

Research 'Children Who Need Special Attention'.

Catholic Action for Street children (CAS)
Accra



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Foreword

This report bears the title: 'Children who need Special Attention'. The research programme started its life under the name 'Children with Special Needs'. But though we at CAS understood perfectly what we meant, the rest of the world had different understandings of the term 'Special Needs'. For that reason, we changed the title to 'Special Attention', meaning that we are trying to find out more about those children who seem not to respond to present CAS activities & programmes. They apparently need something more in terms of attention, and this research programme has been part of the search for what they need: 'Special Attention'!

About this report – the structure

The research into children who need ‘special attention’ was carried out in two (2) phases. Each phase focussed at three (3) research questions, which for phase 1 and phase 2 partly overlapped. In Part 1 of this report, details of both research plans can be found, including the six (6) individual research questions.

However, for the convenience of the reader, these six questions are merged together into four (4) themes throughout this report:

- 1. The nature of the problem (Quality)**
- 2. The size of the problem (Quantity)**
- 3. The way forward**
- 4. Personnel care.**

Parts 2 and 3 of this report follow this format and data from both phase 1 and phase 2 are all combined. This means that after Part 1, no more mention is made of the phases and research questions, to enable the reader to concentrate on the contents of the report.

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Introduction

In 2003 CAS celebrated her 10 year anniversary. The book ‘The Ghanaian Street child’ was launched on that occasion. The book described what CAS had achieved in ten years of work with street children, and provided background information about the problem of street children in Ghana.

However, very soon after we finished celebrating we realised there were still many problems that needed attention. One was the fact that more and more young children came to our ‘House of Refuge’. In the early years of CAS we typically dealt with teenagers, averagely 15 years old. Now children as young as 9 or 10 years old were met in the streets, making the average age drop below 14. What were we to do with these children? Some had been to school for a few years, others never had had that chance. To send them to school would create problems as they would be sitting among much younger children. Besides, many of them behaved so erratically in our own classroom that it seemed not a realistic idea at all. And some did not even want to go to school at all. But they also were too young to start training as an apprentice; the required legal age for that is 15 years.

Another observation was that girls scored a very low success rate in our programmes. Not many girls made it all the way to ‘sponsorship’, and among those who started it the drop out rate was very high. Many of these

girls returned to the streets and at a point in time would come back to us.

A third observation we made behind our House; the back yard is quite domestic, with the bathrooms and tap situated there so that children can wash themselves and their clothes. But we noticed that there was a group of children who seemed to have business there all day. We hardly saw them in the front yard or in the main hall, let alone in the classroom or any of the demonstration rooms. They just hung around behind the building: 'fooling', chatting, cooking and sleeping. Some never interacted with any of the staff. What were those children coming to do at CAS?

Thus the research into 'children who need special attention' originated. These children seemed to tell us that they needed something different from what we offered them presently. But what and why?

The over all question was of course whether CAS would be able to offer them what they needed. That became the central point of the research programme. In order to establish that, we needed to find out what made these children so special, what they were coping with and how they could be rehabilitated into 'society'. This provided the framework for the research plan, which is described in the next section.

Part 1

Research plans Phase 1 and Phase 2

Definition

Initially the research started from the term ‘emotional trauma’. We used the following working definition: “A traumatised child has had negative experiences in life that have such consequences that prevent him/her presently from building a sound social, emotional and economic life.”

1.1. Research group

The research group was defined as follows:

1. Children who show more extreme negative behaviour than an “average” street child
2. Children who are involved in (child) sex work;
3. Children who abuse drugs or other substances;
4. Children with learning disabilities.

Reasons for including these four categories:

Group 1: these children are perceived as ‘difficult’ and are generally seen as potential drop outs of our programmes; they seem to scream for attention but in a very negative way;

Group 2: involvement in prostitution is often a complicating factor in attending (educational) programmes, as it involves irregular working hours;

secondly, research in other countries revealed that many women who offer themselves for prostitution have a history of childhood (sexual) abuse; lastly, CAS had established that also young boys are getting more and more involved in commercial sex work.

Group 3: abuse of drugs often indicates low coping skills and a flight from challenges; many researches establish links with abuse and neglect in childhood;

Group 4: these children generally have a difficult childhood, and are not easily accommodated in mainstream educational settings.

In Appendix I a complete profile of the four groups is included.

1.2 Research plan for Phase 1

Phase 1 of the research was designed such that data would be collected both within and outside CAS.

However, a choice was made not to include interviews with children as a source for information. Reason was that we did not want to force children to ‘dig’ in their past at a time they were possibly not ready for it.

Moreover, we did not have trained individuals available to give the children the needed support in coping.

Observation of behaviour became the main mode of data collection, alongside collection of professional resource information.

We formulated from two hypotheses for the first phase of the research:

Hypothesis1:

We meet traumatised children in the streets of Accra.

Hypothesis2:

Traumatised children have a higher risk of dropping out of our programmes.

Research questions for phase 1:

- 1.How can we identify traumatised children?
- 2.What is size of the problem?
- 3.What is the direction for helping these children?

Question 1 was qualitative in nature (what is the problem?), question 2 focussed at the quantitative aspect (how many children fall within this group?) and question 3 looked at the way forward.

1.3 Research plan for Phase 2

While planning Phase 2 we realised that ‘emotional trauma’ was too narrow a focus, as findings emerged that many children showed symptoms of general developmental and behavioural problems. We were however not able to establish whether these problems had biological or environmental origins and would also not be able to do so within this research programme. We

therefore decided to broaden the scope of the first research question (see under).

Data collection for the second question (quantity) had provided enough information by the end of Phase 1, so this aspect was dropped for Phase 2. Instead, we included personnel care, since Phase 2 would be more experimental of nature in the form of a pilot programme. ‘The way forward’ remained included and was re-formulated as ‘healing environment’.

We again formulated two hypotheses:

Hypothesis1:

All children who fall within the target group are to some extent traumatised by past events or circumstances, even though detailed objective facts are mostly not known to us.

Hypothesis2:

A healing, nurturing environment in terms of reducing emotional stress (threats) and adjusting any demands to the present emotional, social and academic abilities of the individual child helps to heal.

The research questions for Phase 2 became as follows:

1. What exactly are the problems the children are struggling with?
2. What are the conditions and criteria for a healing environment?
3. How do we equip our staff to care for these children?

Part 2

Activities – methods of data collection

Note: throughout this report, the research questions for Phase 1 and Phase 2 are put together into four (4) themes:

1. The nature of the problem (Quality)
2. The size of the problem (Quantity)
3. The way forward
4. Personnel care.

Parts 2 and 3 of this report follow this format.

2.1 Context, restraints and developments throughout the research programme

Part of the research relied on the archives of CAS, specifically recordings about children who have come to us in the past. But CAS being an organisation where the work primarily just gets done, this proved to be of some restraint. Though the old files were there all right, not much happened to be recorded inside them. This was especially the case for children who had dropped out; not much was recorded about reasons and events preceding the exit of the child.

