

The 1998 Children's Act: Problems of Enforcement in Ghana

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Summary

In Ghana during 1998 the Children's Act passed into law. This legislation was imitative of Britain's 1989 Children Act, to which it bears a close resemblance. However, due to the very different socio-economic and cultural context of Ghana, implementation of the 1998 Children's Act is problematic. This paper examines the similarity in the provisions between the British and Ghanaian Acts and explores the social, economic and cultural factors most immediately impacting on child welfare in Ghana. Consideration is then given to the criticisms of African scholars in relation to rights based approaches to intervention. Finally, alternative courses of action to protect children and maintain their welfare are considered which are more consonant with the specific socio-economic and cultural setting of Ghana.

Social welfare in Ghana

The commencement of formal British colonial rule in Ghana, then the Gold Coast, began in 1884–85 with the partition of the African continent between the European powers. However, it was not until the Colonial Development and Welfare Act 1940, which released monies for social development, that education, health and welfare received systematic attention. In 1943 the colonial regime in the Gold Coast appointed a Secretary for Social Services who thereafter set about establishing the nucleus of a Department of Social Welfare and Housing. On establishment in 1946

this department took on similar responsibilities to those being exercised contemporaneously by departments providing welfare services in Britain, including probation, care for children and those with disabilities or suffering illness. The Department also had responsibility for those in residential settings including borstals and children's homes in addition to housing per se. Although Ghana became independent in 1957, successive regimes retained much of the welfare infrastructure created by the previous colonial administration and expanded many aspects of it during the relatively prosperous 1960s. This was particularly true of policy implementation in respect of social security, formal education, health care and social welfare. Then followed a long series of military dictatorships, which tended to focus on regime survival rather than socio-economic development. This, in conjunction with an international discourse on social policy dominated, according to MacPherson and Midgley (1987) and Hardiman and Midgley (1989), by Anglo-American paradigms, has led to entrenchment in Ghana of a welfare system modelled on that of the UK. It is therefore not surprising that the present day Department of Social Welfare, while skeletal by comparison, still reflects the character and *modus operandi* of social services departments in Britain. The Department of Social Welfare implements three core programmes: Community Care, catering for those who are disabled or hospital patients; Justice Administration dealing with probation, the courts and borstals and finally Child Rights and Protection involving casework with families and the oversight of day centres for children. The vast majority of the Department's workload in relation to Child Rights and Protection, amounting to around 10,000 cases annually, is absorbed in handling child maintenance cases which account for 70 per cent of the total (MESW, 1998). This is also reflected in court work which is almost exclusively conducted under the jurisdiction of district Family Tribunals each consisting of a panel having legal powers in matters pertaining to child maintenance, custody and paternity.

It is in such a context that while seeking to ensure legislative enforcement of the United Nations 'Convention on the Rights of the Child', ratified by Ghana in 1990, that welfare and legal professionals *inter alia* examined the provisions of the British 1989 Children Act. A further impetus for legislation on the care and protection of children has come from both bilateral and multi-lateral donor agencies in Ghana. There has been increasing international consensus around rights based approaches to welfare within the donor community as articulated in the United Nations' *Human Development Report 2000* (UNDP, 2000). The United Nations Children's Fund (UNICEF) together with a number of European bilateral agencies provide substantial funding for child welfare initiatives in Ghana and are therefore influential in setting the policy agenda in this area. This is particularly the case in a situation where funding from donor agencies rivals and often surpasses government agency contributions for social development and welfare provision (Government of Ghana, 1997, para. 734).

Provisions of the Children's Act

The 1998 Children's Act, which came into force in January 1999, is now the major legislation protecting children in Ghana. Given the continued close links between

Ghana as a Commonwealth Country and Britain, the 1998 Act reflects many of the provisions of the 1989 Children Act in the United Kingdom. These include the concept of parental rights and responsibilities, investigation by a social worker and the use of Supervision and Care Orders to protect children from abuse or neglect. However, the particular socio-economic and cultural circumstances of Ghana have necessitated a number of context specific provisions within the 1998 Act.

