

**EVALUATING THE EFFICACY OF INSTITUTIONAL CARE IN THE  
REINTEGRATION OF STREET CHILDREN IN BLANTYRE.**

By

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## DECLARATION

I, Margaret Sadrake, declare that the mini-dissertation hereby submitted for the Masters in Development Studies at the Centre for Development Support, University of the Free State, is my own independent work and that I have not previously submitted this work for a qualification at/in another university/faculty.



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15 JUNE 2016

Date:

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## ABSTRACT

The research sought to establish whether institutional care has efficacy in the reintegration of street children in Blantyre. The study explored effectiveness of institutional care in achieving successful reintegration of street children back with their families and communities. Over the past two decades, Malawi has experienced an increase in number of child care institutions including those set-up to reform street children. However, literature and studies in other settings has shown that institutional care may cause harm to children and affect their long term development. The study therefore sought the perspectives of street children and child care institutional managers to get their views on the role of institutional care in achieving successful reintegration outcomes.

The research was a cross-sectional design that used qualitative methods for data collection and analysis. Participants were mainly drawn from children living on the streets, those who are currently enrolled in child care centres and institutional managers. The main findings indicated that street children appreciate the role of child care institutions in providing them with basic needs and safe shelter. However in terms of contribution towards successful reintegration the study observed that institutions are falling short of their goal by inadequately addressing the actual needs of street children hence some children return to the streets.

The study recommends evidence based interventions for street children that will address their needs and increase participation in planning and implementation of programs. Based on these findings, the conclusions drawn are that in order for reintegration of street children to be successful, there is need to address deeper issues causing children to be on the streets, increase collaboration with community based structures, including families of street children and finally, increase responsiveness to street children's actual needs.

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## **LIST OF ACRONYMS**

<b>CCI</b>	<b>Child Care Institutions</b>
<b>CCPJA</b>	<b>Child Care, Protection and Justice Act (2010)</b>
<b>CCRB</b>	<b>Child Case Review Board</b>
<b>CRC</b>	<b>Convention on the Rights of the Child</b>
<b>DSWO</b>	<b>District Social Welfare Policy</b>
<b>EFA</b>	<b>Education For All</b>
<b>FGD</b>	<b>Focus Group Discussion</b>
<b>MHRC</b>	<b>Malawi Human Rights Commission</b>
<b>MGDS</b>	<b>Malawi Growth and Development Strategies</b>
<b>MoGCDSW</b>	<b>Ministry of Gender, Children, Disability and Social Welfare</b>
<b>NPA</b>	<b>National Plan of Action</b>
<b>RBA</b>	<b>Rights Based Approach</b>
<b>SRHR</b>	<b>Sexual and Reproductive Health Rights</b>
<b>UNICEF</b>	<b>United Nations Children's Fund</b>
<b>VACYW</b>	<b>Violence Against Children and Young Women</b>

## **CHAPTER ONE: INTRODUCTION**

### **1. Introduction**

With all the developments that have occurred globally since Mark Twain wrote the *Adventures of Huckleberry Finn* in the late 19<sup>th</sup> century fictionalising the life of a homeless boy, it is clear that the issue of children living on the streets has remained part of urban societies. With close to 100 million children living on the streets worldwide, it follows that the magnitude of the problem of street children is critical to the discourse of child development and urban planning. The status of street children in African cities has generated interest because many people are seeking to understand its scale and the urgent need to address it (Boakye-Boaten, 2008). The purpose of this research is to investigate street children's perspectives on the role of institutionalisation in their reintegration back into society.

In 1989, the United Nations General Assembly adopted the Convention on the Rights of the Child. United Nations Children's Fund (2006) notes that since then there have been millions of children who have benefited from support in form of response to obligations that have been made by different governments and international partners to improve the state of children all over the world in terms of survival, health, education, protection and participation. Furthermore, Millennium Development Goals for children recognised the need to take into account marginalised children and ensure they are not missed out in development initiatives.

Despite these efforts some children are still deprived of their rights to education, access to safe shelter, clean water and food. Guarcello and Koseleci (2009) observe that street children are vulnerable and at risk to all forms of abuse, exploitation and discrimination and this further endangers their life, physical health and psychological well-being. Malawi has not been spared this problem in its main cities namely Lilongwe, Blantyre, Mzuzu and Zomba. This research focuses on Blantyre whose population is one million and urbanisation rate is 6.5% per annum, (Blantyre Urban Profile, 2011). The District Social Welfare Office estimates that there are 4,000 street children in the city. According

to Malawi Human Rights Commission (MHRC, 2013) there are forty one child care institutions offering residential services in Blantyre and of these, eight take in street children. These centres provide street children with shelter, basic needs and facilitate behaviour reformation to enable the children to develop socially acceptable coping mechanisms. However, some children run away from institutions whilst some return to the streets immediately after being reintegrated to their homes. Some are not even interested in child care institutions and this has prompted the researcher to investigate the factors leading to successful reintegration of street children.

This chapter will introduce the topic and provide a brief back ground of the study in order to highlight the major issues pertaining to street children and institutional care in Blantyre, Malawi. The chapter will give the problem statement, aim of study, objectives and research questions guiding the research. The chapter will provide justification of the study which will show issues that necessitate a research into the topic.

## **2. Background of the Study**

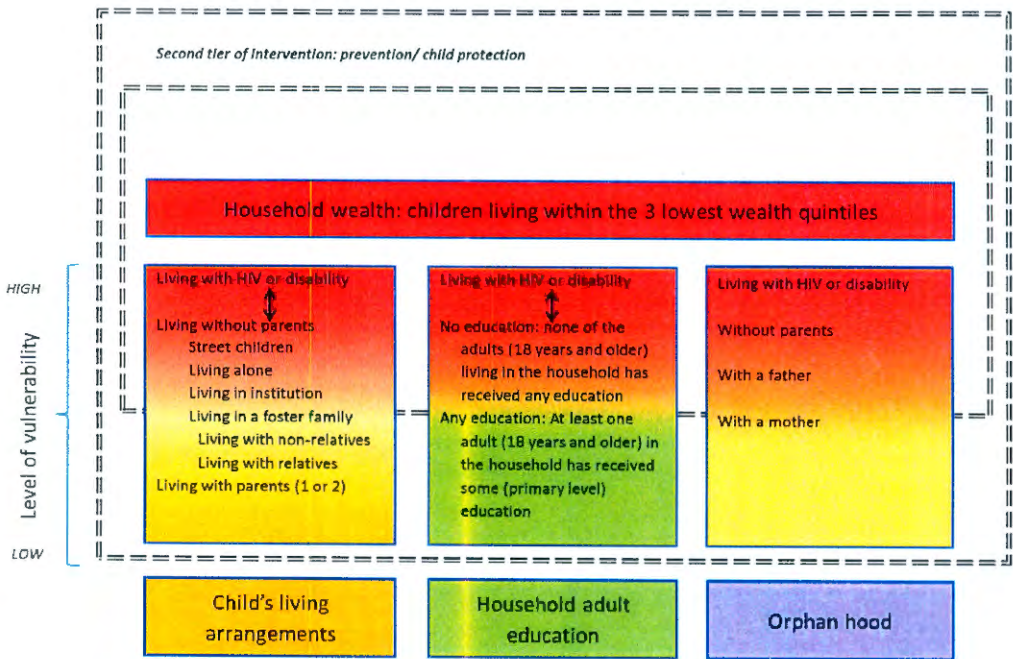
The Blantyre District Social Welfare Office estimates that there are close to 4000 children living on the streets of Blantyre. The Malawi Human Rights Commission (2013) reports that the country has witnessed a phenomenal growth of numbers of children living on the streets in four major cities of Lilongwe, Blantyre, Zomba and Mzuzu. Street children are exposed to numerous risks due to their living conditions. Once on the streets, children become vulnerable to all forms of exploitation and abuse and their daily lives are likely to be far removed from the ideal childhood envisioned in the Convention on the Rights of the Child, (UNICEF, 2006). Priority responses to street children usually involve placement in residential care institutions, however this approach poses risks challenges to their long term development and integration back into society. This problem has necessitated research to critically assess the role of institutional care in the reintegration of street children.

Malawi Growth and Development Strategies (MGDS) 2011 to 2016 is the overarching framework for the government's pro-poor initiatives to improve the standard of living for

the population at large. Social protection is one of the key themes covered in these strategies and with 1.8 million children classified as vulnerable; there is greater need to pay attention to them in order to alleviate suffering. A study conducted by the Malawi Human Rights Commission in 2010 showed that over 6,000 children were being raised in 104 child care institutions, of which around 60% of which were residential care institutions.

The Ministry of Gender, Children, Disability and Social Welfare (MoGCDSW) established a National Plan of Action for 2015 to 2019 which guides efforts at addressing vulnerable children’s needs (MoGCDSW, 2015). An evaluation of the previous national plan of action revealed the need for a vulnerability framework which helps to identify and reach out to the most vulnerable of children. Figure 1 presents the multi-tiered levels of vulnerability marked against different aspects such as household income, living arrangements, levels of education and health status. As seen in the diagram, street children who are highly vulnerable and are thus placed in the 1<sup>st</sup> tier of intervention which prioritises care, treatment and impact mitigation. The framework shows that street children are vulnerable because of their living arrangements and as demonstrated in Figure 1.1, even children living in institutions are also deemed vulnerable.

**Fig 1.1: Vulnerability Framework**



Source: Adapted from Ministry of Gender, Children, Disability and Social Welfare (2015)

The Ministry of Gender, Children, Disability and Social Welfare (MGCDSW) has only one public owned shelter that can take in destitute children but that centre is also shared with victims of domestic abuse and other welfare cases. Government also runs a reformatory centre for children in conflict with the law which takes in court-mandated children. Since government's facilities are inadequate to cope with the problem, other non-governmental organisations have set-up centres to take in street children. Non-governmental organisations looking after street children range from small community based structures to big formal centres operating in different cities. They may differ in size but in terms of operational modalities, most of these offer residential care based programs.

Globally, there has been a shift away from institutionalisation as the choice alternative care for children in need of protection. Studies in other parts of the world have shown that young people who grow up in child care institutions find it difficult to integrate easily into communities. Residential care entails an organized routine, living arrangements characterized by impersonal structure and professional relationships between adults and children (Browne, 2009). Development principles promote participation, sustainability and human agency all of which are lacking in institutionalisation as a tool for integration.

Attachment and Social modelling theories borrowed from behavioural psychology place great importance on the role of primary caregivers in shaping the character of the child. When street children are placed in child care institutions, they risk missing out on the guiding influence of family as accorded to all children by the proclamations of the Convention on the Rights of the Child. Considering the investments that are made to develop and sustain CCIs, it is imperative to determine whether they are in fact effectively helping in the reintegration of the street child.

### **3. Problem Statement**

The numbers of children living on the streets of Blantyre is worrying especially given the risks they face whilst on the street. Blantyre District Social Welfare Office estimates the numbers of street children is more than 4,000. Efforts to address the problem have been primarily focused on institutional care based rehabilitation models and as such street children rescued from street situations are finding themselves in one of the 106 child care institutions in the country, (MHRC, 2013). However, these child care institutions do not necessarily offer best practice in terms of child protection and development. As a result, the National Plan of Action by MoGCDSW (2015) classifies them as highly vulnerable. This research therefore seeks to evaluate the efficacy of institutional care in the rehabilitation and reintegration of street children.

### **4. Aim**

The aim of the study is to determine the effectiveness of institutionalisation in the reintegration of street children back into society. Currently in Blantyre, Malawi, most approaches for the reintegration of street children focus on institutionalisation. Given the theoretical framework underlying street children's vulnerabilities, the study therefore seeks to evaluate whether child care institutions offer a more effective approach in the reintegration of street children.

### **5. Objectives**

The objectives of the study are as follows:

1. To investigate street children's perspectives on the role of institutionalisation in their reintegration back into society
2. To assess the type of intervention programs offered by street children institutions in Blantyre and role in the rehabilitation of street children.
3. To provide recommendations for family-centred approaches to reformation of street children.

## **6. Research Questions**

The study will seek to address the following questions:

1. What are the perspectives of street children on institutional care?
2. What are the views of street children on their reintegration?
3. To what extent do programs offered by institutions lead to successful rehabilitation of street children?
4. To what extent does institutional care lead to positive outcomes in the reintegration of street children?
5. How are families involved in the rehabilitation of street children under institutional care?

## **7. Justification of the study**

Children are inherently in a position where they require care and protection regardless of whether they are considered vulnerable or not. A lot of investment has been made in the area of residential institutional care of street children as a strategy for reforming and rehabilitating them in readiness for reintegration. However, several studies and empirical research has pointed out that this approach may not be the best practice in achieving successful reintegration outcomes. Indeed, long term institutionalization of vulnerable children has been proven to contribute to other social problems in the lives of children. Furthermore, there is need to explore the perspectives of the street children themselves, in line with development principles of participation and agency.

## **8. Scope of Study**

Whilst definitions of street children may vary from place to place and through time, this study will be limited to street children as those living, working or begging on the streets. The study group will be limited to those aged from 11 to 18 as this is the group that can engage in discussions relevant to this study. The study will be limited to only child care institutions that take in street children.



## **CHAPTER TWO: LITERATURE REVIEW**

### **2. Introduction**

This chapter reviews the theoretical and empirical literature on the area of street children, institutional care and reintegration. The literature review will include a brief description of the concept of street children and an overview of the international perspectives on street children and institutionalization. To establish the context of the problem, the chapter will look at the theoretical framework underlying the research questions and the legal context which governs the issue. The chapter will discuss literature and applied research on institutionalization vis a vis other forms of care in the reintegration of street children. Overall, the purpose of the literature review is to contextualize the research problem, gain methodological insights and establish relevant variables relevant to the topic (Randolph, 2009).

According to the MHRC (2013), the number of street children living in Malawi's major cities has increased over the years. Although street children can be found in most cities, they are a growing concern in the developing countries due to the plethora of multi-dimensional factors such as rapid urbanisation, poverty, family breakdown and HIV/AIDS. Despite being found in all cities, UNICEF (2006) points out that they are also among the most 'invisible' and therefore hardest to reach with important basic services such as education and health-care, making them the most difficult to protect. Due to their high mobility, street children are difficult to quantify and as such estimates are often used in order to determine the scale of the problem.

#### **2.1. Definitions**

Glasser (1994) proposes that although there is no universal definition of a street child, the widely accepted definition is any girl or boy who has not reached adulthood, for whom the street, including unoccupied dwellings has become her or his habitual abode and/or source of livelihood. However, based on social constructionism, these children are not homogenous and there are indeed several typologies among the population

based on dimensions such as economic activities on the streets and children's source of identity (Benitez, 2011).

