REPUBLIC OF GHANA

DEPARTMENT OF SOCIAL WELFARE
MINISTRY OF GENDER, CHILDREN AND SOCIAL PROTECTION

GUIDELINES FOR DEINSTITUTIONALIZATION OF RESIDENTIAL HOMES FOR CHILDREN (RHC)

TRANSITIONING TO FAMILY BASED-CARE IN GHANA

Care Reform Initiative (CRI) Ghana
#FamilyBestPlaceForChildren

Guidelines for Deinstitutionalization of Residential Homes for Children (RHC)

Transitioning to Family Based-Care in Ghana

ACKNOWLEDGEMENT

FOREWORD

There is a growing global consensus that isolated efforts to improve individual institutions will not solve the problems of children in residential care, or meet their best interests. Efforts must rather focus more especially on the underlying reasons for decisions to place children in care in the first place. Complex and often interlinked factors e.g. poverty, family breakdown, disability, etc. require holistic responses that identify families at risk, and prevent the removal of their children[1].

In Ghana, all residential care facilities are officially called Residential Homes for Children (RHC). Regardless of the name, residential care has the same features such as unrelated children living in the care of paid adults; children are separated from their families and often their community etc. Family-based care alternatives, namely kinship care and foster care, therefore need to be actively promoted and strengthened in Ghana so that children are only ever in residential care as a temporary last resort. However, the first priority, always and everywhere, should be to strengthen families to care for their children and prevent family separation and children living outside of parental care.

An assessment and mapping exercise conducted by the Department of Social Welfare (DSW) in November 2019, recorded almost three thousand and five hundred children living in institutional care in Ghana. Every day spent in institutional care reduces life chances for each of these children. The closure of an institution in a very careful and planned manner, transforms not only the lives of the children resident at that time, but also those who would have entered the system because of various reasons of separation from the families as well as a lack of alternatives. Therefore, deinstitutionalization is an investment in an entire future generation.

This document is aimed at complementing the Standard Operating Procedures (SOPs) for Licensing, Monitoring and Closure of RHC by supporting the implementation of the closure of the RHC that have not been licenced or do not meet the standards in the SOPs. The steps and recommendations outlined within this Guideline Document are also intended to provide evidence-based best practices that facilitate an effective transition toward family and community-based support services; prevent unnecessary family-child separation; and promote appropriate, protective, and permanent family care through the deinstitutionalization (DI) process. This is part of the Care Reform Initiative being undertaken by the Department of Social Welfare.

Hon. Cynthia Mamle Morrison
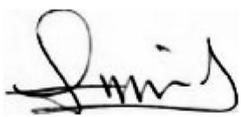
Minister

Ministry of Gender, Children and Social Protection

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1 Children in Institutions: The Beginning of The End? The cases of Italy, Spain, Argentina, Chile and Uruguay, UNICEF, Innocenti Research Centre, Innocenti Insight, April 2003

ACRONYMS

BCN	Better Care Network
CRI	Care Reform Initiative
CSOs	Civil Society Organizations
DCD	Department of Community Development
DI	Deinstitutionalization
DoC	Department of Children
DSW	Department of Social Welfare
GoG	Government of Ghana
ISSOPs	Intersectoral Standard Operating Procedures (ISSOPs)
LEAP	Livelihood Empowerment Against Poverty
MMDAs	Metropolitan, Municipal and District Assemblies
MoGCSP	Ministry of Gender, Children and Social Protection
MoLGRD	Ministry of Local Government and Rural Development
NPA	National Plan of Action
OVC	Orphans and Vulnerable Children
RCC	Regional Coordinating Council
RHC	Residential Homes for Children
SD	Social Protection Directorate
SER	Social Enquiry Report
SOPs	Standard Operating Procedures
NGOs	Non-governmental Organizations
UNCRC	United Nations Convention on the Right of Children
UNICEF	United Nations Children Fund
USAID	United States Agency for International Development

DEFINITIONS AND TERMINOLOGY[2,3]

Adoption: the permanent legal transfer of parental rights and responsibilities for a child.
Alternative Care: Care for children who are not under the custody of their biological parents. Alternative care can be formal and informal. It includes family-based care or kinship care, foster care, adoption, supervised independent living, and residential care.

Attachment: the formation by a child of significant and stable emotional connections with the significant people in her or his life. This process begins in early infancy as the child bonds with one or more primary caregivers.

Care Leaver: a child (or a person — sometimes the one exiting is not a child) who is exiting a care placement. This is typically used to refer to children who are leaving orphanages, either through reintegration, through placement in an alternative family environment, or for independent living.
Care Provider: a person who is responsible for the care of a child, whether paid or volunteer, such as those who work in day centers or group homes. In this manual "staff" or "residential care staff" means those who provide care to children in residential care.

Case Management: the process of ensuring that the needs for care, protection, and support of an identified child are met. This is usually the responsibility of an allocated social worker who meets with the child, the family, any other caregivers, and professionals involved with the child to assess, plan, deliver, or refer the child and/or family for services, and monitor and review progress.

Case Work: the process of assisting an individual child (and the child's family) through direct support and referral to other services needed, and the activities that case workers, Social Workers, or other project staff carry out in working with children and families to address their concerns about protection.

Case Worker: any staff or volunteer who has the main responsibility for assessing and following a child's progress through the reintegration stages (i.e., direct work with the child).
Community-Based Care: refers to both the direct caring role assumed by the leadership or members of a community and the supportive role community-based organizations play in assisting direct caregivers.

Continuum of Care: a range of services and placement options for children. A continuum should represent a wide range of options so that the necessary and appropriate placement can be determined based on every child's best interest.

Deinstitutionalization: Process of reforming child care systems and closing down orphanages and children's institutions, finding new placements for children currently resident and setting up replacement services to support vulnerable families in non-institutional ways and providing alternative family-based care and prevention services within the community

Family Separation - the separating of a child from his or her family

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2 Facilitator's Training Manual for Child Protection and Alternative Care, An Additional Module for the Community Engagement Protecting Children from Violence, Abuse, Neglect and Exploitation, 2018, UNICEF Ghana, Department of Social Welfare of the Ministry of Gender, Children and Social Protection and the Department of Community Development of the Ministry of Local Government and Rural Development

3 Source: Definitions adapted from the Better Care Network Toolkit: Glossary of Key Terms, the Faith to Action's Children, Orphanages, and Families: A Summary of Research to Help Guide Faith-Based Action, and the Guidelines on Children's Reintegration. (as referenced/cited in The Faith to Action Initiative, 2016 Transitioning to Family Care for Children: A Guidance Manual)

Family Support Services: a range of measures that ensure the support of children and families, similar to community-based support, but that may be provided by external agents such as Social Workers. These measures include providing services such as counseling, parent education, day care, and material support.

Family-based Care: Family-based care is the alternative care of children in a family environment. Family-based care includes: Kinship care (care within the child's extended family or with close friends of the family known to the child) and Short-term or long-term foster care.
Formal Care: All alternative care in which placement has been ordered by a competent administrative body or judicial authority. Residential care is always considered formal care even if the necessary orders have not been obtained. In Ghana, placements of children in residential care without the necessary authority are illegal.

