

The Advancement of Justice for Institutionalised Children with Disabilities in Remand Homes in Kenya

Ruby Gowi, International Rescue Committee, South Sudan & Roseline Shimuli Olumbe PhD, Daystar University, Kenya

Abstract

This study examined the needs of children with disabilities in Nairobi Children's Remand Home (NCRH). Children with disabilities stay at the remand home for a longer period as compared to non-impaired children, and sometimes the period is beyond the limit permitted by law. The objectives of this study were to identify the types of special needs among institutionalised children at NCRH; establish the psychosocial needs of the children at NCRH; and explore challenges faced by NCRH caregivers. The study adopted a descriptive design and combined both qualitative and quantitative approaches in data collection and analysis. Data was collected through interviews, self-administered questionnaires and observation checklist from 15 children and 20 staff members in the home purposively selected. The data was analyzed using Statistical Package for Social Sciences (SPSS) version 16. The study revealed that children at the remand home had different types of needs, which included; hearing, lower limbs, and upper body impairments, speech and learning difficulties, emotional maladjustments and psychosocial needs. Most of these needs were found to be inadequately met due to challenges faced by the home, such as lack of financial and professional capacity. The study recommended that government should increase the material and personnel resources allocated to the remand home, and that the institutional staff should be equipped to build their capacity in handling children with special needs.

Key words: Institutionalised, Rescue, Disabilities, Home

Introduction and Background of the Study

Children with special needs are those who have, or are at risk of developing chronic physical, developmental, behavioural or emotional conditions and require health and related services beyond what children generally require (cPherson et al., 1998). According to Dare and O'Donovan (2002), the term "special needs" is used by child care and educational professionals to refer to children whose development is atypical, that is, not following the recognised pattern seen in most children.

Children with special needs require specialized care in response to their specific needs, hence some of them end up in government children's facilities, where it is assumed that they will get better care. However, institutionalization of special needs children may, in reality, increase their vulnerability and deny them opportunity for wholesome growth and well-being because they may not fully enjoy their rights as children. For this reason, caring for children with special needs requires deliberate effort to ensure they access protection and holistic care.

Children with special needs have a wide range of disorders including congenital anomalies, severe physical disabilities, complex organ system diseases such as sickle cell anaemia, as well as, more common conditions, including depression and severe asthma (Oehlmann, 2004). About half of children and adolescents with special needs are limited in their ability to function. The United Nations Convention on the Rights of Persons with Disability (2006) stated that persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments, which in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others.

There is limited empirical data on special needs children in the juvenile justice system in Kenya (Ottolini, Wambua, Kagwi, & Ndolo, 2011). This study therefore sought to make an addition to the knowledge in care of children with disability and inform policy making in the juvenile justice system concerning such children. The study highlighted gaps and best practices in providing holistic care to institutionalised children with disability in order to improve the effectiveness and quality of interventions for children with special needs. Therefore, the objectives of this study were the identification of the types of special needs, psychosocial needs of the children, and the interventions and challenges faced by institutional caregivers.

According to Disabled World (2013), disability affects many families in the developing countries and about 10% of the world's population live with disability. About 80% of the persons living with disability live in developing countries (Disabled World, 2013). Twenty percent of persons from low socio-economic backgrounds, which is with reference to most developing countries, have some kind of disability and are regarded by their communities as the most disadvantaged. Regrettably still, there is a projected

increase in number of children living with disability in the next 30 years in developing countries due to such factors as poor nutrition, armed conflict, diseases, and child labour (Disabled World, 2013).

World Health Organization (WHO, 2016) stated that about 40% of the population in Africa comprises persons living with disability and 10–15% of these are children of school-going age. Disabled World (2013) reported that many Africans living with disability are excluded from development opportunities such as education and employment, the implication being that they are left in a poor state of living. School enrolments for children with disability is estimated at no more than 5-10 % and between 70-80 % of employable adults living with disabilities are unemployed. Research has also revealed that social stigma associated with disability can lead to marginalization, discrimination and isolation of persons living with disability (PLWDs), predisposing them to begging as the only means to survive (African Studies Centre, 2013).

According to a preliminary report by the Kenya National Survey for Persons with Disabilities (KNSPWDs, 2008), 4.6% of Kenyans experience some form of disability and that most of them reside more in rural than urban areas. The survey report indicated that environmental factors are likely to affect 15% of PLWDs daily and 15% on a weekly basis. Furthermore, the survey revealed that about 65% of PLWDs perceive their environment as a major problem in their daily lives. This is because those who live around PLWDs tend to treat them differently because of their disabilities; sometimes exhibiting negative attitudes and behaviours towards PLWDs. KNSPWD (2008) stated that PLWDs find it easier to cope with the medical or physical disability than to cope with the people around them. The report also indicated that the number of children with disability is growing and their needs are not being comprehensively met due to the community's lack of awareness on care and protection of such children (KNSPWD, 2008).

