfarb)

Problem	Rated By	Results Expressed	Results	
			Institution Group	Control Group
Unpopular with other children	Caseworker	Number of children showing problem	6	1
Craving affection	"	"	9	2
Fearful	"	"	8	1
Restless, Hyperactive	"	"	9	1
Inability to concentrate	"	"	10	0
Poor school achievements	"	"	15	1
Total number of children			15	15

Note: In all cases but the first, P is less than .01
In the first case, it lies between .05 and .02

Source: Bowlby John, Maternal Care and Mental Health, p. 37,
W.H.O. Geneva, 1952.

Goldfarb discovered, regarding the Institutional child an inability to conceptualize, lack of control over emotional responses. Another point which emerges from Goldfarb's work is the persistence of the speech disabilities noted by so many of the direct observers, such as Lowrey. (79)

Goldfarb's (80) findings regarding the responses to the Rorchach Test given by the two groups are set out in Table IX.

TABLE IX

Differences in Rorchach Responses Between Children
Three Years in an Institution and Controls Who R

Significance of responses	Classification of responses	Results Expressed As
Loose perceptions Poorly seen Arbitrary response	W- F+ O-	Mean percentage scores
Confabulations and poor organisation	Presence of DW Beck's Z Scores below 20	Number of children showing responses
Lack of control over emotional responses	At least one C CF + C - FC	" "
Diminished drive to social conformity	Less than three popular responses Original responses	" Mean % Scores

Note: Total number of children in each g

Source: Bowlby John, Maternal Care and Mental Health
W.H.O. Geneva, 1952.

Goldfarb did his test with two groups of children, each group consisting of 15 children, ranging in age from 10 to 14 years. One group of 15 was in the Institution from about six months of age to three and a half years. The other group had not had this experience.

He found: "that the Institutional children did not differ from the control in the number or location of the responses or in the main determinants, which means that the quantity of output and the attempted methods of organising perceptions were similar. The two groups were also similar in their tendency to see movement, and in their use of shading.

The two groups differed markedly in the quality of their responses. For instance, while attempting similar perceptions, the Institution children's responses were much less accurate and tended to have less relation to the blots. They tended to be poorly organised and often confabulated so that an idea suggested by one part of the blot would be extended arbitrarily to the whole, the resulting perception has little relation to the actual stimulus.

A preponderance of pure colour responses, - that is, responses determined solely by colour without being organised into any form, for instance

blood - demonstrated the poorer emotional control of the Institutional children. Moreover they showed few of the popular responses (that is those given by the majority of subjects) and a greater number of original ones, though the latter were poorly seen. This indicates that they were less in touch with reality and with popular modes of thought, and may also suggest a lack of social conformity" (Quoted from Bowlby John, Maternal Care and Mental Health, p. 166, W.H.O. Geneva, 1952).

Goldfarb also compared the Institutional children with schyzophrenics of the same age. Rorchach responses were remarkably similar in many respects, the most evident differences being the relative absence of anxiety in the Institutional children, and its presence to a profound degree in the schyzophrenics.

Loosli-Usteri (81) already in 1929 compared a group of 21 boys aged 10 to 13 years from an Institution in Geneva (length of time in the Institution unstated) with 63 primary school boys of the same city, who were living with their families. Like Goldfarb she found that many of the Institution children showed poor abstract ability 'their mode of thought is infantile and autistic'. She also found that there was an inverse relation between this feature and the presence of

neurotic symptoms. The Institution children were much more introverted than the controls, lacked emotional response, and tended to be depressed. They also showed a lower number of 'popular' responses. In these respects the results confirm or are concordant with Goldfarb's. However, she did not find a lower emotional control; from this it may be inferred that Loosli-Usteri's sample was heterogeneous in regards to Institutional experience and that, while some of the children had been in the Institution during their early years and had developed along psychopathic lines, others had entered the Institution later and had developed reactions of a more neurotic kind. Her findings are some of the earliest to call attention to the high incidence of psychiatric disturbances among children in the Institution.

Summarizing Goldfarb's findings of Institutionalised children with regard to personality disturbances, the following can be said: "The Institutional children present a history of aggressive, destructible, uncontrolled behaviour. Normal patterns of anxiety and self-inhibition are not developed. Human identifications are limited and relationships are weak and easily broken". (82)

In another article published in 1943 he writes: "the fact that the personality distortions

caused by early deprivation are not overcome by later community and family experience, must be stressed. There is a continuity of essential traits as late as adolescence. If anything, there is a growing inaccessibility to change". (83)

For the benefit of readers, I have added here a table of a cross cultural study regarding causes of children being taken into care away from Home. See Table X.

TABLE X

Causes of Children Being Deprived of Normal Home

Country	Sweden	United States of America		United Kingdom			
	Thysell	New York agency	Malone	Brockington	Dr. Barnardo's Homes	National Children's Homes	Bodman et al
Number of children	73	500	209	1,195	346	500	52
Approximate Date	1946-1947	1949	1942	1945	1937-1940	1940-1941	1946
	%	%	%	%	%	%	%
(a) Natural home group never established:							
Illegitimacy	25	9	16	10	40	27	25
(b) Natural home group not functioning effectively:							
poverty or neglect by parents	40	4	16	60.5	31	(20)	-
maladjustment of child	3	26	16	0.5	-	(5)	-

Continued on the next page

TABLE X (continued)

Country	Sweden		United States of America		United Kingdom			
	Thysell	New York agency	Malone	Brockington	Dr. Barnardo's Homes	National Children's Homes	Bodman et al	
Number of Children	73	500	209	1,195	346	500	52	
Approximate Date	1946-1947	1949	1942	1945	1937-1940	1940-1941	1946	
(c) Natural home group broken up:	%	%	%	%	%	%	%	
Death of one parent	1	5	40	7	59	(56)	25	
Death of both parents		1		1				
Physical illness of parent		6		-				
Mental illness of parent	23	6		9		-	25	
Desertion, separation, Divorce	5	21		10		-	23	

Continued on the next page

TABLE X (continued)

Country	Sweden	United States of America		United Kingdom			
	Thysell	New York agency	Malone	Brockington	Dr. Barnardo's Homes	National Children's Homes	Bodman et al
Number of Children	73	500	209	1,195	346	500	52
Approximate Date	1945-1947	1949	1942	1945	1937-1940	1940-1941	1946
(d) Others and Unknown	% 3	% 22	% 10	% -	% -	% -	% -
	100	100	100	100	0	0	100

Note: ° Figures for these groups cannot be analysed so that the percentages total 100.

Source: Reprinted from Bowlby John, Maternal Care and Mental Health, p.171
W.H.O. Geneva, 1952.

Finally may be noted, the extensive psychological and statistical study undertaken by Piquer Y. Jover and his associates. They report their findings on over 14,000 cases of neglected and delinquent children housed in the environments of Barcelona.

Here again there is confirmation of the decisive and adverse role in character development played by the break-up of the family, and the vital importance of family life after satisfactory social and moral development. Particularly interesting is the confirmation of Goldfarb's findings regarding impaired cognitive development. The IQ's of the delinquent and neglected children are 20 to 40 points below those of a control group. Piquer Y. Jover believes the evidence demonstrates that this considerable reduction is the result of environmental rather than hereditary factors and suspects lack of education is partly to blame for poor performances on tests such as the Stanford-Binet. Impairment of the capacity for abstract thought is also noted - the evidence - in the investigator's opinion, points to 'the existence of a strong correlation between the development of the abstract mental faculties and the family and social life of the child'. He notes specially the following characteristics of the neglected and delinquent

child: "Feeble and difficult attention due to his great instability.

Very slight sense of objective realities.

Overflowing imagination and absolute lack of critical ability.

Incapacity for strict abstraction and logical reasoning.

Noteworthy backwardness in the development of language." (84)

Finally a word of caution must be added here, namely different children have different experiences in Institutions and respond in many different ways. It has to be emphasised that not all children who spent their early years in an Institution develop into affectionless psychopaths and criminals, but the studies and research also make it clear that institutionalisation in early life is usually very injurious to personality growth.

Although some critics say that there are too few systematic studies and statistical comparisons available in which proper control groups have been used, yet when all evidence is fitted together it is seen to be remarkably consistent and taken with the considered opinions of experienced child guidance workers in many different countries, leaves no doubt that the main

proposition, namely "paternal deprivation" particularly maternal, is related to mental health and delinquency.

Reluctance to accept it, is perhaps because to do so would involve far reaching changes in conceptions of human nature and in methods of caring for young children in Institutions.

Nutritional Aspect

There is much literature available on this topic around the world, but less locally. The E.A. standard of June 6, 1974 wrote:

"It is interesting to see that the nettle of lowered intelligence due to malnutrition in infancy has been fairly and publicly grasped by the W.H.O. this year in connection with its year's theme of 'Better Food for a Healthier World!'"⁽⁸⁵⁾

For many years it has been known that final brain development is not complete until about the age of two, the brain being vulnerable to malnutrition, particularly protein malnutrition.

Scientific studies are limited on the interrelationships between malnutrition and intellectual and emotional growth especially with regard to infants, pre-school and school age children, but from different researches and studies done, two things can be said:

- a) Malnutrition reduces rate of growth and development of a child.
- b) Infection and malnutrition are related, in other words, a malnourished child will fall ill easier than a well nourished child.

Research done on this topic in the U.S.A. has the following to say:

"In growing children, growth is the severest test

of nutritional sufficiency."(86) Well known authors on malnutrition write: "when calories are restricted, weight gain is limited and bone growth inhibited. For children on protein poor diet a large variety of bone changes has been reported, the most common 'reduced stature' "(87)

According to Boyne: "There is evidence that amongst the more highly developed nations, there is an increase in mean stature and weight in the last few decades."(88) Hathaway concurs with this statement, he writes: "Children from economically favoured areas are taller and heavier than children from under privileged areas."(89) There is also relationship between malnutrition and behavioural development. It has been found that psychological disturbances are prominent among children who suffer from lack of protein.