Foster Care: Foster care is full-time care of a child within a nonrelated family, who have been selected, qualified, and approved, and are supervised for providing such care, and who agree to meet the developmental, psychosocial, medical, educational, and spiritual needs of a child who is not able to live with his or her own parents or extended family. It is a way of providing a family life for children who cannot live with their own parents. Foster care is often used to provide temporary care while parents get help sorting out problems, or to help children or young people through a difficult period in their lives. Often children will return home once the problems that caused them to come into foster care have been resolved and it is clear that their parents are able to look after them safely. Others may stay in long-term foster care, some may be adopted, and others will move on to live independently.

Gatekeeping: the prevention of inappropriate placement of a child in formal care. The gatekeeping process helps to determine if a child needs to be separated from his or her family and, if so, what placement will best match his or her best interests. Placement should be preceded by some form of assessment of the child's physical, emotional, intellectual, and social needs, matched to whether the placement can meet these needs based on its functions and objectives.

Group or Small Family Home: a type of residential care for between 5 and 14 children who may be of similar age and gender, but may include a wide range of boys and girls of different ages to model a more "family-like" environment. This care is arranged around the children's needs, and may focus on particular special needs.

Guardianship: a legal device for conferring parental rights and responsibilities to adults who are not parents, an informal relationship whereby one or more adults assume responsibility for the care of a child, or a temporary arrangement whereby a child who is the subject of judicial proceedings is granted a guardian to look after his or her interests. This can be with a relative or nonrelative.

Informal Care: any private arrangement provided in a family environment, whereby the child is looked after on an ongoing or indefinite basis by relatives or friends or by others in their individual capacity, at the initiative of the child, his or her parents, or another person without this arrangement having been ordered by an administrative or judicial authority or a duly accredited body.

Kinship Care: Family-based care within the child's extended family or with close friends of the family known to the child. Kinship care arrangements are also sometimes referred to as informal foster care.

Large Institution: characterized by having 25 or more children living together in one building.

Necessity Principle: the prevention of situations and conditions that can lead to a need for alternative care; and an understanding that children should be placed in alternative care only if it is genuinely needed and, in the child's, "best interest."

Orphan: children who have lost one or both parents through death and need to be cared for by other family or community members. The loss of one parent classifies a child as a "single orphan" and the loss of both parents as a "double orphan." An "orphan" may still live with primary or extended family.

Permanency: establishing family connections and placement options for a child to provide a lifetime of commitment, continuity of care, a sense of belonging, and a legal and social status that goes beyond temporary placement.

Prevention: a variety of approaches that support family life, strengthen caregivers, and help to diminish the need for a child to be separated from her or his immediate or extended family or other caregiver and be placed in residential or alternative care.

Reintegration: the process of a separated child making what is anticipated to be a permanent transition back to his or her immediate or extended family and community. It is multilayered and focuses on family reunification (including extended family).

Residential Care: Residential Care is care provided for children in any non-family-based group setting, such as shelters/places of safety for emergency care, and all other short- and long-term residential care facilities, including orphanages, children's homes and children's villages. In Ghana all residential care facilities are officially called Residential Homes for Children (RHC). Regardless of name, residential care has the same features: Unrelated children live in the care of paid adults; Children are separated from their family and often their community. In many cases, they do not have the opportunity to bond with a caregiver; Facilities are usually run according to workplace routines, instead of responding to individual children's needs, and have an 'institutional' rather than a domestic or homely feel.

Suitability Principle: an understanding that children should be placed in appropriate care settings that meet their individual needs and meet minimum standards.
The goal of residential care must always be to provide temporary, short-term care and to reunify children with their parents or find a longer-term family-based care alternative, or adoption, within the shortest time possible.

Vulnerable Children: children whose rights to care and protection are being violated or who are at risk of those rights being violated. This includes children who are living in poverty, abused, neglected, or lacking access to basic services, ill, or living with disabilities, as well as children whose parents are ill or in conflict with the law, and those who are at risk for being separated.

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CHAPTER 1.0: INTRODUCTION

The upbringing and care of children in Ghana historically was held as a collective responsibility of the community[4] within which the children were born. In times of crisis, instances of poverty or other factors leading to children living outside of parental care, Ghanaian communities have customarily turned to informal foster care[5]. In Ghana, it is assumed that the vast majority of children who are not living with their parents are likely to be living with family members. However, with the continued socioeconomic pressures on families and communities living in extreme poverty in recent years, extended family mechanisms are breaking down. With an increasing focus on the nuclear family, African traditional forms of care (i.e. informal foster care, kinship care, including extended family) have been under considerable strain, leading to more and more children living outside of family environments[6]. This has contributed to Ghana experiencing shifts in care arrangements causing residential care to increasingly grow in popularity and patronage.

While it is recognized that not all care institutions are harmful to children, and small group homes, in particular, can sometimes play an important role in meeting the needs of certain groups of children, Institutional Care in general is rarely provided to a high enough standard and in the best interests of the individual child and hence should always be the last resort. Particular priority should be given to ensuring that children under the age of three can stay with their own families or have access to family-based alternative care.[7] Thus, around the world, many efforts are being made to reform child welfare systems to promote better care for children[8] and the Government of Ghana has shown considerable commitment to bring about deinstitutionalization. In response to the rapid rise of residential care facilities in Ghana, in September 2006 the Government initiated the Care Reform Initiative (CRI) within the Department of Social Welfare (DSW). This was aimed at establishing a more consistent and stable approach to caring for vulnerable children in Ghana so that each child will be assured of a permanent home in a supportive and loving family.

The initial objective of the CRI was to strengthen the legal framework for alternative care and push forward deinstitutionalization. Since the start of the process of this initiative in 2006, the Department of Social Welfare (DSW) has licensed Residential Homes for Children (RHC) and closed down RHC that did not comply with the Children's Act, 1998 and, the National Standards for Residential Homes in Ghana.

However, the care-reform process, although positive in many aspects, has not been without its challenges and the initiative has not reached many of its intended targets. The implementation and enforcement of the Standard Operating Procedures (SOPs) for Inspection, Licensing and Monitoring of Residential Homes for Children (RHC) and the law continues to be limited, due to lack of human and structural resources. Thus, despite the implementation of the initiative the national mapping of RHC in Ghana as at November 2019 identified as many as 139 RHC caring for almost 3,530 children. Three percent of these RHC are government-run[9], with the rest being privately run by international and local NGOs or individuals[10]. This therefore raises the need for more guidelines to support the effective implementation of the SOPs for licencing and closure of the RHC.

