

Exploring the Usefulness of Social Capital Concept for Improving Services for Vulnerable Children and Orphans in a Public Residential Care Institution in Ghana

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Abstract

There has been an increased global debate about the use and effectiveness of institutional care arrangement for providing enough services for vulnerable children in need of care. As a result of this debate scholars are exploring new ways and/or engaging new concepts or theoretical frameworks for understanding the socio-economic status and lived experiences of vulnerable children in institutional care or residential child care homes. Of particular focus of understanding are social networks, socialization, educational attainment and health status of vulnerable children in institutional care arrangements. It is worth noting that while almost all of these exploration and engagements are in countries of the rich developed world, very little work has been done in poor countries of the developing world. Nonetheless, in many of these latter countries, especially in sub-Saharan Africa, childcare is undergoing reforms under 'Care Reform Policy Initiatives' (CRI) which is being sponsored by UNICEF. However, the main focus of the care reform initiative in Ghana is institutional child care. This study sought to explore the usefulness of social capital in improving the conditions of vulnerable children in residential care institution in Ghana. The study found out that the care givers work under very harsh economic conditions thus making it difficult to provide the needed care for the children. The subvention from the government is not enough to prove the basic needs. It was therefore essential that such vulnerable children are catered for from all sectors of the society.

Keywords: vulnerable children, social capital, orphans, public residential care institutions, care reform policy

Introduction

It is worthy to note that such explorative approaches and conceptual and/ or theoretical engagements are the result of critical reflection and careful efforts to unearth and articulate the complexities of arranging care and providing support services for vulnerable children and orphans in residential care institutions in an era of globalization. Today, globalization is affecting every aspect of our life, including economic, social, cultural, political and military (Lundy, 2004). Acknowledging that globalization is having both negative and positive benefits for different population groups at all levels of society, this makes globalization a contradictory process. For example, one good effect of globalization for children, not only is the UNCRC a direct product of globalization but also the UNCRC outlines and ensures standards in the provision and delivery of support services for all children globally (UNCRC, 1989). However, at the same time globalization is driving the residential care debate as expressed in the last resort argument. Specifically recognizing the issue of high cost of State residential child care services (Desmond et al., 2002; Mc Hugh, 2002; Quinlan & Desmond, 2003; Desmond & Gow, 2001) as partly driving the global advocacy campaign against residential care institutions as expressed in the 'last resort' argument (UNICEF, 1989; Save the Children, 2003; ISS/UNICEF, 2004; Tolfree, 1995; 2005). This pointed to economic globalization.

Structural Adjustment Program (SAPs) sponsored by the World Bank (WB) / International Monetary Fund (IMF) which is a fundamental economic global intervention to restructure global economy through the introduction and setting of budget caps and targets (Aryeetey & Goldstein, 2000) does not only drive globalization but also is core to it.. Specifically, SAPs implementation places restraint on government expenditures to purchase social services to meet the needs of citizens of a country. It is in line with this that some authors have linked the present challenges and difficulties faced by vulnerable children in diverse environments especially in poor countries of developing South to the negative impact of globalization (Timimi, 2005; UNICEF 2000; Petty & Jareg 1998; Rodriguez, 1998). The UN (2003) have stated that today, poverty, disease, HIV/AIDS, and war are challenges and difficulties faced by millions of young person's (UN, 2003). Other writers such as Rodriguez (1998) and, Timimi (2005) have attempted to associate family breakdown, child labour, street children and deteriorating mental health of children to globalization. Of much relevance to this article is Petty & Jareg (1998) research in Rwanda which linked the increasing numbers of children in residential care institutions to the implementation of SAPs in that country.

The present grinding poverty in sub-Saharan Africa makes it critical to seek alternative approaches (Roa, 2011) and strategies that could reduce the high cost of residential child care services and to improve the wellbeing of children in institutional care. In line with this and in particular within sub-Saharan Africa, international NGOs like UNICEF and Save the Children Fund (SCF) are using their new found leverage under globalization to launch several activities to improve care arrangements for vulnerable children and orphans on the sub-continent. For example, in recent times UNICEF, UNAIDS, and SCF have been funding workshops in sub-Saharan Africa where communiqués were issued promoting community care as the best care option and pointing to the bad effect of residential care as a care option for children. Notable examples of these are; the Windhoek Workshop (UNICEF, 2002) in Namibia, the Nairobi Workshop in Kenya (UNICEF/UNAIDS, 2003), and a separate conference and workshop in Ghana (Save the Children, 2005; UNICEF, 2005). It must be noted that these activities by these international organizations contradicts the UNCRC, which give legitimacy to the establishment of alternative care for children, including residential care (1989 UNCRC, Articles 20 and 27).

Despite these global contestations and international activities, the reality is that whether residential child care is described as a 'last resort' (UNICEF, 1989; Save the Children 2003) or not, the fundamental position is that residential childcare or institutional arrangements for vulnerable children in most sub-Saharan African societies, are the exception rather than the norm. Institutional child care is a Western invention which we have created to replace traditional family care (Roa, 2011) which is a response to the care crisis in sub-Saharan Africa resulting from the AIDS epidemic and poverty. The reality is that as AIDS and poverty is yet to peak, more vulnerable children will continue to be in need of care and at risk of services. Certainly, this will increase the numbers of vulnerable children and orphans, and the demand of institutional arrangements and residential child care services will rise as more children presently totaling about 15 million orphans and children at risk (Roa 2011) will need care and services to meet some of their basic survival needs. This is Africa's challenge, and it's not just a problem for governments, NGOs and foreign philanthropists. This specifically seems not only to be posing a challenge for some international NGOs from countries of the North such as Save the Children (2004), International Social Service (ISS) and UNICEF (2005), but also, it has become a source of their frustration. It appears that this frustration is fuelling the global advocacy campaign against residential child care. For instance, Save the Children (2003) has argued that when it comes to the rights of children in residential care very little is known. Further, ISS/UNICEF (2005) is lobbying governments in Africa to stop establishing residential care for children. Rather than joining the international advocacy campaign to freeze State residential care institutions for vulnerable children and orphans. The goal of this article is to explore the usefulness of social capital as a concept and a resource to improve the situation and institutional support for vulnerable children in a State residential care institutions focusing a designated State residential care institution in Accra; the capital city of Ghana (GSS, 2005)

Choice of Theory

In this contestation and new endeavors, it is important that we take a critical look at the multiple roles played by resourceful institutional agents who play a central role in the provision of care and support services for children in residential care institutions. These resourceful and institutional agents may not be limited to the following agents; including friends of the children in care, parents, teachers, counselors, pastors, care-givers and residential care managers.