Leaving aside the most serious cases of malnutrition; there have been studies done by Kugelmass and Poull (90) on the effects of nutritional improvement on mental performance in normal and mentally retarded children. A total of 182 children aged 2 - 9 years was studied. Among these, 50 children are classified as 'normal malnourished', and 50 as normal 'well nourished.' Each group was matched for age and IQ. After a series of observations lasting 1 and 3 years,

the I.Q. of the 'malnourished group' showed an average increase of 18 points in contrast with the average of 0.9 change for the 'well-nourished group.'

In all the developing countries malnutrition has caused more death among children than any other disease. Its relevance and importance in Institutions for children cannot be emphasized enough.

TYPES OF RESPONDENTS

Amongst the many children interviewed, here are some rather interesting types, which we came across. (For the sake of confidentiality names mentioned here are fictitious, and the names of the Homes where these children live have been omitted.)

There is Elizabeth Nanjubo, born in 1963, now approximately 13 years old.

In 1969 she was brought to a Home by a Prison Officer. Her mother had killed her father for some unknown reason, most likely some family problems. She was put into prison and sentenced for manslaughter. Her prison sentence was 10 years. For good conduct, she was released after 5 years.

She has 3 children, 1 boy and 2 girls, Elizabeth is the youngest, who at the time of the mother's imprisonment, was 6 years old, her sister was 8 years and her brother was 12 years.

As she was the youngest, nobody was, it seems, prepared to look after her, whilst her brother and sister were cared for by some distant relations.

Elizabeth is a pleasant girl and looks a normal child; she likes her studies, her favourite subject is English, and her favourite play is netball. She is not a very good student, but tries her best. She wants to become a nurse. When asked:

'did your mother ever visit you during the last 7 years of being there', she looked down and hesitantly said, 'only 3 times'.

The mother left prison in 1973. From 1973 to 1975, she visited the daughter once. She returned for a second visit, just around Christmas in 1975, nearly a year later. I asked her 'do you know where she lives?', she said 'Oh yes, she lives down at Kahawa'. I asked 'would you like to stay with her?' 'No, not really,' was her answer. 'But why not?' I asked, 'Because the food they have is not very good, the place is dirty...' was her reply. 'Tell me Elizabeth,' I said, 'what is more important, your mother or your food?' 'My mother' she said. Continuing our discussion I said:

'Your older sister is now 16 years nearly. Is she working?' 'Yes, she is teaching', she replied. I asked her then 'Does she ever come to visit you?' 'She came once' she said. I enquired 'Does she bring you any gifts?' 'No, never' was the answer. Continuing I asked 'How about your brother, does he ever come?' 'No, he is still studying, but he never comes to see me' she said. 'Who is your friend?' I asked then: 'it is a girl 17 years old and teaching at the Jacaranda school, and she is the only true friend I have.'

Since 1969 upto this year, this girl has

never known 'family life', none of her friends has ever taken her to any family. She gives the impression: She likes the Institution because she gets food and education, she has no true friend, there, confides really in no one. She does not show any real feeling of love and trust to anyone there. There is an inward psychological build-up in her which could end one day in a neurotic state of her mind.

Another interesting type interviewed, in the same Home was John. He is going to be 13 years old in June this year. Seven years ago a Social Worker from the Kangemi Location brought him with his two brothers to the Home. The main reason was that the mother left the children on their own in a little hut and disappeared. The old grandmother, for some time tried to feed these three children, but being attached to drinking, it pretty soon became obvious that the children would die of starvation. The Social Worker of the place stepped in and they landed at this Institution. They are three quite bright boys; John's favourite subject at school is Maths. Looking at his records, I found that he had scored pretty high, nearly 75% in his last examination in 1975. He was also one of the lucky children, who had a chance to go to Sweden three years ago. The trip didn't make much impression

on him, it seemed.

His main impression of the Home is: 'it is dull and lonely.' He has really no friends there in whom he can confide. There is no one who has ever come to visit him or his 2 brothers. Asked whether he knows Kikuyu, his native language, he said: 'No, just a little.' When I asked him 'what will you become when you grow up?' he said 'I'd like to be a professor of Mathematics.' Well, let's all hope he will make it.

The overall impression of this particular Home has been put in a short sentence by the Superintendent of the Home, when I asked her how she solves the individual problems such as personality and character building, planning for every child's future and so forth, 'well, 'she says, 'you know these children do not confide in anybody really, neither in me nor someone else here, no one really gets to the bottom of these children...'

It reminded me of the child, mentioned in the Theoretical Analysis by Levy, which has become a typical case history.

The unfortunate thing in most of these Institutions is, the people who are in charge take this to be the normal way of growing up, 'there is nothing anybody can do about it,' they keep on saying.

In the most costly Institutions I came across a boy called James; he is approximately 14 years of age. The Institution where he is now is his second one in this town. His father died when he was still young and his mother is mentally ill. He came to the first Institution when he was 6 years old, but never settled down in that Home; from there he was moved to the Institution where I met him.

He appeared to be a happy, lively fellow. His favourite subject in school is Maths. From his progress Report I could see he was doing fairly well. He is at present in Primary 7. Asked what he wants to become, he tells me, he wants to be an Army Officer. Asked why, he says 'well, I got the idea seeing all these lorries passing by here. I also want to have power, if I am an army man, I will have more power, I won't have to do what others tell me to do.' He spoke good English and Swahili but did not know his mother tongue 'Kikuyu' well. He gave the impression of being a self-conscious boy, knowing what he wants in life. His childhood has been very hard. As his mother was mentally ill and had lost his father years back, he was given into custody to an old uncle who mistreated him, until the Social Worker of the area brought him to the Children's Institution

in Nairobi. Since then, nobody has ever visited this child, neither the mother nor the uncle nor any of his relatives. At present he calls the Institution his home, but hopes one day to have his own home, he says. He is one of the few respondents interviewed, who admitted he has friends among the parking boys. Asked whether he likes their ways, he was frank and said: 'not really, but on the other hand I have never seen them doing wrong things, but people say they do.' He is rather doubtful about the staff, whether they really understand him. Asked whether he has got any friends among them, he kept quiet but he admitted that when he does have a problem he does go first to his housemother.

In the same Institution I interviewed a girl. Her name was Sarah. She appeared to be shy, although already 13 years of age. She has been referred to the Home by a Social Worker, who had come across her in a village in Kiambu District. This was 4 years ago. When she was brought to the home, she was wild, I was told, the report also mentions she behaved badly.

Asked if she has any sisters or brothers, she said: she has one sister and one brother, but her parents are both dead. It seems that her sister does occasionally nowadays visit her.

Asked whether she brings her a gift, she answered, no. Her brother never comes. She has never been outside to any other family except this home. She didn't appear to be very happy here. The house-mother tells us that she is still a rather difficult child. 'She doesn't confide in anybody' she said. At school she is rather poor, but she has expressed the wish to become a teacher. Asked what she likes she says animals, little dogs, chickens and strange to say she even likes snakes.. but she has difficulty in liking people and the persons she dislikes most seem to be the staff, she admits that quite openly.

The general impression of this Institution was, they have a great problem with children who come to the Institution when old; furthermore they have problems with the ones who are in Primary 7 and Senior Secondary. They have tried to find relatives or parents, as soon as the child is in Primary 7, but very often this does not prove to be possible. To do too much for a child whilst in the Institution, seems not to be the best thing either; children should be involved in some work such as gardening, cleaning, doing chores and so on. Like in any home a growing child has to learn small jobs such as, cooking, washing, sweeping, cleaning and so on. A good number of

these children in the Institutions never learn this. When they leave, they are unable or unwilling to look after themselves and expect constant help from others.



CHAPTER IV

DATA ANALYSIS (Results)

In the 6 Institutions selected, a total of 89 children were interviewed out of 395. This is approximately 23%; the table below gives a breakdown by place of interview.

(6)

Table 1

Breakdown by Place of Interview

<u>Area</u>	<u>Male</u>	<u>Female</u>	<u>Total No. Child.</u>	<u>Total No. Intervwd.</u>
Barnardo's Home ✓	10	10	20	20
Dagoretti Cld.Home ✓	8	7	15	15
SOS Village ✓	5	5	10	10
Kenya Child Welfare (Mama Ngina Home)	7	9	16	16
^{Kisumu} Edelvale Home	-	8	8	8
Salvation Army-Kabete	16	4	20	20
Total:	46	43	395	89

Percentage: 52% 48%

By mere coincidence the number of boys and girls chosen is practically equal.

From this table we also see that all these Institutions except Edelvale are mixed, they have boys and girls. This has its advantages. Children from mixed Homes find it easier to fit into Society when they leave the Institution. In the past, mixed Homes were discouraged as many feared disciplinary and sexual problems when boys and girls grow up together. But experience has shown that when boys and girls grow up together, the sexual attraction is lost to a certain extent, much like in a family.

1. Physical Premises of the Institution:

From the point of view of Architecture we have 2 types of Residential Institutions in Nairobi, the 'Cottage Type' and the 'Dormitory Type'.

The 'Cottage Type Institutions' are: SOS Children's Village in the Buru Buru Estate and the Edelvale Home.

Such Institutions are built in the form of a village, consisting of several independent houses, all under the directorship of one person, who is called the Director or Administrator. Each house is a separate unit with a house-mother and approximately 8 children. The cottage type system is the one which comes nearest to a normal family. SOS Children's Village and Edelvale are the only ones of

this type in East Africa.

The second type of Institution is the 'Dormitory Type'. These are the well known Institutions where children share the same dormitory, refectory/dining and recreation room, as in Barnardo's Home, Salvation Army/Kabete, Mama Ngina & Dagoretti Children's Centre.

In construction they are all solid buildings but with little style, usually dreary, square or rectangular buildings, with little privacy.

Little is there which reminds one of a 'Home'. They are quite different from the Cottage type homes.

The question arises as to why we do not have more of this Cottage type.

One of the problems is, the putting up of such Cottage Type Homes is very costly.

For instance SOS village has cost the International SOS 2 million shillings.