The social background was in some cases investigated but often did not tell much about the personal history of the child.

The same applied to present record keeping. Some of the data collection activities relied on attendance records and other statistics, which were not always accurate and consistent.

Secondly, the research was mainly done within the organisational structures of CAS, especially the second phase which consisted of a pilot programme at Hopeland Training Centre. When the pilot was in its final planning stages, two members of staff resigned quite unexpectedly. Two new social workers were employed, but needed time to familiarise themselves with the existing programmes before being able to contribute to the 'Special Attention' pilot programme. For that reason,

the pilot was carried out at a somewhat smaller scale than initially planned.

Lastly: in order to compile valid data about emotional trauma, it is eventually necessary to know the objective facts of a child's life, especially concerning abuse, neglect and violence that the child might have suffered. We have not been able to collect any such data, though initially we hoped we would be able to do so. Main restraint was non-availability of staff to carry out more extensive social surveys than we normally do. But we also considered that with the limited resources we had, it was not likely that we would be able to retrieve sensitive information from children's relatives. Usually, one needs to establish quite some trust before reliable information is gained, while negative facts are commonly considered to be 'family matters' and not easily shared with outsiders. And eventually it is the subjective experience of the child which determines the impact that certain events have on his or her life.

For that reason, observations of children's behaviour were measured against professional information about manifestations of emotional trauma and developmental disorders, and this is used to draw some careful conclusions. In Part 3 of this report this is discussed further.

CAS has currently embarked on an exercise to 'map' areas of Accra where children live in the streets, and is compiling data on conditions and social circumstances

that the children live in. This exercise will be followed by case studies in individual children's backgrounds, in order to come to a better understanding of children's situations. This is however not carried out yet, and thus not included in this research.

2.2 The nature of the problem (Quality)

Concerning this theme, the following methods to collect data were employed:

- Collection of resource information about indicators of behavioural problems and manifestations of trauma; this was partly done in the form of attending training programmes (both in Ghana and The Netherlands) before the start of the research;
- Development of checklists to observe and record behaviour of individual children; (see appendix IV)
- Questionnaire for staff asking for descriptions of typical behaviour of children who belong to any of the four research groups;
- Observing and recording behaviour patterns of individual children, both at the House of Refuge and Hopeland Training Centre; observations were carried out inside classroom settings as well as outside;

- Development of daily recording sheets for Hopeland Training Centre; (see appendix III)
- Daily recording of all activities individual children took part in, including behaviour and achievements (during pilot);

2.3 The size of the problem (Quantity)

The following sources were used to compile statistics:

- Analysis of 300 files of past children (Sponsorship Department); unfortunately however some of the information is lost due to loss of a computer hard disk;
- Analysis of 150 files of past children (Hopeland Training Centre);
- Questionnaire for staff asking to list names of children who fall within the four research groups; both senior staff as well as junior staff were semi-randomly selected for this exercise;
- Analysis of attendance patterns of individual children at the House of Refuge;
- Identification of children within the research group at Hopeland Training Centre;

2.4 The way forward

The main activity to discover possible ways forward for the target group was of course the pilot programme at Hopeland Training Centre. The pilot centred around the 'Special Attention children' who were present at the Centre, and included the educational as well as the residential aspect.

Apart from that, the following was carried out:

- Collection of resource information about other support programmes, methods and approaches;
- Identification of other organisations in Accra who possibly could be of assistance to the target group;
- Participation in the Preparation Committee of CAS, which is a platform to discuss individual children and plan towards their rehabilitation;
- Sharing resource information with other staff and discussing options for the target group;
- Development of guidelines/indicators for identification of behavioural problems;

2.5 Personnel care

The aspect of personnel care became relevant in the later part of the programme, when we carried out the pilot at Hopeland Training Centre. Apart from practically running the pilot and observing the needs of the staff involved, two activities contributed to gaining experience:

- Participation in the Preparation Committee, including discussions about strength of personnel and number of children that could be taken care of by a certain number of workers;
- Sharing resource information as a form of staff training.

Part 3

Research data

3.1 The nature of the problem (Quality)

As stated in Part 1, the main mode of research has been observation of the behaviour of children, as against interviewing them about (bad) experiences in life. Also, retrieving information from relatives has not been possible, though this might have provided us with some objective facts about children's lives. It means that focus is rather at the subjective experience of the children, measuring the (negative) impact that life has had on them so far.

3.1.1 Observed behaviour patterns

The following section lists behaviour patterns of children, divided in three categories. These patterns may be either the result of trauma acquired in early life (environmental), or the symptoms of some inborn developmental disorder (biological). More discussion on this issue follows at the section where the research data for 'the way forward' are presented (paragraph 3).

The observations are divided in three categories:

- social / emotional
- self help
- classroom setting

The same grouping was used in developing the checklist 'Who Needs Special Attention?', see appendix II.

All observations should be interpreted as being **more severe, persistent, intense and prolonged** than in an 'average' child who has for some time survived in the streets. For example: an 'average' child at Hopeland is usually within a few weeks able to somehow manage his money and to show up for class in time without much help, as well as able to respond positively to new tasks. A child who is observed to have a problem in any of these areas is consistently not able to do so while he has undergone the same training as his peers.

Table 1: *Behaviour patterns – social / emotional*

Observed behaviour:
Increased arousal (always alert, suspicious)
Bed wetting (frequent, as teenager)
Drug abuse – marijuana and strong drinks
Aggression – verbal and physical
Frequent visits back to the streets (from Hopeland)
Returning to the streets permanently
Bullied by peers
Resentment towards male persons (for girl)
Persistent involvement in prostitution (at expense of attending programmes)
Teenage pregnancy
Manipulative approach towards staff
Impulsive behaviour
Extreme need for attention from staff
Immature responses to new challenges (crying, dodging)

General disinterest in programmes
Stealing
Sexual activity among group (both m/m and m/f)
Emotional upsets (loud crying for no apparent reason)
Intervals of excessive, non-stop talking
Repeatedly drawing the same picture
Inconsistency in statements

Table 2: *Behaviour patterns – self help*

Observed behaviour:
Difficulty in following instructions (esp. when more than one instruction at the time)
Difficulty in staying on task
Unable to manage weekly feeding allowance
Unable to maintain own clothes
Unable to maintain personal hygiene
Poorly developed gross motor skills
Unable to manage time effectively
Unable to plan effectively

Table 3: *Behaviour patterns – classroom setting*

Observed behaviour
Short concentration span
Difficulty following instructions
Difficulty staying on task / easily distracted
Difficulty remembering / recognising letters and numbers
Mirroring letters / numbers
Poorly developed left / right orientation
Erratic short term memory

Easily tired when on academic task
Restlessness in class
Disturbing classroom intentionally and frequently
Poorly developed fine motor skills – unable to hold pencil, tendency to break objects
Immature responses to new assignments (crying, walking out)
Refusing assignments
Relating bad experiences in school in the past

Most children who fall within the research group manifest **more than one** of the patterns listed above. In the case of only one pattern, the child may be able to find his way in a school- or workshop setting, for example when there is abuse of drugs but not other serious erratic behaviour. It is exactly the combination of patterns that prevent a child currently from going (back) to school or becoming an apprentice.