Identifying the role played by these agents can help us to better understand how we could develop and/or re-design interventions to provide support services for disadvantage children in residential care environments. This could further authentically empower both the disadvantaged children and institutional agents in and beyond residential care institutions. Given the central place of institutional agents in Stanton - Salazer formulation and conceptualization of social capital concept the theory of this article draws heavily on the formulation of social capital as advanced by Stanton - Salazer. In line with this, social capital concept that highlights and explicates three principal phenomena is employed to guide the examination of resources and support services in public residential care institutions. First, in the life world of vulnerable children and orphans they participate in multiple socio-cultural activities; two, the role and function of *nonfamily adult agents* in the life of vulnerable children and orphans and; three, official agents responsible for the social development of vulnerable children and orphans in the institutional care home.

Social Capital Concept

In spite of the elusive quality that characterizes the concept of social capital in much of the literature across the social sciences, the present framework draws on Stanton - Salazar definition of social capital as consisting of resources and key forms of social support embedded in one's network or associations, and accessible through direct or indirect ties with institutional agents (Stanton-Salazar, 1997; 2001; 2004; 2010). The concept of *institutional agent* is central to this framework, and is defined as; 'an individual who occupies one or more hierarchical positions of relatively high-status and authority' (Stanton-Salazar, 1997, 2004). Regarding vulnerable children and orphans in residential care institutions, such an individual situated in a vulnerable children social network may include the following agents; residential staff, care-givers, extended family members, informal friends, community members, social actors and organizations outside the care home. Each agent may manifest his or her potential role as an institutional agent, when, and on behalf of the vulnerable child or orphan, he or she acts to directly transmit, or negotiate the transmission of, highly valued resources (e.g., provide emotional support, share information, provide an advice, give a text book, money, high school course requirements for admission to four-year universities, etc.).

The concept of social capital, as elaborated here, permits us to look at how vulnerable children and orphans in institutional care gain access to vital resources through relationships with institutional agents situated within the various socio-cultural worlds that comprise their social universe. This article is divided into three (3) sections. The first section introduces the concept of social capital and presents the background information of the study. This is followed next with the study aims and objectives as well as the methodology used for gathering information for the study and a description of socio-economic context of the country of study and the research site. The final section discusses the study findings and analysis upon which conclusions are drawn and suggestions made for policy formulation and programming as well as future research.

Social capital is a concept that is currently in wide use across many academic disciplines. This has reinvigorated interest in the role of social issues in diverse cultural settings (Bourdieu, 1983, 1986) and contemporary policy debates (Earls and Carlson 2001) including children's social policy. In many of these academic disciplines and especially in the field of policy, social capital has been linked to improvements in organizations (Cohen & Prusak 2001) as well as disadvantaged communities and vulnerable population groups (Putnam, 1993, 1995). In particular the concept is said to levelling up the social and economic gradient in children's health and well being (Morrow, 1999, Ferguson, 2006; M' Pherson, et al., 2013; Vyncke et al., 2013). Despite such noted usefulness of social capital for improving the wellbeing of children in relationship of adults, however, there have been very little empirical research and rather few secondary studies exploring and/ or examining children's social capital to improve the wellbeing of children (Coleman, 1995, 1997; Morrow, 1995, 1999; Stanton-Salazer, 1997, 2001, 2004) in different social environment and context. Acknowledging the fact that the findings of these few studies have been of very limited benefit to vulnerable children and orphans in State residential institutional care at any rate, including children affected and made vulnerable by the AIDS epidemic and poverty related problems in sub-Saharan Africa, this article is purposed to fill that gap.

Some of the possible reasons that have been assigned to the scarcity of research in children social capital in poor developing countries in sub-Saharan Africa are as follows: First, generally there are very few studies researching State residential child care services for vulnerable children (Aldgate, 2000; Apt. at el, 1998).

Second, studying vulnerable young people poses a great methodological challenge and theoretical difficulties (Denzin & Lincoln, 2003). Finally, there is almost total absence of empirical research of residential care in sub-Saharan Africa even though the situation and experiences of vulnerable children in State residential children homes is one of isolation and alienation from their communities (Save the Children, 2006; Roa, 2011). The underlying reason for the lack of empirical research to help explain the situation and experiences of vulnerable children, including children and orphans in State residential care in sub-Saharan Africa, maybe due to the over theorizing of the economic benefits of social capital (Healey & Hampshire, 2002) over the social, and hence leaving out the social as both vulnerable children and State residential child care are of very little direct economic value to the society.

The goal of this article stems from the backdrop argument that although the traditional approach of using orphanages as a way of responding to the needs of vulnerable children and orphans is a Western intervention which is severely criticized as expressed by the 'last resort argument,' however the enormity of the challenge against the absence of any viable and sustainable social protection system for children and their families in almost all countries of sub-Saharan Africa means a careful rethink of the traditional approach rather than seeking a total abolition of the traditional approach of institutional care. This has given the additional recognition that global poverty is increasingly making many children vulnerable in sub-Saharan Africa thereby pushing many more children into residential care. This point is particularly expressed by Peggy and Jareq (1998) study in Rwanda. The authors also added that SAPs implantation in sub-Saharan Africa is a significant reason why children end up in residential care (Peggy and Jareq, 1998)..