Further, it is also difficult to run these Homes because of staff problems. A SOS Housemother is like a real mother, once she leaves it is not easy to find immediately a substitute. Frequent change of mothers in a Home has psychological bad effects on the children, as they become very much attached to these mothers; SOS Housemothers are quite different from the Housemothers in a Dormitory type Home, where Housemothers are like servants,

who do their fixed hours of duty every day.

In order to overcome this problem, the SOS administration has allowed Housemothers to keep her own child with her.

Most people consider the Cottage Type as the ideal type for a child. Psychologically speaking, the Cottage system suits the human being better and children develop better in them. The individuality of a child is brought out, because they receive much individual attention; children feel much freer here than in the other Institutions where they all are regimented and ordered around like soldiers in the barracks.

For future planning, architects should attempt to construct villages which resemble the African village hut. The present village at Buru Buru fits in well with the Buru Buru Estate, but why not have an African village hut type Institution especially in the rural areas?

2. REASON FOR ADMISSION:

a) Who brings the children to the Institutions? and

b) Why?

(a) From Table 2 it appears that the majority of the children have been brought to the Homes by relatives, Police, or Social Workers. It is interesting to note that very rarely parents themselves take these children to the Homes, and in only 4 cases have the children themselves come to any of these Homes.

Analysing Table 2, it must be noted that I am referring to children interviewed, who have been admitted to the different Homes as follows:-

Dagoretti Children's Home: The children interviewed were admitted to the Home between May 1966 upto January 1973.

Dr. Barnardo's Home: The children interviewed were admitted between February 1964 upto August 1974.

SOS Village: The children interviewed here were admitted between January 1973 to February 1975.

Edelvale Home: The children interviewed were admitted between April 1966 upto January 1975.

Kenya Child Welfare: The children interviewed here were admitted to this Home between August 1964 to November 1974.

Salvation Army-Kabete: Here the children interviewed

were admitted between March 1959 to May 1972.

See Table 2. p. 112

It is noteworthy that for example at Mama Ngina's Home 60% of the children interviewed were brought in by Police. The same holds good for Salvation Army-Kabete. At Barnardo's Home, Police have referred 40% of the children interviewed. One reason for this is, that these Homes care mainly for abandoned and homeless street children. A good number of them have been accused by Police for petty thefts etc. One has to realise that therefore a good number of these children are in these Homes quite against their will. It takes them years to settle down.

At the Dagoretti Children's Centre 80% of the children are brought in by relatives and occasionally by parents. The reason for this is that these children are all suffering either from polio, malnutrition or deafness.

At SOS Village all children are referred by the Children's Department, after having been brought to their attention by relatives or Social Workers.

The more the Social Workers, parents and relatives can be involved in taking children to these Homes, the better for these children, as there is less danger to be looked upon and treated as a potential criminal by some of the staff.

TABLE 2

The Agents Who Referred The Children To The Institutions

	<u>Relatives</u>	<u>Police</u>	<u>Social Worker</u>	<u>Total Number Interviewed</u>
Dagoretti Children's Centre	12	-	3	15
SOS Village	8	-	2	10
Kenya Child Welfare	2	9	5	16
Dr. Barnardo's Home	3	7	10	20
Salvation Army-Kabete	7	10	3	20
Edelvale Home	5	1	2	8
Total:	37	27	25	89
Percentage:	41%	30%	29%	100%

320
380
60

111

(b) Why are these children admitted to these Homes?

We have all heard of the saying 'a bad home is better than a good Institution' but as mentioned in my introduction, there may be something worse than a bad Home and that is 'no Home'. In Hypothesis 1, the main causes giving rise to the need of these Institutions were outlined. Table 3 confirms only too well these causes.

TABLE 3

(b)

Reasons For Admission

	<u>Illness</u>	<u>Orphans Semi/Orphans</u>	<u>Broken Family</u>	<u>Number Interviewed</u>
Dagoretti Children's Centre	15	-	-	15
SOS Village	-	5	5	10
Kenya Child Welfare	-	10	6	16
Dr. Barnardo's Home	-	17	3	20
Salvation Army-Kabete	-	17	3	20
Edelvale Home	-	8	-	8
Total:	15	57	17	89
Percentage:	15%	65%	20%	100%

From this table (3) we see that 65% of the children interviewed are orphans or semi-orphans; their parents or parent, if alive, are or is unable or unwilling to care for the child. This is especially the case at Mama Ngina, Barnardo's Home and the Salvation Army Home. Many of these cases do not even know the parents. In other words all these children have never known a real family life and psychologically, as we shall see later, this is of grave consequence for the mental health of a child.

The question arises: how come that in Nairobi there are so many orphans and semi-orphans around?

There are several explanations for this. Nairobi attracts many adults who come here for employment, often they bring children along. Many of the adults later abandon these children, who land up in the streets of Nairobi as beggars and parking boys.

Another reason is prostitution. Many prostitutes abandon their children in the streets and slums of Nairobi where they have no one to care for them, until either the police or a Social Worker picks them up and takes them to one or other of the Institutions.

Several other causes such as broken families, divorce, poverty and so on have been enumerated in

in the 'Theoretical Analysis'; on p. 40

The only exception is, at the Dagoretti Children's Centre. By far the majority of the children there are brought in because of a mental or physical illness. Once they are cured they are returned back home; but it often happens that the relatives refuse to accept the child. In such a case the child remains in the Institution.

'Broken Homes' strange to say, account only for a minority (20%) of these children being taken to the Institutions. One reason for this is, that in most cases there is still one parent around who cares for the children.

'Broken Home' is defined as a Home where parents, although alive do not live together.

It is perhaps well to note: the Institution of marriage and the family is at present undergoing a change for the worse in Kenya. This change is affecting the educated or urbanised members of our community more than those who live in the rural areas. The Kenya Government is spending a lot of money on family planning. But what perhaps is really needed is moral/spiritual planning. The Pill and Family Planning alone will not make stable marriages. Prostitution and Broken Homes will therefore, remain to be the main suppliers of these Institutions.

In view of this, there is little doubt that the main causes giving rise to these Institutions are the ones as outlined in the first Hypothesis.

3. PARENTAL BACKGROUND.

Let us first look at:

- (a) The parental background of these children and
- (b) The effects of 'maternal deprivation' on the mental health of a child.

TABLE 4

(a)

Breakdown of Parental Background

	<u>Mother Alive</u>	<u>Father Alive</u>	<u>Father D /Unknow</u>
Dagoretti Children's Centre	14	12	3
SOS Village	6	3	7
Kenya Child Welfare	9	-	16
Dr. Barnardo's Home	12	2	18
Salvation Army-Kabete	8	5	15
Edelvale Home	5	2	6
Total:	54	24	65
Percentage:	60%	27%	73%

From Table 4 it appears that one of the main reasons why the children are in these Institutions is: absence of parents, either one or both. It makes a big difference for a child whether it has ever known a father or a mother at any time in his life. Children, who grow up in these Institutions, and know, somewhere there is a mother or father who however rarely visits them, become more balanced of mind, more self-reliant and mature in life, than children who really don't know to whom they belong.

This survey showed that 73% of the children interviewed have never known a father, a very high proportion. 60% of them have a mother, yet the child was abandoned because the mother disappeared; or because a good number of these children are products of prostitutes of the town. The result of this is that only about 20% of the children remember one parent who occasionally comes to visit the child.

It was hypothesized that "in view of the background of the children admitted into these Institutions and in view of their needs as dictated by the kind of 'deprivation' they suffered from, many are no better off when they leave". (Hypothesis 2). In this context the Hypothesis refers to 'psychological deprivation' namely lack of parental care.

From Table 4, it is clear that the main

reason for these children being admitted to these Institutions is 'deprivation of parental care'. The accumulated evidence in the Theoretical Analysis points clearly to the harmful effects of the marked deprivation of sensory, social and affective stimulation which occurs after placement in an Institution. Bowlby J. has summarized the typical feature of the Institutionalized child thus:

"Superficial relationship;
 No real feeling;
 No capacity to care for people or to make true friends;
 An inaccessability;
 A curious lack of concern;
 Deceit and evasion, often pointless;
 Stealing;
 Lack of concentration in school."

(From: Maternal Care and Mental Health, W.H.O. Geneva, 1952, p.31).

In this study great importance was attached to find out how far this is the case with the children interviewed. Considering the fact that only a 'Follow-up study' would provide conclusive evidence, nevertheless during this survey, some important observations were made.

First it became apparent that only three of the six Institutions interviewed meet to some degree the needs of the children by creating a 'family-like

atmosphere'.

Furthermore, few of these Institutions ever make use of a Child Psychiatrist who could effectively deal with mentally disturbed children.

Last but not least, none of these Institutions send any child for psychological tests in aptitude, intelligence, personality and so forth.

Only at the SOS Village and Edelvale Home are the psychological deprivations effectively met by the unique Cottage type system which is so successful in creating a 'Home-like atmosphere'.

In the light of all this a good number of these children are really no better off psychologically when they leave the Institution, because their psychological needs were not adequately met by the Institution.

These findings I consider of importance in connection with the next point 'Deprivation of Maternal Care and Mental Health'.

(b) Maternal Deprivation & Mental Health

In order to give the reader a picture of what research has done in other parts of the world, this topic has been dealt with extensively in the Theoretical Analysis.

It is of importance to note that the most significant development in child psychiatry,

during the past quarter of this century has been the steady growth of evidence that the quality of the parental care which a child receives in his earliest years is of vital importance for his future mental health. It is unanimously believed by Bowlby J. in his well known book *Maternal Care and Mental Health*, that, what is essential for mental health is, "that the infant and young child should experience a warm, intimate, and continuous relationship with his mother. Given this relationship, the emotions of anxieties and guilt, which characterise mental ill-health, will develop in a moderate and organised way". (91)

From all this, two things are apparent.

- (a) 'Institutionalisation' in early life is usually very injurious to personality growth, and
- (b) The more complete the deprivation in the early years, the more isolated and anti-social the child becomes, for example stealing for a child is often only an attempt to secure love and gratification or an attempt to reinstate the love relationship which it has lost.