Development studies place great importance on the agency of people, regardless of their circumstances and the definition given does not take into account children as capable actors in their own right. In order to emphasize agency, other scholars have opted for a definition that takes into the account street children as active in their living circumstances by describing them as children for whom the street is a reference point and has central role in their lives (Crianca 2007 cited in Benitez, 2011).

For purposes of this study, the researcher adopts a more comprehensive classification of street children that is provided by UNICEF (2006) and it categorises street children as:

- Children on the streets as those who have to work or beg on the streets because they need the money to survive, either as individuals or part of a bigger family unit. Street children and their families actually regard proceeds from the streets as regular or significant source of income.
- Children in the streets as children from homeless people who sleep on the streets. Some come from poorer parts of the country into the city whilst others have run away from their homes.
- Children of the streets are comprised of orphans or abandoned children whose parents have died because of illness or war, or to whom it was simply impossible to look after their children.

## **2.2. International Perspectives on Street Children**

Street children are a global phenomenon, regardless of how developed or underdeveloped the country is. In developing countries they are commonly referred to as street children whilst in developed countries the commonly used term is homeless children. Whilst there is agreement on the fact that numbers of children in street situations are increasing, there is no consensus on the actual numbers. This is compounded by there being very little academic literature on street children especially

in Africa. Biggeri, Ballet and Comim (2011) note that although there has been increasingly wide-ranging literature on child poverty, there is little academic research on street children. Street children are both excluded and invisible from mainstream development although they actually need intervention the most. Globally, some of the factors contributing to the invisibility of street children include lack or loss of formal identification, inadequate state protection for orphans, and exploitation of children through trafficking, forced or hazardous labor and premature entry of children into adult roles such as marriage (UNICEF, 2006).

Glasser (1994) observes that homeless street children who sleep outdoors in alleys, street pavements and store fronts comprise about 20% of the world's street children. In a cross-cultural comparison, Aptekar and Stoecklin, (2014) noted that close almost 90% of the street children in developing countries are neither homeless nor orphaned. These are working children who instead of being in school end up having to work or beg on the streets to earn income which they return home at the end of the day.

### **2.3. Policy Approaches Towards Street Children**

There is evidence of three distinct policy approaches to street children. Benitez (2011) classifies that these approaches as follows:

- Correctional, reactive or repression oriented model in which street children are seen as deviant and a potential threat to public order. Responses under this approach are repressive and seek to correct street children so they can fit the description of 'normal' children.
- Rehabilitative or protection oriented models view street children as victims whose basic rights to food, shelter, health and protection are continuously being violated on the streets. Responses are protective and seeks to shield these children from harm.
- Human rights based models view street children as a discriminated group whose access to rights is unmet or denied by society. Responses under this approach seek to improve street children's access to rights by either raising more

awareness among the children or lobbying with duty bearers to increase responsiveness to street children's rights.

In response to a surge in population of street children in Latin American cities in the 1980s, the Inter-American Development Bank responded by funding and supporting various programs aimed at containing the problem of street children, (Moran and Moura Castro, 1997). In the past repressive responses toward street children were popular. It was common for governments to conduct sweeping exercises in which children found on the streets were forcibly removed, detained and taken to reformatories. These institutions were notorious for brutal treatment including punishment and harsh labour. Recently, the response has progressed towards institutions that provide basic needs within a shelter set up. Furthermore, institutions are using rights based approaches to provide holistic care including access to education and health.

#### **2.4. Legal Framework**

The UN Convention on the Rights of the Child (CRC), the African Charter on the Rights and Welfare of the Child and the Child Care, Protection and Justice Act (2010) of Malawi have statutes that are meant to protect children from harm, violence, abuse and exploitation. Article 19 of the UN Convention on the Rights of the Child stipulates that children have to be protected from physical and mental harm and Article 20 states that the State is obliged to provide special protection for a child deprived of the family environment and to ensure that appropriate family care or institutional placement is available. As signatories to the CRC, governments commits to ensuring that children are properly taken care of, protected from violence, neglect and abuse by either their parents or caregivers.

In Malawi, the Child Care, Protection and Justice Act 2010, Section 3:2 it is stated that 'a parent or guardian shall provide proper guidance, care, assistance and maintenance for the child to ensure his or her survival and development, including in particular adequate diet, clothing, shelter and medical attention'. The Act recognises role players in child protection including extended family, the state and traditional authority. Section

150 to 156 of the Act established the Child Case Review Board (CCRB) which is mandated to monitor child care institutions to ensure that they adhere to regulations. The CCRB also assists in the designing and implementation of rehabilitation programs that enable re-integration of children into society, (MHRC 2013).

Despite the legal framework for the care and protection of vulnerable children, some of them are being found on the streets, pointing out to gaps and weaknesses in the enforcement of the law. The Ministry of Gender, Children and Social Welfare has occasionally called for mandatory removal of children from the streets in what has become to be known as sweeping exercises. These calls for removing children from the streets are usually announced through the media without consultation with other duty bearers in the area of street children or reflection of whether previous similar interventions yielded positive results, (Malawi News Agency Newspaper, November 2014 p8). However, in the absence of considered interventions, it remains unclear whether such indiscriminate actions will lead to successful reintegration of the street child.

## **2.5. Theoretical Framework**

Developmental psychology theories place great importance on good relationships between parent and children as a foundation for future behaviour of children. Psychoanalysts believe that behavioural problems can be traced back to early childhood development. John Bowlby (1988) developed the theory of attachment in which he argued that children are born with an innate drive to bond with their parents or primary caregivers for survival.

The theory hypothesizes that parent-child attachment is a mechanism that insures survival through proximity during stressful situations. According to this theory, parents who provide a good, nurturing relationship with children create a safe environment that allows for attachment. Successful attachment to caregivers lays foundations for healthy future relations, good self-esteem and an ability to self-disclose to others. On the contrary, as Bowlby postulated, long term consequences of parental deprivation include

delinquency, reduced intelligence, anxiety, mistrust, increased aggression, depression and affectionless psychopathy.

Bowlby (1988) points out that from the 1940s, researchers working independently of each other started observing the negative effects of prolonged institutional care and/or frequent changes of mother-figure during the early years of life on personality development of the child. In the developed world, there was a decline in institution based child care because of the negative consequences on the psychological development of the child. However, in developing countries where physical needs such as food and shelter take precedence over psychological needs, institutions proliferate despite potential harm to the child. Studies of institutionalised children in Romania 2002 revealed that 37.5% of children in residential care institutions report that they have been victims of severe physical punishment or beatings, (Browne 2009). Apart from the apparent physical harm this causes, such violence often has long-term impact on their mental health including the ability to attach, form healthy and trusting relationships.

The theory explains how external environment shapes children and describes the role of primary caregivers in the psycho-social development of children. However, for most street children, this guiding role is lost when ties with families are severed. Benitez (2011) notes that there is a gap in longitudinal research on street children and their families or care givers over time. However, looking at the theories of how external environment shapes behaviour, it can be deduced that street children lack the primary socialisation and modelling framework that family brings and this negatively affects their well-being and development, (Muchini 2006).

## **2.6. Street Children-The Malawian Situation**

Similar to the global situation, Malawi does not have consensus on the actual population of street children. Blantyre District Social Welfare estimates the number of street children in Blantyre to be close to 4,000, however an enumeration study conducted in November 2014 revealed that there are 1776 children on the streets of Blantyre (Retrak 2014). It is important to note that this survey was only limited to street children aged

between 7 and 15, leaving out the younger and older children and youth. The actual numbers of street children are therefore more than reported by Retrak. The study found that similar to the rest of the developing world where 90% of street children are neither homeless nor orphaned, only 12% of street children in Blantyre actually live on the streets full time.

Retrak (2014) reported that 20% of street children were female which resonates with the global situation where there are more boys than girls living in street situations. This is evidenced by various findings, for instance 85% of street children in Zambia were male and similarly, in Shanghai they account for 90% of the street children population and in Namibia the proportion is 80%, (Benitez, 2011).

Observing the trends of institutionalisation of children in Malawi, it can be noted that there are more children in institutions in the southern region as compared to the northern region. The table below shows the number of children enrolled in institutions in Malawi, these include orphanages, reformatory centres and street children's centres.

#### **National Distribution of Children in CCIs**

<b>Number of children registered in CCIs</b>				<b>No. of children that entered CCIs over a period of 12 months in 2010 and 2011</b>		
<b>Region</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
<b>Northern</b>	378	334	712	58	48	106
<b>Central</b>	1277	1070	2347	289	201	490
<b>Southern</b>	1667	1121	2788	559	293	852
<b>Total</b>	3322	2525	5847	906	542	1448

**Table 2.1: Source: Ministry of Gender, Children, Disability and Social Welfare (2011)**

The Government of Malawi has been slow to respond to the issue of street children because whilst there are policy responses to other orphans and vulnerable children, there is no direct national policy specifically targeting street children. The National Policy on Orphans and Vulnerable Children does not adequately address street children. Having a specific policy response enables funding towards the development problem but because there is none targeting street children, the Government of Malawi has few structures set in place to deal with street children. This is similar to the Ugandan response to street children where until recently there were no specific government policies for street children save for general policies and goals relating to the enhanced social development and living conditions of all vulnerable groups, including street children and youths, (Biggeri et al, 2011).

As noted by the MHRC (2013) institutions that are mandated to provide care and support for street children such as the Police and the District Social Welfare Offices are not being adequately utilized by the children. The reports further explains that this is partly due to fear of arrest since it is unlawful for children to be begging on the streets. In any case, the Government of Malawi through its District Social Welfare offices has little capacity to assist and resultantly ends up overly depending on child care institutions to take care of street children. However, these child care institutions have their own agenda and are inter alia, driven by the need to raise funds. Considering that the more children at a centre, the more funding the centre receives, it can be seen that keeping more street children in institutions may act as an incentive for to institutionalise children that may otherwise have been dealt with differently.

Street children in Malawi are at increased risk of violence against children. The MHRC (2013) established that most forms of violence to such children go unreported because the children are afraid of getting arrested since the law prohibits them to live or work on the streets. The UN General Assembly Report (2012) observed that forced removal of children from the streets in Cambodia in 2008 led to illegal confinement and exposed children to abuses by persons of authority in detention centres. Such abuses can have long term consequences on health and personal development from adolescence through to adulthood.



### **2.6.1. Malawi's National Plan of Action**

Government of Malawi put in place National Plan of Action (NPA) for vulnerable children which guided policy responses from 2005 to 2011. The NPA had six strategic objectives of which the relevant ones to this research include strengthened family capacity to care for OVCs, improved policy and legislation, strengthened technical, institutional and human resource capacity of key OVC service providers. A situational analysis and review of that NPA in 2012 to 2013 revealed that strides had been made in education, social safety nets and psycho-social support for OVC. However, evidence pointed out that programming for children living in and on the street and those in alternative care needed more strengthening.

One of the key recommendations that came out from reviewing the NPA was the need to develop a vulnerability framework that will help identify vulnerable children and enable the prioritisation of the most in need. The goal of the NPA is to see the survival, protection and development of 80 per cent of the 1.8 million vulnerable children in Malawi improved through strengthened capacity of families, communities and government and enhanced policy and legislation,( MOGCSW, 2015).

### **Vulnerability Framework**

The vulnerability framework (shown in Fig 1) presents the multi-tiered levels of vulnerability marked against different aspects such as household income, living arrangements, levels of education and health status. The framework demonstrates recognition by the government of Malawi that street children are highly vulnerable due to their homelessness and living without guidance of responsible, caring adults.

### **2.7. Street Children: The South African Situation**

In comparison South Africa has various policy responses put in place to address the problem of street children. The 2005 Children's Act, the 2006 Children's Amendment Bill, the 1996 White Paper for Social welfare and the subsequent 2006 Service Delivery Model provided policy framework for strategies aimed at addressing vulnerable children, including those living on the streets (Baker, 1999). The strategies include:

- Preventative measures to stop vulnerable children from living or working on the streets through early reconciliation with families or communities
- Registration of relevant programmes for street children including those that facilitate reenrollment into formal schools, life and jobs skills training programmes.
- Employment of street or outreach workers in assessment centres to facilitate early identification and referral of vulnerable children.
- Provide capacity building and empowerment of parents and families to deal address children with challenging behaviour.

In terms of practice, the Government of South Africa should allocate funds to the Department of Social Development to enable the implementation of these programs in accordance to Section 4 (2) of the Children's Act. In reality however, social services was underfunded, receiving only 25% of their allocation, (Child Gauge 2007/2008). This compromised the capacity of non-governmental organisations looking after street children and negatively affected their ability to provide effective service.

### **2.8. Child Care Institutions: A Traditional Approach to Reformation**

MHRC (2013) notes that the number of CCIs rose from thirty nine in the year 2000 to a hundred and four in 2010. Child care institutions (CCI) have been rapidly increasing without regulation and, in some cases, have poor standards. The Malawi Human Rights Commission (MHRC) advocate that CCIs should adhere to set minimum standards that ensure constant and proper assessment of children, frequent and accurate recording of children's information. In the absence of these standards, there is serious risk that once in CCIs, street children will lose contact with their communities.

Child care institutions have proliferated against a background of increased pressures faced by vulnerable children. According to UNICEF (2006), 24 new care institutions for children were established between 1994 and 2004 and the number of children in residential care doubled in Zimbabwe. Rising socio-economic problems resulted in families' decreased ability to provide adequate care for children and this is one of the

major reasons why some children ended up needing alternative care. Child Care Institutions stepped in to provide care as Csáky (2009;10) clarifies, 'We recognise, however, that some forms of care institutions have a role to play in providing short-term care for vulnerable children who require specialist services or who are waiting for a suitable longer-term alternative'.

Furthermore, institutions are useful for children who may be too traumatized to be able to fit easily into a substitute family, Cahajic (2003 cited in Abebe 2007; 9). This is especially true for street children that have been abused whilst on the street. Reintegrating them immediately back with alternative care would mean they are forced to face the realities of normal societal life whilst they still have to contend with post traumatic problems. This would be detrimental not only to their adjustment into society but to their realization of basic child rights of living a life free of fear.

### **2.9. Child Care Institutions: Masking the Real Problem**

Institutionalisation hides the deep rooted problems that cause children to be on the street, rather than address the problems head-on. Abebe (2007) argues that external interventions should primarily address structural causes of poverty and marginality rather than amplifying inequalities through the selective support of orphans in economically vulnerable communities. Most local authorities in Africa tend to provide services along sectorial lines rather than adopting an integrated approach.

Donors and well-wishers have inadvertently contributed to the dependence on institutions. Humanitarian and development agencies are not aware of the potential harm that can be caused by the inappropriate use and overdependence on institutional care. It is easy to see the results of an institution and measure its immediate success because the street children are in one place therefore statistics are accessible. As Csáky (2009) notes, it is easier to count the numbers of children in institutions than to quantify the impact of a communications campaign promoting positive parenting.