Some examples are quoted here:

Table 4: *Behaviour patterns individual children*

Boy (10 years)
-restlessness
-inability to sit still
-always 'on the move'
-difficulty in focussing and concentrating
-unable to hold a pencil correctly + tendency to break objects
-erratic memory esp. for academic knowledge: unable to remember letters and numbers
-poorly developed left-right orientation, mirroring letters and

numbers
 -inconsistency in statements
 -manipulative behaviour towards staff (begging, making 'contracts'),
 -unable to manage weekly allowance,
 -unable to maintain own dresses,
 -unable to maintain personal hygiene
 -inconsistency in staying at Hopeland (frequent visits back to street);

Girl (16 years)

-difficulty in staying on any task unless given 1-on-1 attention
 -tendency to wander out of classroom when not occupied with suitable task
 -undeveloped writing skills,
 -difficulty in remembering letters/sounds and numbers,
 -disturbing others in class when not occupied,
 -refusing assignments,
 -absenting herself from programmes,
 -stealing,
 -'worrying' others as a form of play,
 -involvement in prostitution
 -inconsistency in staying at Hopeland (frequent visits back to the streets) and eventually returning to the streets permanently

3.1.2 Learning disabilities

Common factor among children within the research group is that most of them have difficulty in learning. This observation came out very clearly in the course of the research programme, and made the focus shift from emotional trauma to behavioural problems in general, including developmental problems like learning disabilities. The importance of literacy in today's society

indicates the negative effect that being unable to read and write can have on a child's emotional well-being.

In some children, the difficulty with learning appears to be a developmental (neurological) problem, associated with general poorly developed organisation- and social skills. These children make very little academic progress, even when given individual attention and step-by-step guidance according to their individual style of learning. They cannot remember symbols, they struggle with left/right (and thus write either forward or backward), and do not 'see' a word as a whole but have to spell it out every time they meet it. It is as if their system is simply not equipped for the learning task, which is indeed the case when the brain has not yet developed enough links to retain and process information. These symptoms are typical for what is diagnosed as 'dyslexia' in other countries. Suspicion is that these children drop out of the Ghana schools exactly because of this condition. Literature describes that often in their early teenage years these children gradually start reading. This was indeed the case with a couple of children at Hopeland who had attended the refuge class already without much results, and who also at Hopeland initially did not make any progress. But because of their interval in the streets and being out-of-school it is difficult to establish if they would not have read earlier if they had continued their schooling.

In other children, the problem seems to lie more in extreme low self-confidence (which may very well be related to emotional trauma), since they are able to retain and process information once they are given encouragement and guidance, and discover that they are indeed able to learn.

In any case: if not helped, the child is blocked from acquiring any new knowledge and skills, which prevents it from building up a sound economic and social life. 'Help' in all cases means a long and difficult effort.

3.1.3 Attention disorders

A couple of children fit every description of Attention Deficit Hyperactivity Disorder (ADHD). Though there are various definitions, it boils down to the point that the child has difficulty in paying attention, cannot sit still and is quite impulsive in his behaviour. This often goes hand in hand with inability to learn in a traditional classroom setting. Though most children grow out of it once they reach adulthood, the condition goes at the expense of their education if not responded to well.

Guidelines as how to help these children vary greatly, and an approach would need to be defined which suits the 'ADHD street child of Accra, Ghana'.

3.1.4 Emotional trauma

Concerning emotional trauma, many of the symptoms listed above point in this direction. Manipulative behaviour, bed wetting, excessive attention-needs, aggression, drug abuse, unreliability and flying back to

the streets are all found in literature describing emotionally hurting children. Generally, they can be seen as mechanisms to avoid pain and to release stress.

Children who have been abused (in whatever way), unconsciously feel as if they are not in control at all, that they are rather lived by circumstances and other people. Consequently, they try as much as possible to attain at least a sense of control, employing methods as manipulation and aggression.

Bed wetting (prolonged, and at an older age) can be a direct result of this sense of helplessness, and an unconscious way of confirming to the self that indeed they are not in control of themselves.

At a more conscious level, opting out by going back to the streets or fleeing into drugs or prostitution can be seen as desperate measures to regain control (acts of defiance), and at the same time admissions that the demands of life are too high.

3.2 The size of the problem (Quantity)

3.2.1 Sponsorship records

Of the information that could be retrieved, the main finding was that about 50% of children were able to complete sponsorship, while the other 50% dropped out or never reached that stage. Recordings of reasons for drop out were either vague or nothing was recorded.

Boys are more successful than girls. Not much

information was found about the background of children or their personal history.

3.2.2 Hopeland records

A sample of 150 files (105 boys, 45 girls) provided the following information about years past:

71 children dropped out of Hopeland; of the remaining 79 children, 41 were eventually able to complete the sponsorship programme. Theft and pregnancy were the main reasons that children left the Centre. No further information about how the child was generally doing before it left was recorded.

In the year 2004 a total of 41 different children passed through Hopeland Training Centre. Out of that number, 19 were identified as having specific problems which needed more attention (46%).

In the year 2005, a group of 22 new children came to the Centre. Out of them, ten (10) were identified as falling within the research group (45%). Out of the ten, five (4 boys and 1 girl) are presently still at Hopeland. Another four (4) dropped out (3 girls and 1 boy), while one boy is presently in school (sponsorship).

Children in these groups were selected to go to Hopeland based on their attendance at the House of Refuge and their eagerness to leave the streets. No criteria were used for behaviour or abilities.

3.2.3 Identified children

Members of staff submitted a total of 98 names of children who belonged to the research group, and who were coming to us presently or in recent years. The questionnaire was shaped according to the four sub-groups:

1. Children who show more extreme behaviour than an “average” street child;
2. Children who are involved in (child) sex work;
3. Children who abuse drugs or other substances;
4. Children with learning disabilities

For each child, their progress within CAS-programmes was traced.

Table 5: *Progress in CAS-programmes of children in the research group*

Group	Came to Refuge	Went through Hope	Drop from Hope	Pres. in Sp.ship	Drop out from Sp.ship	Compl.Sp ship	Total
1	14	3	2	2	20	4	45
2	8	2	9	3	7	2	31
3	7	2	2	0	9	3	23
4	10	4	2	3	2	1	22
Tot	39	11	15	8	38	10	125

A few observations from the table above:

- Many children fall in more than one group, hence the total of 125 (from a list of 98 names); respondents listed the same child in different groups (for example: a difficult child who also smokes), or the same child was categorised in different groups by different respondents (for example: one respondent perceived the child as difficult, while another saw a learning disability). In any case, the child clearly belongs to the research group.
- A large group did not proceed further than the House of Refuge;
- A large group dropped out of Sponsorship; this could be because these children are well known to the respondents, so their names are likely to be listed; another reason could be found in inadequate identification of specific problems of the children before they start sponsorship;
- Drop out from Hopeland among group 2 (involvement in commercial sex work) is relatively high;
- About 10% completed sponsorship while being perceived as part of the research group; this indicates that it is not justified to say that sponsorship is *never* an option for a child who needs special attention.