In Hypothesis 3, it was hypothesized: "One of the main reasons why a number of these children start a criminal career is - maternal deprivation".

From interviews with Superintendents and staff, it became apparent that several of the chil-

dren who have left Mama Ngina Home, Dr. Barnardo's Home, Salvation Army Home, have become criminals; others have shown to have problems of a serious neurotic nature. It has been medically proved that such behaviour often can be traced back to lack of paternal care, particularly maternal love in the early years of their life. According to Bender the factor of 'deprivation of maternal care' causes children to become neurotic, showing behavioural disturbances with special inclinations to steal. See Theoretical Analysis, p. 71

Here is a case which happened rather recently, in one of the Institutions interviewed. George X had spent ten years in this Institution, he was only three years old when he was brought to the Institution. At the age of twelve he started to steal small items from his room-mates. He was given warnings and even corporal punishment. A year later he was caught stealing money and clothes. The Superintendent of the Home handed him over to the Police and he was put into an Approved School. Three months later he had escaped and was seen by his class-mates in town with some parking boys. Since then he has twice been stealing clothes from the Institution, but got away, partly because some of the boys there sympathised with him. Up to this day only some children of the Institution know his whereabouts.

Several other cases of this nature have happened in other Institutions in Nairobi.

Analysing the life of George X one does not feel but sorry. He had lost his mother when he was one year old. His father handed him over to some relatives, who mistreated him, until a Case Worker brought him to the Institution. His initial stealing, probably was nothing else except a clumsy attempt to secure some love and attention. Instead of sending him to a Psychiatrist he was unfortunately handed over to people who did not understand his psychological problem.

Such evidence would confirm Hypothesis 3: that one of the main reasons why a number of these children are inclined to start a criminal career is paternal, particularly maternal deprivation.

Unfortunately, few of the Superintendents of Institutions realise this. They do not realise that planning for the child's future, identity building and problem solving is often neglected or left to unqualified and inexperienced staff. It cannot be stressed enough therefore, that Institutions should make far more use of child Psychiatrists in getting advice. Children in an Institution should be examined by a Psychiatrist, this should include babies as well as older children. There has to be a complete re-orientation on the

Mental Health in Institutions.

4. THE AGE & TRIBAL DISTRIBUTION OF RESPONDENTS

The average age in the Home is 12 years.

Some Homes have children from the age of 1 week to 16 years. It does make a difference whether a Home has children of different ages. Children who come from an Institution where the ages vary from 0-16 years show a remarkable balance of mind, they are more mature and grown up; when they leave they fit into society easier and have less problems in being socialised.

In the Cottage Type System children of different ages are mixed, which is advantageous.

TABLE 5

Tribal Distribution of Respondents

	<u>Kiku- yu.</u>	<u>Kam- ba.</u>	<u>Luo</u>	<u>Ki- sii.</u>	<u>Meru Embu</u>	<u>Lu- hya.</u>	<u>Tai- ta.</u>	<u>Nan- di.</u>	<u>Masai</u>	<u>Non Kenyans</u>	<u>Total Interwvd.</u>
Dagoretti Children's C.	13	1	-	-	-	-	-	-	-	1	15
SOS Village	6	2	-	-	-	-	-	-	2	-	10
Barnardo's Home	13	2	1	1	1	1	1	-	-	-	20
Salvation Army-Kabete	14	2	1	-	1	1	-	-	-	1	20
Edelvale Home	4	-	-	1	2	-	-	-	-	1	8
Kenya Child Welfare	8	3	1	1	-	1	-	1	-	1	16
Total:	58	10	3	3	4	3	1	1	2	4	89
Percentage:	67%	12%	3%	3%	4%	3%	1%	1%	2%	4%	100%

The reasons why there are so many Kikuyus in these Homes must be attributed to the fact that most of the hinterland of Nairobi is Kikuyu country. Furthermore, the Kikuyu tribe is by far the largest in Kenya. In Nairobi itself they outnumber any other tribe; living nearby they come to Nairobi in search of employment, training, business and trade, often they take or are being followed by their children, who later are often left abandoned.

Table 6 gives a breakdown of the children interviewed according to where they were born.

TABLE 6

Place of Birth of Respondents

	<u>Central Prov.</u>	<u>Coast Prov.</u>	<u>West Prov.</u>	<u>Rift Valley Prov.</u>	<u>Non-Kenyan</u>
Dagoretti Children's Centre	15	-	-	-	-
S.O.S.	5	-	4	1	
Kenya Child Welfare	14		1	1	
Dr. Barnardo's Home	18	-	-	-	2
Salvation Army-Kabete	16	-	2	1	1
Edelvale Home	6	1	1	-	-
Total:	74	1	8	3	3
Percentage:	74%	1%	8%	3%	3%

For the sake of accuracy it was thought useful and relevant to collect and analyse the background information on all the children in these 6 Institutions.

The information was collected from their case histories.

Tables: 7, 8, 9 and 10 contain only the most relevant data .

TABLE 7

The Agents Who Referred The Children To The Institutions

	<u>Relatives</u>	<u>Police</u>	<u>Social Workers</u>	<u>Total</u>
Kenya Child Welfare	2	15	18	35
SOS Village	10	-	40	50
Dagoretti Children's Centre	3	2	125	130
Dr. Barnardo's Home	18	10	42	70
Salvation Army-Kabete	15	40	15	70
Edelvale Home	12	3	25	40
Total:	60	70	265	395
Percentage:	15%	18%	67%	100%

TABLE 8

Reasons for Admission

	<u>Illness</u>	<u>Orphans</u>	<u>Semi-Orphans</u>	<u>Broken Families /Abandonment</u>	<u>Total</u>
Kenya Child Welfare	2	5	20	8	35
SOS Village	-	20	10	20	50
Dr. Barnardo's Home	4	20	30	16	70
Salvation Army-Kabete	-	25	30	15	70
Edelvale Home	-	12	15	13	40
Dagoretti Children's C.	126	4	-	-	130
Total:	132	86	105	72	395
Percentage:	33%	22%	27%	18%	100%

TABLE 9

Breakdown of Parental Background

	<u>Mother Alive</u>	<u>Father Alive</u>	<u>Father - Unknown/Dead</u>		<u>Mother - Unknown/Dead</u>		<u>Total</u>
Kenya Child Welfare	17	8	17	10	7	11	35
SOS Village	20	10	10	30	10	20	50
Dagoretti Children's C.	113	90	29	11	-	17	130
Dr. Barnardo's Home	33	14	36	20	1	36	70
Salvation Army-Kabete	35	10	10	50	10	25	70
Edelvale Home	20	7	8	25	8	12	40
Total:	238	139	110	146	36	121	395
Percentage:	60%	55%	28%	37%	9%	31%	100%

TABLE 10

Tribal Breakdown

	<u>Kikuyu</u>	<u>Kamba</u>	<u>Luo</u>	<u>Kisii</u>	<u>Embu</u>	<u>Luhya</u>	<u>Taita</u>	<u>Other</u>	<u>Total</u>
Kenya Child Welfare	24	4	1	-	2	1	-	3	35
SOS Village	30	5	-	-	5	3	2	5	50
Dagoretti Children's C.	114	10	1	2	1	2	-	-	130
Dr. Barnardo's Home	52	5	2	1	1	3	-	6	70
Salvation Army-Kabete	61	2	1	2	-	3	-	1	70
Edelvale Home	28	5	-	-	1	2	-	4	40
Total:	309	31	5	5	10	14	2	19	395
Percentage:	78%	10%	1%	1%	2%	3%	½%	4½%	100%

5.

RELIGIOUS AFFILIATIONTABLE 11Religious Affiliation of Respondents

	<u>Protestants</u>	<u>Catholics</u>	<u>Moslems</u>	<u>Other</u>	<u>Total Interviewed</u>
Dagoretti Children's C.	10	3	-	2	15
SOS Village	5	4	-	1	10
Dr. Barnardo's Home	17	3	-	-	20
Salvation Army-Kabete	19	1	-	-	20
Edelvale Home	2	6	-	-	8
Kenya Child Welfare	9	6	1	-	16
Total:	62	23	1	3	89
Percentage:	70%	26%	1%	3%	100%

There are 3 main religions in Kenya, the Protestant religion which comprises several different sects; the Catholics and the Moslems. Geographically one could say perhaps the Coastal and Northern Frontier areas are predominantly Moslem. For the rest one finds Catholics and Protestants everywhere. The main point is that there is complete freedom with regard to religion for everybody guaranteed by the Kenya Government.

I found that the religious teaching and spiritual guidance given to the children is satisfactory in all the Institutions. One did notice that at the Salvation Army, Bernardo's Home and Edelvale, more stress is put than in other Institutions on children to attend Sunday Service and Bible Classes. One Home goes even as far as to punish the child by reducing its weekly allowance, if it does not attend the religious services.

No doubt, the spiritual guidance and teaching is very necessary for any child for good adjustment later in life, but duress should not be used as it will only make children hate 'religion'.

6. Problems in the Institution.

It was hypothesized that 'many problems in the Institutions are caused by poor interaction between staff and children'. (Hypothesis 4).

The problems in an Institution according to their nature can be twofold: they are either of a theoretical or practical nature. Let us first look at the theoretical problems:

The theoretical problems are related to personality development, in other words, to the proper development of the ego and Super-ego of our psyche. The psychic machinery, which we develop within ourselves to harmonise our different and often conflicting needs and to seek their satisfaction in a world realistically apprehended is our 'ego'; because one of our foremost needs is to remain on friendly and co-operative terms with others, we must keep their requirements firmly in the front of our minds; this is so important for us that we differentiate within our ego, machinery specially designed for the purpose - our conscience or 'Super-ego'. It is evident that both the ego and Super-ego are absolutely dependent for their functioning on our ability to maintain the abstract attitude, but during infancy and early childhood these functions are either not operating at all or are doing so most imperfectly. During this phase of life

therefore, the child is dependent on his mother, performing them for him. Gradually the child learns for himself, and as he does so, the skilled parent transfers the role to him.