The 1998 Children's Act provides that, 'No person shall deprive a child access to education, immunisation, adequate diet, clothing, shelter, medical attention or any other thing required for his development' (S.8(1)). Furthermore, 'No person shall subject a child to exploitative labour' (S.12). The Act also prohibits 'any cultural practice which dehumanises or is injurious to the physical and mental well-being of a child' (S.13(1)). Finally Part I of the Act states that, 'No person shall force a child to be betrothed, to be the subject of a dowry transaction or to be married' (S.14(1)). In all cases, 'The best interest of the child shall be paramount in any matter concerning a child' (S.2(1)). While this legislation is consonant with the UN's 'Convention on the Rights of the Child', it confronts a myriad of cultural and socio-economic impediments to its enforcement.

Meeting survival needs

Approximately 30 per cent of Ghana's population are food insecure (Sijm, 1993) and in rural areas suffer acute hunger during the four months of the lean season from May to August each year. It is no coincidence that one third of Ghana's citizens also live in absolute poverty (UNDP, 1997), 80 per cent of them in rural areas (World Bank, 1990). In the north of Ghana malnutrition, disease and inadequate health facilities result in the death of 20 per cent of infants before the age of five (GDHS, 1993). While under fives make up only 20 per cent of the population, this age group accounts for 50 per cent of deaths in any year. In its recent report the United Nations Development Programme (UNDP, 1997) observed that 60 per cent of under five mortality and 40 per cent of maternal deaths could be prevented through improved nutrition, immunisation and the education of carers on simple treatments such as oral rehydration salt (ORS) therapy for severe diarrhoeal diseases. Only 48 per cent of children aged 12–23 months had been vaccinated against the 'six killer diseases' in rural districts compared to 71 per cent in the urban areas (GDHS, 1993). The UNDP (1997) notes that problems of accessibility, charges for treatment and often the relatively high cost of transport, result in a fall in hospital consultations during the 'lean season' at a time when diseases are actually more prevalent.

This economic backdrop to daily life in Ghana confronts social workers with different dilemmas from those in the UK. Undoubtedly, in Britain a child who had not received proper immunisation, suffering from malnutrition, and in evident need of medical attention without being treated, would be the subject of child protection procedures on the grounds of neglect. However, the stunted or underweight infant (one in three Ghanaian children are so affected (GDHS, 1993)) is the product of very different family circumstances from those pertaining in Britain.

Of those living in rural areas who had not immunised their children approximately 50 per cent gave the reason as distance to the nearest health centre (UNDP, 1997). In a survey conducted by the Ghana National Commission for Children (GNCC, 1997), even those parents who reported being satisfied with local health services stated that often they could not avail of them for their children due to the prohibitive costs of consultations, drugs and hospital stays. Medical officers also report attending children long after the onset of illness. In one rural area the Commission report reveals that 'it is common to find children with snake bites seeking treatment from the health centre only after home or over-the-counter remedies have failed to provide relief, by which time fatal complications may have set in' (GNCC, 1997, p. 9). The combination of inaccessible health facilities and the prevalence of traditional African belief systems lead many to seek spiritual assistance from the local fetish priest or soothsayer rather than medical treatment.

In situations of acute food shortage within the household, mothers report sending their children to bed hungry or missing a meal themselves so that their children can eat (Van Veluw, 1996). The poor nutritional status of girls may be exacerbated by customary practices, which prescribe that the males of a household eat before the females (Warner and Balcombe, 1996). High absolute poverty levels, particularly in the rural areas, militate against children receiving sufficient material resources or nutrition to meet basic needs.

Access to basic education

While basic education is free and compulsory under the Republic of Ghana Constitution (Art. 38), daily reality is determined by economic circumstances and cultural norms, not the constitutional framework. While national enrolment rates for primary school during 1995 stood at 70 per cent (UN, 1997) this disguises gross regional disparity. For example only 46 per cent of children were enrolled in primary school in Upper East, an area of semi-arid desert. By secondary school the national enrolment rate falls sharply to only 39 per cent, less than half the school age population (UNDP, 1997). Poor school enrolment and the subsequent high drop out rates have consistently been attributed to the introduction of cost sharing fees in 1987, high indirect costs such as school uniforms relative to income and lack of geographical access (UNDP, 1997 and UN, 1997). The Ghana National Commission for Children observed in their survey that while government policy stated that no child should walk more than 5 km to school, in actual fact many were walking 12 km in rural areas (GNCC, 1997).