The same information, but now compiled by gender:

Table 6: *Progress of boys and girls in research group*

<u>Stage</u>	<u>Boys</u>	<u>Girls</u>	<u>Total</u>
Refuge	20	11	31
Hopeland	6	2	8
Hopeland dropped	2	10	12
Sponsorship	4	3	7
Sp. Ship dropped	24	7	31
Sp.ship completed	5	4	9
Total	61	37	98

From this table, the following can be learned:

- A higher percentage of boys than girls in the research group make it all the way to sponsorship;
- Girls tend to get stuck at an earlier stage, they either only come to the House of Refuge or make it to Hopeland but drop out from there;

3.2.4 Attendance patterns at House of Refuge

At CAS-Refuge, attendance patterns of individual children were put together out of the records of various programmes for a period of eight (8) weeks. A summary follows here; for each week, the total number of different children who were present at least one day in that week was listed, and compared against the attendance records of classroom, sports, drawing and clinic. Out of these, the

children who did not involve themselves anywhere were identified.

Table 7: Attendance patterns of individual children at House of Refuge

Week	Total att.	Boys	Girls	No. not inv.	Boys	Girls	%
1	36	33	3	12	10	2	33
2	37	35	2	16	16	0	43
3	56	56	0	18	18	0	32
4	47	43	4	17	15	2	36
5	21	18	3	4	2	2	19
6	30	27	3	9	8	1	30
7	26	23	3	9	7	2	31
8	24	19	5	6	4	2	25

First period of 4 weeks: 51 different children (47 boys, 4 girls) were not involved in any programme while they were present at least one day during the week;

Second period of 4 weeks: 26 different children (21 boys, 5 girls) were not involved in any programme while they were present at least one day during the week.

This information shows that averagely about 30% of children come to the House of Refuge for purposes other than the programmes we offer. Percentages of girls who do not involve themselves are higher than percentages of boys who do not take part in any programme.

3.3 The way forward

3.3.1 Healing environment

The second phase of the research programme included the term ‘healing environment’. Rationale behind this was the reality that we did not have the expertise to find out where certain behavioural problems originated. If a child was unable to trust adults, or was unable to follow simple instructions, or continued to be highly aggressive, what was the cause? Was it because the child was born with a minimal defect in the brain which made that he could not quickly understand what was going on around him, forcing him to be defensive all the time? Or had the child had a normal start in life, but traumatic events disturbed his development?

We decided that trying to answer these questions would be a whole research in itself, and that we were not able to do it now. So we concentrated on the way forward, and assumed that a relatively stress free environment where a child is protected and can learn and grow at its own pace is healing in itself.

This thought shaped the pilot that was carried out at Hopeland Training Centre, and the fact that we could not get all the conditions right provided a lot of insight.

Hopeland Training Centre is partly a residential setting for rehabilitation of street children and partly a farm with poultry and pigs. Children help in the early morning hours to feed the animals and to clean their surroundings.

During the day, they attend classes and other programmes both in the morning and in the afternoon. Children receive a weekly feeding allowance and are expected to do their own cooking. During the pilot period, there was complementary cooking twice a week.

3.3.2 The attraction of the streets

No straightforward solution is available for this group of children. Experience has learned that these children typically find it difficult to stay at one place. Their way of dealing with challenges in life is to opt out from anything they feel is above their ability, and they can return to the streets at any time. 'Hustling' fits their characteristics: it is exciting, it depends highly on the ability to convince and manipulate other people, and it does not demand monotonous or enduring work. It either provides quick and immediate results or no results at all. The same goes for criminal acts like pick pocketing or stealing, and for begging and gambling as well. Many children show extreme fear of failure, and manipulate people and circumstances to avoid situations in which they are confronted with their own limitations. This should all be kept in mind when designing any intervention to meet their needs.

3.3.3 Society

The phenomenon of children who do not seem to fit in easily is not typical for Ghana. All over the world parents and policy makers are confronted with the fact that mainstream education does not fit certain children, and

that as adults they sometimes have a life style different from the average citizen. It is therefore important to bear in mind that an intervention for this group of children, who have landed in the streets already, never should be on its own. There needs to be a strong awareness-creating and educational dimension towards parents as well as society at large. Individual children can be taken in, but the context needs to be a larger picture of sharing findings and experience with other child care workers, policy makers and parents. Early identification of disabilities can prevent a child from being labelled as 'stupid' or 'dumb', as understanding of the condition can lead to finding alternative solutions for the child. Eventually (educational) settings should be available where all children, no matter their abilities or disabilities, can learn and develop towards adulthood. For Ghana this might mean a turn from the present academically competitive system to a more child-centered approach. The children we meet in the streets have dropped out of the system already, and something needs to be done for them to prevent them from resorting to criminality as their only option. But this should serve as an example and effort to involve the larger society in solving this problem.

3.3.4 Conditions and criteria for intervention

In this section, conditions and criteria for a healing environment are described, based on the experiences from the pilot. The abbreviation 'SA' stands for 'Special

Attention', meaning children who fall within the research group.

a. Increasing demands

A child normally passes through Fieldwork and Refuge before coming to Hopeland.

- In the Field, involvement in any programme or interaction is completely free, the child can decide to join or leave at any time.

- At the Refuge, the child has taken the initiative to come, and is strongly encouraged to participate in programmes (verbal reminders, incentives etc); also, a social worker can at any time call a child and interact with him. At the Refuge there are rules, but they are still quite loose and there are hardly any sanctions.

- At Hopeland, a child is expected to participate in all programmes consistently, and there are stronger rules for behaviour with subsequent sanctions. Staff is 'controlling' the children to a great extent during the day. This reflects a setting in 'normal' society, eg an organised family home, school or workplace.

The demands on a child are thus increasing, allowing it time at each stage to adjust itself and to grow to the next stage. This structure definitely needs to be maintained in any intervention for SA-children. Generally, SA-children have more difficulty following a day-programme in which they cannot do their usual roaming and playing, but have to bend to authority (frequent visits back to the streets relate to this). Few SA-children would be able to

adjust themselves to Hopeland without first spending time at the Refuge. It is recommended that time spent at the Refuge should be scheduled according to the ability of an individual child to adjust itself, and that demands in a residential programme are adjusted to the level of the individual child.

b. Open setting

For any SA-programme, an open setting like Hopeland is vital. Children should be free to move in and out, and to go back to the streets any time they like. They also should be welcomed back any time they return, without having to face severe sanctions. A location outside Accra is ideal, as it requires a bit of effort to move out, while it is not impossible to reach the city.