In Kenya, some children with disability who are in need of care and protection are placed in remand homes. Remand homes were established Under Section 50 of the Children's Act (2001), for detention of children. The 5th Schedule, sub-Section 10(1), stated that children who have not been released on bail shall be remanded at a children's remand home, in line with Section 57 of the Act. Ideally then, it means that children placed at NCRH should be those who are in conflict with the law. Placing of children with special needs in remand homes goes against the Children's Act (2001) which clearly states that children in conflict with the law should be placed separately from children in need of care and protection. The UNCRC (1989) also stated that in all matters concerning the child, the best interests of the child shall be upheld. However, it is not in the best interests for children with special needs to be placed in a home where children who are in conflict with the law are placed.

Children living with mental and physical disability are placed in the NCRH for care and protection purposes (Children's Act, 2001). The legal document clearly stated that children in need of care and protection can be placed in rehabilitation schools or remand homes but they should have a separate section away from children in conflict with the law. However, this should be a short-term measure, as they should be reunited with their families. Children who have been abandoned, neglected or lost are also placed in the remand homes as a temporary measure until their caregivers are traced. They too fall in the category of children in need of care and protection. Unfortunately, the study observed that, for most of the children with disability, their parents do not claim them hence they end up staying in the remand home longer than is required.

It is well established that children who have spent a long time in institutions often have concomitant developmental delays or behavioural problems (Ottolini, Wambua, Kagwi, & Ndolo, 2011). Children without disability at the remand home often have a clearly set out exit plan. However, for children with disability, designing and implementing an exit strategy is usually a challenge as their parents/families are, in most cases, unknown to the institution, which makes it difficult for them to exit from the remand home. The long stay at the remand home tends to cause special needs children to develop behavioural and developmental problems, which hinder those children from achieving their potential, wholesome growth and development. This in turn impedes the holistic well-being of special needs children by inhibiting their emotional and social adjustment (Ottolini et al., 2011).

Children with special needs stay in the remand home as children in need of care and protection. During the study, the staff members working at the NCRH reported that reuniting the children with special needs with their families has proven difficult because their families are often not easily traced. This situation leads to over-institutionalization of special needs children and denies them the right to family love, care and protection (Ottolini et al., 2011).

Methodology

The main objective of this descriptive study was to explore the physical, socio-emotional and cognitive needs of children with disability at the NCRH and the services provided to meet these needs. The study considered children with special needs to be those with physical and mental disability.

The population of children placed at NCRH is usually about 100 at any given moment, with about 10% of them having special needs (Ottolini et al., 2011). However, during the study, 60 children were admitted in the home, out of which only 15 had disability. The study employed questionnaire, observation checklist and semi-structured interviews to collect both quantitative and qualitative data. It used census technique to recruit all the 15 children. In addition, 20 institutional caregivers and staff working in the home were included in the study.

Findings and Discussion

The findings indicated that the children living with disabilities in NCRH were in four age groups, namely 7-10 years were 4(27%), 11-14 years were 7(46%), 15-18 years were 3 (20%), while 18 years and above was 1(7%). These findings indicated that most of the children with disability admitted at the home were between 7–14 years old. The implication could be that younger children and pre-teens with disability are more prone to institutionalization than older children with disability. It could also mean that younger children and pre-teens with disability are prone to being abandoned more than teenage children with disability.

Children separated from their primary caregivers or parents are deprived of emotional connection and healthy attachment that is needed for their growth and development within their families (Dare & O'Donovan, 2002). When children lack close healthy relationship with caring adults, their ability to learn may be negatively affected, and this, in turn, can affect their whole development and influence their confidence, behaviour, and readiness to interact with the world (Werner, 1988).

The study also revealed that there were more male children (67%) with special needs than their female counterparts (33%) in the home. It thus can be argued that NCRH admitted more male children with disabilities. However, the study did not explore the underlying cause of the difference in number between male and female children.

In this study, psychosocial needs were conceptualised as physical, social, emotional and learning needs of children with disability. It was found that children with disability had psychosocial needs just like non-impaired children. The study identified the presence of basic physical needs among the children with disability as food, clothing, medical care and rest or sleep. These were in addition to some needs unique to their special conditions, such as special diet, disability aids, and specialized medical treatment that were unique to their specific conditions. This finding concurs with Oehlmann (2004) who stated that special needs children have generally more needs than non-impaired children.

The study noted that the needs of children with disability sometimes varied depending on the specific condition of each child, such as the need for disability aids or learning sign language to aid the child in mobility and communication. Oehlmann (2004) further cited the significance of paying attention to the specific and unique condition of each child with special needs in order to provide better care for the particular child based on the child's condition.