Child care institutions show care, provide basic needs and therefore give the impression that the best interests of the child are being met. This acts as a pull factor that is increasing the number of street children in child care centres. Schwinger (2007) noted that in Brazil the labelling of most child care centres as orphanages is actually misleading but because 'donors like orphanages', organisations that run them prefer using that term. Studies of orphanages in Malawi established that the presence of more children at the centre acts as an incentive for donors to provide more financial resources (SOS 2014). This could lead to more children being put in institutions when other forms of rehabilitation could have been used.

Whilst purporting to be addressing poverty, institutionalisation may actually contribute to increased marginalisation of street children. In communities where access and ownership of land is passed through lineage, these children may risk losing property rights due to prolonged stay in institutions. Already ostracised for leaving home to live on the streets, children returning to communities face a tough challenge of blending into society and accessing communal resources. Furthermore, livelihood coping strategies that could have been passed from previous generations are lost when children spend years in institutions.

Studies of institutions in Serbia and Montenegro revealed that 33 to 50% of employees working in institutions had no direct contact with the children, (Browne 2009). In reality, institutions are more expensive than other forms of child care such as fostering and community-based care. One of the reasons why institutions are expensive is that they employ a lot of people, some of them not critical to child care. SOS (2014) established that an organisation could help 15 children in communities for the cost of looking after one in residential care. In addition, the continuous turnover of social workers employed in the centres makes it difficult for a child to create a bond with anyone, which often gives rise to frustration and isolation, Biggeri et al (2011).

## **2.10. Family Breakdown: A Push Factor**

Kilbride et al (2000) argues that regardless of the macro causes, most writers concerned with African street children report family breakdown as the immediate precipitating push factor that prompts a child to leave home directly for the streets or eventually to arrive there as a child of the streets.

Although a lot of the street children in sub Saharan Africa have lost at least one or both parents, in Malawi the District Social Welfare Office for Blantyre state that up to 55% have at least one parent. However, as Kalimbira and Chipwatali (2007) noted, because of increasing social and economic burdens in families and communities, the population of street children is likely to be increasing in Malawian cities. Whilst traditional African societies were known to take up care of orphaned children, these structures have been broken due to various social, economic and cultural factors. The government and non-governmental sectors now have to play a bigger role in stepping in where the resilience of families and communities has been eroded.

## **2.11. Institutionalisation and Participatory Approach to Development**

By and large, organisations that promote institutionalisation of street children do not advocate for the participation of children in their own development. Institutional approaches seldom take into account rights based approaches that acknowledge the voice of the child. Instead, the child is viewed as a passive victim of circumstances; interventions are set-in stone and passed down to children without consultation on what they think are the best alternatives.

One of the strategic objectives in the Malawi's National Plan of Action on vulnerable children of 2005 to 2011 was to facilitate meaningful child participation for both boys and girls, UNICEF (2015). However, despite good intentions meaningful participation was not implemented in any systematic way at national, district or community levels. The new National Plan of Action for 2015 to 2019 has, as part of its guiding principles, putting vulnerable children first, following child rights principles, community participation, ownership and social mobilization, (MoGCDSW 2015).

Aptekar and Stoecklin (2014) propose that interventions should include the participation of youth in all phases of planning, yet top down approaches are still being used in street children's programs. According to Benitez (2011) studies recommend that policy makers should pay more attention to street children's voices, personalities and life experiences in developing targeted policies. Evidence based interventions that use participatory and human rights based approach in dealing with street children and children in have yielded more success. For instance in Canada restorative justice practices enable perspectives of offenders and young people to be heard in an environment that is safe, non-discriminatory and participatory, (Moore and Mitchell 2011).

## **2.12. Institutionalisation and Psycho-Social Wellbeing**

Abebe (2007) conducted a comparative study that explored the well-being of children on the streets (begging during day but living with their parents) and orphans in SOS Children's Villages in Ethiopia. His findings show that children in SOS Villages may seem secure in terms basic needs such as housing, nutrition and access to education, however they are far behind their street counterparts when it comes to peer interaction and social capital. A lot of the street children were seen to have strong social coping skills and greater resilience to poverty. These working street children actually contribute economically to their families and earnings from begging and menial jobs form part of the household income sources.

The Bucharest Early Intervention Program compared developmental abilities of children who had been raised in large institutions against those who had been raised at home or grown up in foster care. Interestingly, the researcher found out institutionalised children, were far more likely to have social and behavioral abnormalities such as disturbances and delays in social and emotional development, aggressive behaviour problems, inattention and hyperactivity, (Csáky 2009). This assertion is further supported by Askeland (2006) who explains that because institutionalised children are largely deprived of human touch as they grow up, they are unlikely to develop emotionally and

mentally in ways that will make it possible for them to relate meaningfully and happily to others.

It is important to work with families in the reintegration of street children. Bowlby (1988) asserts that if a community values its children it must appreciate the role of their parents. This creates a gap between the traditional approaches of 'rescuing' street children and enrolling them in institutions for behaviour reformation, and the contemporary, mainly rights based approaches that seek the best interests of the child, which current development thinkers agree belongs with the family.

### **2.13. Street Children's Vulnerability to HIV/AIDS**

The cost of non-responsiveness to street children is a great one that today's world cannot afford. Little knowledge on HIV/AIDS, prevalence of risky behaviours and dangerous facilitating environment make street children more vulnerable to sexually transmitted infections. Street children are particularly vulnerable to sexual transmitted infections because they frequently engage in transactional sex for survival. Furthermore, there are no safe shelters for the children to sleep at night hence children are exposed to sexual predators who may include paedophilic adults or older street children. Mandalazi, Banda and Umar (2013) noted that street children have a lower level of accurate information on HIV/AIDS and other STIs, especially modes of transmission and measures of prevention. In Karachi, Pakistan, Aram (2012) found out that 63, 4% of the children have had sexual intercourse and the average age of sex onset is 13-15 years.

### **2.14. Conclusion**

Literature and empirical evidence clearly demonstrate the multiple challenges that street children face. An analysis of the problem of children in street situation has shown that there are various reasons why children end up in the streets and as many confounding factors why they remain there. Having outlined the main theoretical and legal underpinnings, it is clear that the situation needs to be addressed in order for these children to enjoy a decent childhood and grow into functional adults. As explained in

this section, there are distinct approaches that have been used to attempt to contain the problem of street children and institutionalisation stands out as a dominant strategy in the developing world. Whilst this strategy has its strengths, major flaws such as long term impact of psychological well-being and lack of participation necessitates its critical assessment. This research will focus on evaluating whether using the institutional care approach is effective in achieving positive outcomes in the reintegration of street children.



## **CHAPTER 3: RESEARCH METHODOLOGY**

### **3. Introduction**

This chapter describes the methodology used in this study. The chapter presents the research purpose, strategy, chosen research type, target population, sampling methods, data collection and concludes with data analysis.

#### **3.1. Research Design**

This study uses a cross-sectional research design. Research design informs data collection, measurement and analysis and is therefore an integral part of the research process. Bryman (2012) explains that in cross sectional research design, data is collected at a single point in time then analysed to enable formulation of inferences about the relationships between variables. In cross sectional research no attempt is made to manipulate variables therefore it was ideal for this specific research as it allowed for independent observation of whether institutionalization is contributing to positive reintegration outcomes. Cross-sectional research also allows the researcher to make patterns of association between variables.

Cross sectional research design allows simultaneous inclusion of multiple variables such as gender, age, place of origin and family background of the street children under survey. Other writers equate a cross sectional study with a photo taken at a point in time. The research then looks at different variables as they are occurring in that frame at that point. This research seeks to understand the perspectives of street children regarding institutionalization whilst getting informed opinion of how that intervention is assisting in final reintegration of the same children back into community.

The main advantage of this method is that it is relatively quick and easy to execute. Given that street children are highly mobile, it may be the only way of conducting a research as any other method (longitudinal or case study) is likely to result in subject attrition.

The major weakness of a cross sectional study is that it does not allow for cause and effect inferences. It is also difficult to determine intra-participant differences using this study design. Some street children may by nature be conformist or rebellious, leading to differences in the reintegration result despite the fact that they have been exposed to the same reformation process.

The researcher used various types of triangulation to counter these potential setbacks and strengthen conceptual linkages of the study. Triangulation has been found to be useful in increasing the validity of research (Berg 2001). In addition to methodological triangulation the researcher used environment triangulation to factor in environment related factors that may influence responses. This refers to use of different locations, settings, time of day or season, in essence factors related to the environment in which the study took place, (Guion, Diehl and McDonald, 2011). FGDs and semi-structured interviews were conducted in different times of day. It was important to interview street children found in the morning and those found in the afternoon (when schools have closed) as these respondents would have significantly different experiences.

There is a gap in knowledge with regard to street children and institutional care in Malawi because very little research has been done in the area. As a result, this study was exploratory in nature and attempted to collect a wide range of information to create a fuller picture of the issue under research. The table below summarizes the main key points of exploratory research as compared to confirmatory one.

**Table 3.1: Summary of Differences between Exploratory and Confirmatory Approaches to Qualitative Data Analysis**

Exploratory (“content-driven”)	Confirmatory (“hypothesis-driven”)
<ul style="list-style-type: none"> <li>• For example, asks: “What do x people think about y?”</li> <li>• Specific codes/analytic categories NOT predetermined</li> <li>• Codes derived from the data</li> <li>• Data usually generated</li> <li>• Most often uses purposive sampling</li> </ul>	<ul style="list-style-type: none"> <li>• For example, hypothesizes: “x people think z about y”</li> <li>• Specific codes/analytic categories predetermined</li> <li>• Codes generated from hypotheses</li> <li>• Typically uses existing data</li> <li>• Generally employs random sampling</li> </ul>

Source: Braun and Clarke (2006)

### **3.2. Data Collection Strategy**

In order to gather data on the extent to which institutionalization is effectively assisting reintegration of street children, qualitative research methodologies were employed. Qualitative methodologies are effective in identifying issues from the viewpoint of the target group whilst allowing in-depth understanding of the meanings that participants give to the issue under study. Characteristically, qualitative methods allow for study of phenomena in its natural setting. They allow for study of concepts that cannot be quantified such as behaviour or attitude among street children.

This study used methodological triangulation which refers to the use of multiple data collection methods to arrive at similar results. Berg (2001;4) points out that 'by combining several lines of sight, researchers obtain a better, more substantive picture of reality; a richer, more complete array of symbols and theoretical concepts; and a means of verifying many of these elements.' To achieve this, the researcher used semi-structured interviews with individual street children, focus group discussions with groups of up to 10 street children and in-depth interviews with managers of child care institutions.

#### **3.2.1. Interviews**

Interviews are a basic qualitative tool for obtaining data. Cassell and Symon (2004) point out that the goal of any qualitative research interview is to see the research topic from the perspective of the interviewee and to understand why they come to have this particular perspective. For this study, two types of interviews were used, that is semi-structured interviews and in-depth interviews. For both methods, the researcher used a combination of note taking and digital voice recording, provided the respondents had given informed consent.

##### **3.2.1.1. Semi-structured Interviews**

The success of semi-structured interviews as a data collection tool relies greatly on the ability of the researcher to establish good rapport with the study participants. Creative interviewing (Berg 2001) requires use of a set of techniques that goes beyond just

words sentences exchanged during the interview process to include an environment conducive for informational exchanges and for mutual disclosures. Semi-structured interviews provided the researcher with an opportunity to ask specific questions whilst allowing the interviewee to deviate and give deeper opinion on the issue. These interviews had specific, predetermined topics which the researcher covered, but allowed the respondent to qualify their responses in more depth where appropriate. Semi-structured interviews allow researcher to gauge what the participants say and engage with them according to their individual personalities and styles. Street children have developed different coping mechanisms, most of them anti-social, and will most likely display such tendencies when initially interviewed so the researcher needed to adapt fairly quick in order to successfully conduct the interviews. Because street children typically have less education, only vernacular and appropriate basic language were used.

#### **3.2.1.2. In-depth Interviews**

An in-depth interview is less structured and allows the researcher to get more personal insights of the subject area from the viewpoint of the respondent. Hennink, Hutter and Bailey (2011) explain that an in-depth interview is a one-to-one method of data collection that involves an interviewer and an interviewee discussing specific topics in depth. The main advantage this method is that it allows the research to collect information from people who have first-hand knowledge about the survey group. In this study, the researcher interviewed key informants comprised of child care institution managers. Using an in-depth interview, the researcher was able to come up with a narrative of the topic from the viewpoint of the interviewee. This provided a subjective overview of individual characteristics of the child care centres such as organizational mission, which in turn helped the researcher understand their mode of operation.

#### **3.2.2. Focus Group Discussions (FGDs)**

The research used focus group discussions with street children who were identified as having lived at a child care institution and for one reason or the other, were deregistered from institutions. The target was street children aged between 11 and 18 because they

can communicate more freely and provide coherent discussion as opposed to younger children.

Focus group discussions are ideal for evaluative research. They are especially useful in cases where the investigator seeks to understand behaviour or socio-cultural norms typical to street children. The advantage of focus group discussions is that they promote the sharing of different perspectives whilst challenging the holders of those views to justify their position thereby revealing more insights on the study issue, (Hennink et al, 2011).

Street children are known for groupthink, which is a psychological term for an approach to decision making that bases on group consensus rather than individual thinking (Young and Barrett, 2010). Potentially this could prevent some participants from voicing their opinions on topics they find too sensitive. In order to encourage good exchange of information, the researcher emphasized the importance of free and open discussions. Group discussions allowed participants to define and validate norms whilst neutralizing extreme views.

### **3.3. Pilot Study/Pretest**

A pilot study was conducted on five respondents randomly selected on the streets. This was done to identify areas that may require revision or correction and to test research instruments. Pretesting for in-depth interviews was conducted with a CCI manager from an orphanage that was not part of the sampling frame. These pretests provided an opportunity to refine data collection instruments and data analysis procedures to better achieve the research objectives.

### **3.4. Sampling Design**

As with most social science research, it was impractical to administer research instruments to all members of the population. The study used sampling techniques in order to get a sample representative of the population. In this research, there was no accessible sampling frame of the total population of street children from which a sample

could be drawn. By nature, street children are highly mobile and of no fixed abode therefore a full list of the street children population of Blantyre was impossible.

The researcher thus used non-probability sampling methods. Subjects are chosen based on their availability hence enabling the collection of information in a relatively short amount of time. The techniques are also low cost, useful in getting small sample sizes and effective in targeting important respondents. Non-probability samples enable the researcher to access highly sensitive or difficult to research study populations who resultantly, are difficult to quantify.

Specifically the research used snowball technique for sampling. Most writers concur that snowball is a form of convenience sampling and in some instances it is referred to as chain sample (Hennink et al 2011). The researcher identified several street children who met specific criteria, such as age and duration they have been on the streets. Using this initial identified group of respondents, the researcher asked them to lead them to similar street children, thus forming a chain that links the researcher to more respondents. Hennink et al 2011 explain that this method increases participant recruitment because potential participants are typically linked to the study by a familiar, trusted person who can describe the interview process and alleviate any concerns.