Many SA-children need regular 'breaks'; as described in the previous point, the demands of a programme can require quite an effort from the child. Also, for the staff it is a good 'thermometer' to see if the applied approach fits the child. If a child repeatedly moves back to the streets it may mean that the demands in terms of discipline are too high, and an adjustment could be tried. *An example: one child in the pilot group picked up very well in terms of class-participation. However, after a few months he went to spent almost two weeks in the streets. When he came back, he refused to come to class again. After an initial struggle, the staff decided to leave him free. The following week he gradually settled back into the education programme, but initially at his own terms :*

coming late, at times refusing to bath before coming (in other words: he adjusted the demands by himself...).

c. Structure in time and place

A structured day programme is important for SA-children who are often not able to 'see' time, and are often confused whether it is morning or afternoon, or what day of the week it is. Though too much structure can be hard for some children (see above), clear 'points' in the day are important to develop sense of time and organization. The Hopeland-programme provides a good example:

6.00 AM feeding of the animals

9.00 AM education programme

1.00 PM afternoon programme

However, experience is that the children often before 7.30AM have finished with the animals; the time till 9.00AM (or later...) is meant for breakfast and bathing, but if nobody reminds the children they will go off playing and not get ready for class, because the time period is too long. Their sense of time is generally poorly developed, and they forget what comes next if no clear 'markers' are provided.

Inconsistency from the staff is equally confusing, when programmes are cancelled or changed on short notice.

For any SA-intervention, a system needs to be worked out that provides a clear, consistent structure in time, but which is flexible concerning demands in discipline. One can think of a mixture of educational- and entertainment programmes.

At Hopeland, a timetable-in-pictures was provided, which helped children to 'see' how the day is planned, and to distinguish between different days of the week. A clock at a vantage point can be a great help for both staff and children, as well as a bell to announce the next programme.

The same applies to orientation in place: structure in terms of doing the same activity at the same place creates a sense of order and helps the child to orientate. In the classroom, children always sit at the same place, and changes generally result in unrest and fidgeting. It serves as a kind of security to have your own place to sit, which is familiar and where nobody can challenge you.

One day, a SA-child asked around 4pm if it was time for class. He clearly felt it was early morning or early afternoon, and had forgotten that the day's programmes had been completed already.

d. Feeding of the children and other provisions

Children at Hopeland are given a weekly allowance which they have to manage throughout the week to eat. This is not an appropriate strategy for SA-children. Without exception, the SA-children in the pilot group were going hungry almost every week.

Consequences that were seen:

- buying on credit (accumulating debts)
- going to steal from other children or from shops in the neighbourhood
- threatening children from the neighbourhood with knives and demanding their money (one of our

boys was subsequently beaten up with sticks by some men from the area)

- going back to the streets in order to get money
- non-participation in programmes but going to 'hunt for food'
- trading of food by the older children at high prices (on credit)
- trading of money at high rates (interest rates of more than 100%...)
- staff feeding children from their own pockets

The present arrangement rather forces children to lapse back into their survival-strategies, and prevents them from really settling down and concentrating on personal development.

It denies children the opportunity to develop trust in adults, by experiencing that indeed they are cared for. This also applies to clothing, as children are now seen struggling to get something to wear. Also provision of mattresses, bed sheets, proper chop boxes, towels, toothbrush and –paste, soap, footwear etc needs to be taken seriously, as all these fall under basic needs. It offers confirmation of caring, which is necessary for children to trust staff also at the higher level of emotional care.

Any SA-programme should consistently provide food, shelter and clothing (primary needs) to the children in a way that ensures that they receive what they need.

During the pilot-period, an attempt was made to keep part of the money for 4 boys who were in financial trouble each week, and to provide breakfast for them instead. This was in order to enable them to come to class on a full stomach. The children however did not agree, as they felt they were being cheated, and refused to give up their autonomy. The arrangement relied on one of the older boys, who was contracted to buy the food each morning. This did give rise to suspicions that he would keep some of the money. It means that basic trust was clearly not established, and that a partial arrangement (whereby only few children are provided food instead of money) will not work. The boys expressed clearly that they did not want to be treated as 'little children'.

This shows that any arrangement needs to provide for all children equally, and needs to be handled by staff entirely.

e. Protection by staff

Experience has shown that active involvement of the staff with the children is important for SA-children. At Hopeland, children are often left on their own because there is no 24-hour time table for staff on duty.

Among the children, a hierarchy exists, and SA-children are often the weakest in the group. During the pilot, staff experienced that they had to interfere pro-actively in order to protect children from bullying, exploitation and cheating by their stronger peers.

Many SA-children have poorly developed social skills, easily resulting in fights. They need adults available to them to share their problems, in order to learn appropriate responses. This again confirms that they are cared for.

Hopeland is open, and outsiders can just walk in. Staff needs to be present at all times to meet those outsiders and check their purpose. Too often it was seen that items were stolen from the children's rooms by outsiders, or that children were sent by people who are not employed at Hopeland. SA-children tend to be vulnerable to this, as they often have a 'bad name', and are likely not be taken seriously when they make a report about an adult who does not treat them well. This makes it relatively easy to exploit them.

Any intervention for SA-children needs to ensure a 24/7 duty schedule, in order to actively protect children against themselves and against outsiders.

f. Combination with 'Preparation children' or 'able&stable children'

The setting at Hopeland is clearly designed to suit children who are quite able to organize their lives, and stable enough to do so consistently. From the previous points, it may have become clear that SA-children generally need more provisions than the more 'able&stable' children who we prepare for external training.

During the pilot it has become clear that it is difficult and confusing (for both staff and children) to have both

groups in the same setting under the same conditions.

Here are a few experiences:

- children from both groups at times dodge programmes; in view of preparation for external training, punishment may be the measure to take, in view of SA extra attention and counseling are more appropriate. Different measures for different children creates confusion and easily results in protests and bullying.
- Children in preparation need to learn to take some responsibility; most SA-children are not ready for this, and are often not able to carry out duties consistently. Again, this results in different demands and measures.
- Children in preparation need to learn how to manage money and prepare food, for this is what they need to do when in school/workshop; most SA-children cannot do this yet. A situation whereby some children are given food and others a feeding allowance will never work (see above), unless the children are placed in different quarters and the groups kept completely separate.
- Children in preparation need to be given clear time measures when they should be able to perform certain tasks (eg. 'you should learn to come to class in time within one month, otherwise we cannot send you to school in September'), to prevent them from taking it easy. SA-children have no such incentive (being sent to school) waiting for them, yet which makes them

feel they are neglected or forgotten. They are also humiliated and teased by others. *Not being sent to school/workshop but staying at Hopeland is perceived by the children as a disgrace and failure, and this is not likely to change with any change in policies!*

g. Exposure to many different activities/skills

Children learn from exploring and experimenting, and this is more true of children who do not fit in a traditional academic setting. At Hopeland, children get a chance to experience how to care for animals; if they can do it, it makes them feel good. They also can develop an interest in this particular type of work.

This principle should be expanded to other areas as well. In the pilot period, we increased the use of computers, we did more creative activities and generally had more materials available. We see how children explore and pick out those activities which appeal to them, often with encouraging results.