Another significant finding was the presence of socio-emotional needs among children with disability. All the children (100%) expressed the desire to be loved, 80% had the desire to play with other children and make friends, while 50% indicated that they preferred to be alone. These findings show that children with disability desire to be loved and accepted by persons around them. They desire to belong and feel part of their peers. Maslow's hierarchy of needs theory points out emotional needs as part of the basic human needs (McLeod, 2007).

The psychosocial stages of development mostly emphasizes the socialization of children and the importance of their being well-adjusted in the early stages of life in order to for them to develop well in later stages (Berk, 2007). Therefore, socio-emotional needs are present in all human beings, whether one has special needs or not. Brigham Young University (2009) emphasized on the importance of creating an inclusive social environment for a child with disability and enhancing the child's ability to engage with the social environment to foster development. The source stated that children with disability will adjust better to their environment if they are parented and equipped with social skills.

The study also found that children with disability had a desire to learn and practice what they had learnt. Through the observation checklist, the researcher noted that the children with special needs actively participated in class activities and had the desire to be involved in classroom activities together with their able-bodied classmates. All the children (100%) liked playing, which is in line with Freud (1974) who argued that play is the natural way of expression among children, contributing towards their learning.

In addition, 50% of the children at NCRH had a desire to learn and exhibited improved use of vocabulary. However, 15% did not pay attention during learning sessions and 40% did not exhibit retention of learnt material. Fuandai (2010) highlighted the importance of cognitive development in the nurture of special needs children.

This study conceptualized psychosocial services as the interventions offered at the remand home to meet physical, social, emotional and learning needs of the children with disability. The study showed that children with disability at the remand home received various services to meet their psychosocial needs. The special needs children (100%) all had access to a balanced diet, medical care and basic education. However, some very important aspects of wholesome development such as emotional fulfilment, cognitive stimulation and disability friendly environment were lacking.

Emotional needs were the least met needs among special needs children in NCRH, as only 5% of the respondents reported presence of nurturing healthy attachment between the children with disability and the staff. For instance, there was very little physical contact between the staff and special needs children. Berk (2007) highlighted the importance of physical contact in communicating care to children. Appropriate and caring touch helps children feel loved and supported, and to develop a healthy sense of emotional attachment with their caregivers (Werner, 1988).

The study also indicated that the physical environment lacked basic special needs conditions that could aid children with disability in their everyday life. For instance, there were no ramps, wide doors, or disability aids in the home. In addition, the social environment was not very friendly especially to children with hearing impairment. This is because such children lacked appropriate medium of communication as they could not use words, which affected their ability to mingle freely with the others, hence hampering their development of social ties.

Cognitive learning theory states that human beings learn through their environment and adaptation to the environment (Shaffer & Kipp, 2007). However, if children with disability do not understand the language spoken in their environment, they will not be able to function in such an environment. This phenomenon supports the social model of disability theory that states that the society has social barriers that are generated by the environment which is inaccessible through the use of languages and ways of communication, services provided and buildings that persons with disability cannot comprehend or make use of (Disabled World, 2013).

Werner (1988) and Dare and O'Donovan (2002) noted that children with special needs require a special kind of stimulation from their physical environment to enhance their cognitive development. Such stimulation can be received with the aid of toys, games, physical structures, and exercises, all of which were lacking at NCRH, neither did the staff members have special education training. The fact is that, as long as children with disability are put in the same class with non-impaired children, as reported by staff, little or no learning would take place largely because the children with special needs were not accorded special attention with regard to their unique educational needs.

Fuandai (2004) studied the challenges of special needs children in integrated classes and cited lack of capacity and resources as a major challenge. This challenge was evident too at NCRH. All the staff members involved in the study (100%) reported lack of resources as the major hindrance to providing quality care to the children with disability, while between 75–80% reported lack of human and skill capacity among them as the second major challenge.

Children with disability at NCRH had minimal cognitive stimulation. The class teachers had no special training and no teaching aids for special education. The study observed that only one staff member (25%) had training in sign language, and that facilities such as toys, the use of brail, songs, pictorials and games were lacking. This shows that the home was not addressing the need for cognitive development among special needs children.

The study went on to explore the challenges faced by staff in finding comprehensive and functional exit strategies for children with special needs. The low success rate in tracing the parents or families of children with disability created a major impediment in exiting children from the home. By law, according to the Children's Act (2001), a remand home should be a temporary measure. However, for some of the special needs children, the remand home has acted as their actual home because they had been there for a long period. One of the persons observed at the home was a female who had attained the age of 18 years and had lived in the home since she was about 9 years old. Despite having skills in tailoring and being able to support herself materially, she preferred to live in the home because that was the only home she knew. She traced her parents a few years ago but was unable to reintegrate well in to her community because she felt NCRH was more of a home to her than her parents' home was. She helped around the remand home when she was not at work and volunteered at the Nairobi Children's Home across the road from NCRH. The study however, did not investigate the present challenges in existing policies concerning exiting of children from the remand home.