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4 Deinstitutionalization Practice Model, A guide for Residential Homes for Children (RCH) Bethany Christian Services, Ghana 2019
5 Country Care Profile, Ghana, Better Care Network (BCN) and UNICEF, January 2015 (www.bettercarenetwork.org)
6 ibid
7 Keeping children out of harmful institutions: Why we should be investing in family-based care. Save the Children Fund. 2009
8 Enabling reform; Why supporting children with disabilities must be at the heart of successful child care reform, EveryChild and Better Care Network, 2015
9   Government-run RHC are automatically licensed, but are still required to comply with the National Standards.
10 Five-Year Road Map for the Closure of Residential Homes for Children In Ghana, Working Document for the Department of Social Welfare, Ministry of Gender, Children and Social Protection, January 2018.

1.1. PURPOSE FOR DEVELOPING THE GUIDELINES

Internationally, the United Nations and global experts advocate for alternative remedies for children whose homes don't or can't provide adequate care and support, or whose parents are desperate to provide their children with opportunities they themselves simply cannot provide. The preferred solution – given that the best possible environment for children is generally with their families - is to try to prevent children being separated from their families in the first place. Anecdotal evidence shows, simple and cost-effective support provided in a timely fashion to households reduces the institutionalization of children. In cases where families are simply not capable of taking proper care of their children for financial reasons, then the Government and NGO's should assist the families to stay together with strategies such as social protection interventions (e.g. Livelihood Empowerment Against Poverty - LEAP) rather than institutionalizing the children. If the children are in need of care and protection because of feared or proven abuse, networks of foster families, themselves provided with additional support from the state, can form the backbone of an alternative care system for children, which is the next-best-thing to family care.

Given that the Children's Act does not specifically include family reintegration interventions, the Department of Social Welfare has tried to bolster reintegration guidelines with the Standard Operating Procedures (SOPs) for Licensing, Monitoring and Closure of Residential Homes for Children (RHC) in Ghana and a National Plan of Action (NPA) for Orphans and Vulnerable Children (OVC). The NPA (which expired in 2012) established the strategies for the prevention of family separation and developing a range of alternative care services for those children in need of care and protection. However, there is a need for detailed family tracing and reintegration guidelines to ensure the practice is coordinated, uniform in manner and in line with best practice[11]. These guidelines complement the SOP) for Licensing, Monitoring and Closure of RHC and therefore are support the implementation of the closure of the RHC that have not been licenced or do not meet the standards in the SOPs.

In response to the results of the national mapping of RHC, the Government of Ghana (GoG) and the Department of Social Welfare developed a five-year road map for the closure of residential homes for children with the set target of 50 licensed RHC having 2000 children by 2021. The 5-Year Road Map is intended to help DSW achieve the 2021 target, with financial support from DCOF/USAID and technical support from UNICEF. However, to operationalize this roadmap, there is the need for guidelines to support the process of implementing the activities in order to achieve the set targets for the deinstitutionalization road-map.

Bethany Christian Services - Ghana, (part of Bethany Christian Services Global) which is a non-for-profit organization that supports children and families with world-class social services, launched a Deinstitutionalization Practice Model - A guide for RHC at the end of 2019. However, the focus of the guide is for a DI process in which RHC willingly move children into family-based care options and transform into organizations that can support family-based care option in the community and prevent the dissolution of families. Thus, this DI Practice Model focuses on the RHC initiating the DI process. Though this is a laudable effort, there is still the need for the DSW, the government institution mandated to lead the DI process in the nation, to have national guidelines that outlines and spells out the steps to be taken in order to roll out the DI process in Ghana as well as to guide the operationalization and implementation of the national DI roadmap aimed at the closure of unlicensed RCHs as part of the CRI of the DSW. This document aims to fill in this gap by providing the DSW the guidelines and steps for this important process of deinstitutionalization and closure

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11 Country Care Profile, Ghana, Better Care Network (BCN) and UNICEF, January 2015 (www.bettercarenetwork.org)

of the unlicensed RHC in Ghana.

This guidelines document is therefore based on existing laws, policies, strategies (which include collaborative mechanisms, communication strategies as well as preventive gatekeeping mechanisms), guidelines, evidence from research and best child welfare practices in Ghana and other countries including some information from the DI Practice Model by Bethany Christian Services, Ghana.

1.2.   THE PROCESS INVOLVED IN THE DEVELOPMENT OF THE MANUAL

The process for developing this guidelines document was carried out in phases. The first and most critical phase was a comprehensive and extensive review of literature. This was to ensure that the content of this document is based on evidence, best practices, current trends and lessons learnt. The documents reviewed[12] included available national and international instruments, guidelines and manuals on deinstitutionalization, national and international laws and guidelines on alternative care, research documents, national policies and strategic documents on child protection as well as other relevant documents.

Following the comprehensive desk review of documents, extensive consultations with stakeholders and partners including Ministry of Gender, Children and Social Protection, Department of Social Welfare, UNICEF, Bethany Christian Services, Ghana etc. were carried out that resulted in a draft outline of the various chapters describing the main topics to be covered under every one of them. This was followed by consultations with broader groups of stakeholders to review and validate the proposed outline of the various chapters and to capture inputs from the key stakeholders for the guidelines to reflect current trends and best practices. With a revised outline based on comments received from key stakeholders and partners, draft contents of the various chapters of these guidelines and their sub-sessions were developed. The draft also went through series of discussions, reviews, validations, etc. by key stakeholders and technical working group members and comments and inputs received were used to finalize the document.

1.3.   OVERVIEW OF THE GUIDELINES

This guidelines document is made up of Five (5) Chapters which are further divided into sessions to help further break down the information in each chapter into sub-topics that can be easily understood by the intended users. Chapter One (1) gives a broad introduction and background of the historical upbringing of children and care in Ghana and efforts around the world to reform child welfare systems. These efforts promote better care for children and the commitment of the government of Ghana to bring about deinstitutionalization of the country's child care system through the Care Reform Initiative (CRI), a brief overview of the Care Reform Initiative by the DSW and progress made for DI in Ghana to date. This chapter also describes the purpose and the process involved in the development of this guidelines document.

Chapter Two (2) gives a definition of Residential Care for children, what is meant by the term 'institution', the extent to which children are placed in residential care across Ghana as well as the reasons why institutions have been used as solution to care for children in need of care and protection. Chapter Three (3) defines what deinstitutionalization is and explains why there is the

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12   All the documents reviewed and referred to for the development of this guidelines have been appropriately referenced as footnotes

need for DI in Ghana. It also gives an overview of what remains to be done, the key factors and catalysts for de-institutionalisation, the values and principles that underpin de-institutionalisation by focusing on a rights-based approach to child welfare services, as well as the legal framework that backs DI efforts in Ghana.

Chapter Four (4) describes eight (8) steps for the process of DI in Ghana which were adapted from the ten-step model of deinstitutionalization presented in the Deinstitutionalizing and Transforming Children's Services, Guide to Good Practice Manual[13]. These steps take the UNCRC as its framework to ensure that the needs and rights of each individual child are respected and protected in the transformation process. They have also been tested, adapted and implemented by several countries with varying socio-political and economic environments engaged in deinstitutionalizing and transforming children's services.