Most challenges with the snow ball technique is that the first contact may only lead the researcher to like-minded respondents who may actually not be representative of the population. In this study, a street child who has had a negative experience in an institution could have been in the same social group with others who also do not like institutions thereby potentially biasing their perspective towards the same response. To counter this potential challenge the researcher used several starting points for creating the snowball thereby increasing the diversity of respondents. Some were started at the main vegetable market where older street children earn a living by selling carry bags, whilst others were started from shop fronts where younger street children earn a living from begging.

The research used purposive sampling to obtain respondents from institutions. Bryman (2012) explains that purposive sampling selects subjects strategically because of their

relevance to the research question. Key informant interviews were conducted with representatives from the child care institutions purposively sampled. To gain access to these key informants, the researcher used gatekeepers who are usually people of high positions or influential in institutions. Typically, gatekeepers are concerned with issues relating to confidentiality and data protection so the researcher had to explain objectives of the research and obtain informed consent.

Purposive sampling is sometimes referred to as judgmental sampling. The researcher uses their knowledge or expertise about the population group to select study respondents that best represent that population. According to the Malawi Human Rights Commission, there are 104 child care institutions in Malawi, of which 41 are located in Blantyre district. However, only 8 of these take in street children and the rest operate as orphanages. The weakness of purposive sampling is that there is lack of wide generalizability. However, similar research conducted in Malawi by Family for Every Child in 2013 used the same methods for sampling and successfully targeted child care institutions. Given the fact that not all child care institutions take in street children, this approach enabled the researcher to target only those relevant to the study.

### **3.5. Research Ethics**

The researcher acknowledges the importance of ethics in this study and therefore ensured that ethical codes were adhered to. The researcher got ethical approval from the University of the Free State, reference number **UFS-HSD2015/0319**. Being a study that concerns children, was imperative to protect their best interest. The Belmont Report of 1979 identifies three core principles on which research ethics are based and these are respect for persons, benefit for participants and justice, (Hennink et al 2011). For this research, attention was paid to the following ethical considerations: protection of children, informed consent, anonymity and confidentiality.

#### **3.5.1. Protection from Harm of the Children**

Minimizing harm concerns with ensuring the safety and well-being of the study participants. This should be ideally secured by assessing potential risks and only

proceeding if those risks are identified and mitigated. In practice, such risks should not just cover physical risks but should also look at emotional and physiological well-being. When looking at research involving street children, it is important to recognize that children's voice is key to promoting their participation in matters relating them whilst also acknowledging they have a right to express their views.

Protection from harm is underpinned by beneficence and non-maleficence which stress the importance of protecting children from potential harm whilst ensuring they also benefit from the results of the research, (Powell and Fitzgerald, 2012). With specific reference to this research, it was important to balance the two in order to protect street children from potential harm. However, whilst protecting street children from harm is a genuine concern, strong protective stance can deny children the right to express their views on matters of concern to them so in this research the researcher emphasized the protection of identity on data collected. This gave them the confidence to participate.

### **3.5.2. Informed Consent**

Informed consent involves providing the study participants information regarding research aim, procedures, potential risks and benefits to the subjects. Informed consent can therefore only be given when study participants fully understand what they are getting involved in. Research involving children requires extra care regarding ethical considerations when it comes to informed consent because questions arise as to who has the capacity to give consent for a child on the streets. Gallagher (2009) stipulates that informed consent should be guided by the following:

- Consent involves an explicit act, the participants have to be made aware they are being researched.
- Consent can only be given if the participants are informed about and have an understanding of the research.
- Consent must be given voluntarily without coercion.
- Consent must be renegotiable so that children may withdraw at any stage of the research process.



There seems to be a consensus that if the child understands the implication of participating in a research they can give consent to take part in thereof. Using the principle of Gillick-competency, a young person under sixteen years of age with 'sufficient understanding' can provide consent in their own right. The Gillick-competency basically states that a competent child is one who achieves a sufficient understanding and intelligence to enable him or her to understand fully what is proposed and has sufficient discretion to enable him or her to make a wise choice in his or her own interests, (Powell and Fitzgerald, 2012).

Informed consent requires that the researcher provides participants with accurate information about the research to enable them to make a voluntary decision to be part of the research. It is important to empower participants with sufficient knowledge and give them the option that consent is on-going, they may at any time opt out of the study. Ideally, the consent should be in written format but in practice this may be difficult especially with street children, most of whom are illiterate. Furthermore, the children may even feel threatened by the prospect of signing a form. To mitigate this problem, the researcher created forms in vernacular language and read them out to the participants. Informed consent for institutional respondents and gatekeepers was however be written down and signed for.

Research involving street children additionally has to look at practical considerations for the costs of participating to the children. Whilst on the streets they survive on begging or menial jobs, taking time off to participate in research may inconvenience them through decreased earnings. Care was taken to schedule data collection with street children during times of the day when they are not busy with begging and casual work. Additionally the children had the free will of stopping research for a period of time to engage in their usual begging if the chance presents. In one instance they stopped participating in the FGD altogether.

The principle of confidentiality often accompanies consent because in acquiring permission to conduct research the participant should be made aware of protection of

their identity and information. Confidentiality entails that identifiable information about respondents will not be disclosed and that their identity will be protected through various processes designed to anonymise them, unless they specifically choose to be identified, (Wiles 2013). Although breach of confidentiality can lead to a participant withdrawing from the study, in research there are instances when commitments to confidentiality can be broken. As a Social worker, the researcher was bound not only by duty of care but also the Child Care, Protection and Justice Act, Section 75 which states that individuals have the duty to report infringement of a child's rights. However in this study there were no instances where confidentiality was broken. All identifying information was coded and no reference is made to names of children or institutions.

### **3.6. Data Analysis**

Data analysis stems out the fact that data itself is not the end product of research but rather, a means to an end in the research process. As Bryman (2012) explains, data analysis is the reduction of data into meaningful formats that can be interpreted for discussion and, where possible, evidence based planning. Qualitative research results in the collection of a wide range of data from interview transcripts to focus group discussion recordings which may contain a plethora of raw information.

This research used thematic analysis and coding to break down data and determine recurring patterns that give meaning to information collected. Thematic analysis was used to identify, analyze and report themes that were occurring in a data set derived from the data collection process. To identify themes or subthemes, there was need to critically analyze data transcripts from interviews and focus group discussions. Thematic analysis is versatile and can be used as a method in itself or as a process in other analytical paradigms such as grounded theory. Braun and Clarke (2006) notes that through its theoretical freedom, thematic analysis provides a flexible and useful research tool, which can potentially provide a rich and detailed, yet complex account of data.

In conducting a thematic analysis, care was taken to identify themes that relate to the research question to ensure the process remains on track. There is need to link

thematic analysis with objectives of the research. Braun and Clarke (2006) further caution that there is need for the researcher using this approach to acknowledge their theoretical positions and values because inevitably these may lead to bias towards affirming the position of the researcher.

Consideration to determine what constitutes a theme will be based on various factors including prevalence across the data set inter alia theory-related material, linguistic connectors, similarities and differences, Ryan and Bernard (2003 as cited in Bryman 2012). The themes are predefined but some can emerge as the research goes.

SPSS will also be used for data analysis in addition to a thematic analysis framework. It is necessary to triangulate data analysis methods in order to increase integrity of the results and in this respect, narrative analysis will also be used. This will help people make sense of the events they report on, this will therefore be very useful in transcribing in-depth interviews.

### **3.7. Study Limitations**

The limitations of this study are two-fold; the first refers to the limitations related to the nature of the study and second refers to those attributed to the researcher. The researcher had challenges in accessing some of the respondents particularly during the peak season towards end of the year. For children living on begging, this time is valuable because of increased volume of shoppers who present a chance for increased income from begging. In this research, one focus group discussion could not be completed because the subjects decided to withdraw in order to beg.

The study used snowballing sampling techniques to get participants for FGDs and therefore information could only be obtained from a familiar group of street children. The research was not administered with street children who were openly hostile in order to ensure safety of the researcher and assistant.

The study excluded the state owned reformation centre because most of the children there are actually child offenders who were placed there through the courts. Focus

group discussions were conducted with street children aged 11 and above because they can better express themselves and hold a meaningful discussion.

### **3.8. Elimination of Bias**

To eliminate bias brought through snowball sampling techniques, the researcher used different entry points in starting a snowball in order to ensure that different sets of street children are reached. The research made use of open ended questions to ensure that respondents stated opinions in their own words.

### **3.9. Chapter Summary**

Research methodology is a critical part of the process as it provides the main body of work. This chapter has provided rationale for the research design used in addition to outlining the appropriate techniques for collecting data, sampling and analyzing the empirical findings. This was a qualitative study which employed focus group discussions and interviews to gather data. For analysis of demographic data, Microsoft Excel was used. Thematic analysis was however used to process and analyse data from FGDs and interviews. The process included qualitative methods of transcribing, summarizing, classifying and structuring of data into meaningful themes. The research observed ethical Code of Conduct the study processes. The next chapter presents the results of the research.

## CHAPTER 4: EMPIRICAL FINDINGS

### 4. Introduction

This chapter presents findings of the research and discussion of the results. Data was collected from children living on the streets and from managers of Child Care Institutions (CCI). Methodological triangulation to improve the validity and strengthen conceptual linkages, hence a combination of focus group discussions and semi-structured interviews was used to collect information from street children. The chapter will consolidate this information and present it in narrative, graphs, tables and pictures.

### 4.1. Response Rate

Out of the seven Child Care Institutions identified through purposive sampling, seven were interviewed representing 100% response rate. Five focus group discussions were planned but four were conducted. The fifth could not be completed because participants wanted to beg and felt the FGD would prevent them from potential earnings. Thirty semi-structured interviews were conducted with 18 street children living on the streets and 12 in Child Care Institutions and this was comprised of 24 males and 6 females.

**Table 4.1 Distribution of the sample for FGD**

<b>Point of Entry</b>	<b>Number of Participants</b>	<b>Male</b>	<b>Female</b>	<b>Time</b>
Blantyre Market	9	6	3	10:00am
Superior Food Market	8	7	1	4:00 pm
Limbe Shoprite-U-Save	8	5	3	11:30 am
Limbe Opposite Pep Stores	9	8	1	3:30 pm
<b>Total</b>	<b>34</b>	<b>26</b>	<b>8</b>	

#### 4.2. Discussion of Results by Theme

The researcher will present findings from the perspective of street children and from managers of Child Care Institutions. Research analysis is centered on the following themes extrapolated from the research objectives and data.

**Table 4.2: Broad Thematic Area and Research Questions**

Broad Thematic Area	Specific Theme Question
Theme 1: Role of Institutional Care	Q1. What do you understand by institutionalization of street children? Q2. What do you like about staying at an institution and why? Q3: What services are offered by institutions? Can you list them according to preference?
Theme 2: Effective Reintegration	Q1. How were you prepared for reintegration? Q2. How did you feel about leaving the institution?
Theme 3: Family Involvement	Q1. Can you describe the relationship children at your institution have with their families/communities? Q2. How was your family involved in your rehabilitation during the stay at the institution

#### 4.3. Social and Demographic Characteristics of Street Children Participants

This section presents an analysis of the socio-demographic data of street children participating in the research. There were participants of focus group discussions (n=34) and semi-structured interviews (n=30). The following analysis is based on gender, age, school attendance, duration on the streets, place of origin, family background and reasons why they were on the streets.

##### Gender

This section presents classification of respondents by gender. The majority of respondents of street children participating in the research were male (n=50). In FGDs

there were males (n=26) as compared to females (n=8). Similarly, street children participating in semi-structured interviews were also predominantly male, (n=24) as compared to females (n=6). This is because there were more boys on the streets and in institutions as compared to girls, a trend which resonates with national and global statistics where girls constitute less than 20% of the street children population. A survey conducted in Kenya observed that 90% were male (Benitez 2011) whilst in Egypt a profile of Cairo street children found that 85% were male (Guarcello and Koseleci, 2009). Furthermore, UNICEF (2006:41) explains that the majority are male, 'as girls seem to endure abusive or exploitative situations at home longer, although once they do leave their home and family, they are generally less likely to return'. According to CCI managers, most of the children enrolled in their institutions are boys, except for those institutions that exclusively cater for girls.

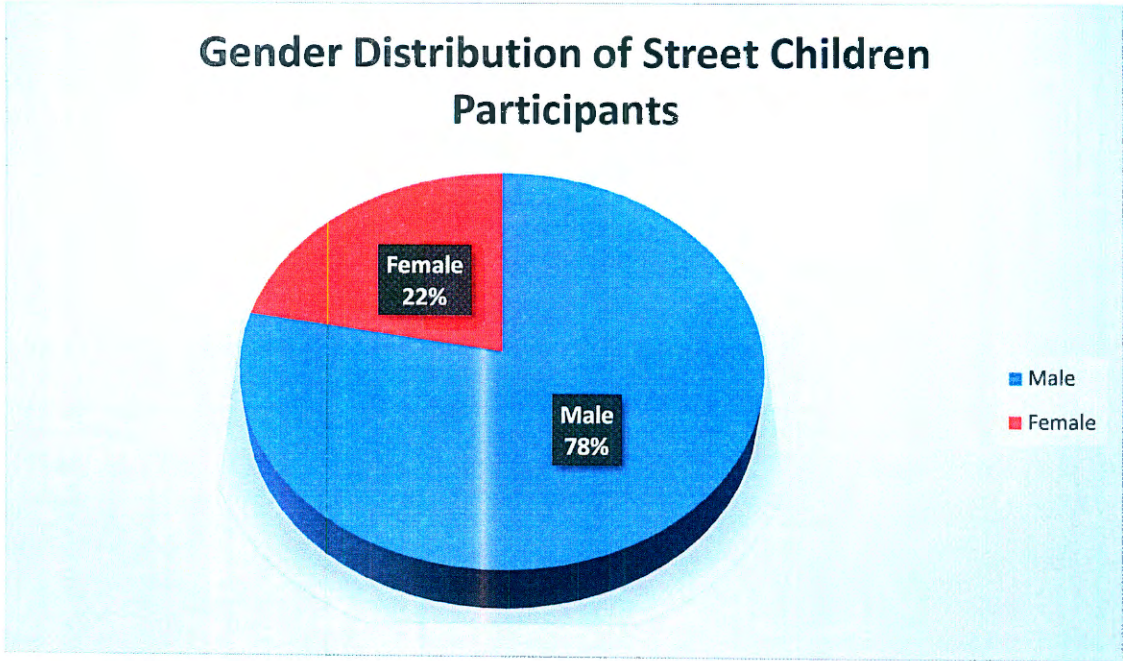


Figure 1: Gender Distribution of Participants

**Age**  
Most of the respondents were aged between 13 and 15 years (n=30), whilst those aged 16-18 were the least represented (n=13). This was similar across respondents of semi-structured interviews (n=30) and those of the FDG (n=34). The older street children aged

16 to 18 were mainly found in places where they were engaged in casual labour such as the market. Most CCI managers interviewed indicated they take in children aged from 8 to 18 with the exception of CCI-1 which sometimes takes in babies or young children that have been dumped. There were no age vis a vis gender trends observed in the data.