Withstanding the above, it is important to state from the outset Stantan-Salazer (1997, 2001) assertion that children and young person's acquire social capital from institutional agents which are beneficial to improving their institutional support experiences and quality of life. These points to Morrow's (1999) statement that children's activities may be influenced by, as well as impact upon, children's social capital. This discussion implies that children in State residential care are certainly engaged in varying social activities that may have significant implications on the wellbeing of care-givers, staff and the children themselves. The assumption advanced here by this article is that applying social capital concept to the care of vulnerable children and orphans in institutional or residential care may generate the required momentum of improving and/ or strengthening the existing institutional model which may actually help bring about change in institutional care as an effective and efficient alternative care arrangement for the millions vulnerable children and orphans at risk of services and in need of care in sub-Saharan Africa as a whole and Ghana in particular.. This will help to refocus the negative sentiments against residential care use as expressed by the 'last resort' argument (Save the Children, 2003; ISS/UNICEF 2004).. Acknowledging this, it becomes critical to explore the benefit the concept of social capital could bring to bear on services so as to improve the situation of vulnerable children and orphans in residential child care in Ghana. A designated public residential home in Accra; the capital city of Ghana (GSS, 2005), was used as the research site to gather information for the study.

Aim of the Study

The study aimed to explore the usefulness of social capital for vulnerable children and orphans in institutional child care in an era of global restructuring due to global economic downturn where the State ability to provide resources and support services to meet the needs of children is severely hindered.

The Study Objectives

In Order to Achieve the Aim of the Study the Following Objectives Were Developed to Guide the Study;

1. To describe how vulnerable children and orphans participating in the study gained access to vital resources and support services from and/or through institutional agents to meet their daily basic needs
2. To determine the nature of the informal relationships that existed in the institutional home setting between authority figures and the vulnerable children and orphans in care
3. To describe the type of resources and support services that were available and accessed by the vulnerable children and orphans in the institutional care home which may not be limited to; money, shelter, clothing, food, health, education, vocational skills, leisure, transportation, recreation, emotional satisfaction and, friendship.

Research Question

Informed by the study aim and objectives of the study, the following research question was developed to guide the study; 'In an era of globalization as expressed in the 'last resort' argument, how could we improve services for vulnerable children and orphans in State residential care institutions in Ghana?'

Description of Country of Research: Ghana

The empirical research was set up in a designated large State Residential Home for disadvantage children and orphans at Osu, in Accra, the capital city of Ghana (GSS, 2001).

Brief Socio-Demographic, Political and Economic History

A Ghanaian study is particularly interesting because in line with globalization, the country is not only the first in the world to ratify the UNCRC in 1990, but also, it is the only country in sub-Saharan Africa that has the enviable record of continuously implementing the IMF and WB sponsored Structural Adjustment Programs (SAPs) since 1983 to date which is purposed to provide improved services to raise the well being and quality of life of its citizens. More specifically, Ghana is among the few countries in sub-Saharan Africa pursuing UNICEF sponsored 'Child Reform program' that will lead to producing a 'Child Welfare Policy fit for Ghana' to guide delivery of care services for Ghanaian children in care (UNICEF, 2013).

Ghana, a former colony of Britain, attained independence in 1957, with a promise of hope and improved wellbeing for its citizens ((Ninsin, 1989), including children. The population of Ghana is 25 million (MIC's 2012), out of which over 50 percent are children (about 12 million) (MIC's 2012). With Ghana's many natural resources like cocoa, timber, gold, diamonds, bauxite, compared to other countries in the sub-region (World Vision, 2009) one would have thought that the country will possess enough resources to purchase many services to meet the needs of its children, especially those who are vulnerable and in need of care. However, there is continuous stagnation of the economy since the early 1990s (GoG, 2004). This added to other structural factors such as corruption, history of military coup d'état, weak institutional capacity and low human capital have produced unacceptable levels of poverty, general deprivation and low levels of poverty reduction achievements in Ghana (GoG, 2003, 2004). A compounding factor for the Ghanaian poverty situation is its heavy burden of external debt, totaling about US\$7.396 billion, with additional foreign development aid totaling US\$7 billion annually (World Bank, 2004; GoG, 2004). The implication of this is that there appears to be widespread and grinding poverty in the country; that is, nearing half of its people live on less than US\$1 a day (World Vision, 2009). Also, the country's mounting debt burden makes it highly unlikely that the government would be able to have enough resources to provide a range of services to maintain the standard of living and quality of life for many Ghanaian families and their children, including vulnerable children and orphans in State residential care.

The aforementioned information must be viewed against the fact that Ghana has implemented 26 years of IMF/WB sponsored Structural Adjustment Programs (SAPs) to rectify the country's stagnant economy, established administrative institutions and formulate policies to promote growth and better quality of life for all Ghanaians (World Bank, 2004) particularly realized improved wellbeing of Ghanaian children. However, the country has experienced repeated failings to improve the situation and wellbeing of its vulnerable children resulting from the following; weak administrative institutions, poor implementation of international economic policies to drive the economy and lastly, lack of child specific policies. All these has seriously affected Ghanaian's social development (Aryeetey & Goldstein, 2000), especially social development of children including disadvantage children in State care who are among the most vulnerable population group in Ghana and therefore are at most risk of welfare services (Manful, 2009).

More particularly, acknowledging that Structural Adjustment Programs (SAPs) introduced by the World Bank (WB) and International Monetary Fund (IMF) has often prioritised economic investment and support for private businesses over social investments and social welfare provisions for vulnerable social groups (Aryeetey & Goldstein, 2000), there is huge deficit in children's social services in Ghana (Manful, 2009). This is aside the fact that the Government of Ghana has set up administrative institutions with specific child care responsibilities such as the Department of Social Welfare (DSW), with specific administrative functions for vulnerable children and orphans in need of care and at risk of services. It is important to view this point against the global advocacy campaign as expressed by the 'last resort' argument (UNCRC, 1989) highlighting the increasing use of residential child care for vulnerable and orphans (SCF, 2003), particularly in sub-Saharan Africa (ISS/UNICEF, 2004).