Finally, Chapter Five (5) outlines recommendations for community services aimed at children and their families to prevent family breakdown, supporting families in need or those who care for children with special needs, such as professional caretakers of foster homes with the needed capacity and information for them to be able to play their roles as care takers. The chapter also highlights the additional care and attention required for addressing the needs, and respecting the rights, of children with special needs/disabilities.

This guide is intended to be used mainly by staff of the Department of Social Welfare (DSW) of the Ministry of Gender, Children and Social Protection (MoGCSP) which is the government institution mandated to lead the Care Reform Initiative of which deinstitutionalization is a key component. It is also intended for both in-service and pre-service training for staff of departments, institutions and organizations that provide services as part of the child protection and family welfare system in Ghana especially for those who provide alternative care services for children. It is also to be used to help train professionals as well as other stakeholders and actors including civil society organizations, community networks, faith-based organizations etc. who provide support in the provision of family welfare and child protection services at the community level, for the desired outcomes of the deinstitutionalization efforts by the Government of Ghana.

"Over fifty years of research demonstrates that children in institutions will not develop in the same way as children living in families. Normal child development requires frequent one-to-one interactions with a parent.

While a socially-rich family environment promotes infant brain growth, an impoverished environment has the opposite effect and will suppress brain development. The child's lack of opportunity to form a specific attachment to a parent figure is a typical feature of residential care.

Research has demonstrated that young children who are institutionalized during the first 6 months of their lives suffer long-term developmental delay, leading to a greater probability of antisocial behaviour and mental health problems. Moreover, young children who have experienced residential care after the age of 6 months, as an emergency measure, have been found to be more likely to recover once they have been placed in a caring family environment.

13 Deinstitutionalizing and Transforming Children's Services, A Guide to Good Practice, by the European Commission Daphne Programme, Directorate-General Justice and Home Affairs, in collaboration with WHO Regional Office for Europe & The University of Birmingham, UK, 2007

This is why it is recommended that no child under the age of three years should be placed in a residential care institution. Child placement, in any kind of institution, should be a last resort and for the shortest time possible" UNICEF, 2010

CHAPTER 2.0: RESIDENTIAL CARE FOR CHILDREN[14]

Children living outside of parental care are at high risk of neglect, abuse and exploitation. A permanent, safe and caring family is the best place for children to grow and all children should be cared for by their parents as much as possible. However, not all birth families are safe, nurturing and protective, and there are times when alternative care for children is necessary. Alternative care can be family-based through kinship care or foster care arrangements or non-family-based in residential care[15].

In Ghana, about 17 percent of children do not live with one or both of their parents[16]. Most of these children are cared for by extended family members, or close family friends, in kinship care arrangements. However, research has found that the extended family network is weakening in parts of the country due to poverty, migration and family breakdown and some families are therefore less willing to care for children that are not their own. Kinship care has also been found, in certain cases, to be open to abuse and can make children vulnerable to exploitation and harm[17].

For children who can't be cared for by their extended family, Residential Care (commonly called 'orphanages') has historically been the main formal alternative care option in Ghana. Residential Care is care provided for children in any non-family-based group setting, such as shelters/places of safety for emergency care, and all other short- and long-term residential care facilities, including orphanages, children's homes and children's villages. In Ghana, all residential care facilities are officially called Residential Homes for Children (RHC). Regardless of the name, residential care has the same features such as unrelated children living in the care of paid adults; children are separated from their family and often their community etc. Residential care can never replace a family, even those that are well-resourced with dedicated staff. The goal of residential care must therefore be always to provide temporary, short-term care and to reunify children with their parents or find a longer-term family-based care alternative, or adoption, within the shortest time possible. Children living outside of parental care are at high risk of neglect, abuse and exploitation.

2.1. DEFINITION OF 'INSTITUTIONAL CARE'

Institutional Care is care taking place in (often large) residential settings that are not built around the needs of the child nor close to a family or small-group situation, and displays the characteristics typical of institutional culture (depersonalization, rigidity of routine, block treatment, social distance, dependence, lack of accountability, etc.)[18]. It should be noted that the terms 'institution' and 'institutional care' refer here to forms of residential care without a parent or guardian catering for large numbers of children of 25 or more, or small numbers of children between 11 and 24 in a building often referred to as a 'children's home'.

It is acknowledged that children may reside in educational facilities (boarding schools) for learning and hospital facilities for recovery from illnesses and injuries. However rarely do such children remain in these institutions for long periods of time without returning to live with their parents. Chil-

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14   Deinstitutionalizing and Transforming Children's Services, A Guide to Good Practice, by the European Commission Daphne Programme, Directorate-General Justice and Home Affairs, in collaboration with WHO Regional Office for Europe & The University of Birmingham, UK, 2007

15   Facilitator's Training Manual for Child Protection and Alternative Care, An Additional Module for the Community Engagement Protecting Children from Violence, Abuse, Neglect and Exploitation, 2018, UNICEF Ghana, Department of Social Welfare of the Ministry of Gender, Children and Social Protection and the Department of Community Development of the Ministry of Local Government and Rural Development

16   Multiple Indicator Cluster Survey (MICS) 2017/2018, Ghana Statistical Services (GSS) and UNICEF Ghana Office

17   Facilitator's Training Manual for Child Protection and Alternative Care, (referenced above)

18   Deinstitutionalization and quality alternative care for children in Europe, Lessons learned and the way forward, Working Paper, October 2012, updated in September 2014, Eurochild and Hope and Homes for Children, UK, the European Union Programme for Employment and Social Solidarity,

dren in boarding schools often return home or are visited by their parents at week-end and always go home at the end of the teaching term. Children in hospitals are also there out of necessity and are sometimes supported by their parents who remain with them and care for them during their hospital stay. On the basis of research and observation, it has been suggested that when a child lives in an institution for longer than 3 months without the inclusive care of a parent or guardian it constitutes 'long term residential care' of the child and this is potentially harmful[19].

In 1990, the United Nations Convention on the Rights of Children (UNCRC) was ratified by the Government of Ghana and in order to adhere to the provisions made in the UNCRC and other subsequent legislation, the Care Reform Initiative was introduced by the Department of Social Welfare (DSW) to promote family-based care leading to deinstitutionalization of some RHC.

2.1.1. The reasons why institutions have been used as solution to care for children in need of care and protection

A permanent, safe and caring family is the best place for children to grow and all children should be cared for by their parents as much as possible. However, not all birth families are safe, nurturing and protective, and there are times when alternative care for children is necessary. Alternative care can be family-based through kinship care or foster care arrangements or non-family-based in residential care. Children may be placed in residential health and social care facilities for a wide range of reasons. The reasons for institutional care reflect the diversity of social care facilities available and these include:

- When the child is a biological orphan (has lost both biological parents)

- Separation and neglect due to poverty, stigmatization or being an unwanted child

- Incapacity of parents to care due to illness, alcohol or drug misuse or imprisonment

- Removal from parental care under child protection proceedings in response to abuse, neglect or exploitation

- Disability or illness requiring specialist care or education

- Conduct disorder and behavioural difficulties requiring a specialist school or a secure environment

2.1.2. The extent to which children are placed in residential care across Ghana over the years - the nature and scale of the problem

Since the start of the Care Reform Initiative (CRI) process in 2006, the Department of Social Welfare (DSW) has licensed Residential Homes for Children (RHC) and closed RHC that did not comply with the Children's Act, 1998 and, the National Standards for Residential Homes for Orphans and Vulnerable Children in Ghana, 2010. The 2006 study by the DSW found that 80 per cent of children living in residential care facilities had families and could have been supported to live in their own communities – with their extended family or community members (DSW 2006 Study). It is estimated that 19 per cent of Ghana's households include children in informal care.