Ego and Super-ego development are thus inextricably bound up with the child's primary human relationships; only when these are continuous and satisfactory, can his ego and Super-ego develop. Like on the physical side, if growth is to proceed smoothly, the tissues must be exposed to the influence of the appropriate organiser at certain critical periods. In the same way, if mental development is to proceed smoothly, it would appear to be necessary for the undifferentiated psyche to be exposed during certain critical periods to the influence of the psychic organiser namely - the mother.

Now it is these vital growth processes which are impaired by the experience of deprivation as it happens in an Institution, thus giving rise to different developmental personality problems. Clinically it is observed that the egos and Super-egos of severely deprived children are not developed. Their behaviour is repulsive and uncontrolled and they are the victims of the momentary whim. Their capacity for inhibition is absent or impaired and without this, a limited, precise, and conse-

quently efficient mode of response cannot develop. They are ineffective personalities, unable to learn from experience and unable to learn the processes of abstractions and of the organisation of behaviour in time and space, because in an Institutional setting there is often little opportunity for a child to have learned the processes of abstraction and mental organisation to exercise them; whilst in the family the young child is within limits encouraged to express himself socially and in play. In the Institution this causes problems within himself and with others, staff and mates. The staff often does not understand these underlying theoretical causes.

Amongst the practical problems in an Institution we have tribal, emotional, language and disciplinary problems. Most of them arise, because the Institution is unable to meet the different needs of a growing child. The Institution is not simply an environment lacking in a mother figure or father figure; Institutional environments tend to be deviant in many respects such as, in the amount, the quality, and the variety of sensory and social stimulation, and in the kinds of learning conditions provided. The low caretaker-infant ratio is associated with significant deprivation in the sheer amount of maternal care. This

quantitative deprivation of maternal care, in turn, is associated with inadequate, kinesthetic, tactile social and affective stimulation. The affective blandness characterising many Institutional environments means that the children are exposed to little strong positive or negative emotional expression. Often the environment is lacking in appropriate equipment, and the conditions for learning or practising new skills are limited. The changing caretakers and the rigid routinization of care result in deviant learning conditions. The caretakers actions tend to be based on predetermined schedules and set techniques rather than being responsive to the child's behaviour. Thus the child's behaviour, for example, smiling or cooing may frequently be ignored rather than rewarded. With multiple caretakers there is often little opportunity for them to become sensitized to individual children, with the result that their handling is rarely adapted to the child's unique sensitivities and characteristics. (See David & Appell 1962. *Psychiatric Infant*, 1962, 4(2).⁽⁹²⁾)

The lack of parental care, especially maternal care, only add to the fact that a number of Institutionalised children develop severe personality or behaviour disorders. For example the child of 18 months or 2 years in a normal family has

already become a character. He enjoys certain things and dislikes others and the family has learnt to respect his wishes. He has further learned how to get along with his parents and brothers and sisters and knows what they want. The same occurs in play, where he creates and re-creates new worlds for himself.

In the Institutional setting much of this is lost. The child is not encouraged to engage in individual activities because it is a nuisance. It is easier if he stays put and does what he is told. Toys are often lacking, the children sit inert, rock themselves for hours, above all the brief intimate games which mother and baby invent to amuse themselves, as an accompaniment to getting up and washing, dressing, feeding and so on are all missing. In these conditions, the child has no opportunity of learning and practising functions, which are as basic to living as walking and talking.

In all the Institutions interviewed with the exception of SOS Village, this is the typical Institutional setting one comes across here in Nairobi. The staff forgets that every new child arriving at the Institution is like a stranger, it takes some times six months to one year until it is socialised in the surroundings and settles down. Most children are emotionally and psychologically

disturbed when they arrive at the Home, often refuse food or cannot sleep or show other signs of fear and anxiety, this is especially the case when brought in by police.

Furthermore, a good number of problems especially with older children arise from the fact that the Staff is unaware that such a child has already had the opportunity to make relationships with his own mother and does not find it easy to change loyalties: thus many of the problems which arise when moving an older child to an Institution are caused by the failure to recognise these attachments a child has for its parents, even if they are exceedingly bad and have given him little affection. Such a child, unless it is explained to him slowly, remains anchored in an unsatisfactory past trying to find his mother or father and refusing to adapt to the new situation and make the best of it. This results in a dissatisfied character unable either to make himself or anyone else happy. It is thus a mistake to assume that the moving of a child from his home will lead him to forget it.

Studies have confirmed that children are not slates from which the past can be rubbed by duster or a sponge, but human beings, who carry their previous experience with them and whose behaviour in the present is profoundly affected by what has been

going on before.

In five of the Homes interviewed, the Staff when asked, whether they would like their own children to be in the Home, answered in the negative.

In the light of all this there is much truth in what is stated in Hypothesis Four: 'many problems do arise as a result of the fact that interaction between Staff and children is often poor and inadequate'.

There are exceptions of Institutionalised children who have settled fairly well to an Institutional life. Studies done by Skeels and Dice attest to the possibility of preventing intellectual and personality disturbances in the Institutionalised children by providing specialised care and stimulation. Intensified individual care certainly is one of the best means to improve on this situation as well as the duration in the Institution should be reduced as far as possible. The longer a child is in an Institution, the more likely he will suffer psychologically. Such a child either does everything the staff tell him or he is in constant conflict with the staff, which makes life impossible for him as well as the staff, thus causing innumerable problems.

The most important thing therefore in this socialization process is that the child is given

adequate care following the separation from his parents, severe adverse effects will thus be avoided. Therefore the substitute mother figure or father figure is certainly a great help to the child to adapt himself; it is also an adequate stimulation in preventing extreme personality and intellectual deterioration.

'Language' is another problem. The majority of the children in these Institutions are Kikuyus. For them there is no problem as they all learn their mother tongue. But a good number of the others never learn their mother tongue unless they knew it when they arrived at the Institution. Normally, all children learn Swahili, the language of the country.

In order to overcome the language problem, several Institutions have now made it a law to speak Swahili only, in the Home. The language problem is noticed when the child goes to his parents or relatives, if it has any, for a visit. If it does not speak their language, it never learns the tribal ways and customs, so important in his later life as an adult.

In conclusion we can say: Psychological studies have demonstrated the importance of the child's experience during the first months at the Institution in shaping his future, physical, mental

and social development. The young child's responses to his environment are naturally much affected by the social and cultural life of the group with whom he lives. Love, understanding and sympathy are as important to the child as is food. The importance of qualified and dedicated staff cannot be overemphasised.

Social Workers and Housemothers play an important role in this field. Every Institution should have therefore, a fully qualified Social Worker, whose main duty is to try to understand a child's problem, win his confidence and trust and assist him to set his mind at peace.

7. Disciplinary Aspect.

Several Homes, like Barnardo's, Salvation Army, Mama Ngina, have a system of punishment and reward.

'Punishment' may consist in either corporal punishment or in a kind of a 'fine' such as doing a menial job; two Homes amongst those interviewed are still using the corporal punishment by beating children, others lock children up or make them clean the toilets for a week or work in the garden or kitchen.

The punitive system in an Institution must be carefully watched.

Corporal punishment should be banished from all Institutions, and if given, it should be only by the Superintendent. Definite regulations on corporal punishment in Institutions have been laid down in the Children's and Young Persons Act, (see Law of Kenya, Government Printers). (93)

Only one Home has a 'reward' system. This Home gives every child some pocket money every week. If the child misbehaves, the pocket money is reduced or cut. This again has got its good and its bad sides. The important aspect here is how the person who is in charge handles it. Unless he is a conscientious person, who is trusted by all of them, the system, be it punishment or reward has

got its ill effects.

As a whole Housemothers rarely give corporal punishment, whilst Housefathers are known to resort quicker to it.

Last, but not least, is the reaction of children to corporal punishment. As a whole all children resent all corporal punishment mainly because they realise the people who give it are not their real parents. They openly admit they would not mind so much to get it from their own father or mother. To them staff is not a substitute for parents, the only place where staff is looked upon more or less like a parent is at the SOS village. Most staff when asked: 'Would you like your child to be here', answered in the negative; except at the SOS village where the staff admitted openly they would not mind. Actually all do have their own two children in the Home.

8. Nutritional Aspect.

From the answers to the questionnaire on food, as well as to the expenditure on food in each Home, and from personal observation made, one can summarizingly say the following:

a) All Children's Institutions

interviewed give 3 meals.

b) The majority of Institutions

interviewed are more out to fill

the stomach of the children with

starchy food than with protein rich

and diversified food; in other words

a good number of Institutions lack

'a well balanced diet.' Most

Institutions have a menu written

out, which shows adequate diet

but often they don't follow the menu.

Talking from the economic point of view, Barnardo's Home has the highest expenditure on food, higher than any other Institution, and the food is relatively good. Most Institutions spend rather a low amount of their budget on food and often the quality of food is also low. Outstanding is the SOS village, where the budget for food is comparatively low yet they have a good balanced diet. Most Homes spend only 10% - 15% of their total budget on food, which is low. Few studies

and surveys have so far been done on the 'food aspect' in Children's Institutions in Kenya. Even in other countries there is little literature available on this topic.

As mentioned in the Theoretical Analysis there is much evidence of the inter-relationship between malnutrition and intellectual-emotional growth in infants, pre-school and school age children.

In the Institutions interviewed one did not come across any serious case of malnutrition but more often mild forms, due to a badly balanced diet.

It was earlier stated in the Theoretical Analysis that mild forms of malnutrition are also very harmful to a growing child.

In order to check growth of children in an Institution, regular weighing and measuring of height should be done. This is the most accurate and reliable technique used to ensure health and growth rate in children.

In assessing nutrition from growth curves, individual measurements are first evaluated in relation to the height - age curve as satisfactory or unsatisfactory with respect to whether a child is maintaining his established build and making normal progress.

Institutions should consult nutritionists who would supply them with Food Analysis Tables and Menues as well as expert advise on how to implement the data.