Cultural attitudes both to education generally and to female education in particular also affect the preparedness of those with parental responsibility to put their children through schooling. These attitudes require examination in the context of what the education system has to offer and the narrowly prescribed gender roles for girls, which characterize many African communities. The effectiveness of education is poor. In 1996 only 5.5 per cent of state primary school pupils obtained the mastery level score of 60 per cent in English and only 1.8 per cent obtained the mastery

level score of 55 per cent in mathematics. By the end of senior secondary school just 48 per cent of pupils pass three or more out of nine subjects for their leaving certificate. Instruction in English, the official language, by teachers who are not themselves fully competent, contributes substantially to poor academic performance (UNDP, 1997). Many communities therefore question, with justification, the additional financial hardships for their families imposed by schooling children when the benefits appear so negligible.

The differential enrolment rates of boys and girls at secondary school level, 44 per cent and 33 per cent respectively, reflect the priorities of parents when confronted with limited resources. They also evidence the sex role typing equally prevalent in rural and urban areas. Poor infrastructure and limited access to utilities combine with socio-economic disadvantage to create a powerful nexus, which reinforces culturally prescribed gender roles.

Child labour

In Ghana approximately 70 per cent of the population do not have access to electricity. Pipe borne water is only available to around 21 per cent of citizens (GDHS, 1993), while lack of sanitation affects 39 per cent of those living in urban areas and 81 per cent in rural areas (GWSC/UNICEF, 1996). Given the unequal distribution of utilities across the country and to poorer districts of urban areas, frequently households are multiply deprived of utilities. In consequence children, specifically girls, are recruited to undertake the time consuming and monotonous tasks of collecting water and firewood, disposing of human waste and assisting with washing and cooking. The domestic activities of the girl child are therefore crucial to household management. It would simply not be possible for an adult to complete these tasks alone; without completion, basic survival needs could not be met. It is the labour of girls, which replaces the refrigerator, the cooker and the washing machine of homes in developed countries. Indeed, there is widespread use of house girls, even among low-income families, who carry out onerous domestic tasks either for very low wages or for none at all.

As soon as female children begin to understand simple instructions they start their induction into domestic work. By the age of seven many girls are already helping their mothers or older female relatives with income generation, often in the form of petty trading. A survey conducted by Akuffo (1987) found that out of 125 school girls 80 per cent of them were economically active. Of the 100 who were engaged in trading 60 per cent agreed that this interfered with their schooling, resulting in absenteeism, insufficient time for study and chronic fatigue. For households that are struggling to meet basic survival needs, children constitute a vital domestic and financial resource (Turner, 1996).

However, it is pervasive cultural attitudes regarding the proper roles and activities of women, which most detrimentally impact on the education of girls. Akuffo (1987, p. 158) observes that, 'When parents are unable to meet all the financial and material demands of their daughters, they often use the smallest excuse to ask the girl to drop

out of school, especially where there are boys attending school as well'. Among most communities in Ghana, girls' education is considered much less important than that of boys', for it is she who is destined to marry, take on domestic responsibilities and care for dependants (Pellow, 1977). Child betrothal and marriage shortly after puberty for girls are common practices in Ghana (Nukunya, 1992). Pregnancy both inside and outside marriage continues to contribute to high drop out rates for females from secondary level education (Akuffo, 1987).

The illegality of 'exploitive' child labour referred to under the 1998 Children's Act is easily determined in a British context. However, in Ghana pervasive food insecurity and the daily struggle to meet basic survival needs in many families, raise complex dilemmas for social workers over the definition of exploitation. A country-wide survey by the Ghana National Commission on Children (GNCC, 1997, p. 26) concluded that 'most children work because they do not have a choice'. The report also observed that many of the children engaged in economic activity came from single parent families. In Elmina, KEEA District on the south coast, the survey found that 50 per cent of children do not attend school regularly as a result of the local fishing trade. Children reported being able to earn 20,000 cedis a day, the equivalent of £6.00. This represents a considerable contribution to household income and self-support. Indeed many children reported working in order to put themselves through school as their parents or guardians were unable to finance them. Working children typically engaged in farming and petty trading, often consisting of long hours and frequently labouring six or seven days a week. It is estimated that in rural areas 30 per cent of girls and 21 per cent of boys aged 7–16 years are economically active and therefore not in school (Boateng, 1996). The studies brought together by Grieco *et al.* (1996) amply evidence the essential role of child labour within an economic portfolio of activities by family members that enables the household collectively to meet its survival needs. Without collective action the multitude of poor families risk destitution.

Even for better off households whose members are employed in the formal sector, constituting just under 30 per cent of the working population, high inflation of 30 per cent per annum has rendered pensions and other allowances grossly inadequate against the cost of living. Such families often find themselves relying on additional economic activities by household members to make ends meet.