Nonetheless, particularly within the Ghanaian context, this study was motivated by the current information provided by UNICEF (2012) that there are 4000 vulnerable children and orphans in registered residential child care homes and about 20 institutional care for children has recently been closed down in Ghana (UNICEF, 2012). It could be argued that the 4000 number of vulnerable children and orphans in registered residential child care is an increase by 1000 children, over the 3,000 disadvantage children and orphans noted by the Department of Social Welfare in 2005. This increase should be viewed against the challenges posed by AIDS, and poverty which is aggravated by the effect of many years of implementing IMF sponsored Structural Adjustment Programs (SAPs) in Ghana which put a freeze on budgetary allocation for social welfares spending to purchase services for all vulnerable groups in Ghana, including children in State residential care (Aryeetey & Goldstein, 2000).

On the other hand, the World Bank (2004) reported that Ghana abounds in social capital stocks. It is in this light that this article explores and engages the concept of social capital to empirically examine the institution of residential child care in Ghana as an alternative child care approach providing services to meet the needs of the 4000 vulnerable children and orphans in residential care homes in Ghana (UNICEF 2012). This is against the backdrop information that due to a host of reasons including orphan hood, abduction, trafficking and migration (GSS, 2002, GSS 2005), some children in Ghana may have no choice but to live away from their parents (MICS, 2012) as well as parental imprisonment and chronic poverty (Manful 2009). Not only does the CRC give backing to residential care stipulating in Article 20 that children who cannot have parental care or cannot be allowed to remain in their family environment, shall be entitled to special protection and assistance by the government (CRC 1989). Specifically in Ghana, the 1998 Children's Act (ACT 560) stipulates that children who are unable to stay with their parents are provided alternatives homes or families and this includes children's homes, fosterage and national/international adoptions (Children's Act, 1998). As noted in MICS (2012) report these processes are normally overseen and investigated by the Government. While about 50 percent of children aged 0 - 17 years in Ghana live with both biological parents, 17 percent live with neither father nor mother. Regarding the latter 17 percent, 14 percent have both parents alive, 1 percent has only their father alive, 2 percent have only their mother alive and, about 1 percent have both parents dead (MICS 2012)

Choice and Description of Designated State Institutional Home as a Research Site

There are five State residential children homes in Ghana (DSW 2005). This is in addition to the hundreds of registered and unregistered institutional care homes for vulnerable children that are spread across the length and breadth of the country. Given that it was impossible to study all the five (5) State residential institutions in Ghana, the most accessible residential institution for disadvantage children in Accra was chosen as a research site for data gathering..

Brief Description of the Research Site

The research site chosen for data gathering is a premier and largest institution among the five (5) State institutional homes for providing care and temporary shelter for disadvantage children and long term accommodation for orphans in Ghana. It is under the direct management and supervision of the Department of Social Welfare (DSW 2005). However, with changing socio-economic trends the vulnerable children who were admitted into 'the home' stayed longer. There were 170 vulnerable children and orphans and 70 adult staff / caregivers at the research site at the time of the study. The study did not bother itself with the designation of the entire workers (staff and caregivers) at the institution except those at the research site presumed to be in position of authority and high status in line with the employed. Definition for the study (Stanton - Salazer, 2004).

Research Methodology and Methods

Acknowledging Denzin and Lincoln (2004) assertion that the study of young people posed methodological challenges, this study employed mixed research methods, including quantitative and qualitative methods, to engage the study participants to gather data for analysis.. Specific research tools used for data collection from adult study participants (staff/caregivers) were simple survey and key informant interviews while face to face interviews was used to engage the participating children in the study.

Sampling

A purposive sampling approach was used to select 8 adult workers in position of authority and high status in the institutional home to participate in the survey interviews. This number was selected from the total adult population of 70 adult workers in the State residential institution. Also, key informant interviews were arranged with 3 institutional agents to gather additional data for analysis.

In addition, 12 disadvantaged children in the designated residential care institution were selected from a total of 170 disadvantaged children to engage in conversational type of informal interviews to gather more information for the study.

Research Design & Data Collection Strategy

A two part strategy was followed in order to gather diverse information for the study. First, a survey instrument was developed and administered with all the eight (8) participating institutional agents selected for the study. The information obtained from the survey interviews was complemented with additional information gathered through informal interviews arranged with three (3) key informants in the institution. Secondly, the study further arranged a face-to-face conversational type of informal interviews (Manful, 2009) with all the selected 12 participating vulnerable children and orphans in the study to gather information about their day to day service experiences of the institution. Through these adult and children interviews (survey and key informants and conversational informal type) diverse information was gathered about stocks of social capital inherent in the institutional home and made available to the vulnerable children and orphans by the institutional agents. Particularly, it was the stocks of social capital in possession by the institutional agents that enabled the agents to provide basic support services to meet the needs of the vulnerable and orphans in the institution.

Data Discussion Approach

A qualitative approach was used to discuss and analyze the information gathered from the empirical study and the secondary literature to help find answers to the research question. The approach involved review of relevant background literature informing the study and primary data gathered at the research site using the following steps. First, identifying the frequently occurring ideas in reviewing the secondary materials and discussion of the primary data gathered. The second step was grouping and categorizing the most common ideas identified in the first step. The third step was to develop the group and categorized common ideas into key themes and finally, discussing and breaking down the emerging key concepts of the study along the lines of the broader study aim and specific objectives to answer the crafted research question.