Ottolini et al. (2011) described this phenomenon as the institutional dependency syndrome, where a child has grown to depend on institutional life and therefore finds it difficult to adjust to life outside the institution. This therefore means that, as much as some of the special needs children may successfully trace their homes, they may be unwilling to return depending on how many years they have spent at the remand home.

Conclusion and Recommendations

The study concludes that NCRH had children with physical and mental disabilities who had needs just like other children. However, their needs were sometimes specific to their unique situation and condition. The vulnerability of children with disability is exacerbated by the fact that children with disabilities in Kenya face many challenges such as rejection or abandonment by family members, which could increase their pain and stigma.

The study also found that the remand home met the psychosocial needs of children with disability to a certain extent; however, the interventions at the home did not holistically cater to the needs of the children. NCRH has improved the well-being of special needs children by providing a place for them to stay and ensuring that their basic needs were met. Nonetheless, the emotional needs were minimally met and the physical environment was not disability friendly. This was made worse by inadequate and ill-equipped staff who were overwhelmed by their duties to provide care and nurturance to the children.

From the findings, it is evident that the children with disability at the NCRH did not have all their needs met adequately. In view of this, the study recommends that:

1. The government should allocate more funding to remand homes so as to enable them provide much-needed services to children with special needs.
2. The government in collaboration with the managements of remand homes should build the capacity of staff members in handling special needs concerns. The government should also employ more trained staff to help in caring for children with disability.
3. The Kenyan society and the government should work together in the long term to develop and implement policies that are geared towards care of special needs children in a family setting as opposed to institutional care, as the family care offers a more durable and holistic solution to special needs children.
4. In order to enhance the best interests of special needs children, the government should invest in physical facilities and make the environment disability friendly.
5. Further studies on the challenges faced by parents of children with disability in provision of comprehensive care and the findings to form a basis on raising awareness on best practices in care and protection of children with disability including prevention of abandonment and neglect of children with disability should be carried out.

Acknowledgements

We would like to express our gratitude to the director and personnel of Nairobi Children's Remand (NCRH) for giving us an opportunity to collect data from their organisation. This research would have not been a success without the support and permission granted by NCRH and Institute of Child Development (ICD) at Daystar University.s

References

- Berk, L. (2007). *Child development*. New Delhi: Prentice - Hall of India.
- Children's Act. (2001). *Children's Act*. Nairobi: Kenya Gazette. Government Printers.
- Dare, A., & O'Donovan, M. (2002). *Good practice in caring for young children with special needs* (2nd ed.). Cheltenham, UK: Stanley Thomes (Publishers) Ltd.
- Disabled World. (2013, February 28). *World facts and statistics on disabilities and disability issues*. Retrieved from Disabled World: <http://www.disabled-world.com/disability/statistics/>
- Freud, A. (1974). *The methods of child analysis in the writings of Anna Freud*. New York: International Universities Press.
- Fuandai, C. (2010). Catering for children with special needs in the regular classroom: challenges and the way forward. *Edo Journal of Counselling*, 3(1), 144-151.
- Maslow, A. (1954). *Motivation and personality*. New York : Harper and Row.
- McLeod, S. (2007). *Maslow's hierarchy of needs*. Retrieved from <http://www.simplypsychology.org/maslow.html>
- McPherson, M., Arango, P., Fox, H., Lauver, C., McManus, M., Newacheck, P. W., & Strickland, B. (1998). A new definition of children with special health care needs. *Pediatrics*, 102(1), 137-139
- Oehlmann, M. L. (2004). *Improving managed care for children with special needs: A bestclinical and administrative practices tool kit*. USA: Center for Health Care Strategies.
- Ottolini, D., Wambua, A., Kagwi, D., & Ndolo, F. (2011). *Towards evidence-based reform of policy and practice in child protection in Kenya: An overview of a systems approach to child protection from prevention to residential care*. Limuru: Franciscan Kolbe Press.
- Shaffer, D. R., & Kipp, K. (2007). *Developmental psychology: Childhood and adolescence* (7th ed.). Belmont, Canada: Thomson Learning.
- United Nations. (1989). *United Nations Convention on the Rights of the Child (UNCRC)*, Geneva: United Nations. UNCRPD. (2006). Retrieved from www.un.org/disabilities/.../convention/convoptprot-e.pdf
- Werner, D. (1988). *Disabled village children: A guide for community health workers, rehabilitation workers and families* (2nd ed.). CA: The Esperian Foundation.
- World Health Organization. (2014). *Disability and health*. Retrieved from <http://www.who.int/mediacentre/factsheets/fs352/en/>