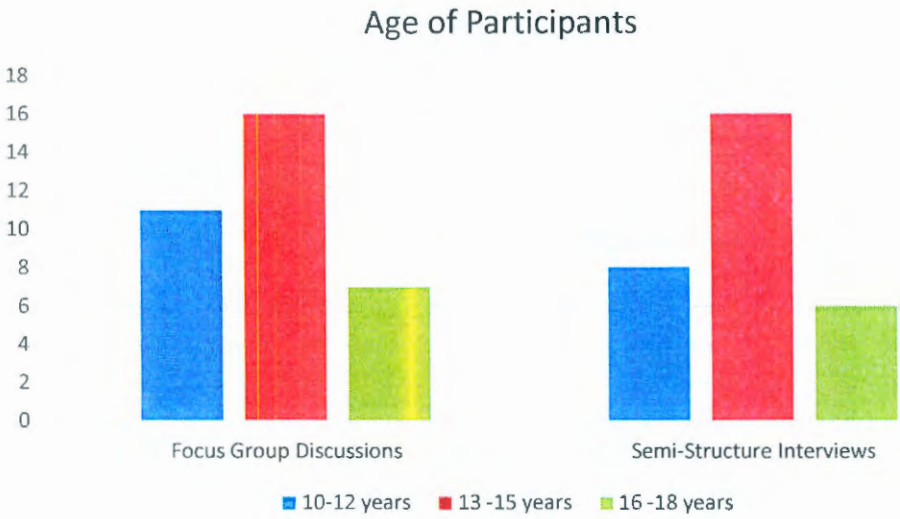


Figure 2: Age Distribution of Participants

**School Attendance**

Fifty six percent of street children who participated in FGDs are not attending school. Those that are enrolled in school indicated that they do not attend regularly. This is also evidenced by the fact that some interviews were conducted during normal school hours yet these children were on the streets. All of the children who indicated they attend school are in primary schools, no one is at secondary or tertiary level. All the children enrolled at Child Care Institutions attend school. By enrolling street children in schools, CCIs are helping in working towards achievement of Education for All and Millennium Development goal number three, both of which stress the need to achieve universal primary education.



The Malawi Integrated Household Survey (2012) states that the official entry age for primary education in Malawi is 6 years and the right exit age is 13 years. In this study, children participants were aged from 11 to 18 and for those reporting to be attending school, all of them were enrolled at primary level. It was observed that amongst participants to this research, the average street child is over-age compared to the normal schooling age ranges as stated by the Integrated Household Survey.

### Duration on the Streets

Participants of semi-structured interviews were requested to indicate the duration they have spent living on the streets. They were specifically asked how often they go to the streets and most indicated 'Everyday, part time' and reported to spend the other time at home. Although most street children indicated they do not fully live in the streets, the majority (n=12) indicated that they have been on the street for periods of 1 to 2 years. It was observed that 79% of the participants that have lived on the streets for longer periods (1-2 years, 3-4 years) were male.

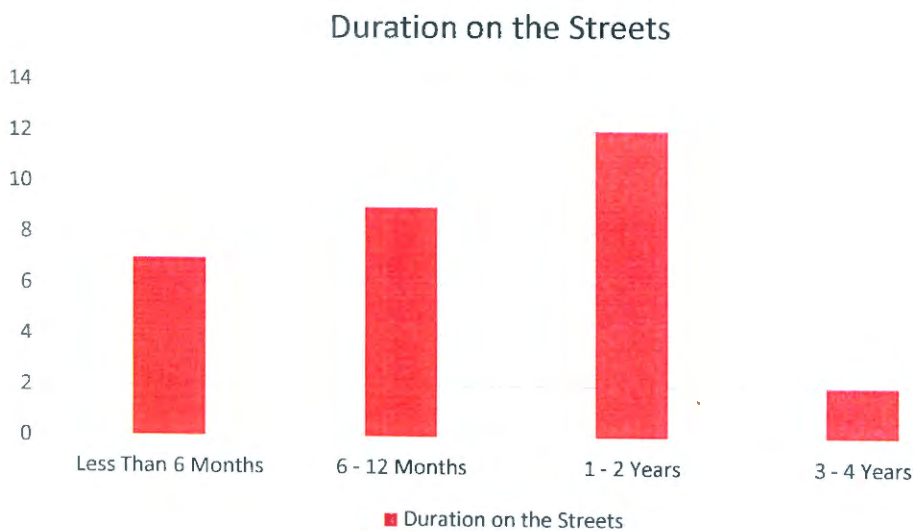


Figure 3: Duration of Time Spent on the Streets

### **Place of origin**

Participants were requested to indicate where their families live. It was observed that most street children are from Makheta, Mpingwe, BCA, Ndirande, Mbayane and Bangwe, all of which are low income areas in and around Blantyre City. These locations are densely populated, characterized by an informal economy with little need for formal education. A few are coming from outside Blantyre city from towns or villages within the southern region of Malawi such as Thyolo, Chikwawa and Zomba.

### **Family Background**

Respondents of the semi-structured interviews were asked to indicate their family arrangements to determine the family situation regardless of whether they were at a CCI or living on the streets. It was established that up to 77% have either or both parents alive and 23% are orphaned. Of respondents with either or both parents alive, 37% live with both parents whilst 30% live with their mother only because the father is either divorced from the mother or deceased, 10% live with their fathers only, in this case the mother is either deceased or separated from the father. A small proportion of these respondents indicated that they live alone (10%) and it was observed that these were over 16 years, whilst 13% live with their grandmothers (Figure 4).

CCI managers indicated that most street children are coming from broken homes where the parents have separated/divorced or where one or both parents are deceased. One of the centres (CCI-1) indicated that some of their children are abandoned whilst they are very young.

## Home Background: Who They live With

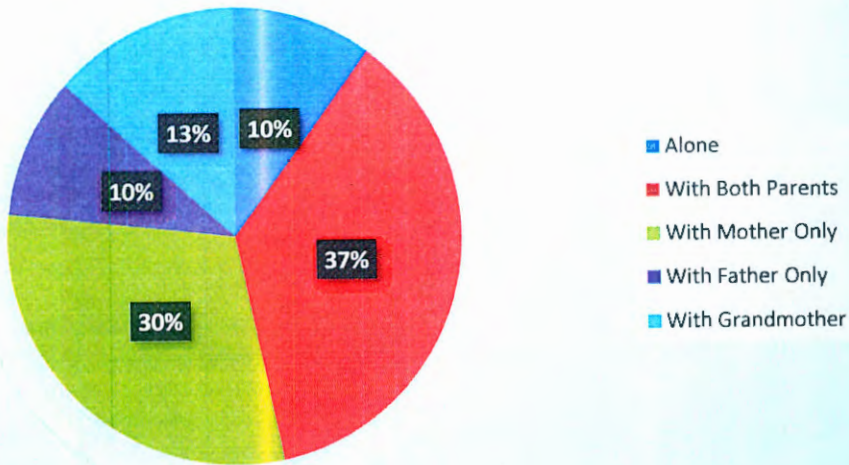


Figure 4: Home Situations

### Reasons for Being on the Streets

Participants in the semi structured interviews were asked to state the reasons why they went to the streets and it was established that most children go there to earn money (n=14) whilst others are using the streets to escape poverty at home (n=6). Other reasons stated included need to escape abuse from home (n=4) and need to be with friends (n=2). There was need to determine what poverty and earning money means to these children. It was established that those seeking to earn money are on the streets due to the pull factor of potential income generation from the streets, whilst those escaping poverty are being pushed by factors from home.

*'I come to the market every day to beg for money and pick left-overs from dumpsters. I live with my grandmother who does not work, so I usually abscond classes to beg and feed the family', explained Sup-FM4.*

These findings were similar across respondents of semi-structured interviews and FGDs. However, CCI managers saw lack of parental care as being the major reason why children are leaving homes to be on the streets, (n=7). Poverty was also cited by most CCI managers (n=4) and other factors the children did not mention such as being chased away from home on suspicion of witchcraft or abandoned. Other reasons cited

from the perspective of street children include escaping abuse at home (n=4) which was also mentioned by CCI managers (n=4).

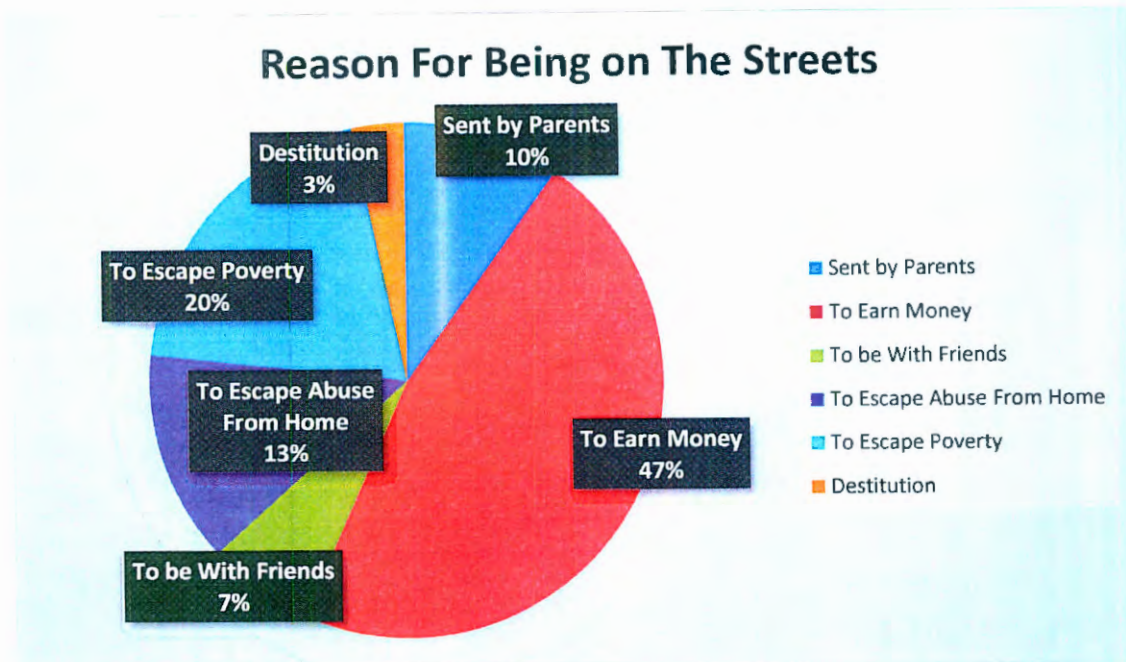


Figure 5: Reasons for being on the Streets as Reported by Street Children

#### 4.4. Theme 1: Role of Institutional Care

Respondents were asked to explain by what institutional care meant to them. For most street children, institutions mean a place where they can get shelter and food. All street children participants are knowledgeable of CCIs and of the group that participated in semi-structured interviews, some were enrolled at CCIs, (n=12) whilst others were not (n=18). All of the participants of FGDs (n=34) were currently not enrolled at any CCI although the majority of them (n=29) reported to have been enrolled in at least one CCI at some point in their lives.

##### 4.4.1. Role of Institutions-Street Children's Perspective

As a measure of the meaning of institutional care, street children were asked to state and rank services provided by CCIs. The researcher looked for patterns to determine which service was mentioned first in order to give an indication on the priority service from the perspective of the street children. In almost all the cases, food was the first mentioned and this was similar across participants of both FGDs and semi-structured

interviews. As shown in Figure 6, street children ranked food as the most preferred services offered, followed by shelter, education and vocational skills training. Access to health care services was ranked the least valued. They were asked, 'What do you like about staying at an institution and why?'

Ranking of CCI Services by Street Children

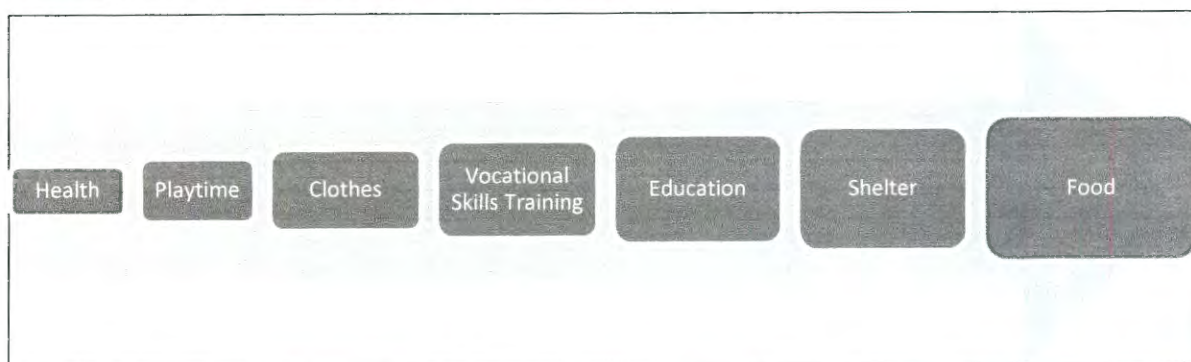


Figure 6: Ranking of Services Offered by Institutions (From least preferred)

**What do you like about staying at an institution and why?**

In both FGDs and semi structured interviews (n = 64), street children that had been enrolled in more than one institution were asked to state whether they had been satisfied with the services offered and most respondents (n=42) indicated that they were satisfied. Other respondents also indicated that they were happy with certain CCIs because care givers there were kind to them (n=36). Respondents compared two institutions they had been enrolled in and the findings are presented in Table 4:3 below.

**Table 4.3: Comparison of Services Offered by CCIs from Street Children’s Perspective**

Issue	CCi2	CCi3
1	Good enough food ( 3 meals a day)	Good enough food (3 meals a day)
2	Enough time to stay	Not enough time to stay
3	Less play time	Enough play time

4	Get a lot of clothes	Not enough clothes
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**'Which area of the stay did you dislike and why?'**

Text box 1 below captures some of the issues street children did not like about CCIs.