It is vital to note that the philosophy underlying the discussion of the study findings is philosophical hermeneutics. Bernstein (1983) and Denzin & Lincoln (2003) note that this philosophy opposes objectivism with respect to meaning making and offering understanding and can be said to endorse the conclusion that there is never an absolute correct interpretation. Thus, in discussing and analyzing the data to answer the research question so as to provide a better understanding of the issue(s) being explored, the prejudices and biases of the researchers were identified earlier in the study assumption. This ensured a more objective discussion and analysis of the reviewed materials and primary data gathered. This way, the discussion and analysis of the study findings was intended to produce recommendations that may lead to influence alternative policy approach and/or practice strategy or theories to effectively guide the delivery of support services to the increasing numbers of vulnerable children in residential care institutions in the country.

Study Findings and Discussions

Summary of Key Findings of the Study

It is worthy to note that the study findings were discussed through the lens of social capital concept conceptualized by Stanton-Salazar (1997; 2001; 2004) as; 'consisting of resources and key forms of social support embedded in one's network or associations, and accessible through direct or indirect ties with institutional agents' (Stanton-Salazar, 1997; 2001; 2004). This means that *institutional agent* is central to Stanton-Salazar conceptualization of social capital. He defined an institutional agent as follows; 'an individual who occupies one or more hierarchical positions of relatively high-status and authority' (Stanton-Salazar, 2001, 2004). In the foregoing, the discussion of the study findings focused on the informal networks of institutional agents and vulnerable children and orphans at 'the research site; that is, the designated State residential institution.' More specifically, the discussion emphasized how the participating vulnerable children and orphans in the study met their needs by using their informal networks to access and use the resources and social support systems available in the institution. Not only were these resources and support services available in the residential institution were in the possession of the institutional agents but also they managed and supervised its availability and use. This means that institutional agents have high influence on the resources and support systems that were inherent in the informal networks and were available, accessed and used by the vulnerable children and orphans in the institution.

Nonetheless, it was the ability of the participating vulnerable children of the study to access and use the social capital of institutional agents that helped to improve their service experiences and wellbeing.

In line with Stanton-Salazer (2001, 2004) definition, institutional agents are individuals who occupy various hierarchical positions of relatively high-status and authority in the residential care. As found out in the study, there were the following category of workers who participated in the study at the research site who fit the definition of institutional agents; the institutional care manager, the social worker, the Nurse, two (2) Principal Social Welfare officers and the three (3) residential house mothers. Each of these listed agents manifested their potential role as an institutional agent, when, and on behalf of the vulnerable child or orphan, he or she acted to directly transmitted, or negotiated the transmission of highly valued resources and services for the child in care.

Imbalance in Population of Disadvantage Children and Staff in the designated Residential Care

The study revealed that there was a population of 170 disadvantage children in the designated residential care institution. This could be compared to an earlier research conducted by Apt et.al (1998) in the same institution which recorded 54 disadvantage children with ages ranging between two and half to 22 years.. Further, the adult population of 70 full time workers (staff / caregivers) at the time of the study is lower than what was recorded in an earlier study numbering 77 workers (Manful, 2009). This shows a slight decrease of 7 workers. However, the designation of almost all the staff and care-givers in the child care institution was unverified because their records was inaccessible, being kept by their employer at the Headquarters of the Department of Social Welfare. The finding shows a clear imbalance in staff - children ratio in the residential care institution; that is, 2.5 children to one staff. However, given the fact that the number of the adult staff includes both the caregivers and office staff, it obscure the reality of direct care practice activity as engaged in by caregivers and not administrative staff. As reported by some of the house mothers of the institution, they are always overwhelmed by the day to day care delivery and provision of support services for the children in the institution given that there are so much to do each minute in a day.. It was revealed that only 40 (forty) staff were directly involved in providing care and offering support services for the 70 children in the institution. As one adult participant of the study remarked at the research site; 'We are always overstretched and stressed given the magnitude of work and the insufficient caregivers in the home'. Another participating adult staff added, 'We are doing our best but we need more caregivers to support us as the children here are many and stubborn.'

Existence of Informal Relationship between Institutional Authorities and Children in Care

In terms of the form care delivery took, it was revealed by the study that there existed varying forms of informal relationships between authorities of the institution and the vulnerable children in the residential institution that was diverse and in most cases multiple. Further, it was discovered that the type of resource and support service offered by the above listed authority figures was not limited to the following; moral guidance, emotional support, information, advice, gave text books, educational materials, money, as well as look for child sponsor. Regarding the third point, it was revealed that in many instances most of the participating vulnerable children and orphans in the study gained direct access to and used resources and support services offered through or by an institutional agent and the services received were diverse and multiple. For example, three (3) of the child participants reported that they went to their house mothers to request for special local food like '*fufu*' which could never be prepared for them in the institution. Another two (2) participating children said that they received educational materials from the residential care manager. Again, additional 2 (two) participating children expressed the point that they received advice and emotional support from the social worker during periods in care when they were very sad as a result of their lonely life experience. Furthermore, almost all the child participants stated that they received varying cash amounts from significant persons in their lives outside the institution to purchase some of their personal and educational needs at school.. That is, an indirect agent such as a parent or guardian, extended family member of the outside community., a teacher, a pastor, and/ or a sponsor institution like a Financial Bank paying their fess to enroll in one of the private Junior / Senior Secondary School..

The designated residential care institution was found to have an unique structure and culture that on one hand facilitated the accumulation of social capital in a specific form of cultural capital and on the other hand denied the institutional home a structure. In relation to the first finding, the day-to-day caring and service delivery for the vulnerable children and orphans in the institution, as well as routine administrative and daily management task were mainly undertaken verbally by word of mouth. This reinforced the highly traditional way of caring through informal relationships.