As of December 2013, there were 114 residential care facilities caring for a total of 4,432 children in

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19 Deinstitutionalizing and Transforming Children's Services, A Guide to Good Practice, by the European Commission Daphne Programme, Directorate-General Justice and Home Affairs, in collaboration with WHO Regional Office for Europe & The University of Birmingham, UK, 2007

Ghana[20]. Of these residential homes, only three were government run and the rest were privately owned. There was also one government-run transit centre and three non-governmental organization (NGO)-run transit centres or shelters[21]. As of May 2013, Bethany Christian Services had registered 82 foster parents and had placed 10 or 11 children in foster care since October 2011. As of September 2013, OrphanAid Africa had registered a total of 33 children in foster care and also registered 64 children under 18 in formal kinship care arrangements. According to UNICEF data, between 2009 and 2011 a total of 1,179 children were adopted through inter-country and domestic processes, with a majority (823) adopted inter-country — including 540 to the United States[22].

THE HISTORY OF CHILD WELFARE IN GHANA[23]

In every society and culture, the welfare of children is paramount for the transfer of culture from one generation to the other. Child welfare in Ghana can be traced back to the pre-colonial period, where traditional mechanisms were used to ensure the welfare of children. The upbringing and care of children was held as the collective responsibility of the community. It was believed that those who refused to care for the children of the dead relatives would be punished by the spirits of the departed relatives24. However, this socio-cultural organization could not be sustained in the era of development and civilization. As a result, the traditional family type of child welfare began to fade.

As people migrated from their traditional communities to work other communities including cities, the loss of the communal bond weakened the existing communal and family child welfare system. In response, European missionaries began providing care for vulnerable children in schools and Infant Welfare Centres. The Osu Children's Home was the first residential home established in Ghana by and organization called Child Care Society in 1949 to care for orphaned and vulnerable children (OVCs).

Institutional care for children still continued in the colonial and post-independence era. As at 1998, two (2) children's homes had been established by the government to care for vulnerable children in need of care and protection. By 2006, the government had established three (3) children's homes in Accra, Kumasi and Tamale and has arranged with the SOS Children's Village to operate two additional residential homes. The government also supported the St. Joseph's Orphanage and the Mampong Babies Home with subventions[25].

The geographic mapping of Residential Homes for Children (RHC) "hot-spots" (the mapping exercise was undertaken in the first quarter of 2017 by DSW) identified 115 RHC in Ghana as at October 2016, caring for 3,586 children[26] (this number has since been revised upwards to 130 known

20 However, the data does not necessarily reflect the whole reality due to lack of system to collect reliable data

21 Country Care Profile, Ghana, Better Care Network (BCN) and UNICEF, January 2015 (www.bettercarenetwork.org)

22 Country Care Profile, Ghana, Better Care Network (BCN) and UNICEF, January 2015 (www.bettercarenetwork.org)

23 Deinstitutionalization Practice Model, A guide for Residential Homes for Children (RCH) Bethany Christian Services, Ghana 2019

24 Frimpong-Manso, K. (2014). Child Welfare in Ghana: The Past, Present and Future, Journal of Educational and Social Research, 4(6), pp 411-419 (as cited/ referenced by Bethany Christian Services, Ghana, 2019 DI Practice Model)

25 Department of Social Welfare (DSW), 2008. Regulations for Care and Protection for Children without appropriate parental care in Ghana (as cited/referenced in Bethany Christian Services, Ghana, 2019 DI Practice Model)

26 Twenty-four RHC in ten districts in the four "hot-spot" regions (Ashanti, Central, Greater Accra and Volta) were selected for in-depth assessments. The mapping exercise was undertaken in the first quarter of 2017. Qualitative and quantitative data was collected from Regional and District Department of Social Welfare (DSW) officials and RHC. Regional and District DSW staff participated in each of the RHC site visits.

RHC in Ghana as at September 2017 and to 139 as at November 2019). Three of the RHC are government-run[27], with the rest being privately run by international and local NGOs or individuals. The RHC were found in 65 (31%) of the then Ghana's 216 Districts. Most of these Districts (53) had one or two RHC, while 12 Districts had a high concentration of RHC, with three or more RHC in the District. Adenta and Ga West in the Greater Accra Region and Kumasi Metropolitan Assembly (KMA) in the Ashanti Region had the highest numbers of RHC, five each in Adenta and Ga West and eight in Kumasi.

The geographic spread of RHC in Ghana is uneven, with just over half of all the RHC (53%) located in three Regions: Greater Accra (21%), Ashanti (18%); and Volta (14%). Similarly, the geographic spread of children in RHC was also found to be uneven with two-thirds of all children in RHC found in three Regions: Greater Accra (30%), Ashanti (22%) and Central (12%). The majority of the RHC (70%) were large facilities, caring for more than 30 children[28] with most of them not licensed (75%) and for many of them, their status was unclear i.e. they had either been earmarked for closure or their license was pending compliance gaps being addressed.

2.2. THE CARE REFORM INITIATIVE - PROGRESS MADE AND WHAT STILL NEEDS TO BE DONE[29], [30]

The Government of Ghana has shown considerable commitment to bring about deinstitutionalization of the country's care system. In response to the findings of the 2006 assessment (by DSW) and the rapid rise of residential care facilities in Ghana, the government initiated the Care Reform Initiative (CRI) within the Department of Social Welfare (DSW) and housed at the then Ministry of Employment and Social Welfare's (renamed the Ministry of Gender, Children and Social Protection, MoGCSP, in 2013).

2.2.1. Care-reform results and promising practices for DI in Ghana

Within the DSW, a dedicated office and staff have been allocated to support the CRI and to lead the national deinstitutionalization strategy and programme. The CRI has been the national strategy to transform the care sector by closing residential care facilities and promoting family reintegration, kinship care and foster care. It seeks to de-emphasize the care system's over-reliance on institutional care by shifting towards a range of integrated family and community-based care services for those children without appropriate parental care.

The goal of the CRI is the: "establishment of a more consistent and stable approach to caring for vulnerable children in Ghana so that each child will be assured of a permanent home in a supportive and loving family." According to CRI documentation, the key components of CRI are:

- Prevention of family separation, via the conditional cash transfer programme 'Livelihood Empowerment Against Poverty' (LEAP);
- Reintegrating children back with their family or extended family (kinship care);
- Placement of the child within a foster family and adoption (preferably domestic).