**Text Box 1: Aspects of CCI Which Children Dislike**

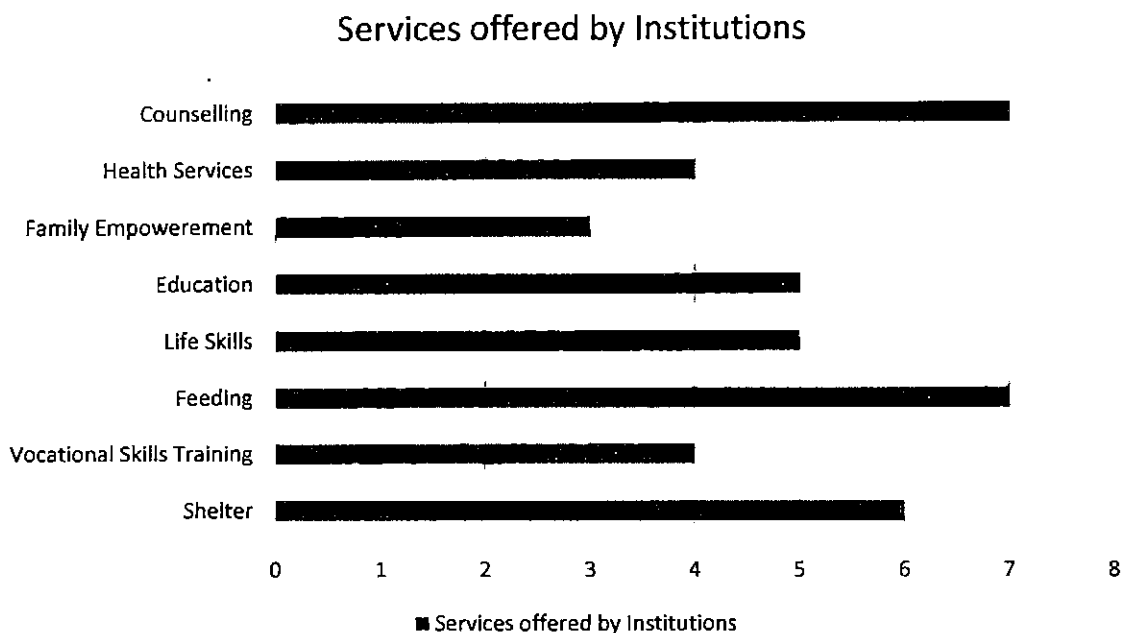
'We were treated as dogs at CCI2, we were herded every time. They told us what to do and where to go. We were forced to do manual work such as cutting grass at the centre and working in the maize garden.' PepS8.

'What I hated the most was being broadcast on media. When donors came to give us something we were told to sing whilst they took pictures and video.' Sup-FM5.

'I disliked that the old-comers who had been at the centre for a long time bullied me and even if I reported, nothing was done to them. They took my soap and blankets and told me this was not my place.' PepS3.

**4.4.2. Services Offered By Institutions-CCI Perspective**

In terms of policy approaches, all CCI managers reported that they use the Rehabilitative and Protective approaches in their work with street children. They further qualified that some of the approaches have been combined in order to provide holistic service to street children. CCI managers regard the role of the institution as to deliver essential services, access to rights and child protection. Whilst they mentioned counselling as a main service (n=6), none of the children identified it as a service on their list. In practice, CCIs are offering shelter, behaviour transformation through counselling, improved access to education and health. Some CCIs indicated that they also implement empowerment programs in homes of street children to increase resilience to poverty. CCI managers indicated that they provide vocational skills training as a way of improving socio-economic opportunities for these children.



**Figure 7: Services Offered by Institutions**

#### 4.4.3. Discussion of Role of Institution

Having analysed the responses from the perspective of street children and those of CCI managers, it has been observed that there is disconnect in priorities for the two sides. The role of the CCI has been explored from a viewpoint of assessing the services provided and the weight with which recipients of those services value them. Street children's expectations of CCIs are mainly basic with provision of regular food, safe shelter and education topping the list. Yet responses from CCI managers were centered more on behaviour reformation and delivery of social protection.

Both sides however concurred on the role of institutions as that of providing food and shelter. In addition, CCIs showed more interest in the long term wellbeing of street children through their focus on empowerment strategies. Based on these findings, it appears there is a real need for CCIs to have criteria of assessment of each child's needs in order to determine what type of intervention best suits the child. The set-up should allow prioritization of children's practical needs over CCIs' established programs and policies. Given that there is a difference in opinion of value of CCI services, it appears strategies such as prioritizing behaviour change, although

crucial to the work of CCIs, should be individualized rather than paint brushed across all street children coming through centres. As findings from this study have shown, some children are in need of economic or livelihood support for their families rather than behaviour reformation.

#### 4.5. Theme 2: Effective Reintegration

Key informants were asked if they reintegrate children back into communities and it was established that 57% (n=4) of CCIs have formal programs for reintegrating children back into society whilst 29% (n=2) do not have formal programs. One CCI indicated that they do not reintegrate children back into community because their operation is based on transitory models where children move in and out of the institution.

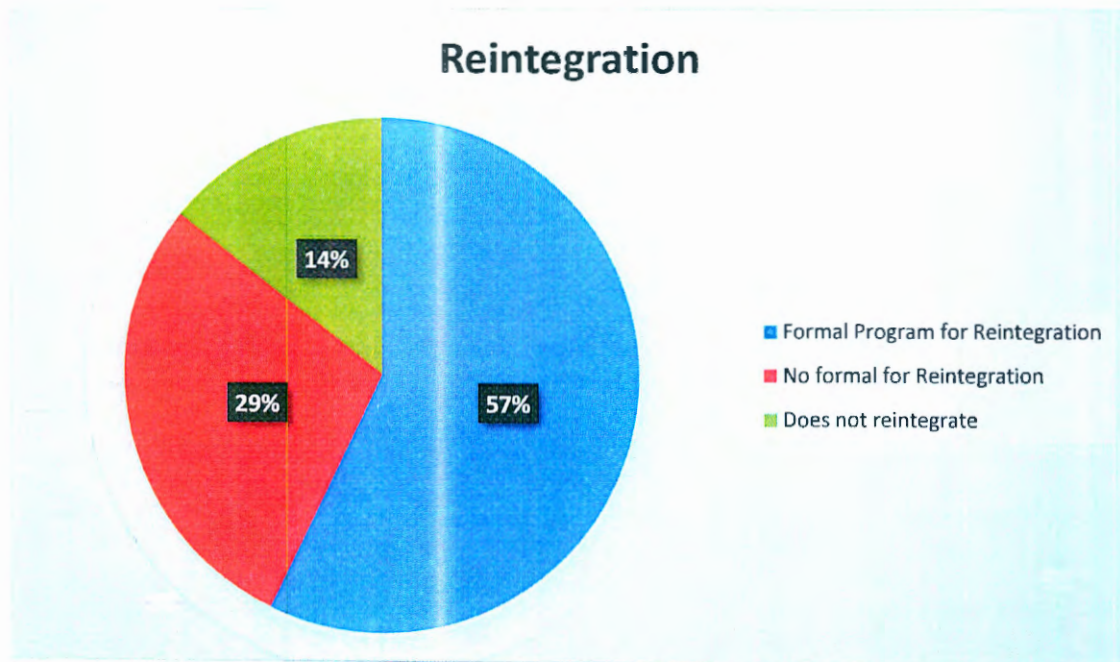


Figure 4.8: Existence of Reintegration Programs in CCIs – According to CCI managers



Based on the Ministry of Gender, Children, Disability and Social Welfare National (MoGSCDSW) Plan of Action, reintegration is the desired long-term outcome for children under institutional care. This is in line with stipulations of the Child Care Protection and Justice Act, section 168 which states that 'The manager of a reformatory centre or safe home shall review all cases of children detained for twelve months and may, after such review recommend to the board conditional discharge of such children'. Although clear on reintegration as a government sanctioned outcome, the policies do not prescribe approaches CCIs should take and as such most CCIs decide on their own approaches depending on their visions and availability of funds.

Malawi Human Rights Commission is mandated to monitor adherence of CCIs to rules and regulations, however this is done sporadically rather than regularly. According to MHRC (2013), these exercises aim to assess the existence of individual child care plans for all children as well as the existence and effectiveness of programmes on reintegration. MHRC thus needs to step up its regulatory role in monitoring of CCIs to ensure their approaches are in the best interest of the child.

The research attempted to determine whether being in an institution leads to positive outcomes in reintegration of street children. Perspectives of street children on how they viewed reintegration after having been enrolled in institutions. The themes emerging out are **Preparation for Reintegration, Feelings on Reintegration** and **Family Involvement** in reintegration processes and these are discussed in the following section.

#### **4.5.1. Preparation for Reintegration from the Perspective of Street Children**

FGD question 10 asked street children participants 'How were you prepared for reintegration'. This was done in order to gauge how they felt about preparations made by institutions to children under their care, before their living arrangements were changed. The verbatim comments are presented in Table 4.4 below:

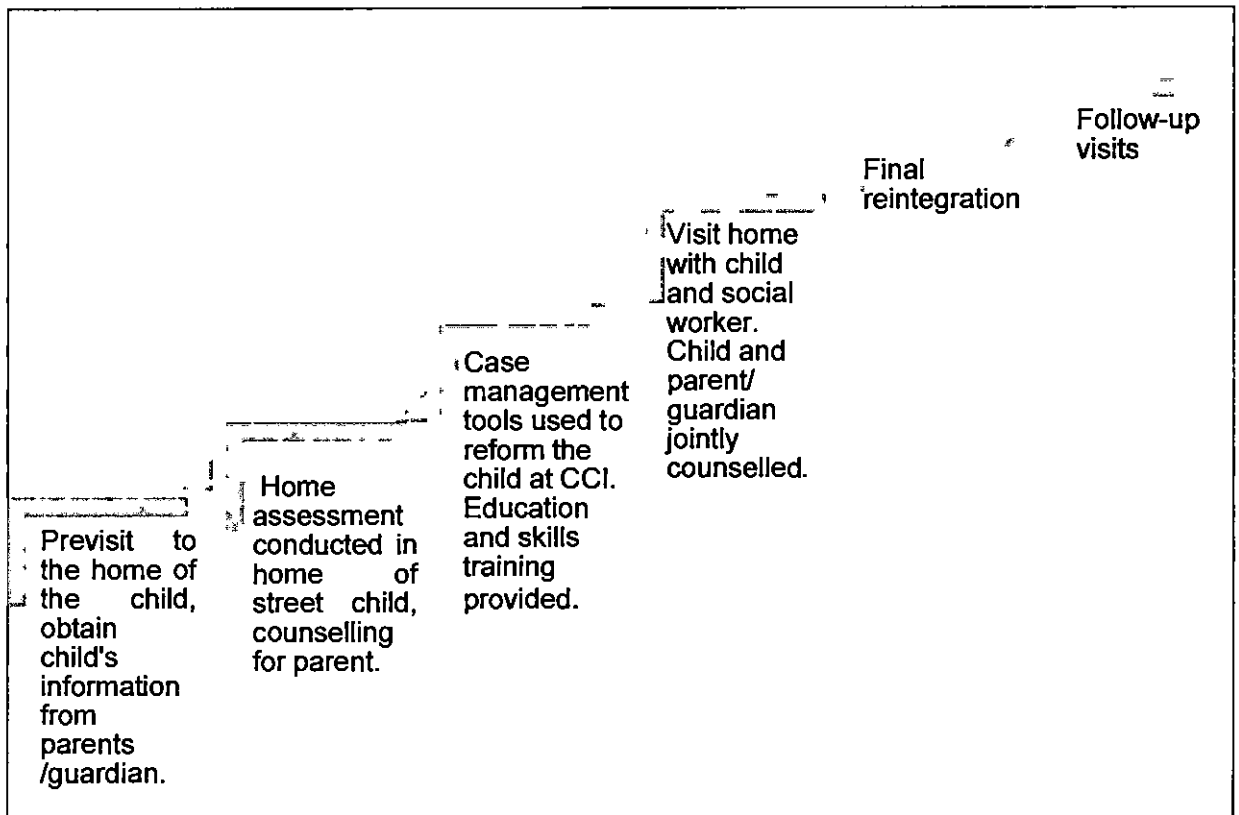
**Table 4.4: Preparation for Reintegration**

Positive Preparation	Poor Preparation
'Before enrolment at CCI-2, I did not know anything but now I know how to read, write and also work. I do not have to beg anymore to earn a living.'	'We were told the institution is not our home and that we had to go back and live with our communities.'
'I went to school at the institution. I was taught how to behave well and respect my elders. So now I have good relationship with my Grandmother.'	'I was dropped at my village at the beginning of the school holiday and told I was not to come back to the institution. They said I had reformed.'

**Reintegration Processes from the Perspective of CCI Managers**

CCI managers that reintegrate street children were asked to describe the processes followed. Of the organizations interviewed, most indicated that they conduct home assessments in homes from where street children come from, (n=5). This included a CCI with no formal reintegration strategy. The assessments are sometimes done jointly with Social Welfare Officers from the District office but all CCIs indicated that this is a costly strategy. As such, the CCIs reported that they do not conduct as many home assessments as they would want. This has a bearing on the success of reintegration as demonstrated by cases where the child felt they had been reintegrated abruptly (Table 4.4). There is need to improve preparation for the reintegration processes by engaging with other stakeholders ranging from donors to community based structures in order to make the process affordable.

CCI-3 indicated that apart from the reintegration processes, they also have a system called Voluntary Reintegration whereby a child can opt out of the institution and be reintegrated without necessarily following the set processes, (Fig 9). CCI-3 will however continue, resources allowing, to conduct follow-up visits in the home of the child. The figure below shows the processes followed by CCIs in the reintegration of street children.



**Figure 9: Reintegration Processes According to CCI Managers**

### **Discussion of Preparation for Reintegration**

As seen from the perspectives of street children and CCI managers, reintegration is not an event but rather a process which if followed has led to positive outcomes for the street children. The street children respondents that benefitted from positive planning such as education, skills training and counselling reported having a better relationship at home with parents/guardians. Whilst inferences can be made as to cause and effect, there is need for further research to isolate the actual reasons why the reintegration was successful. The positives are that the children reported to have stopped coming to the streets beg. However, it was noted that they were still on the streets engaging in other activities such as selling plastic bags to earn a living. This is indicative of the points that despite improved relationships, the impact of household poverty is still significant to their development, education and future opportunities.

CCI managers reported following internal set procedures adapted from MoGCDSW to prepare children for reintegration. In theory, these procedures set the tone for positive reintegration outcomes because they tackle some of the key issues that lead to children being on the streets, including lack of parental care. However, discussions with children that have been reintegrated pointed to some gaps in the implementation of these processes and this has led to children returning back to the streets or running away from the CCI whilst their case has not been concluded.

#### **4.5.2. Feelings Expressed About Reintegration**

FGD question 11 asked street children participants 'How did you feel about leaving the institution'. This was done to establish the emotions children felt at the prospect of, and actual reintegration. The MoGCDSW through the National Plan of action promotes reintegration of children with families and it was necessary to find out how the children actually felt about this. A significant proportion of respondents of FGD (n=21) expressed that they were happy to leave the institution through reintegration. However, for those who were not happy, the reasons had to do with unfulfilled expectations.