However, the down side of this informal approach is that very few care practices and service delivery procedures in the institutional home regarding the vulnerable children and the adult staff were documented and/or recorded. Without any care records, documentation of care and service delivery procedures in the institutional home, it was therefore highly unlikely that any care outcomes for vulnerable children and orphans could be achieved. Secondly, it was revealed at the research site that, the daily institutional care arrangements to provide resources and deliver support services to meet the needs of the disadvantaged children and orphans in care assumed a unique culture lacking any form of structure. This also has much resemblance with the traditional child care practices in Ghanaian communities and this appears to be an indicator of social capital possession, maintenance and accumulation that could be used to improve support services for vulnerable children and orphans in institutional care.

The aforementioned discussion could be set against the developmental trend in broader Ghanaian society where social services have assumed over time its own culture whereby public social welfare service provisions, instead of meeting the social welfare needs of vulnerable groups, including disadvantaged children in care, was rationed and tailored to meet the quarterly goals of targets and other outcome measures set under SAPs, Western developmental partners. Unfortunately, this has very little to do with improving resources and support services and the well being of service beneficiaries, particularly disadvantaged children in institutional care and most at risk of services...

The study further found out that the weak Ghanaian economy and widening poverty gap led to inadequate allocation of budget resources by the Government of Ghana to purchase and provide enough support services for the vulnerable children at the research site. For example, according to information gathered from key informant interviews at the research site, the total government budget allocation to the designated residential care institution through the Department of Social Welfare to meet all the strategic and operational activities, including provision of food, education, health, water, clothing fuel and other overhead cost like engaging in child development activities in the State residential child care institution 2011/12 budget year was GHC6,000.00; which is equivalent to \$3000 (three thousand US Dollars). It was further revealed through additional key informants' interviews that the Government of Ghana gave the Department of Social Welfare about GHC 24,000.00 (\$14,000.00) annually for managing the Department. Together, the sum of this budgetary allocation is woefully inadequate and could never support any service regime to meet the needs of vulnerable children and orphans in the institution let alone all disadvantaged Ghanaian children who may be in need of care and at most risk of public services. However, recognizing that there is a generally weak institutional culture of responding to the needs of vulnerable children in Ghana, this aggravated the already weak organizational structure of the designated residential care institution chosen as the research site for data collection of the study.

As a result, the majority of participating vulnerable children and orphans reported of having varying and multiple needs that were unmet. Again, the inadequate allocation of resources by the government affected the staff and care givers in the institution' which appears to impact negatively on their motivation and lowering the moral of institutional agents to improve the provision of care and support service delivery for the vulnerable children and orphans..For example, the far greater majority of institutional agents interviewed reported that although they were committed to their caring work, nonetheless they were confronted with varying structural issues like lower salaries and wages, low care-giver / child ratio, low educational background of care -givers, lack of training for staff/care-givers and low incentives to motivate staff. The contention here was that economic globalization in the form of SAPs implementation caused imbalances in the structures of State and traditional institutions thereby affecting stocks of social capital held by institutional agents. This is because at the micro level of society SAPs caused many families to be poor and also at the macro level of society depleted the resource base of the government, thereby hindering the provision of care and support services delivery for the vulnerable children and orphans in Ghana. For example, during SAPs implementation budget for and/ or investment in social welfare institutions like the Department of Social Welfare, which is responsible for managing residential care homes for vulnerable children and orphans was severely curtailed (Aryeetey & Goldstein, 2000).

Therefore, this study argues that SAPs implementation in Ghana impacted the provision of care and support services delivery for the disadvantaged children and orphans at the research site in a nuanced way. That is, on one hand, it limited formal service provisions for vulnerable children and orphans, thereby, aggravating their needs and compounding the vulnerabilities of children in Ghana. This was particularly serious for the lived realities and service experiences of vulnerable children in institutional care.

As children's needs exceed the provision of support services at the research site, there were shortfalls in support services. For example, the greater majority of the participating vulnerable and orphans reported that there existed severe shortages of educational materials, lack of support to enable them do their school work in the home, emotional support, and lack of pocket money and educational toys. Specifically, almost all the participating children reported that they do not have access to computer to aid them do their school work and learn in the home.

Given that the formal administrative structures were limited in responding to these service shortfalls in the residential institution, the study participants reported of relying on their social capital in the form of informal networks with and between institutional agents to access the varying range of support services available in the institution.. This means that there existed high stocks of social capital in the form of several range of informal networks between and among institutional agents and vulnerable children and orphans in the residential care institution.

Implication of the Findings

Recognizing that prior to SAPs implementation in 1982 in Ghana, the Government of Ghana did provide enough resources and adequate social services for vulnerable groups in Ghana (ISSER, 1996; Aryeetey & Goldstein, 2000) including residential care services. These resources and social support services from the State have been reduced drastically in recent times, as a result budget restructuring under SAPs implementation. This placed disadvantage children in institutional care at greater risk of resources and support services, including; health care, nutritious food, educational support and materials, accommodation, good clothing, psycho-social counseling, and vocational training. Although, participating vulnerable and orphans in the study reported of developing varying cope skills to manage the shortfalls in support services. For instance, the study revealed that the use of informal networks in the residential care institution empowered the vulnerable children and orphans most as they did not only have their needs met but more importantly informal networks involves direct and active participation in a certain type of activity..’ Empowerment is used here as a conscious effort to mobilize institutional agents and vulnerable children and orphans to participate in decision making activities that affect them and also shape service provisions to meet the needs of the children in care. Also, it is to engage the vulnerable children and orphans to participate in series of informal activities with their institutional agents to meet their individual and collective needs.

As a result of engaging in these data collection activities at the research site, it was observed that the participating vulnerable children and orphans coped effectively with the impact of shortfall in support services. As one child participant retorted in the informal conversation;

- 'I am not very worried if I asked for services (school text book) and I am not given as I know that there are so many children in the home who also want text books for school.'