New strategies for child protection

In the socio-economic and cultural circumstances that predominate in Ghana how are we to define neglect and exploitation of a minor? At what point should we intervene and what should be our response? While these are questions each practitioner asks when confronted with issues of child protection, for British social workers they are answered within the context of a well-developed welfare system in the areas of health, education and social security. Undoubtedly child neglect is a much more definitive condition in Britain than it is in Ghana. In this country we must institute different professional guidelines to assist us in the identification of

neglect and strategies to protect children. Predominantly, it is not caregivers that we need to protect children from, but the socio-economic circumstances, which conspire against effective familial support. More often than not it is the environment, which generates the symptoms of childhood malnutrition, withdrawal from education, and poor health care. For practitioners in Ghana the confrontations are not with dysfunctional families, but dysfunctional economic systems, which impose high social costs on households generally and children in particular. Therefore as social workers our field of operation must shift from the psychological to the socio-economic if we are to be effective agents of change. Many organizations in Ghana have already designed their interventions to tackle these root causes.

The Catholic Relief Services (CRS), which has operated in Ghana since its independence from Britain in 1957 has instituted effective projects in the area of education. In 1994, a school lunch was provided free of charge to 105 primary schools in the three northern regions of the country. Any child managing an attendance rate of 85 per cent was awarded a take home ration at the end of each month. These schools registered an increase of 7.5 per cent in girls' attendance over the period of the initiative (CRS, 1994). Another project by the Food and Agricultural Organisation of the UN based in the Brong-Ahafo Region focused on setting up small groups of subsistence farmers to access credit facilities through the formal banking system. Normally farmers with little collateral are forced to borrow from local lenders at rates around 100 per cent. Over 2,000 men and women have now formed such groups and report an estimated 20 per cent increase in maize yields and up to 66 per cent for cassava production, both staples of the region (FAO, 1994). Street Girl's Aid located in the capital, Accra, currently provides day care for around 300 infants aged 1–5 years. Their mothers are street traders and head porters in the local markets who previously had attempted to care for their children in the street for up to 10–12 hours a day. The crèches provide three meals a day for each child and basic literacy for the older children. Their supervised environment also safeguards them against the high hazard of accident and injury on urban streets.

Scholars have consistently argued for a reorientation of the profession in sub-Saharan Africa towards social development initiatives as opposed to psychosocial remedial casework (Shawky, 1972; Ankrah, 1987; Osei-Hwedie, 1993). This position was strongly endorsed by the Association for Social Work Education in Africa (ASWEA, 1986). Such a change of direction requires a reconsideration of the conventional thrust of child protection interventions as practised in Britain and presently in Ghana under the 1998 Children's Act.

The impact of cultural practices

Culture presents yet another set of dilemmas for social workers in West Africa. As the director of UNICEF's International Child Development Centre commented, 'the challenge of interpreting the "best interest" principle is complicated by . . . the extreme weakness of the state in resource-poor and conflict torn societies of Africa'. He also observed that cultural values are, 'a major factor in the interpretation and

application of the ‘‘best interests’’ principle’ (Himes, 1994, p. v). While the profession in Britain and the USA emphasizes the importance of autonomy and individuality in the protection of minors other cultures stress communal obligations and needs. Alston points out that:

In more traditional societies, the links to family and the local community might be considered to be of paramount importance and the principle that ‘the best interests of the child shall prevail’ will therefore be interpreted as requiring the sublimation of the individual child’s preferences to the interests of the family or even the extended family (Alston, 1994, p. 5).

In the context of extreme gender inequality as pertains in most parts of sub-Saharan Africa, commonly it is the female child whose interests are subsumed in those of the collective. Child betrothal is widely practised and results in a girl being exchanged for bride price, or continuing to live with her family, but maintained by the prospective spouse who then claims her at puberty. Traditionally children have been fostered out to other members of the extended family. However, a contemporary version of this norm often results in predominantly girls, as young as seven years, being sent to serve as housemaids to kin and non-kin alike. Money for their services is paid to the family not the child. While child betrothal and commercialized fostering may constitute survival strategies for the household they are at a direct cost to the child.

The Trokosi system, widely practised in the Volta region and thought to affect 2,000 children, involves girls being sent to serve the fetish priest at local shrines to atone for the alleged wrong doing of another family member. Self-reports from freed trokosi girls evidence their sexual exploitation and treatment as slaves from puberty or before (*Daily Graphic*, 1 October 1998). Furthermore, female genital mutilation is estimated to affect 30 per cent of females in Ghana (Hoskin, 1993).