Practically it means that staff is needed to supervise; most children have not yet learned how to care for materials, and some feel they should take toys for themselves. Close supervision is needed to prevent materials from damage and disappearance, in order to sustain any programme.

Any SA-programme should include a vocational dimension along these lines, to meet the children's need of learning something they feel can bring them money in the future. A setting wherein a child can try his hands on

cloth, wood, metal, clay, leather and whatever other skill, provides children with a sense of really learning something, and enables the staff to observe particular skills in children.

h. Collaboration with relatives

It was found during the pilot period that a couple of children spontaneously reconciled themselves with their relatives in terms of contact and acceptance (both SA-children and stable children). They started to visit home over the weekends, and expressed more positive views about their home front.

Also, a number of parents/relatives came to look for their children. In those cases, children were not always eager to re-establish contact, and some parents also expressed that they preferred the child to stay at Hopeland.

In case of trauma caused at home (leading the child to the streets), it may be helpful for a child to face the past and deal with it. However, presently we do not have any experience with this, as facts about the children's pasts are mostly unknown to us. We also have no clue to determine if a child is ready for such a move if it does not take the initiative by himself.

This emphasizes the need for quality social surveys, to gain insight in the events and circumstances which pushed the child to the streets, and to assess the potential for reconciliation.

Following this, if a child expresses interest to reconcile with his home, a social worker can help to design a plan, for example the child goes home once a month over the

weekend. This can be agreed with the relatives, and enables the social worker to get an idea of the home. It can also be used to advise the relatives on how to deal with the child. Meanwhile, the child is helped to attain better social behaviour and emotional responses, which makes it easier for the family to accept it back. This process can be healing in itself if monitored well. Focus should not be in the first place at where the child will stay and who will pay the school fees. This can be decided at a later stage, to avoid pressure on the child.

3.3.5 Other organisations in Accra

Part of the research was to try and find any other organisations who could be helpful in caring for the children in the research group. The following groups were visited:

- Special School Dzorwulu – government school for mentally retarded children; the level is too low for any of our children;
- African Centre for Human Development – NGO which rehabilitates children who have been trafficked and sends them back to their relatives. Children only stay with them for about one month;
- Basic Needs – NGO with focus at mental health. Has now started programmes in Accra, but is concentrating at the health sector. Emphasis is more at medical drug therapy, not so much at therapeutic environment;

- Ark Foundation – NGO which cares for abused women and children. They do advocacy and run a shelter for survivors of abuse, which is usually full;
- Planned Parenthood Association of Ghana (PPAG) – international NGO with focus at reproductive health; they do however a lot of community youth programmes which also includes counselling services for young people with addiction-related problems; they have had some initiatives for street children, but they mainly work with school-going youth;
- Women Initiative for Self Empowerment (WISE) – NGO which provides counselling for survivors of abuse; they offer a yearly (at least they did) training course in counselling, which is helpful for anybody working with vulnerable people.

No organisation or school was found that could directly help the children in the research group. Referral is no option.

3.3.6 Preparation Committee CAS

The Preparation Committee took shape in the later stages of the research. It needed to find its role, and time was needed to decide on formats to use. But apart from the administrative struggles, useful discussions about individual children take place, and the ability to translate observations into interventions has improved.

The Committee is an important platform to plan and review what specific care a child needs. Guidelines to

identify children who need more attention are now in use. See appendix II: 'Checklist: Who needs special attention?'

3.4 Personnel care

In the pilot period two social workers have been carrying out the work with the children. Emphasis has been largely on the set up of a quality educational programme, and most time and energy is spent on maintaining a timetable with morning- and afternoon programmes for the children. This simply left no time for other things like individual talks with a child or catching up with professional information. Based on the experience from the pilot, a few recommendations can be made, but it must be kept in mind that experience is relatively limited: working with emotionally vulnerable children puts high demands on integrity and professionalism of caregivers, and we definitely have not seen all of it yet!

3.4.1 Availability

As stated several times before, for SA-children there need to be staff on duty at all times. This requires a 24/7 time table, which means staff work on shift. The shift aspect is important, because each worker should be with the children at different times. If only one person runs the evening or weekend shift, others will not have an accurate idea of what life is like for the children at those

times. It also helps in monitoring the work, as children will compare how staff do their duty (esp. when being the only person on duty), and any dodging or misconduct will certainly be reported. This prevents paying people for not doing the work. And workers will be able to plan individual activities with children during evenings or weekends, when there are no programmes to run.

A residential 'house mother' or 'matron' is not advisable, since SA-children consume quite a lot of attention which really wears a worker out. One individual can never have the emotional strength to respond to them positively on a 24/7 basis. Besides, we know from experience that one residential officer does not result in 24/7 availability, as the person has his own affairs to attend to and may have family duties as well.

Another form of availability is in emotional terms. A worker who reports to work with his head full of worries about his own life is not available for the children. He is more likely to vent his own frustrations on them. When employing new workers, this is an aspect to take into consideration: how secure is the applicant in life, is he/she in a stable setting or rather struggling to keep life going? Only people with a degree of freedom and maturity in their own life can really make a positive impact, since the work is simply demanding and the rewards are not always obvious.

Higher demands on staff require more payment, and it is useful to include that in budgeting towards an SA-intervention.

3.4.2 Staff support

This brings the issue of support of staff. In the pilot period tiredness, frustration, hopelessness, desperation and escapism were all seen and experienced. Children do not give us a break, and with the heavy time table it is often difficult to cope with all the demands for attention. Support of staff in terms of counselling, training and regular breaks or retreats is vital. Without it, the quality of care given can never be maintained, with the result that the children suffer. The essence of working with these children is to be with them, to give them attention, to care for them, to educate them, to protect them. All of it demands continuous assessment of what is the best thing to do; no solution or intervention can be applied automatically.

And, children often show the opposite of gratefulness, which easily results in the question whether the effort is worth it. And that's where the frustration sets in.

To keep our eyes open for the real, underlying issues demands that we stop and reflect, and recommit ourselves to the work over and over again.

3.4.3 Communication

A communication structure needs to be in place to ensure that all information is conveyed to the right person. Presently, at Hopeland it is mostly the children who do the handing over between staff members, as no official handing over takes place in the morning and the evening. This way, we miss out on many things.

Recording sheets are used to register all events per child; this needs to be a 24-hour effort, combined with a brief general report by the end of a shift. This requires concise, effective formats for reporting, to prevent record keeping occupying all available time.

It is also important to share experiences and worries with each other, to prevent frustration from getting out of hand. If no platform is provided, it is not easy to talk things out, and irritations towards each other may increase unnecessarily.

3.4.4 Training

Training of staff is required in order to have the right interventions implemented and to get the right observations done and recorded. Training will help staff to deal more effectively with the problems of the children and to keep sight of the process. This has been demonstrated in the Preparation Committee, where the ability to 'see' children has improved much, and members could decide on what observations are needed. It also is believed that with good training the keeping of records becomes a smaller burden, as staff will be better able to do it effectively. Also, with more technical training, a language or 'jargon' will emerge which will be understood by all and which makes reporting a matter of few words. As such, record keeping and reporting will be enhanced automatically once staff know what to report on.