Another institutional agents participating in the study reported of successfully managing and coping with the impact of service shortfalls in the institution by employing their social capital possessions to engage outside philanthropists and benevolent organizations in the society to provide for the survival of ‘the whole institution. For instance, in answering a question, the residential care manager replied that

- 'Left to government subsidy, 'this home' would have closed as government subsidy is always behind schedule.' As a result, we run the home and provide for the children by relying on donations from very few philanthropists in the community and other gifts from benevolent organizations in the society.'

As regards the vulnerable children and orphans, they specifically accessed and used informal networks for instrumental purposes. That is, they accessed and used informal networks of institutional agents to obtain support services to meet their personal daily survival and developmental needs. These support services are not limited to the following: nutritious food, clothing, money, accompany them to hospital, prescription medication, school materials, assistance to do school assignments, advice, sharing of information and emotional support like jokes, play, moral support and visitation, as well as offer of gifts like computer games, toys, cake, toffees and chocolate, on birth days and special occasions like Christmas. The preceding finding points to the fact that participating children in the study accessed and used institutional agents social capital through informal networks established with the latter. Specifically, these informal networks were between the participating institutional agents and the vulnerable children and orphans of the study in the residential child care institution.. Nonetheless, very few of the institutional agents participating in study expressed mixed views on the extent some vulnerable children and orphans in care institution accessed stocks of social capital available to them in the institution.

For example, 2 institutional agents reported that although they were prepared to help many of the children in care, however most of the children had low self-confidence to even approach them and ask for support. They added that; *'it was the very children in care who have high self-esteem who asked for support from them when they were in need'*. They mentioned that school items like uniform, sandals, books and bags, were type of support services frequently asked for by few children with high self esteem and good communication skills.

Suggestions

Recognizing that the findings of the study were diverse and varied, a conclusion were drawn for the study that led to the following suggestions.

Building a Partnership Model

Given that caring and supporting vulnerable children and orphans in public care institution is complex, the study suggests the need to develop a partnership model of providing care and delivering support services for vulnerable children and orphans in need of care and support services in public residential care institutions in Ghana . The suggested partnership is crucial given that vulnerable children and orphans in residential care is increasing. The partnership should involve professionals, care-givers, staff and the children whose interest residential care exist to serve. Enhancing this partnership in arranging care and support for vulnerable children and orphans should also include other stake holders with interest in children's issues. They may include the District Assembly is the lowest administrative unit of government service provider, researchers, volunteer care-givers, private organizations like Churches and international and local NGOs, who are concerned with the wellbeing of children. Creating opportunities and nurturing conditions for partnership formation between professionals, practitioners, informal helpers, NGOS, local and foreign, and volunteers at the community level so as to deliver services for vulnerable children and orphans in residential care must be a high policy priority. In order to enhance policy and programming, we should base any chosen intervention on evidence and best practices. For example, we can learn from similar practices elsewhere such as the Canadian government Community Action Program for Children. Possibly, the Ghana Government can involve private partners to produce public services for vulnerable children and orphans in need of care.

Developing Continuous Training of Staff and Care-givers in State Residential Care Homes

With the description of residential care institutions as 'a last resort' *vis-a-vis* the high levels of uncertainties in the public service created by current economic crisis, coupled with HIV/AIDS epidemic, some of the functions which have been performed by formal public agents may devolve back onto the informal support systems so as to reduce rising cost associated with residential care institutions (Desmond, & Gow, 2001). However, recognizing the weak capacity of 'institutional agents which is affecting their ability to arrange care and also provide varying range of services to meet the daily survival and developmental needs of vulnerable children and orphans in care, it is necessary to seek ways to strengthen the informal networks of institutional agents given the important role of these agents (Stanton - Salazer, 1997, 2001, 2004).. This means that it is important to build the capacity of institutional agents to improve their informal network functions of arranging care and providing support services for vulnerable children and orphans in residential care. One possible way of doing this is forging and strengthening links between the vulnerable children and orphans in care and significant institutional agents in their lives in the residential care institution who may or may not .belong to the children's informal networks. This is important because it does not limit the flow of support services but rather allows for comprehensive flow of support service from different agents of the residential care institution; i.e., senior staff of the DSW.

Strengthening Informal Networks of Institutional Agents in Residential Child Care

Flowing from the above suggestion, given the fact that resources are scarce, yet social capital as a resource is free and abounds in Ghana and particularly in the informal networks of institutional agents in the residential home, it is very important that programs are purposively designed with specific goal towards initiating the strengthening of informal networks of institutional agents in residential care institutions for disadvantage children and/ or orphans This suggestion expresses the need for the active involvement of the Department of Social Welfare (DSW) and manager or management of the residential care institution. In relation to taking decisions on issues that directly affect the daily living of vulnerable children in residential care institutions, management need to develop innovative ways for improving interactions among institutional agents and between institutional agents and the vulnerable children and orphans in care. For example, one likely way is to invite the children to sit in meetings to take decisions that affect their daily living.

As the children are given the opportunity to attend, sit in meetings and listen to issues and discussions that may affect them, it strengthens the existing bonds between them. One possible indirect benefit is that it also improves their self- image and confidence to interact with the institutional agents to access valuable resources and support services in their life.

The role of management is to act as an infrastructure to facilitate the process of building and achieving optimal outcomes of improving the overall well- being of the children in. institutional care Toward this end, it is the responsibility of the residential care manager to create and maintain the needed administrative environment to support, manage, and sustain existing informal networks of institutional agents and new ones being developed. The assumption here is that the participatory nature of forming and strengthening informal network will probably offer a certain degree of empowerment, awareness and maybe knowledge, regarding the needs of vulnerable children and orphans in the institutional care and provide effective and efficient means of arranging car and support services interventions to meet them. This is in acknowledgment of Bernstein (1983) and Denzin & Lincoln (2003) statement that participation brings learning and understanding and again participation facilitate empowering practices (Lundy, 2004). Recognizing this, it is highly likely that the study participants at the research site will be empowered to enable them bring transformations in the social arrangement of residential care institutions for vulnerable children and orphans in Ghana..