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27 Government-run RHC are automatically licensed, but are still required to comply with the National Standards.
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29 2015 Orphans and Vulnerable Children Care Reform Initiative, Ghana (CRI).
30 Country Care Profile, Ghana, Better Care Network (BCN) and UNICEF, January 2015 (www.bettercarenetwork.org)

The CRI has made positive inroads in meeting these objectives and in developing a regulatory framework and raising awareness around family-based alternative care. Additionally, there has been increasing emphasis on preventive and family support services with the Livelihood Empowerment Against Poverty (LEAP) programme, which has shown positive signs of improving the welfare of vulnerable families. It is encouraging to note that there has been an overall decline in newly established private RHC in the mapping "hot-spot"/priority Districts, with no new (known) RHC established since 2016; a success that can be attributed to the efforts of the Care Reform Initiative (CRI) over the years[31]. It is also very positive to note that many RHC in the mapping Districts were voluntarily scaling back on the number of children admitted into their facilities and planned to further reduce these numbers. DSW, through the CRI, has played an important role in facilitating this shift, as most RHC indicated they had either stopped admitting new children or were focusing on reintegrating children in response to directives from DSW.

Through the CRI, the Government of Ghana has also been able to strengthen its regulatory functions with the enactment of the National Standards for Residential Homes for Orphans and Vulnerable Children in Ghana (2010) and a revised version in 2019 and the passage of the Adoption and Foster Care Regulations in 2018. The national standards are in line with best practice and uphold key principles outlined in the United Nations Guidelines for the Alternative Care of Children: gatekeeping, care plans, registration and inspection of homes, leaving care, and exit strategies. According to DSW data, compiled with UNICEF assistance in December 2012, 47 children's homes were closed since they did not meet the required standards, and 54 children's homes deinstitutionalized one or more children since 2006. One of the main pillars of the CRI is to reintegrate children from residential care back to their parents or extended families and as of April 2013, the DSW, with support from partners, had facilitated the reintegration of about 1,577 children back to their parents and extended family.

In addition to the CRI, the 2010–2012 (extended to 2015) National Plan of Action (NPA) for Orphans and Vulnerable Children (OVC) also supported national care-reform efforts. The NPA established the strategies for the prevention of family separation and developing a range of alternative care services for those children in need of care and protection. Additionally, in light of the adoption system's lack of effective oversight, the government has begun to take concrete measures to reform the adoption system, with a moratorium to check the irregularities of all domestic and inter-country adoption in Ghana in May 2013 until the GoG ratified the 1993 Hague Convention on intercountry adoption, amended the Children Act in 2016 and passed the Adoption Regulations in 2018. The Central Adoption Authority set up in 2018 together with the Technical Adoption Board are regulating in country and inter country adoptions.

In 2013, Bethany Christian Services Global, Ghana (BCSG) and OrphanAid Africa (now OAfrica) piloted foster care programmes in Ghana[32]. In addition, a moratorium on adoption was issued in May 2013 to check the irregularities of domestic and intercountry adoptions and protect and account for children. The Hague Convention was ratified by Ghana in 2016[33]. In 2018, after the passage of the Foster Care Regulations, a Foster Service Unit was established by the DSW to regulate the operations of foster care and residential care in Ghana. The Child and Family Welfare Division of the Department has also developed a Foster Parent Training Manual[34]. The manual is to build

31 Mapping of Residential Homes for Children in Ghana, Analysis of Current Trends, Flows and Drivers of Children Residing in Residential Care Institutions in "Hot Spot" Mapping Districts, UNICEF Ghana and Department of Social Welfare of the Ministry of Gender, Children and Social Protection, October 2018
32   Country Care Profile, Ghana, Better Care Network (BCN) and UNICEF, January 2015, as referred to in Bethany Christian Services Global, Ghana's Deinstitutionalization Practice Model, A Guide for Residential Homes for Children (RHC), 2019
33 Hackman, Adams and Ghana Country Core Team, 2018, (as referenced in Bethany Christian Services Global, Ghana's Deinstitutionalization Practice Model, A Guide for Residential Homes for Children (RHC), 2019
34   Care Reform Initiative (CRI) Ghana, #FamilyBestPlaceForChildren, Foster Parent Training Manual, "Empowering Caregivers, Strengthening Families", UNICEF Ghana and Department of Social Welfare of the Ministry of Gender, Children and Social Protection, August 2018

and strengthen the capacities of staff at the national and sub-national levels, foster parents and foster care agencies across the country. It is also extremely useful in upgrading Social Workers' knowledge needed for post-placement support to foster families and equally of great value for relevant NGOs and others involved in providing rights-based alternative care services and pro-grammes. Since then, ten (10) regional foster care placement committees were established, foster parents were trained and licensed in several regions and children placed under foster care par-ents.

2.2.2. Challenges of the CRI and the Road-Map to Achieve Set Targets by 2021[35]

The current care-reform process, although positive in many aspects, has not been without its chal-lenges. The initiative has not reached many of its intended targets and raises a number of con-cerns. The implementation and enforcement of the law continues to be limited, due to lack of human and structural resources even though the overall number of children's homes has actually decreased since 2006, from 158 RHC to 139 as at 2019. At the same time many children's homes have less children than they did in 2006, and the number of children living in residential care over-all has decreased from 4500 to 3500.

Yet as noted by the DSW staff, one of the biggest challenges has been that, "informal children's homes continue to pop up across Ghana, with many of the private homes not having licenses (though they are now being regularly monitored). Only three residential homes are state run.

One of the reasons for these challenges had been the lack of Standard Operating Procedures (SOPs) for inspections, licensing and monitoring of RHC e.g. raising the question of which sphere of DSW (District, Region, National) is responsible for making a decision to close an RHC and enforcing that decision. This gap was however, recently addressed through the development of the SOPs for inspections, licensing and monitoring of RHC in 2018. These SOPs are a key tool for the successful implementation of the Road-Map as the starting point is making a decision about whether or not to license or close the RHC and then enforcing this decision. The checklist to guide the implementation of these national SOPs has been developed and is in use .

Additionally, since the start of the Care Reform Initiative (CRI) process in 2006, the Department of Social Welfare (DSW) has licensed Residential Homes for Children (RHC) and closed RHC that did not comply with the Children's Act, 1998 and, from 2010, the National Standards for Residential Homes for Orphans and Vulnerable Children in Ghana, 2010 which were revised in 2018 to better reflect the Ghanaian context. The licensing and closure of RHC over the past 10 years has taken place in an ad hoc and un-strategic manner and the absence of a real-time monitoring system on RHC has made it difficult to keep track of:

• RHC that have been earmarked for closure and are required to reintegrate children before the facility can be officially closed;

• RHC that have been closed and the whereabouts of the children who were formerly in these RHC; and

• RHC that need to implement actions to comply with the Standards before the license can be issued or face closure.