Staff training can be an integrated part of staff support (see above), and needs to focus on:

- content knowledge: observing behaviour, identifying symptoms of trauma, identifying learning disabilities, when to call in a specialist
- methods and approaches: working out individual assistance programmes, how to deal with relatives, teaching methods and materials, behaviour modification techniques, handling confidentiality
- individual abilities: potential abuse of power, interference of own emotional life in dealings with the children, how to identify stress and potential burn out, how to gain and maintain trust

Conclusions

- The primary focus of the research shifted from emotional trauma to behavioural problems in general.
- Record keeping is a weak side of CAS and needs to be improved. This has put a restraint on the research.
- Social surveys are vital for planning and delivery of adequate care to individual children; information on the personal history of the child needs to be included.
- Many behaviour patterns are observed among the children that point to emotional trauma.
- Many behaviour patterns are observed among the children that may be symptoms of behavioural disorders.
- Learning disabilities are a common factor among children within the research group. Symptoms of both Attention Disorders and dyslexia are seen.
- The combination of several problematic behaviour patterns makes the children vulnerable

and difficult to rehabilitate towards mainstream society.

- In past records, drop out rates from programmes of about 50% were found.
- At Hopeland in subsequent groups over 40% of children was identified as being in need of special attention.
- Boys are more successful than girls, and generally drop out at a later stage.
- Drop out rate among girls at Hopeland is high.
- About 30% of children who visit the Refuge do not attend any programmes.
- Any intervention for SA-children needs to:
 - Increase the demands on individual children (in terms of discipline and consistency) gradually
 - Be an open setting where children are free to go and come back without facing sanctions
 - Be a time- and place structured programme to help children orientate
 - Effectively take care of all basic needs (food, shelter, clothing) of children to

provide a foundation for taking care of higher, emotional needs

- Provide 24/7 protection of the children through presence of staff against:
 - Themselves
 - Their peers
 - Outsiders
 - Be separate from an intervention for 'able&stable' children who are being prepared for external training
 - Expose children to as many different skills and activities as possible
 - Seize on any possibility to reconcile the child with his home as a form of emotional healing
- Working with children within the research group is extremely demanding and not rewarding in terms of concrete results.
 - In a residential setting, a shift system for staff is necessary for maintaining both quality and quantity of the work.
 - Emotional support for staff is vital for providing professional care to the children.
 - A daily communication platform within a team is required to share information and stay in touch with each other.

- An effective format for reporting and handing over is required
- Training of staff is necessary in the ff fields:
 - Content knowledge
 - Methods and approaches
 - Individual abilities
- The Preparation Committee is found to be a useful platform for planning and reviewing the progress of individual children.
- The ability to identify specific problems in children that require more attention has improved within the organisation.
- No other organisations were found that could care for the children within the research group. Referral is no option.

Recommendations

- CAS should continue to improve the quality of records kept on children and activities.
- CAS should continue to improve and broaden the scope of surveys conducted into the social background of children.
- The Preparation Committee should be maintained as a platform to monitor the progress of individual children.
- Programmes offered in the House of Refuge should as much as possible meet the needs of children who need special attention.
- An extensive setting is needed to care for the children in the research group; CAS' organisation will become too large and unmanageable if it is added to the existing programmes; hence...
- CAS should encourage and cooperate with any group who aims to provide Special Attention for street children in Accra who need it!

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Appendices:

I Profile of four research groups

II Checklist ‘Who needs Special Attention?’

III Recording sheets Hopeland

IV Checklist observations Refuge

Appendix I Profile of four research groups

Profile of 4 Research Groups

October 2004

Group 1:

Children who show general difficult behaviour

Over a longer period of time (while being present at the H.O.R. frequently) the child is persistently seen:

Behaviour towards staff:

- Difficulty to take simple instructions
- Difficulty to obey the staff when behaviour is corrected
- Difficulty to keep HOR rules

Behaviour towards peers:

- Creating confusion among peers by telling stories or reporting others
- Often initiating quarrels with other children
- May be stealing or cheating others

General behaviour:

- Reasons inconsistently when discussing issues concerning their lives
- At times, cannot remember or recollect issues discussed
- Low ability to organize own life, eg to keep clothing or money

Involvement in programmes:

- Low involvement in any programme, especially classroom activity
- Cannot spend long sitting at one place
- Inattentive when involved in programme, tending to do own thing instead of following instructions

Group 2:

Children who are involved in (child) prostitution

Behaviour towards staff:

- Does not approach staff easily;

Behaviour towards peers:

- Moves mostly in a group of same category of children
- Do not involve themselves with other children
- Not afraid to insult others and fight
- Does not take kindly any comment or accusation of being a prostitute
- Shies away from being identified with a boy(friend)

General behaviour:

- Spends time dressing and pays more attention to what to wear, eg often seen holding a mirror to look at the face or to get rid of pimples or polishing their nails
- Always claim they are unemployed
- Likes to be seen buying good food – eg take away from Papaye
- Often in mini skirts
- Spend money freely

Involvement in programmes:

- Spends long hours sleeping at daytime
- Does generally not like to be involved in any work that demands attention or concentration

Group 3:

Children who abuse hard drugs

Behaviour towards staff:

- Often not able to make any critical assessment during interview
- Difficulty to respect the staff

Behaviour towards peers:

- Strongly defend themselves when accused of taking drugs
- Fighting and hitting the girls and the small boys is common
- Move in groups of the same category of children

General behaviour:

- Often red eyes, dizzy, sleeping eyes
- Often shabby or dirty clothes
- Often spends less time in caring for the body
- Often black lips or dotted with black spots
- They behave as if they feel they don't have a future
- Have often spend a long time in the streets already
- They generally create confusion and noise
- They tend to be involved in criminal activities

Involvement in programmes:

- Inconsistent involvement, esp. in classroom activities

Group 4:

Children with learning disabilities

Behaviour towards staff:

- They are often obedient towards the staff
- They will do work that is given to them (esp. manual job)

Behaviour towards peers:

- They usually fight only when they are disturbed, do not initiate a fight themselves

General behaviour:

- They behave as if they are afraid to face challenges in life
- Often stark illiterate or been out of classroom for a long time

Involvement in programmes:

- Spends more time playing than attending classroom
- Gives excuses for not attending lessons
- Always finds fault with the teacher, the students or the classroom setting

Appendix II Checklist 'Who needs Special Attention?'

November 2005

Who Needs Special Attention?