9. EDUCATION

Carr-Saunders and Jones finding (1927 show: "that normal institutionalised children show an increase in IQ early in institutionalization and then a decrease in IQ with longer institutionalization." (Quoted from Hoffmann M., Review of Child Development Research).⁽⁹⁴⁾

Judging from the school report of some of the interviewed children, similar findings confirmed this; for example at Salvation Army 3 boys and 3 girls who had been there for the last 6 years have all had poor school reports. Similar observations have been made at Dr. Barnardo's Home, where 2 girls and 3 boys who have been there for the last 8 years have shown low marks at school compared to their classmates, who have spent less time in the Home.

Obviously, one has to be very careful, as there may be many factors responsible for such

poor performance at school, but it should be kept in mind especially since research by others found similar results.

Below is a table showing level of education of the children interviewed in the different Institutions.

TABLE 12

Level of Education

	<u>St.1</u>	<u>St.2</u>	<u>St.3</u>	<u>St.4</u>	<u>St.5</u>	<u>St.6</u>	<u>St.7</u>
Dagoretti Chld.Home	1	2	5		2	4	1
SOS Village		4	2	1	3		
Kenya Child Welfare		1	3	2	5	4	1
Dr. Barnardo's Home	1	3	4	1	3	3	5
Salvation Army-Kabete	1			2	3	8	6
Edelvale		1		1	1	3	2
Total:	3	11	14	7	17	22	15

The most unfortunate thing in educating these children is that too little attention is paid by the Institutions to make the child self-reliant.

It was hypothesized: 'when these children leave these Institutions, they are often unable to support themselves and face society, because the Follow up system of most Institutions is non-existent or ineffective in training them to be self-reliant.' - Hypoth.5

The survey showed of all the Institutions interviewed none gives any Vocational Training. Only one Institution has recently tried to place children, who cannot go to Senior Secondary, in a training for a trade, but the results have not been good, mainly because they have not been socialised to society. The security and comfort of the Institution has often been to their disadvantage; when these children leave the protecting walls of the Institution, they find difficulties in adjusting themselves, and land up on the streets.

Even well administered Institutions like Barnardo's Home have had high incidence of failures among school leavers, of not being able to adjust themselves to the realities of life. Partly, this is also due to lack of 'maternal care' in their early ages.

Among the young delinquents in Nairobi, there are a good number who have been at one time or another in one of the Institutions.

For example, Salvation Army Home - Kabete - : approximately 2 years ago had sent away a rather difficult boy who had spent 10 years in that Home; the next they heard was, he had joined the parking boys. For stealing and other crimes, the Probation Department recommended him to be put into a Remand Home; two months later he escaped. Up to now he is still at large.

Practically every Home has had its failures.

In another institution, two years ago, three boys had to be returned to their relatives after Primary seven, as the Institution did not know what to do with them. Three months later they were arrested in Nairobi for stealing and taken to an approved school for six months.

From interviews with staff it was apparent that according to them the lesser evil is, to get rid of any uncontrollable youngster or send him to his relatives than to assist him to grow up with his problems like any child has to in any normal family.

10. Finance & Fund Raising.

The average cost of keeping a child in a Residential Institution in Nairobi is approximately Shs. 2500/- to 3000/- per year. This includes food, lodging, clothing and education.

With the rising costs and inflation, this figure is rather low.

Attached is Table 13. It gives a breakdown of expenses in the different Homes.

Looking at the table, what is interesting is: that we have a great variety between the different Institutions on the total expenditure per child per year. Some spend nearly 80% more than others in their budget.

It was hypothesized "that the overall high cost of operation of an Institution does not necessarily mean that the children are well cared for and happy" (Hypothesis 6).

Just looking at one item of expenditure e.g. food, we see some Homes spend nearly 30% more than others. Taking into account the overall yearly expenditure of some Homes, these differences are striking. Although some of these Homes have a high cost expenditure, they are by no means the ones who have the highest Child Care standard, or where the children are happiest. For example, Dr. Barnardo's Home spends over 6000/- per year per

TABLE 13

Home	No. of Child.	Amt. Spent on clothing per child per annum.	Amount Spent on food per child per year	Source of Income	Total Cost per year	Staff/Child Ratio	Cost per Child for Education per year.	Overall Progrm. Quality
Salvation Army-Kabete	70	292/-	525/- (20%)	Govt. 5% Dont. 70% CCF. 25%	2623/- p.a. 210/- p.m.	1:7	213/-	Acceptable
Barnardo's Home	70	375/-	800/- (13%)	Sp. 50% CCF. 5% Barnardo's (U.K.) 45%	6200/- p.a. 510/- p.m.	1:2	300/-	Good
Dagorreti C.Home	130	138/-	317/- (13%)	Private Dont. 48% CCF. 17% Local Govt. 23%	2307/- p.a. 190/- p.m.	1:7	33/-	Acceptable
Kenya Child Welfare	35	180/-	1090/- (23%)	Govt. 15% CCF 48% Sp. 37%	4606/- p.a. 383/- p.m.	1:4	50/-	Acceptable

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TABLE 13 (Contd)

<u>Home</u>	<u>No. of Child.</u>	<u>Amt. Spent on clothing per child per annum.</u>	<u>Amount Spent on food per child per year</u>	<u>Source of Income</u>	<u>Total Cost per year</u>	<u>Staff/Child Ratio</u>	<u>Cost per Child for Education per year</u>	<u>Overall Progrm. Quality</u>
SOS Children's Village	50	200/-	400/-	Sp. 100%	2400/- p.a. 200/- p.m.	1:8	-	High
Edelvale Home	40	300/-	400/-	Govt. 15% Sp. 85%	2400/- p.a. 200/- p.m.	1:14	200/-	High

Abbreviations: Govt. = Government
 CCF. = Christian Children's Fund Inc.
 Dont. = Donations
 Sp. = Sponsors (private)
 P.A. = Per Annum
 P.M. = Per Month

child, nearly 3 times as much as other Homes. Although the Child Care standards are high, they do not warrant such a high Expenditure as compared to other Homes. One will find children who are just as happy and well cared for at SOS Village or Edelvale although their Expenditures are considerably lower than at Dr. Barnardo's Home.

On Fund Raising little can be said: The Government contributions are as a whole rather minimal. All these Institutions still depend highly on overseas fund raising, without which most could not exist. Efforts are made to raise local funds, but the results have not been very exciting.

I feel a lot remains to be done in this field, sooner or later these Institutions should and could be supported at least to 60% from local sources.

Administratively, the finances are well maintained; the finances of all the 6 Institutions are audited by some wellknown chartered accountants. This is a great credit to them.

11. STAFF AND TRAINING.

The present staff/child ratio in the different Homes is average, but in general acceptable. (See Table 13). What is lacking is qualified staff. A number of Homes have one Social Worker and one qualified Nurse, but not all. The rest of the staff is just being trained on the job, some have attended short Child Care courses. It is difficult to get higher qualified Child Care staff as there is no local training facility provided for 'Child Care Nurses'. A number of Day Care Nurses have been trained locally, but no Child Care Nurses. Social Workers are being trained at the K.I.A.

As mentioned previously, the lack of a trained staff has its drawbacks especially in understanding the psychological aspect of these children who have all, more or less, lived under psychological strains and pressures. It is fair to state, the staff do their duty with regard to food, cleanliness, clothing, etc. in short the material-physical aspect, but few are able to make these Institutions a 'HOME', give them the family like atmosphere so necessary for a child.

Here again SOS Children's Village and Edelvale Home stand out with their unique system, the others have to learn from them.

CHAPTER VRECOMMENDATIONS/CONCLUSIONS

Many things have changed for the better since the first children's institutions were founded. In the middle ages right up to the 19th Century, one of the most serious problems in the Institutions was the high mortality rate. It has been reported that in one home in Ireland between 1775 to 1800, out of 10,400 children only 45 survived.⁽⁹⁵⁾ Similar figures were given of a home in Germany where the mortality rate percent-wise was as bad as the one mentioned.

During the last 50 years investigators all over the world have reported that among children reared in an Institutional setting the incidence of psychological disturbance has become the most alarming problem.

Two factors are generally deemed responsible for the observed psychological abnormalities: Lack of stimulation, and absence of the mother.

The following recommendations are related to the requirements for any Residential Institution

1. A Residential Institution should be properly licensed according to the laws of the country. It should meet all health, fire and safety requirements.

2. The Institution should have legal custody of all children either by voluntary agreement of the paren-

ts or guardian or by judicial action.

3. Every Institution should have a governing board composed of members from the community it serves.

The function of the board should be:

- a) Selection of a qualified Director or Superintendent, to whom administrative responsibility is dedicated.
- b) Assumption of responsibilities with the Director or Superintendent for formulating plans and policies of the Institution.
- c) Periodic review of the Institution's Services to determine if it is meeting present needs.
- d) Interpretation of the Institution's Services to the community.
- e) Securing adequate funds for the maintenance of the programme.
- f) Responsibility for the financial records and audit of the Institution.

4. PREMISES/BUILDINGS

The cottage type is the nearest to a real home-like atmosphere, all Residential Institutions are encouraged to use this method of child-care. Before putting up new Children's Homes, architects should be consulted how best the cottage type could be erected. Here I would suggest to architects to explore the possibility of the single house unit built in the style of the African hut. I feel this

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would be more suitable especially in rural areas. Such type of houses would fit well into the surroundings, at the same time they would have good psychological and social effects on the child, as it would give it something nearest to his own home where it came from. In rural areas such cottage type buildings would be even more economical than the dormitory type.

However, if dormitory type buildings are put up, the following are minimum space requirements in any institution.

DINING AREA.

The dining area should be separated from the living and sleeping areas. The tables should be placed so that small groups of children may be seated at them. It should be cheerfully decorated or painted, well-lighted and protected from insects.

BEDROOMS.

Bedrooms ideally should be separate units containing no more than six children per room.

However, if a dormitory style is used:

- (i) Each bed or group of beds (not to exceed six) should be partitioned by a curtain, half wall, or screen to give the children privacy.
- (ii) Each child should have a space for a cabinet or locker, where he can keep his clothing and his little 'treasures'.