Despite the enactment of the 1992 Republic of Ghana Constitution, which outlaws all the above traditional practices they continue to be widespread. It is unlikely that additional legislation in the form of the 1998 Children’s Act will make any further impact if the rest of the system remains the same. There are two issues at stake. First, is the imposition of human rights standards in fact the imposition of Anglo-American values by a Westernized, urbanized élite on a rural population who predominantly adhere to traditional African belief systems? Secondly, given the paucity of resources available to the Department of Social Welfare, making enforcement of the Act virtually impossible, what alternative interventions are available to social workers?

An alternative approach to child protection

A position that argues for the relativity of value systems simply supports the status quo and freezes all existing power relations. It permits no questioning of who benefits and who is disadvantaged under extant social norms. It is no coincidence that

almost exclusively female children are on the receiving end of these cultural practices. Rarely are boys sent to the shrine, rarely are they packed off to become unpaid servants in the houses of others and it is of course females alone who are subjected to genital mutilation. A philosophical stance, which respects all cultural values, but questions none, ushers in such violations of humanity as to be intolerable. For example slavery in Western Africa has a history, which stretches back before the coming of Europeans. Exploitation of Africans by Africans makes it no more acceptable than that of Africans by Europeans.

Alston (1994, p. 19) argues that children's rights should be conceptualized as a series of 'concentric circles of increasing responsiveness or flexibility to cultural factors as we move further away from the central and less flexible norms'. At the epicentre of these circles he sets those norms, which protect the 'physical and mental integrity of the human person'. These are the non-negotiable values, which relate to the right to life. In succeeding circles may be issues relating to child labour. For example Save the Children (1994) contend that for children who work long hours and value their contribution to sustaining the family, removing them from work is not the right solution. Different cultural contexts require different formulations of childhood. For Save the Children such formulations in developing countries do not exclude child labour *per se*, but demand that it does not damage children's physical and mental development. In this context Catholic Action for Street Children provides a three-year sponsorship scheme for 180 street children in Accra, enabling them to receive food and accommodation while undertaking apprenticeships (CAS, 1998).

Dolphyne (1991) argues that feminists from the northern hemisphere have tended to impose their own legislative solutions to female genital mutilation on Africans ignoring more culturally sensitive approaches. Dolphyne emphasizes economic empowerment as a means of commanding a strong negotiating position *vis-à-vis* men. She conceives this as essential both to influencing reproductive decisions and to eradicating detrimental traditional practices. Furthermore, she advocates a more gradual, though in her view more efficacious, approach to the practice of genital mutilation by persuading communities to perform clitoridectomies rather than infibulations. Dolphyne considers this a necessary medium-term strategy, the ultimate goal being total eradication of the practice. Other initiatives include recognizing the significance of the practice where it marks a life transition and replacing the act of genital mutilation with some other form of ritual or activity.

The principles contained in the UN Convention on the Rights of the Child should remain at the heart of child protection in all societies. However, the 'best interests' of the child must take account of socio-economic and cultural context. The belief systems and social circumstances, which result in adverse practices against children, cannot simply be legislated out of existence. They have to be addressed through interventions, which engage with both traditional norms and economic realities. An attention confined only to rights, duties and responsibilities as set out in the 1998 Children's Act without consideration of the structural factors in play will stymie the effective implementation of the legislation in Ghana.

Enforcing the 1998 Children's Act

A Social Welfare Department employing only 800 staff to cater for a population of 18 million severely undermines enforcement of the 1998 Children's Act. Given Ghana's present debt burden of around \$7 billion the severe resource constraint confronting public services is unlikely to change for the foreseeable future. This is reflected in the backlog of Family Tribunal cases; of the 13,716 cases handled by the Tribunal in 1997 by the year's end 9,389 were still outstanding (MESW, 1998). The limitations of the Social Welfare Department were publicly acknowledged by the Ministry of Employment and Social Welfare in their 1997 draft policy document entitled 'Street Children in Ghana'. Citing the growing social problem of children surviving on Accra's streets, largely detached from family, the Ministry noted that the majority of programmes to deal with this problem are implemented by religious organizations and NGOs supported by international donor agencies. The document calls upon NGOs and religious bodies to offer assistance in the areas of health care and shelter for street children, as state provision is inadequate to meet the need.