Name of child:

Age:

Date of assessment:

Education:

Criteria:	Manifested as:	Yes/No
1.Reduced ability to remember and process information with the brain	Child cannot remember and reproduce a letter/word that has been learned over the past several days, while most of his peers are able to do so; according to age the child should be able to do so; typically dropped out of lower primary school	
2.Difficulties in left-right orientation	Child tends to write and/or read from right to left, and 'mirrors' letters and numbers; tends to confuse 'b' and 'd', 14 and 41	
3.Unable to sit still when required	Child tends to start walking around, laying down or climbing when class is in progress and other children are seated and quiet	
4.Unable to focus and concentrate	Child has difficulty to stay on a task and 'get inside the task', for example when copying words from the blackboard he does not do it continuously but stops after every word	
5.Expressions of general disinterest in education	Child refuses to come to class or absents himself frequently with doubtful excuses, eg. going to toilet or going to drink water; tends to do own thing instead of assignments	
6.Poor motor skills, esp. fine skills	Child has difficulty holding a pencil, or writes with uneven spacing/sizing, eg:	

	'my nam e iS am a.'	
7.Distractibility	Child is distracted by almost everything he sees or hears, is unable to filter out what is important and what not, and is paying attention to everything	

Social behaviour:

Criteria:	Manifested as:	
1.Immature and inappropriate responses to social situations	Child shouts or talks unnecessary when he is not required to do so, eg. in the company of adults; child makes inappropriate remarks and acts out of accordance with context and own position.	
2.Comparatively high rate of conflicts and aggression	Child is often seen quarrelling with others and cannot solve problems peacefully	
3.Quick succession of different friendships	Child seeks companions but never sticks consistently to the same person; shows a trend of either just forgetting about friends or creating problems that end friendships	
4.Inadequate responses to corrections of behaviour	Child is frequently 'offended' when called to order or responds by walking out	
5.Unable to attain 'social code'	Child still behaves inappropriately after having received instruction, eg on how to answer a question in class	

Self help:

Criteria:	Manifested as:	
1.Immature responses to new challenges	Child flatly refuses to do a new assignment, starts crying, walks out or bluffs it is too easy for him so he don't need to do it	
2.Comparatively poor level of self-organisation	Child always 'has something to do' whenever called for an activity; poor management of money and	

	clothing	
3.Comparatively poor level of planning	Child poorly remembers what he is supposed to do or does things in the wrong order, eg buys hot food when registration for entertainment is about to start or washes his dresses just before it is time to go	
4.Difficulty to remember instructions and to carry them out correctly	Child gets distracted while carrying out instruction, or is unable to remember two or three instructions at a time, eg. 'Go and bath, put on a clean shirt and come to the clinic'; forgets to come back to the clinic or ends up playing football instead.	
5.Underdeveloped concept of time and space	Child confuses 'yesterday' and 'tomorrow', and 'morning' and 'afternoon' in all languages; child has difficulty in thinking backward, eg telling how many days ago something happened; child has difficulty estimating distance and seeing the lay out of a building	
6.Low level of patience	Child wants everything to be done 'now!' and cannot accept 'please, wait small'; persistently reminds others of what he wants, to the extent that it is exhaustive	
7.Inconsistency in statements and difficulty recollecting what has been said	Child contradicts itself, without obvious reason (is not consciously lying in order to achieve something)	
8.Involvement in commercial sex work	Child is less involved in programmes due to irregular 'working' hours; often manipulative approach towards others/adults	
9.Abuse of drugs or other substances	Child is less involved in programmes due to effects of drugs; often low level of self-care; has often spend a long time in the streets already	

All criteria:

-applicable **over a longer period of time** (more than 3 months) in a context where other children have 'normalized' their behaviour, eg in the Refuge or a (teaching) situation in the field

-more **intense** and **persistent** than in an average child, while the child is far less sensitive to corrective interventions; eg an average child may remain seated in class after a warning, while a 'Special Attention' child may get up over and over again after he is told to sit down.

- focus rather at the **total of characteristics (according to the criteria)** of the child than at the specific number of criteria that the child meets; a typical 'Special Attention' child has problems in all three areas, but also a child with difficulties in only one area can be blocked from attaining a sound social and economic life. Over-all question is to be: "Will this child be able to make it in a 'standard' intervention like formal school or apprenticeship training, or will it need extra assistance in overcoming his problems?"

Appendix III Recording sheets Hopeland

Daily recording sheet

Name of Child: _____ Week from _____ to _____

Day	Activity	Outcome	Concentration	Behaviour
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Weekly assessment

Individual Life Management:

Area	Description:
Money management	
Time management	
Personal hygiene	
Cooking	
Following instructions	
Social behaviour group	
Expressions of voc. interest/talents	

Does the child have a problem in any of the ff areas?

Area	Y/N	Description of behaviour:
1.Attention to activities (e.g. inattentive, withdrawal, daydreaming)		
2.Physical activity (e.g. restlessness, noisemaking, hyperactivity)		
3.Reaction to tension (e.g. emotional upsets)		
4.Appropriateness of behaviour (e.g. telling lies, collecting objects)		
5.Meeting work requirements (e.g. self-criticism, giving up, not doing work)		

6. Interest in work (playing, scribbling, drawing)		
7. Getting along with others (name calling, fighting, passivity)		
8. Consideration for group needs (impatient with others, interrupting others, talking loud)		
9. Response to teacher requirements or instructions (arguments, rudeness, disobedience)		
10. Degree of independence (seeking praise, support, attention, favours)		
11. Regard for general rules and conventions (truancy, lateness, disallowed objects, destroying property)		
12. Integrity (cheating, gossiping, stealing)		
Proposed approach to help the child to overcome problems:		

Appendix IV Checklist observations Refuge

Observation checklist

For observing identified children who visit CAS' Refuge

Name of child:

Day/date:

Time: from to

Venue of observation:

What was the child doing:

Did the child know that you observed him/her? Yes/no

Concentration, activities

- What was the child doing (describe sequence of activities):

- For how many minutes did you see the child concentrate on 1 activity?

- What things distracted the child?

How would you describe the behaviour that you observed:

- Restless, over active
- Normal, averagely active
- Slow, dull, no initiative

More details:

Interactions with other children

- Describe the nature of interactions with other children:
 - x aggressive interaction (shouting, insulting, fighting)
 - x helping interaction (assisting other child)
 - x neutral interaction (exchanging information)

More details:

How would you describe the behaviour that you observed:

- easily provoked (resorting to aggression quickly)
- defending own rights with aggression
- provoking other children (verbal or physical)
- defending own rights without aggression
- neutral (doing own thing and not looking for trouble)
- meek (not defending own rights)

More details:

Interactions with staff

- How many times did you see the child approach a member of staff?

More details:

- How many times did a staff approach the child?

More details:

- How would you describe the behaviour that you observed?

- o Respectful
- o Obedient, following instructions
- o Avoiding interaction with staff, doing own thing
- o Not respecting

More details:

General:

- Did you see the child seeking the company of other children? If yes:
 - o How many times?
 - o Same gender or opposite gender?
 - o For what purposes:

If no: describe how child behaved:

Did you observe anything that points in the direction of:

- Fear
- Shame
- Mistrust (in people in general)
- Low self esteem
- Need for attention