(iii) A child should be allowed to decorate his room 'in any way he wishes'.

(iv) The beds should be at least three feet apart. The sleeping area should allow 35 sqft. per child.

BATHROOM.

There should be at least one toilet for every eight children and one shower and washbasin for every five children.

Separate facilities should be for boys and girls and each area must ensure privacy.

PLAY AREAS.

There should be a well equipped indoor play area for games, crafts, music, reading and so on.

The outdoor play area should be equipped with suitable equipment for the different ages of children.

5. ADMISSION/DISCHARGE.

An Institution, no matter what advantages it may offer, can never be an adequate substitute for a home or family. Therefore, whenever possible children should be maintained in their own homes. It is very difficult to provide a mother's love outside the family and it must never be forgotten that even the bad parent who neglects the child is none the less providing much for him. Except in the worst cases, she is giving him food and shelter, comforting him in distress, teaching him simple

skills and above all is providing him with that continuity of human care on which his sense of security rests. He may be ill-fed and ill-sheltered, he may be very dirty and suffering from disease, he may be ill-treated, but, unless his parents have wholly rejected him, he is secure in the knowledge that there is 'someone' to whom he is of value, and who will strive to provide for him, even though inadequately, until such time, as he can fend for himself.

It is because of this reason that children thrive better in bad homes than in good institutions, and that children with bad parents are apparently unreasonably so attached to them. Therefore whenever possible children should be maintained in their own homes.

Orphans should be placed as early as possible in adopted homes.

Siblings should not be separated.

Institutions should be mixed: boys and girls of different ages, young ones and older ones.

The primary function of the child-care institution is to serve children whose needs, for one reason or another, either temporarily or permanently, cannot be met by their own families.

It should not be necessary for a child to be admitted to an institution for financial reasons.

If financial problems are the major reasons for admission, then the possibility of assisting the family should be considered.

Institutional placement for children should be used only when other means of service are unavailable or have proved ineffective.

Placement should be preceded by a social investigation and pertinent information transmitted to the Institution prior to the child's admission. This intake study must be carried out either by the Institution's Social Worker or by the referring Agency.

Often this is not done nor is there a follow up when the child has left the Institution.

As mentioned in the Summary, there is something worse than a bad home, that is No Home. There are circumstances which justify the existence of Institutions. The following categories of children are eligible for Institutional care:

- a) Complete orphans, unwanted, or abandoned children or children whose parents are absent from the community.
- b) Children suffering from neglect, cruelty or moral danger.
- c) Children whose parents because of illness or imprisonment are not able to look after them.
- d) Children who are emotionally disturbed or have

behavioural problems. Children with physical or mental handicaps requiring special care and training should be placed in Special Homes where their needs will be properly met.

Children suffering from severe malnutrition should be put into an intensive care unit.

In the Theoretical Analysis maternal deprivation and its effect on mental health has been dealt with extensively, here suffice it to restate: There has to be a complete re-orientation in all the Homes on emotionally disturbed children. Every Institution should consult a child psychiatrist, who could advise how to deal with such children.

DISCHARGE.

Since the goal of the Institution is to return the child to the community, the internal programme of the Institution should be geared towards eventual discharge.

The plans for discharge should be made in terms of the purpose to be achieved by placement and not in terms of arbitrary time limit. Ideally, children should be restored to their families and to their community as soon as possible and plans should be made for this return almost at the time of admission.

Every effort should be made to strengthen family relationships. Children should be kept in

close contact with parents and relatives. Visits should be encouraged especially during school holidays.

There must be periodical reviews to determine whether or not the child should remain in the Institution.

Social Workers should continuously try to find out more about the background of the family and all effort should be made to find suitable foster or adoptive homes for children whose parents are diseased, unable to or unfit to care for them.

No child should be accepted for an indefinite stay because this is the easiest way to dispose of his need for care.

In some of the Institutions interviewed like the Salvation Army-Kabete and Thomas Barnardo's Home, several children should be at home with their parents because home conditions have improved since the child was taken to the Institution. Only Child Welfare Society tries to find foster or adoptive parents.

Discharge should be individually planned on the basis of the child's needs, with the child himself and the parents participating in planning.

After-care services should be part of the discharge planning and should include the family as well as the child.

6. MINIMUM PERSONNEL.

a) Director or Superintendent: who will have full charge of the management of the Institution. Preferably he should be trained in a child-care profession or be a graduate of a college.

b) Every Institution should have a nurse who will provide emergency or routine medical service.

c) A Social Worker should be employed who will implement the plan for the care of the child:

Her/His work should be to maintain individual records for each child.

He/She should act as a link between the staff members participating in the child-care programme.

He/She should cultivate and maintain relationships between the child and his parents or relatives.

He/She should participate in the admission and discharge process.

He/She should seek out other forms of care for the child other than Institutionalization.

The case load should not exceed 60 to 80 children for one Social Worker.

d) Clerical staff should be maintained as required.

e) Maintenance staff like cooks, gardeners, cleaners should be maintained as required.

f) Child Care Staff (house-parents). Preferably the

staff should be composed of both male and female persons who have had some training in child development. They would be responsible for the daily care and supervision of their living group and the individual children within it.

The ratio of the staff should be for older children 1:12; for Babies the ratio of staff should be 1:4.

There should also be a relief staff with basically the same qualifications. They are employed on a part-time basis to care for the children when the regular staff is on leave.

When employing staff, two criteria are of importance: qualification and dedication.

7. EDUCATION.

Education is the responsibility of the Institution and should ensure that the child receives the education appropriate for his ability, age and development:

- a) Government or other available schools outside the Institution should always be used.
- b) If the home has to provide schooling, the school should be a separate part of the Institution's activities and should meet the requirements of the Ministry of Education. It would be advisable if possible to take in children from outside.

After completing Primary education, the

child should be assisted to continue to High School if he is fit; on the other hand, he should be sent to a Trade School, where he will learn a trade. On no condition, should children be discharged, because they have become too difficult from the point of view of discipline. Every effort must be made to follow a child through to High School or Trade School in order to make him self-reliant.

Institutions should provide tests of ability intelligence tests and so on, to determine what is best for the child. Child psychiatrists, and educational counsellors should be consulted.

8. SOCIAL EXPERIENCES.

Social experiences should be provided to every child to help him develop as a well-rounded individual within his community and culture.

The following experiences should become a part of the total programme and should occur on a regular on going basis:

- a) Participation in community activities, clubs, recreation areas and so on.
- b) Relationships with other children outside the Institution.
- c) Relationships with other adults outside the Institution.
- d) Experiences in handling and using money through saving, shopping; every child should have some

pocket money to do with it as he wishes.

e) Experience in moral and religious training. Every Institution is responsible for providing the children with the opportunity of religious education and experience. The Institution should have a definite policy regarding its religious practices, and should take into consideration the religious affiliation or expressed wishes of the parents and child.

f) Development of wholesome attitudes about sex through discussion, reading material, information provided by staff and through the observation of both sexes involved in wholesome, meaningful relationships.

9. MEDICAL CARE AND NUTRITION.

- a) A medical and dental examination is required before admission.
- b) A registered physician should be attached to every Institution to provide on-going medical care.
- c) A yearly dental examination is required.
- d) Nutrition is of great importance for growing children. Every Institution should make use of a Nutritionist, who could advise the Institution on how to set up a well-balanced diet and help them in planning meals.
- e) Hygienic habits should be taught and supervised in the Institution and regular sleeping habits

practised.

f) The staff should undergo yearly an X-ray as well as a medical check up, any staff found unfit should not be employed. This is especially of importance for the cooks and staff who are handling babies.

10. RECORDS

Records on each child should be kept by the Social Worker, they should be treated with the utmost confidentiality.

The following records should be kept in every Institution:

- a) Case History Records; these records should contain, name, date and place of birth, sex, names and addresses of the parents, relatives, brothers and sisters and date of admission.
- b) Verification of Birth; if available.
- c) Statement of legal or temporary custody.
- d) Intake Record; giving the reasons why the child was admitted and what events led to it.
- e) Discharge Plan; how long will the child stay and what are the necessary steps to return him to the family.
- f) Periodic Summaries of child's development and progress.
- g) Health Records.
- h) School Records
- i) Discharge Summary.

CONCLUSION.

Any Child-Care Agency should keep the following principles always in mind:

- a) A complete separation cannot be made between a child and his home. Family Welfare and Child Welfare are two sides of a single coin and must be planned together.
- b) Neither Foster Homes nor Institutions can provide children with the security and affection which they need, they will always only be a make-shift quality for children.

The proper care of children deprived of a normal home life must be seen as not merely an act of common humanity, but to be essential for the mental and social welfare of a community. Few countries have tackled this problem seriously not even the so called advanced countries.

Kenya is one of the few countries in the developing world where child-care has received much attention from the juridical, psychological, social and economic view.

It is hoped that this research has been able to contribute some useful information on how to develop the potentialities of a child so that he may achieve the most satisfactory personality development possible, even in an Institution.

1.

APPENDIX

Extracts From The Report Of The
Committee on Young Persons and Children:

DRAFT BILL 11.

Relates to "Places of Safety" it reads: A place of safety for the purpose of this ordinance, shall be any police station or hospital or any other suitable place the occupier of which is willing temporarily to receive a juvenile.

Provided that no remand home, prison or detention camps shall be used as a place of safety.

DRAFT BILL 24.

Receiving children for reward: it reads:

- (1) Any person who undertakes for reward the case and maintenance of a child apart from his parents, or having no parents, for a longer period than 30 days, shall within seven days after receiving that child give notice thereof to the local authority of the area in which he resides.
- (2) The notice required by the preceding subsection shall state the name and sex of the child, and where practicable, the date and place of his birth, the name of the person undertaking his care and maintenance, the dwelling within which he is being kept, the name of the person from whom he was received and the date on which he was received.
- (3) If a person who is maintaining a child in respect of whom notice is required to be given

under subsection (1) of this section changes his residence, he shall before so doing give to the local authority of the area in which he resides notice of the change and, when the residence to which he moves is situate in the area of another local authority, the local authority receiving the notice shall forthwith transmit to the local authority of that other area a repetition of this notice and of any notice previously received by them in respect of the child in question.