Response, an umbrella organization for NGOs working with street children estimates that there are 36 agencies currently working in this area. However, as the director of Response admitted at a recent workshop, the organization has inadequate information on these agencies or their activities (Response, 1999). Weak co-ordination between such NGOs and the lack of a national strategic framework for child welfare combined with chronically understaffed government departments makes it difficult to envisage effective implementation of the 1998 Children's Act, if enforcement is anticipated along the lines of the UK's 1989 Children Act, that is, if there is an emphasis on case-by-case family work and child protection through resort to court orders. Alternatively, given all the evidence presented as to the impact of structural factors on child welfare—namely: poverty; inaccessible health care; poor educational provision and economically driven child labour—it is arguable that the 1998 Act would be better implemented through attention to these aspects. Such an approach would necessitate a different role for Ghanaian social workers than that performed by their British counterparts under the provisions of the 1989 Children's Act.

An alternative approach to practice in Ghana

In Britain, structural approaches to intervention long advocated by adherents of radical social work have tended to be marginalized by the individualist explanations of child abuse and one-on-one interventions with 'problem families'. However, in a Ghanaian context it is patently evident that the labelling of families as 'abusive' or 'dysfunctional' because children are absent from school, undertake onerous physical work or receive little medical attention would be a gross misunderstanding of circumstance. This raises the ultimate question of what is to be done?

The major problems confronting children in Ghana are structural in nature, not familial and therefore the bulk of professional activity ought to address the socio-economic rather than the psychosocial context of children's lives. In this respect many non-governmental organizations in Ghana have already taken the lead. For example the Hunger Project, an international NGO, facilitates the setting up of income generating activities for women. Using micro-credit techniques which permit very small amounts of money to be borrowed and repaid, the Hunger Project provides training to enable groups of women to develop small businesses, such as pottery making. This strategy is of particular importance given that women with control over assets and income are more likely than men to allocate these to support the purchase of food, clothing, medical care and education within the household (Dos, 1996*a*, 1996*b*). Catholic Action on Street Children (CAS) has established a day refuge for street children, which provides bathing facilities and free medical consultations with the Salvation Army. It also offers literacy classes to enable children to achieve basic skills in reading and writing before accessing CAS's three-year sponsorship programmes. These enable street children either to return to formal schooling or to obtain an apprenticeship, all other living expenses being paid for by CAS. UNICEF helps fund mass education programmes, which often utilize drama and pictures to persuade predominantly non-literate communities to support the education of female children. While such an approach is consonant with social work values pertaining to social justice and anti-discrimination, it is also contextually important as higher levels of maternal education are positively correlated with a reduction in childhood malnutrition (Sijm, 1993).

Even in particularly sensitive situations which touch most closely upon the bodily integrity of children it has to be asked whether mass education might not be more efficacious in protecting children than removal from their families under court order. For example in Britain a girl in immediate danger of suffering genital mutilation is likely to be the subject of an Emergency Protection or Care Order as a last resort. In Ghana it has to be asked if removal of a child from the home to forestall female circumcision, even as a last resort, is in the child's 'best interests'. Among the Gonja, a tribal grouping in the north of Ghana, female genital mutilation is widely practised. To protect a child from such an operation in circumstances where there is a strong cultural consensus that it should take place would mean removing the child not just from the family, but also from her community. Given that there are fifty different language groups in Ghana, this intervention is additionally likely to result in forcing the child to learn another language so as to be placed elsewhere. Since female genital mutilation is widely accepted and practised among the Gonja it also has to be asked whether social workers intend, like the pied piper, to take away all the children from the surrounding villages in the name of protecting them. In such a situation, blanket removal of children from their communities is neither feasible nor surely in the 'best interests' of the children in question. The alternatives revolve around well-organized, well-financed and effectively focused mass education programmes which seek to strengthen the voices of dissension within the community, for no consensus is monolithic. In so doing, this approach would encourage and sustain attitudinal change towards female genital mutilation.

Non-governmental organizations have already developed a wide range of interventions to address the socio-economic and cultural contexts of children's lives. If the 1998 Children's Act is to be effectively implemented, and not merely continue as a rhetorical legal statement, then social workers in Ghana will have to broaden their repertoire of skills beyond that of their British counterparts. Ghanaian practitioners must diversify their practice in order to intervene at the structural level of causation in relation to child welfare. They must be supported to do this by those among us who have responsibilities as educators.

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