*"I did not mind living the institution but reintegration betrayed me. I was promised home support but nothing was done to help me. The institution only wanted to get rid of me. I wish institutions instead of taking children from the streets should help them from home."* Respondent PepS6.

*"When we had closed schools for the holiday the institution took us home so that we could reunite with our families. My parents are all dead so my uncle said I could spend the holiday with him. At the end of the holiday the institution said they could not take me back because I had an uncle that could look after me. Since then my life has been miserable. He doesn't like me, gives me too many chores to do, I stopped going to school because he doesn't have money. I wish I had not been reintegrated".* Respondent Bt-Str 8.

## **Discussion on Feelings on Reintegration**

Based on these first-hand accounts from street children that were reintegrated by institutions, it can be observed that some children were not happy with the reintegration processes and outcomes. This is more pronounced in instances where respondents had unmet expectations (Respondent PepS6) and where the respondents' family were not supporting the reintegrated child (Respondent Bt-Str 8). Given that street children have already gone through trauma of living on the streets and living without the guidance of caring adults, it can be deduced that in such cases CCIs seem to have worsened the psychological well-being of these children through inadequately planned processes.

### **4.6. Family Involvement**

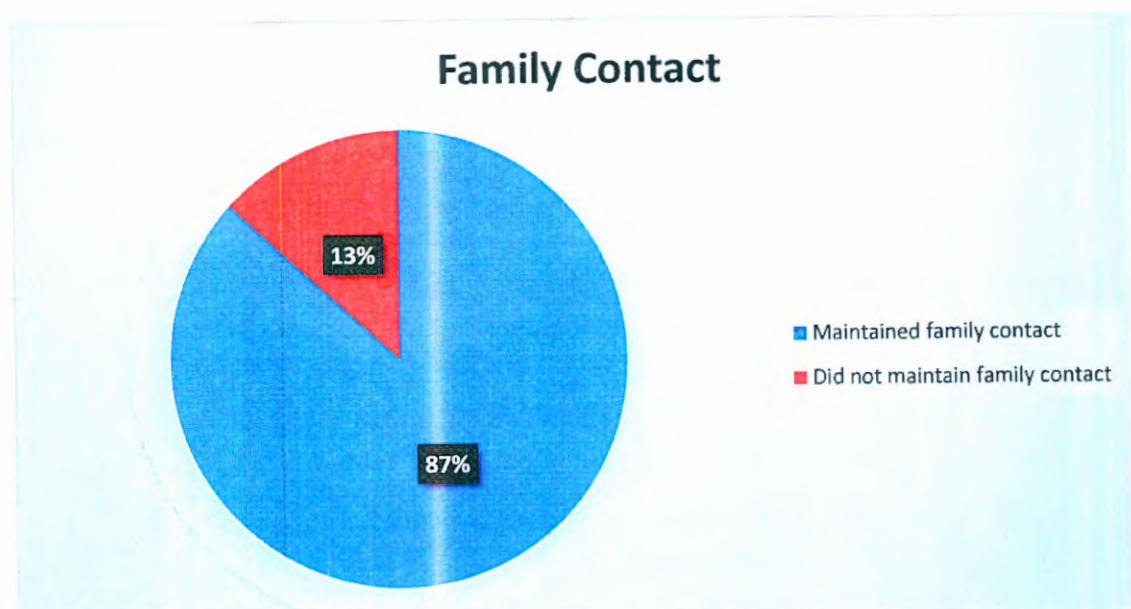
Findings reveal that family involvement and contact was regarded important by both street children and CCIs. It was established that family is mainly involved through visiting and maintaining contact whilst the child is at the institution.

#### **Family Involvement from the Perspective of Street Children**

Street children respondents in FGD were asked 'How was your family involved in your rehabilitation during your stay at the institution'. Respondents to the semi-structured interview were asked whether they maintained contact with their families and the majority (n=21) indicated that they did as shown in Figure 10 below. Street children respondents indicated that sometimes their parents came to visit, and that the children got opportunity to see their families during holidays or joint home assessments. The children explained that when their family visited them, they got good advice on how to behave better and continue on the path of behaviour reformation.

*"Sometimes my mother came to visit and brought me groundnuts. This made me very happy because I felt loved". Sup-FM6.*

*"My guardian never came to see me because they do not care about me." Bt-Str 7.*



**Figure 10: Family Contact with children in CCIs**

#### **Family Involvement from the Perspective of CCI Managers**

According to CCI managers, family involvement is actually one of their key objectives. However, 29% of CCIs interviewed reported that they do not allow children to leave unless in the event of death of a family member or reintegration. Given how much children value their families, it can be noted that such a stance may lead to negative outcomes from the children these CCIs are trying to rehabilitate. The majority of CCIs reported that they allow and facilitate contact between children and their families. The following table details responses on the type of relationships children have with their families when they are at CCIs:

**Table 4.4: Family Involvement with Street Children in CCIs**

CCI	Type of Family Involvement
CCI-3	Children and their families are estranged especially when the child was delinquent. The parents/guardians are so exasperated by the behaviour of the child so they do not come to see them
CCI-2	Families do not like visiting their children because they fear they will be forced to take responsibility. Less than 5 children are visited out of 80 at the centre. The children then feel neglected by their families. They

	however take the children home during holidays, it is mandatory.
CCI-5	Most children have good relationship and the parents/guardians also come to visit.
CCI-7	Children and families are allowed to maintain contact but the children are not allowed to leave. Parents/guardians are invited to come and visit. Social workers can take the child home to visit but they bring the child back. Parents/guardians however do not visit children as much as the children would like. When we ask them they always say they do not have financial resources to visit or support the child.

### Discussion of Family Involvement

Based on the understanding of family involvement, it can be seen that both street children and CCIs assign value to strong family ties. Direct accounts reveal that children whose families visited them contributed to improved feelings of self-worth because the children felt loved and important. Most CCIs also attempt to keep children and their families by promoting visits and inviting parents/guardians to visit the children. This is in line with developmental psychology theories of Attachment which place great importance on good family environment. However, in the case of street children, it seems financial constraints contribute to parents not taking up responsibility of child care even for children in CCIs.

This study was limited to street children and CCIs's perspective and the research did not seek perspectives of parents/guardians. This presents a gap in research, which can be filled by further enquiry into how parents/guardians view the issues of street children with specific reference to family involvement, CCIs' role and reintegration. The research established that children felt more loved when their parents were involved in their reformation during the time they were in institutions. Studies have found that was seen as the basic social unit (Muchini 2006) and as such family ties are crucial to the reformation of children. This is supported by theory of attachment which successful parenting is a principal key to the mental health of the next generation, (Bowlby 1988).

#### **4.7. Chapter Summary**

This chapter has presented findings from the study based on data collected through focus group discussions and semi-structured interviews with street children and key informant interviews with child care institutional managers. Using thematic analysis, three main themes that connect with the objectives of the study have emerged. The analysis has considered perspectives of street children and managers of child care centres. The next chapter discusses the main conclusions based on the findings presented in this chapter and makes recommendations.



## **CHAPTER FIVE: CONCLUSIONS AND RECOMMENDATIONS**

### **5. Introduction**

This chapter wraps up the study by providing a conclusion of the main findings of the study. Practical recommendations based on the findings and theory will also be presented. The chapter will conclude with suggestions for further research.

### **5.1. Main Study Conclusions**

The following conclusions are made based on findings in Chapter 4.

#### **5.1.1. Street Children's perspectives on the role of Institutional Care differ with what CCIs are providing**

There is a difference in the way institutional care is viewed by street children and the way it is viewed by CCIs. Based on the analysis of findings, it was established that most street children are aware of the existence of child care institutions as evidenced by the fact that more than 70% have been in institutions. Street children acknowledged they regard CCIs as establishments that are there to help them. However, in terms of priority of services required, street children expect delivery of basic needs requisite for survival. This is seen in the priority ranking of services offered by CCIs where street children mainly indicated they expect food, shelter and education. This resonates with studies of literature which note in its categorization that some of the children who are on the streets are there to work or beg out of necessity to survive (UNICEF, 2006).

CCIs place more value in delivering behaviour change. The institutions interviewed reported using mainly the rehabilitative/protection oriented policy approach in addressing the problem of street children. However, comparing with the practical needs of street children it can be observed that these policy approaches are not responsive to the actual needs of the beneficiaries. As noted in Chapter 4, up to 47% street children reported that they are on the streets to help earn income for their families so what they regard more crucial is livelihood support rather than behaviour change.

Although CCIs are helping street children by providing basic needs and behaviour reformation, this research has noted that there is scope to extend services to provide interventions that are in line with the needs of street children and their families. Given

the numbers of children going to the streets due to economic reasons (47% to earn a living and 13% to escape poverty), there is a real need for relevant duty bearers to strengthen social support networks outside of the CCI approach. The role of traditional community mechanisms in support of family reintegration, extended families and local traditional leaders cannot be overlooked as a strategy of dealing with street children.

CCI managers reported that institutional care is meant to provide child protection and deliver counselling services in order to help foster behaviour change. However, narratives of some children that have voluntarily left CCIs indicated that they could not cope with being bullied by children that had stayed in institutions for long time. Some indicated that they were escaping ill-treatment by caregivers. The legal framework provided by the Child Care, Protection and Justice Act Section 24 states that child care providers shall have 'responsibility for the maintenance and protection of the child as the parent or guardian of the child would have had'. Based on findings of children reporting bullying and ill-treatment, it can be observed that CCIs are not adequately protecting children. Similarly a study on street children in Durban (Baker 1999) found that 31% of street children left CCIs because of stealing and bullying from other children. Studies conducted in the Bucharest Early Intervention Program also found that children raised in institutions had developmental problems (Csáky 2009).

In addressing this challenge, the researcher recommends strengthening child protection at all levels, including CCIs. This calls for increased monitoring of CCIs and any other institutions working with street children as a precursor to the implementation of acceptable minimum standards of care across the sector. This is supported by SOS (2014) which recommends the need to establish a mechanism for monitoring the reintegration of children after placement in alternative care facilities. The monitoring should be spearheaded by the MoGCDSW, the MHRC and networks of CCIs.

#### **5.1.2. Reintegration processes should be followed to ensure effectiveness.**

The study sought to understand the views of street children on reintegration with the view of matching them to what CCIs are doing in practice. The study established through focus group discussions that street children understood reintegration and its significance. Of the CCIs interviewed, 57% indicated they reintegrate children back

with their communities with most reporting that they follow set processes established by the individual institutions. From the perspective of both children and CCIs, it was established that effective reintegration is one in which the child settles back into community and does not return to either institution or the streets to beg. However, the study established that some children continue working on the streets to help with family income.

Based on findings presented in Chapter 4 and other research (SOS 2014, Schwinger 2007) it can be observed that reintegration is more successful when due processes are followed, attention is paid to the child's emotions over reintegration, they participate in the process and their families are involved. The study found out that in practice, due process is sometimes not followed. Some respondents reported that they were not prepared for reintegration but rather were rushed into going back to family environments that are detrimental to their well-being. Literature has pointed out that CCI serve a purpose of protecting children that may be too traumatized to live in normal society (Csáky, 2009) thus by reintegrating street children back into harmful family situations, institutions are actually failing some of the most vulnerable.

CCIs should attempt to differentiate between the needs of individual children based on their previous experiences in order to tailor-make reintegration programs. Most CCIs follow a set of procedures (Figure 9) which theoretically bridge the gap between parents/guardians and street child, thereby laying the foundation necessary for successful reintegration. Findings from unsuccessfully reintegrated children however, point out to the need to explore further the factors that lead to failed reintegration outcomes. There is, however, likelihood of successful reintegration outcomes if processes followed prepare both child and family whilst paying attention to survival needs of the child especially in cases where they were on the streets due to poverty. In a study of reintegration in Karachi, Aram (2012) observed that return rates were much less for children that underwent extensive rehabilitation process which included a combination of counseling, family support, life and social skills development.

### **5.1.3. Institutions need to pay attention to voices of children to achieve effective reintegration**

Participation underpins successful interventions with vulnerable children to the effect that the National Plan of Action recognises the need to facilitate meaningful child

participation. However, findings of this study concur with the assertion by Aptekar and Stoecklin, (2014) that some institutions continue to use top-down approaches in policy and implementation without taking into consideration children's individual situations. This is evidenced by CCIs reintegrating children without exploring their preferences. This could be a reflection of rigid and unresponsive approaches or an indication of resource constraints which deter CCIs from increasing their scope of interventions. There is need for exploratory research to find out why this was so.

Based on findings from FGD and semi-structured interviews, street children who expressed dislike of CCIs shared that they were unhappy with strict regimes that enforce discipline without taking into account the ability of the children to make their own decisions or voice their opinion. Such lack of participation in programs at CCIs made the children feel that institutions were not listening to them but rather have their own agenda. Moore and Mitchell (2011) found that child restorative justice practices that promote participation and non-discrimination were successful in transforming the children.

The researcher recommends that CCIs should commit to upholding children's rights in their policies and practice. The current situation is that CCIs are guided by internal child policies and overall national guidelines such as the CCPJA and National Plan of Action for OVCs. As a recommendation, CCIs should create space for child participation in decisions relating to their placement in institutions, care plans and reintegration. The Malawi Human Rights Commission (2013) recommends that CCIs should have management committees comprising of a child representative to allow them to participate and inform management processes in institutions. If implemented adequately, this would provide a forum for children's voices to be heard.

#### **5.1.4. Family involvement is a key ingredient for effective reintegration**

Based on findings, it can be concluded that family involvement is crucial to the successful reintegration of the child. As reported by CCIs, they promote family involvement by allowing children and parents/guardians to visit each other. Observing the accounts of children whose families were involved with the children during their institutionalisation, it can be concluded that family helped children reintegrate successfully. Children reported feelings of being loved and appreciated, and contrariwise, those with uninvolved families reported feeling neglected. This

resonates with theories of Attachment which place great importance on the role of primary care givers in shaping the psychological well-being of children. As a result, families that showed interest in the child contributed to successful reintegration outcomes.

This complicates the process of reintegration where families are either broken or cannot provide adequate support to the child. There is clearly a need to strengthen families in order to prevent family breakdown and reduce poverty. In Malawi, government and UNICEF funded Social Cash Transfer Schemes have proven effective in increasing food security at household level (Miller, Tsoka and Reichert, 2011). Given that provision of food is one area most street children appreciated in CCI's (Fig 6), food security in the homes will thus play an important role in keeping children home. Apart from increasing safety nets for families, there is need to explore alternative care systems such as fostering for children whose families are incapable of providing requisite care and support.