Noting that the key findings of this study is directed to engage the fundamental issue(s) facing disadvantage children in institutional care and the contradictory nature of globalization, this study advances that the global campaign led by some of the international NGOs from the rich developed North has little empirical bases and maybe as a result of personal frustration of these NGOs with residential child care institutions. The preceding point though maybe contested, it must however be viewed against the broader picture of the reality of care crisis facing sub-Saharan Africa in general, and particularly of understanding the service experiences of disadvantage children in State residential care institutions in the sub-Sahara region. As this study has demonstrated, employing new concepts to examine and establish residential care support services for disadvantage children and orphans appears to be a more pragmatic and strategic approach of engaging the residential care debate, instead of joining a global crusade against residential care as expressed in a 'resort argument' (ISS/UNICEF, 2004; Save the Children, 2003; UNICEF, 1989). This brings to the fore the basis of the global advocacy campaign against residential care, especially in the poor developing South where globalization aggravated by poverty and HIV/AIDS epidemic is having great impact on children (Rodrique, 1998; Peggy, & Jareq, 1998; Timmimi, 2005). This is added to the known fact that there exist very few available empirical research about the service experiences of disadvantaged children in residential child care in the sub region (Tolfree, 2005). Emerging directly from all these engagements is the future question of 'How to use informal networks of institutional agents to strengthen formal care delivery and provision of support services for disadvantage children in State residential care institutions in sub-Saharan Africa without undermining residential care institutions?' This seems to be a crucial question to answer as evidence and best practice in Britain are pointing out that there are some excellent residential care institutions (Aldgate, 1978; Department of Health, 1998; Sir Utting, 1998; Berridge, 2002, 2007).

It is believed that within the unique residential care context at the designated site, it was found that the social capital of informal networks of institutional agents as advanced by Stanton - Salazer (1997,2004) was not only useful but also appropriate and relevant to the service experiences of the disadvantage children in the designated residential care. This fit the study goal of exploring the usefulness of social capital in improving the lives of vulnerable children and orphans participating in the study at the research site. This is given that the construction of institutional agents participating in the study fit the service reality of the disadvantage children at the designated residential care institution chosen as the research site. Information gathered revealed that most of the participating institutional agents in the study theorize the use of social capital through their informal networks with the children they engaged daily to provide care and services to meet their survival and developmental needs. As Stanton -Salazer (1997, 2001) construction of social capital is based on processes and practices of service provision and/or care delivery by institutional agents for disadvantage children in institutions, the provider of service and./ or deliverer of care (the agent) gained leverage and influenced service experiences and everyday lived realities of the vulnerable children and orphans at the research site. However, it needs to be pointed out that although the informal networks of institutional agents was very useful and appropriate in transferring support services to the children in care, thereby contributing to transforming the residential childcare culture, the study failed to study the power dynamics of institutional agents over the vulnerable children and orphans in care.

Nonetheless, the transfer of resources and support services to the vulnerable children at the research site by institutional agents has much in common with traditional system of service delivery and local child care practices. In this system, the parent could be seen as institutional agent with key care responsibilities to provide social and psychological as well as cultural and economic goods and services for the child wellbeing. For the vulnerable children and orphans participating in the study at the research site, institutional agents have functional purposes or responsibilities to provide care and deliver services to meet their daily survival and developmental needs in the institutional care home.

Conclusion

Acknowledging that there are higher levels and spread of poverty in Ghana against the breakdown of family support systems; all aggravated by globalization process, this provides the context for the discussion. Specifically, the negative effect of SAPs in restraining welfare services delivery for vulnerable population groups of children in Ghana,. This includes orphans and vulnerable children in public residential child care institutions in Ghana and as a result makes it highly unlikely for this population group of vulnerable children to access resources and services from agents in the public system outside their residential home to meet their daily and developmental needs. In line with this, it is argued here that vulnerable children at the designated residential research site for disadvantage children in Ghana are very vulnerable and are therefore placed in potentially desperate situation (Manful, 2009),. However, given that social capital is a free resource, with available evidence of the concept usefulness to improve the situation of children in other social context(Coleman, 1995, 1997, 1988; Morrow, 1999, 2003; Stanton - Salazer, 1997, 2001, 2004), the resource was employed to examine how vulnerable children and orphans accessed scarce support services at the research site and, what type of services was accessed by the participating vulnerable children and orphans through informal networks of institutional agents at the research site.

As revealed by the study, this was against the restraint imposed on resource allocation to purchase and deliver warfare services under SAPs implementation in Ghana which affected management ability to deliver enough and quality support services for the vulnerable children to meet some of their daily survival and developmental needs in the designated residential care home.. In addition the study examined who were these institutional agents at the residential research site?. From the ongoing presentation, the researcher made an underlying assumption to the effect that social capital has the potential of improving residential care services for vulnerable children and orphans in public residential care homes.

The above assumption was confirmed by some key revelations made by participants of the study pointing that diverse support services were made available through the informal networks of institutional agents and accessed by the vulnerable children and orphans to meet some of their needs in care. These support services included money, special local food like 'fufu', prescription medication, school materials, advise and counselling as well as emotional support and hanging out in the home of some institutional agents. This is in addition to the evidence in the broader society indicating that most poor developing countries in sub-Saharan Africa, including Ghana, have high stocks of social capital, it has become crucial to refocus the current child welfare and care debate as expressed in the 'last resort' argument advanced by some international NGO's from countries of the developed world, including UNICEF (1989), Save the Children, 2003; and ISS/UNICEF, 2004). It is by doing this that the relevant spaces will be created in the global village to explore fully new innovative approaches of providing child welfare and care. Services especially for the increasing numbers of orphans and vulnerable children in need of care and support services in residential care institutions in many poor countries in sub-Saharan Africa..

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