(4) If any such child dies or is removed from the care of the person who has undertaken his care and maintenance that person shall, within 24 hours thereof, give to the local authority and to the person from whom the child was received notice of the death or removal, and in the latter case also of the name and address of the person to whose care the child has been removed.

(5) For the purpose of this section, or undertaking shall be deemed to be an understanding for reward if there is any payment or gift of money or money's worth, or any promise to pay or give money or money's worth, irrespective of whether there is any intention of making profit.

(6) The provisions of this section shall not apply to:

a) The receipt of a child by a grandfather/mother,

brother, sister, uncle or aunt of the child or the husband or wife of widower or widow of any such relative of the child: Provided that if a child be an illegitimate child the foregoing terms shall not include any person who is not so related to the child through his mother; or

b) The receipt of a child who has been committed to the care of an approved society or fit person under the provisions of Section 18 of this Ordinance, or

c) The receipt of a child by an Institution to whose managers the local authority has granted a certificate of exemption within the meaning of subsection (7) of this section, or a child or Institution maintained by a government department or local authority or any institution which is, as a whole, otherwise than under this Ordinance, subject to inspection by, or under the authority of a government department.

(7) A local authority having satisfied itself that an institution situated within its area is being conducted in good faith for the care and protection of children may issue to the managers of the institution a certificate exempting them from the requirements of this section.

(8) It shall be the duty of the local authority to make inquiries from time to time within the area

whether there are any persons residing therein who undertake the care and maintenance of children for reward and in respect of whom notice is required to be given under this section and to satisfy themselves from time to time as to the health and well-being of children received for reward by persons within their area, and to restrict, if necessary the number of children so kept by any such person.

(9) Any person who at the commencement of this Ordinance is receiving reward for the care and maintenance of a child within meaning of this section shall, not later than one month after the commencement of this Ordinance, give notice to the local authority as prescribed in sub-section (2) of this section.

(10) If any person required to give a notice under this section fails to give such notice or knowingly or wilfully makes, or causes or procures any other person to make, any false or misleading statement in any such notice, he shall be guilty of an offence.

(11) A child in respect of whom notice is required to be given under this section shall not, without the written sanction of the local authority be kept:

a) by any person from whose care a juvenile has been removed as being in need of care within

the meaning of Section 13 of this Ordinance; or
 b) by any person who has been convicted of any offence mentioned in the First Schedule to this Ordinance in respect of a juvenile, and any person keeping or causing to be kept any child contrary to this sub-section shall be guilty of an offence.

(12) No advertisement indicating that a person or society will undertake or will arrange for the care and maintenance of a child shall be published unless that person's name and residence, or, as the case may be, that society's name and office are truly stated in the advertisement. Every person who knowingly publishes any advertisement contrary to this sub-section shall be guilty of an offence.

(13) Any person guilty of an offence under this section shall be liable on conviction before a subordinate court to a fine not exceeding twenty-five pounds.

DRAFT BILL 68.

Aiding etc.: a juvenile to escape: it reads:
 Any person who:

a) knowingly assists or induces, either directly or indirectly, a juvenile to run away from a place of safety or from a person to whose care he has been committed or from a person or institution with whom or in which he has been lodged by an approved society under this Ordinance, or from a

remand home or reformatory to which he has been committed; or

b) knowingly harbours or conceals a juvenile who has so runaway or prevents him from returning; or

c) molests or interferes with any juvenile, who has been taken to a place of safety or committed to the care of a person or approved society or committed to a remand home or reformatory in any way intended to or likely to prejudice the purposes for which the juvenile was so taken or committed, is guilty of an offence and shall be liable on conviction before a subordinate court to a fine not exceeding twenty-five pounds or to imprisonment for a term not exceeding three months or to both such fine and imprisonment.

2.

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3. QUESTIONNAIRE
(For Children)

- 1. Name
- 2. Code
- 3. Sex
- 4. Date Of Interview
- 5. Place of Interview
- 6. Age
- 7. Place of Birth
- 8. Religion
- 9. Tribe
- 10. a) Mothertongueb) Do you know it....
- 11. A. Real father alive: a) Where
- b) Employed, where.....
-
- c) other incomes.....
-
- d) How many wives.....
- e) Does he help you.....
-
- B. If father died, when
- 12. A. Real mother alive: a) Where
- b) Employed, where
-
- c) does she help you
- B. If mother died, when.....

13. a) Do you have brothers.....b)How many.....
14. a) Do you have sisters.....b)How many.....
15. Do your parents live together
- if yes, where
- if no, why
16. Did you ever know your father
- Did you ever know your mother
17. a) Does your mother visit you.....b)father...
18. Who took you to the Home (probe).....
19. How old were you
20. Why (probe)
21. What was your main difficulty at the beginning.
.....
22. Did you ever run away from:
- i) Home.....
- ii) School.....
- iii) Home (probe).....
- Why: a) Punishment.....
- b) Lack of food.....
- c) Lack of love.....
- d) Other.....
23. Did you ever have anything to do with police...
24. Have you ever been at another Home.....
25. What do you dislike in this Home:
- a) Staff c) Friends
- b) Food d) Education.....

26. What do you like in this Home:
- a) Staff c) Friends
- b) Food d) Education.....
27. Do you know why you are here.....
28. Do you: a) Drink.....
- b) Smoke..... what.....
- c) Go to cinema.....
- d) Other.....
29. Do you have friends among the parking boys.....
30. a) Do you like what they do.....b)Why.....
- c) Do you dislike what they do
- d) Why.....
31. (probe)
- a) Which class are you in
- b) What is your favourite subject.....
- c) What subject do you dislike most.....
- d) Who is your favourite teacher.....
- e) What is your favourite game.....
- f) Have you any future plans.....
- g) What is your hobby.....
- h) Would you like to leave this place.....
- i) Why.....
32. Do you belong to an age group (clique) in the Home.....
33. Do you have a leader.....

34. Do you get pocket money
- a) From whom
 - b) Are you free to use it.....
 - c) How do you use it.....
 - d) Is there a reward system in the Home.....
 - e) Is it a good system.....
35. Do you have many clothes.....
- a) Do you have any other possessions.....
 - b) What would you like to possess.....
36. What punishment system is there in the Home:
- Corporal.....
 - Fine.....
 - Other.....
37. a) Have you been punished.....
- b) Why.....
 - c) Did you ever think of running away.....
 - d) What do you dislike most.....
 - e) Why.....
38. Food: a) Do you get enough.....
39. a) What do you do on Saturdays.....
- b) Sundays.....
40. a) Do you go to Church.....b)Where.....
41. Did you ever earn money.....
42. a) If you have a problem, to whom do you go....
-
 - b) Do you feel the staff understand you.....
 - c) Do you feel the staff cares about you.....

43. a) Do you wet your bed (probe).....
 b) Are you punished.....
 c) Do you feel ashamed.....
44. Did you ever see a doctor.....
45. Are you afraid at night.....
 b) Do you dream a lot.....
46. Do you pray when going to bed.....
47. What are you afraid of most.....
48. What do you enjoy most.....
49. Do you mix with the opposite sex.....
50. What are your problems in this Home:
 a) Language
 b) Growing up
 c) Getting along with others.....
 d) At school.....
 e) With staff.....
51. a) Did you ever steal.....
 b) Tell lies
52. a) Do you miss your father.....
 b) Mother.....
53. Are you happy in this Home (probe).....
54. Do you know any children who have left this
 Home.....
 Where are they now.....
 What do they do.....
 Why did they leave.....
55. Would you like to return to your parents/
 relatives.....

- 56. a) Do you feel at home more than with your family.....
- b) Why.....

QUESTIONNAIRE

(For Adults)

1. Name
2. Code
3. Sex
4. Date of Interview
5. Place of Interview
6. Religion
7. Age
8. Tribe
9. Married How many wives
10. Children How many
11. Educational level
12. Position
13. Employed here since when
14. Do you feel the children are normal children.
.....
15. Do you feel the children are problem children.
.....
If so, why
16. What special care do you give them:
 - a)
 - b)
 - c)
 - d)
 - e)
17. Do you feel competent to work here

- If so, why
- If not, why
18. What are the objectives of this Home: (probe)
- a) Continuing.....
- b) Long range.....
- c) How are they implemented.....
-
- d) What problems do you encounter.....
-
19. What deserves priority in outlining a policy..
-
20. Have you received a special training in child care.....
- How many years of experience do you have.....
21. Is it easier to find - Adoption parent.....
- Foster parent.....
- Why.....
22. What efforts are made by the Home to place children.....
-
23. Do the children use group pressure against:
- Staff.....
- Other children.....
- Do they have a leader.....
24. What kind of reward system do you have here:
- a).....
- b).....
- c).....
- d).....

25. What system of punishment do you have here :
- a).....
- b).....
- c).....
- d).....
- e).....
26. How would you feel if your own children were educated here
27. What are the main problems children here experience.....
-
28. Are the children raised according to the expectations of their elders.....
29. Do you consider the Home an asset or hindrance in raising children.....
30. Is there co-operation with the Government.....
- Voluntary Organizations.....
- Which ones.....
31. How is fund raising done:
- a) Voluntary Organizations.....
- which one.....
- how much.....
- b) Private donations.....
- c) Other
32. What is the cost per child per month.....
33. What promotion techniques are used.....
-

34. What are the priority needs in this Home.....
.....
Why.....
35. What kind of After-Care is provided for children who are: (Probe)
- a) Dismissed.....
 - b) Run away.....
 - c) Overage.....
 - d) How long do you keep them.....
36. Do you have housemothers.....
Why.....
Do you have housefathers.....
Why.....
37. Are you able to give to these children:
- a) Love.....
 - b) Affection.....
 - c) Create a family atmosphere.....
 - d) Other.....
.....
(give examples)
38. Do you feel you achieve it.....
.....