#### **5.1.5. Recommendations**

Institutional care as a strategy for reformation of street children remains vital to their reintegration. There is clearly need to provide an intervention between living on the streets and reunification with families. There is need to explore alternative care such as fostering and community based initiatives for the reintegration of children back with their families – or dealing with children who have nowhere to go. As the findings have noted, most children are happy with being reunited with their families as long as the primary care givers can provide and care for them. Policy makers, duty bearers and donors need to focus on innovative and responsive strategies that will speak to the needs of street children whilst ensuring their basic needs and rights are met. Based on the findings of the research, the following section presents recommendations for child care institutions and the Government of Malawi through the MoGCDSW.

#### **Child Care Institutions**

There is need to increase flexibility in order to be responsive to the practical needs of street children. Based on findings, most CCI's address perceived needs of street children using set strategies that have formed part of the organisational mission for years. However the characteristics of street children and their needs have changed over time thus the need for CCI's to change their policy approaches in order to meet

the needs of the vulnerable group they seek to help. There is also need to build capacity of staff working in CCIs to respond to such changes and enable them to provide such support and flexibility.

CCIs need to foster participation of street children in planning, implementation and monitoring of programs because these children have agency and can provide richer insight that will increase ownership and effectiveness of interventions. CCIs also need to build capacity of street children to demand their rights and entitlement even whilst still on the streets. This will help them make informed decisions about the future they want. Based on findings, CCIs need to increase collaboration so that they share best practice and avoid replication of interventions on the same child.

Given that the children are reintegrated into family units, there is need to improve collaboration with families as well. Apart from providing safety nets to families through cash transfer schemes or reintegration packages, there is need to intensify counselling to families to prepare them for absorbing the child back into the family system. To strengthen families in this regard, there is need to train social workers and care givers in child care and protection so that they are able to understand the needs of children and their families. Moran and Moura-Castro (1997) regard family strengthening programs as preventive and cost effective. They further assert that working with families will help prevent younger siblings from going into the streets.

### **Ministry of Gender, Children, Disability and Social Welfare**

This is the parent ministry for issues concerning children and their welfare. The ministry needs to improve the policy environment in order to ensure street children are properly targeted. The ministry should step up monitoring of child care institutions in accordance to the Child Care Protection and Justice Act of 2010. This will help ensure that government policy is followed and children are better protected. The Government of Malawi through the MoGCDSW and other relevant departments should put in place measures to increase awareness of responsibilities for child care among primary care givers as a way of reducing the number of vulnerable children in the country.

MHRC and the MoGCDSW should also set standards of desired care in CCIs. This will likely lead to harmonisation of child care across the country with recommendations that will lead to sanctioned best practice for children. .

## **5.2. Chapter Summary**

This chapter wraps up the research by providing a conclusions based on the analysis of findings in Chapter 4. The conclusions have been drawn from the main themes of the research and are thus ground in the main objectives of the study which aimed at determining whether institutional care is effective in the reintegration of street children. The conclusion rounds up findings from the perspective of street children and child care institution managers. The study has established that institutional care is necessary but needs to be responsive to the needs of street children in order to actually address their pressing issues. The study has provided for recommendations of increased social support networks for vulnerable children, which include CCIs, families and other stakeholders.

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## APPENDICES

### Appendix 1: Consent Letter

Researcher:

Research Supervisor:

P.O Box 2835  
Blantyre

Malawi

P.O Box 30376

Blantyre

Malawi

Date: 23 June 2015

#### INFORMED CONSENT:

Dear Participant

I would like to invite you to take part in this research project:

#### **EVALUATING THE EFFICACY OF INSTITUTIONAL CARE IN THE REINTEGRATION OF STREET CHILDREN**

This study is about establishing whether institutional care as a strategy is assisting in the overall goal of successfully reintegrating street children in Blantyre. We would like you to participate with us in this research because you can provide in-depth information on the current situation of the placement of street children into institutions as part of their rehabilitation processes. The reason we are doing this study is to critically review whether residential care based institutionalisation of street children is an effective approach of securing their successful reintegration back into communities.

The possible risks to you in taking part in this study are minimal and may include loss of your productive time and to protect you from this risk we will send you the interview guide in advance so you familiarize with the questions.

I am sure you will benefit from this study as an organisation concerned with the welfare of street children. Findings from the research will help organizations such as yours to make informed decisions on the direction of strategies for rehabilitating street children. By participating in this research, you will have more information of how street children themselves view institutions and therefore get insight of their preferences on effective rehabilitation strategies. On the other hand, street children will get a chance to be heard in a free and fair environment that allows them to self-express

While I greatly appreciate your participation in this important study and the valuable contribution you can make, your participation is entirely voluntary and you are under

no obligation to take part in this study. If you do choose to take part, and an issue arises which makes you uncomfortable, you may at any time stop your participation with no further repercussions.

If you experience any discomfort or unhappiness with the way the research is being conducted, please feel free to contact me directly to discuss it, and also note that you are free to contact my study supervisor (indicated above).

Should any difficult personal issues arise during the course of this research, I will endeavor to see that a qualified expert is contacted and able to assist you. You can contact the Social Welfare Desk Officer on the following number:

Yours sincerely,

\_\_\_\_\_

Margaret Sadrake-Mukwenha

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Please fill in and return this page. Keep the letter above for future reference

**Study: EVALUATING THE EFFICACY OF INSTITUTIONAL CARE IN THE REINTEGRATION OF STREET CHILDREN**

Researcher: Margaret Sadrake-Mukwenha

Name and Surname: \_\_\_\_\_

**(Designation):** \_\_\_\_\_

Contact number: \_\_\_\_\_

- I hereby give free and informed consent to participate in the abovementioned research study.
- I understand what the study is about, why I am participating and what the risks and benefits are.
- I give the researcher permission to make use of the data gathered from my participation, subject to the stipulations he/she has indicated in the above letter.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Appendix 2: Key Informant Interview Guide

### Interview Guide for Child Care Centre Managers

*My name is Margaret Sadrake and I am a part time student at the University of the Free State. As part of my studies, I am doing a research dissertation entitled 'Evaluating the Efficacy of Institutionalisation in the Reintegration of Street Children in Blantyre'.*

*The purpose of this interview is to get your views and opinions on the institutionalisation of street children in Malawi. The interview will ask your opinion on services to children and how these are assisting in the reintegration of street children back into communal life. All information will be treated as confidential and no individual respondents will be identifiable in the final reports. You are therefore encouraged to respond with honesty.*

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Town: \_\_\_\_\_ Organisation/Ministry: \_\_\_\_\_

Level: 

National	Regional	Local
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Number of years' experience with street children: \_\_\_\_\_

Interview time start: \_\_\_\_\_; \_\_\_\_\_ Time end: \_\_\_\_\_; \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / 2015

Interviewer comments:

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#### Background

1. How do street children come to the centre?
2. On average, how many children do you take in per month?
3. What is your institution's capacity in terms of numbers that can be taken in?
4. What are the social, demographic and economic characteristics of the children that come to your institution?
5. What do see as the reasons for children ending up on the streets?

**Policy Responses**

6. What is your organisation's policy approach to street children? Please Explain

Correctional	
Rehabilitative	
Human rights based	
Other-explain	

7. Can you give examples of policies or aspects of policies that are particularly well implemented in your area?

.....  
.....

8. Do you have any suggestions on how the rehabilitation of street children can be improved?

.....  
.....

**Current scope of services**

9. What type of services do you currently render to street children?

.....  
.....

10. How many street children do you currently reach through your services? Please indicate numbers per type of service?

.....  
.....

11. What is your average drop-out rate?

12. What are the common reasons for children leaving your institution?

**Family Involvement**

13. Do children maintain contact with family whilst at your institution? Explain

14. Can you describe the relationship children at your institution have with their families/communities?

15. Does your organization conduct follow up visits to homes of street children?

**Reintegration**

16. Does your organisation reintegrate children back into their communities

17. What processes are followed in the reintegration of children back with their families

18. On average, how many children do you reintegrate per year/month

**Participation**

19. How are street children involved in decisions relating to their institutionalisation

20. How are street children consulted in decisions on reintegration?

**What works?**

- 21. From your experience, what services are effective in drop-in services?
- 22. From your experience, what services are effective in residential care?
- 23. From your experience, what services are effective in reintegration?
- 24. What types of services to families are effective?

**What does not work?**

- 25. From your experience, what services are ineffective for street children's reintegration back into society? (use areas referred to above and explain)

**Identifying priorities**

- 26. Does your organisation support community based care or offer any other form of assistance to families that wish to keep children within their homes?
- 27. In your view, what can realistically be achieved with regard to street children over the next five years?
- 28. What do you regard as the most important existing resources that will assist in achieving this?
- 29. What are the top five priorities to improve the situation of street children in your area/provincial level/national level? *List first and then rank.*

Priority	Ranking, e.g. 1 <sup>st</sup> , 2 <sup>nd</sup> 3 <sup>rd</sup>

30. Is there anything else that you believe is important to this study that you would like to tell us?



## Appendix 3: Semi-Structured Interview Guide

### INTERVIEW WITH STREET CHILDREN

My name is Margaret Sadrake and I am a part time student at the University of the Free State. As part of my studies, I am doing a research dissertation entitled 'Evaluating the Efficacy of Institutional Care in the Reintegration of Street Children in Blantyre'.

The purpose of this interview is to get your views and opinions on the institutionalisation of street children in Malawi. The interview will seek your perspectives on how effective institutional care is in achieving your successful reintegration back into community.

All information will be treated as confidential and no individual respondents will be identifiable in the final reports. You are therefore encouraged to respond with honesty.

Code number: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/2015

Interview time start: \_\_\_\_:\_\_\_\_ Time end: \_\_\_\_:\_\_\_\_

### Section 1: Socio-Demographic Data

1	Sex				
	1. Male				
	2. Female				
2	Age of the child				
	1 10-12 Years				
	2 13-15 Years				
	3 16-18 Years				
	4 Over 18				
3	Where is your family home?				
	1. In Blantyre-specify location				
	2.				
	3. Other-Specify				
4	How long have you been living there?				
	1. Since I was born				
	2. Less than 3 years				
	3. 3 to 5 years				
	4. 6 to 10 years				
	5. More than 10 years				
5	Both Parents Alive-living together	Both Parents alive-divorced/separated	Orphaned -father died	Orphaned-mother died	Orphaned-both parents died
6	What is your home situation?				

1. Lives alone	2. Lives with both parents	
3. Lives with mother only	4. Lives with father	
5. Lives with grandmother only	6. Lives with grandfather only	
7. Lives with both grandparents	8. Other (specify)	

### Section 2: Living on the Streets

7	How long have you been living on the streets? 1. Less than 6 months      2. 6 months – 1year 3. 1year – 2 years      4. 3 years - 4 years 5. More than 5 years	
8	What activities are you engaged in on the street?	
9	What are the challenges you face on the streets?	
10	Why do you go on the streets? 1. Sent by parents      2.To earn money      3.To meet friends 4.Abuse at home      5.Poverty      6.Destitution 7.Other (specify)	
11	How long have you been going on the streets? 1. Less than one year      2. 1-2 years 3. 3-5 years      4. 5-10 years 5. Over 10 years	
12	How often do you go on the streets? 1. Everyday full time      2. Everyday part time 3. Weekends full time      4. Weekends part time 5. Other (specify)	
13	Where do you sleep? 1. Sleeps at home with parents/guardians 2. Sleeps at child care institution 3. Sleeps on the street 4. Other, specify	

### Section 3: Child Care Institutions

14	Are you currently living at an institution? 1. Yes    2. No	
15	If not, are you aware of institutions/facilities for street children? 1. Yes 2. No [Go to question ]	
16	If YES, have you ever been to any of the centers? 1. Yes 2. No	
17	If YES, which ones?	
18	What services are offered by institutions?	

19	List according to rank of preference	
20	Were you satisfied with the services provided at the center? 1. Yes 2. No	
21	If NO, what services did you expect the center to offer that were not provided to you?	
22	What do you dislike the most at institutions	

### Section 3: Participation

23	How did you leave the streets 3. Voluntary 4. Voluntary after counselling 5. Voluntary due to push factors 4. Forced-statutory 5. Chased away by peers 6. Others- explain	
24	How were you consulted on decisions relating to your institutionalization	
25	What decisions do you make by yourself whilst at the institution?	
26	Do you feel adjusted to stay at the institution?	
27	What are your ambitions for the future	
28	Where do you think you can achieve your ambitions better? Explain 1. Home 2. Institution 3. Other-state	

### Section 4: Family Involvement

29	Do you maintain contact with your family? 1. Yes 2. No	
30	If YES, explain	
31	How frequently do you see your family?	
32	How does family contact help you?	
33	What support do you want to help you have a closer relationship with your family? 1. Financial Explain 2. Family counseling 3. Business start-up 4. Food-Security 5. Other-	

## Appendix 4: Focus Group Discussion Guide

### Ground Rules:

- Be honest; your individual comments will remain confidential but will be compiled into a report
- I will be recording the session in order to write my report
- Be respectful
- Stay on the subject
- Participate

1. What do you understand by institutionalization of street children?

*Probe for the meaning*

- What is the meaning
- Who should get it
- When should it be provided
- Why should it be provided

2. How did you find yourself in the institution

3. How did you feel about staying at an institution

*Probe for the following*

- Whether institutionalization is necessary or not
- Whether participants are clear about their expectations
- Whether they are confident about leaving the institution

4. What do you perceive to be the role of the institution

5. What do you like about staying at an institution and why

6. Which area of the stay do you dislike and why

7. Can you describe the experience of staying in residential care institutions?

8. Describe your relationship with the care givers at the institution

9. How was your family involved in your rehabilitation during the stay at the institution

10. How were you prepared for reintegration?

11. How did you feel about leaving the institution?

12. What approach would you prefer to help you reintegrate faster

13. Is there any issues pertaining to institutionalization that you feel are important?

## Appendix 5: Ethical Clearance Letter



Faculty of Economic and Management Sciences

24-Nov-2015

Dear Mrs Margaret Sadrake

Ethics Clearance: Evaluating the Efficacy of Institutional Care in the Reintegration of Street Children in Blantyre

Principal Investigator: Mrs Margaret Sadrake

Department: Centre for Development Support (Bloemfontein Campus)

### APPLICATION APPROVED

With reference to your application for ethical clearance with the Faculty of Economic & Management Sciences, I am pleased to inform you on behalf of the Ethics Committee of the faculty that you have been granted ethical clearance for your research.

Your ethical clearance number, to be used in all correspondence is: UFS-HSD2015/0319

This ethical clearance number is valid from 24-Nov-2015 to 24-Nov-2018. Should you require more time to complete this research, please apply for an extension.

We request that any changes that may take place during the course of your research project be submitted to the ethics office to ensure we are kept up to date with your progress and any ethical implications that may arise.

Thank you for submitting this proposal for ethical clearance and we wish you every success with your research.

Yours Sincerely

Dr. Petrus Nel  
Chairperson: Ethics Committee  
Faculty of Economic & Management Sciences

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