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35   Five-Year Road Map for the Closure of Residential Homes for Children in Ghana, Working Document for the Department of Social Welfare, Ministry of Gender, Children and Social Protection, January 2018

2.2.3. Services available to promote and support family reintegration[36]

One of the main pillars of the CRI is to reintegrate children from residential care back to their parents or extended families. As stated already by April 2013, the DSW with support from partners had facilitated the reintegration of 1,577 children. The majority of these children are deinstitutionalized children, as well as a small number of trafficked children. The DSW has put in place a number of positive measures to strengthen family tracing and reintegration of children living in residential care back to their families. First, the DSW works in partnership with line ministries, the police and civil society organizations to trace and reintegrate the child back home.

The DSW also partners with NGOs such as SOS Children's Village (SOS CV) Ghana, Brave Aurora, OAfrica, Bethany, etc.) to reunify and reintegrate children as well as provide additional support to families.

36 Country Care Profile, Ghana, Better Care Network (BCN) and UNICEF, January 2015 (www.bettercarenetwork.org)

CHAPTER 3.0: WHAT IS DEINSTITUTIONALIZATION (DI)

Reforms should tackle the root causes of neglect, abuse and child abandonment, and aim at preventing unnecessary separation of children from their families through a broad range of support measures. If undertaken carefully, it will eventually lead to the resolution of the majority of children-and-family problems within the community, with only a small number of children needing substitute care, and very few requiring care in a residential setting.

Deinstitutionalization[37] is a policy-driven process of reforming a country's alternative care system, which primarily aims at:

- Decreasing reliance on institutional care for children with a complementary increase in family and community-based care and services;
- preventing family separation by providing adequate support to children, families and communities;
- preparing the process of leaving care, ensuring social inclusion for care leavers and a smooth transition towards independent living.

Deinstitutionalization, therefore, is a process to get children out of institutions but also to avoid new placements. A thorough assessment of the needs of each child should be conducted to provide alternative care solutions based on his/her best interest. The ultimate goals of the systemic reforms are therefore to prevent the need for alternative care, to protect the rights of children living in alternative care and to improve the quality of the care provided to them.

3.1. WHY THE NEED FOR DE-INSTITUTIONALISATION - KEY FACTORS AND CATALYSTS FOR DI

From the 1950s onwards, many countries began to recognize that however efficient they may have been in the past, continued use of institutions (in particular the larger, more isolated ones) did not provide appropriate care for children who had been separated from their families. Policy changes in this regard were implemented as a result of the following developments:[38]

- Research evidence demonstrating that childcare in institutions has negative effects on the health and development of children

- A better understanding of the negative effects of institutions upon children by policy makers and the cost to the state and/or local authorities

- A growing appreciation of what could be done to prevent the need for substitute care

- Greater insights into how foster families could be encouraged to provide a better alternative care placement.

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37 Deinstitutionalization and quality alternative care for children in Europe, Lessons learned and the way forward, Working paper, October 2012, updated in September 2014, Eurochild and Hope and Homes for Children, UK, the European Union Programme for Employment and Social Solidarity,
38   Deinstitutionalizing and Transforming Children's Services, A Guide to Good Practice, by the European Commission Daphne Programme, Directorate-General Justice and Home Affairs, in collaboration with WHO Regional Office for Europe & The University of Birmingham, UK, 2007

3.1.1. The effects of institutionalization on child health, development and wellbeing

First and most importantly, is the recognition that institutional forms of care almost inevitably result in negative outcomes for children. Over the last 50 years numerous studies have documented the fact that children growing up in institutions often demonstrate delays in physical, emotional, social and cognitive development[39]. One of the most influential theories that explain the negative effects of institutionalization on children's health and development is the 'attachment theory', developed initially by John Bowlby in 1951. His pioneering studies of children who had been separated from their families demonstrated the relationship between 'maternal deprivation' and developmental delays. At the core of his theory is the notion of attachment, which can be defined as an enduring bond between a child and his or her primary caregiver.

Figure 1 - The Arousal Relaxation Cycle (adapted from Vera Fahlberg, 1991)
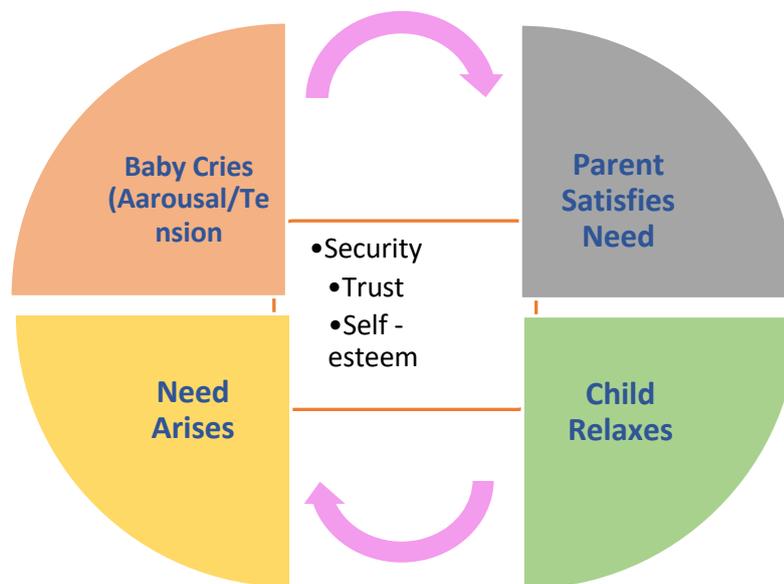
Vera Fahlberg (1991)[40] also outlines the psychological process through which children develop attachments in her 'arousal relaxation cycle' (see Figure 1 above). According to Fahlberg, the new-born baby's only method of communicating its needs is to cry, which creates in the child a state of physical and psychological tension or 'arousal'. The parent or caregiver identifies and responds to the child's needs, as a result of which the child relaxes, until another need appears. This cycle is repeated hundreds and thousands of times during the first weeks and months of a child's life, each time he or she manifests a need and the caregiver responds.

The child may be cold, hungry, wet, in pain, tired or simply wants to be cuddled. Where a caregiver responds consistently, the child learns to trust and feel secure. This consequently assists in the development of self-esteem. Where a child is cared for inconsistently and his or her demands are either met sporadically or not at all, this cycle is interrupted. The child quickly learns not to demand, which is why it is possible to enter an institution where many babies live but virtually no sound is heard from them. This normally happens/occurs in many institutions where the staff-to-child ratio is poor and as a result a regulated routine is required (e.g. set times for feeding, changing and sleeping), and hence the children's needs are sporadically responded to.

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39 ibid
40 As quoted in - Deinstitutionalizing and Transforming Children's Services, A Guide to Good Practice, by the European Commission Daphne Programme, Directorate-General Justice and Home Affairs, in collaboration with WHO Regional Office for Europe & The University of Birmingham, UK, 2007

3.1.2. Evidence from child development literature and neuroscience

Research has largely demonstrated that institutional care is harmful for all individuals but in particular for children, causing long-term effects on their health and psychosocial development[41]. Children need much more than decent material conditions: even the most modern and well-equipped institutions fall short of providing the stimulation and individualized attention, the educational and professional counselling, and when needed the customised early therapy and rehabilitation indispensable for a child to thrive.

As mentioned above children growing up in institutions are often deprived of the possibility to develop a continuous attachment to a primary caregiver, due to the rigidity typical of this form of care, the insufficient children-staff ratio, the limited availability of qualified professionals and the inherent nature of shift work by the caregivers. Under-stimulation can cause long-lasting deficiencies in terms of motor skills and physical growth, while absence of interaction and other unresponsive care-giving practices result in poor cognitive performance and lower IQ scores, particularly when institutionalization takes place at an early age[42].

Institutional care is particularly unsuitable for infants between 0 and 3 years: "Early childhood", the period from 0 to 3 years, is the most important developmental phase in life. The interactive influence of early experience and gene expression affect the architecture of the maturing brain. Impact on physical and cognitive development, on emotional security and attachment, on cultural and personal identity and developing competencies can prove to be irreversible. The harmful effects of institutionalization are evident also on older children, often proportionally to the length of stay in such facilities. Furthermore, most institutions display a grim record of neglect, abuse and violence.

3.1.3. Violence in institutions

The UN Global Study on violence against children has already found broad and disturbing evidence of violence against children in residential care institutions even though most institutions are established to protect children; when the state or a well-meaning Non-Governmental Organization (NGO) identify a group of children in need of care and believe that the best way to meet that need is to set up an institution[43]. However, whilst initial intentions are usually well-meaning, the results are usually wholly inadequate. In addition, due to the developmental delays which most of the children experience (as outlined above), children in institutions are at a high risk from violence, for a number of reasons.

Poor staff-to-child ratios in institutions often result in neglect and sometimes in abuse. As a result, children who are more difficult to feed, such as babies or children with disabilities may not receive all the food they need simply because there are not enough staff available to feed all the children properly in the time available. Babies are often left in soiled nappies for long periods of time, causing discomfort and sometimes painful nappy rash.

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41 Deinstitutionalization and quality alternative care for children in Europe, Lessons learned and the way forward, Working paper, October 2012, updated in September 2014, Eurochild and Hope and Homes for Children, UK, the European Union Programme for Employment and Social Solidarity,
42   Deinstitutionalization and quality alternative care for children in Europe, Lessons learned and the way forward, Working paper, October 2012, updated in September 2014, Eurochild and Hope and Homes for Children, UK, the European Union Programme for Employment and Social Solidarity,
43   Deinstitutionalization and quality alternative care for children in Europe, Lessons learned and the way forward, Working paper, October 2012, updated in September 2014, Eurochild and Hope and Homes for Children, UK, the European Union Programme for Employment and Social Solidarity,

Where older children are concerned, poor staffing ratios may result in the use of physical force and/or humiliating and degrading punishments. Abusive punishments of this nature related by children in some institutions include slapping, hitting with objects, pulling of hair, burning with hot objects, sleep or food deprivation, prolonged periods of exhausting and painful exercises, involving children in extremely heavy work as well as humiliating children in front of others.

In addition, in large institutions with mixed gender and mixed age range, younger or smaller children are at risk of being physically and sexually abused by older children. Such abuses are not uncommon, since the older children have also suffered as a result of institutionalization and may not understand that their behaviour is wrong.

It is well known that child abusers try to find ways to gain access to children. Because of this, some child abusers attempt to gain employment in institutions, since they know this will give them an opportunity to have access to vulnerable children. Thus, at times there is a risk of sexual abuse from the employees in the institutions; abuses of this kind have again been attested to by children themselves. Institutional care is expensive and, particularly in poorer countries, it can be difficult for governments to invest sufficient resources in them. This can result in neglect; insufficient food, clothing, shoes and other materials, leading to poor nutrition, poor hygiene, the spread of disease and ultimately, significant harm to children.

3.1.4. Equity and social inclusion

Not only do many children still enter the system of institutional care, but too often, they are separated from their families without appropriate reasons. Mostly, the cause for institutionalization

is not a single issue but a combination of factors[44], such as:

- unemployment and poverty,
- inadequate housing,
- single parenthood,
- lack of and family planning (resulting in unwanted/unmonitored pregnancies),
- lack of parenting skills,
- lack of access to welfare and lack of support from the extended family,
- lack of access to daycare and specialized services for children with disabilities,
- health conditions of children or their parents,
- substances misuse by parents,
- stigma and discrimination etc.

If these factors are not properly addressed, the situation in the family can escalate and lead to neglect, abuse and violence.

To complicate matters, institutions often put a label of stigma on children - regardless of their age or circumstances - and heavily reduce the chances of successful future integration. The effects of institutionalization are likely to continue after the child reaches eighteen years of age, triggering a range of problems in adulthood and affecting the youngster's adaptation to other related environments, like that of the educational system, and later, the very adaptation to social and professional life. As a result, the population of care leavers (people who were in institutional care during their

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44   Deinstitutionalization and quality alternative care for children in Europe, Lessons learned and the way forward, Working paper, October 2012, updated in September 2014, Eurochild and Hope and Homes for Children, UK, the European Union Programme for Employment and Social Solidarity,

childhood) ranks particularly high on statistics of school dropouts, unemployment, homelessness, criminality and unstable parenting patterns, originating a vicious circle of intergenerational transmission of poverty and social exclusion.

3.1.5. Long term cost-effectiveness of DI

There is a common misperception that large residential settings are much cheaper than family and community-based alternatives. The concept of 'economy of scale' is often recalled in this regard, with scarce consideration for quality standards and fundamental rights. The comparison is of course flawed. Poor quality institutional care may appear to be cheaper than high quality family and community-based care but in the long-term, it is likely to be more costly to public authorities. This is due to social welfare, health and public security costs or implications that may arise from the problems caused in the development of children raised under institutional care[45].

In countries with well-equipped residential care services, the costs are likely to be higher or comparable to family and community-based alternatives. Nonetheless even though high-quality family and community-based care can be expensive, particularly for children with complex and special needs, the quality of life of the child should be recognized as an essential component of the cost-benefit analysis. However, quite aside from the human rights argument, providing the best quality care alternatives possible is cost-effective from a complete systems approach. A comprehensive reform of children's services - with a strong focus on early intervention, family support and re-integration - can allow public authorities to make substantial savings in the long-term.

Some Negative Impact of Institutionalization[46]

The institutionalization of babies has severe effects on early brain development. Institutions do not facilitate children becoming attached to a significant adult. The consequence of poor attachment in institutionalized children include lack of family contact and the following:

- poor self-confidence

- lack of empathy and understanding of others

- indiscriminate affection toward adults, lack of understanding of appropriate boundaries

- aggression towards others, cruelty to animals; negative and anti-social behaviours

- stereotypical behaviours, self-stimulation and self-harming

- poor cognitive development, academic underachievement

- poor moral development (difficulty in understanding right and wrong)

- problems with relationships in childhood and adulthood

- delinquent behaviour in adolescence and young adulthood

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45 Deinstitutionalization and quality alternative care for children in Europe, Lessons learned and the way forward, Working paper, October 2012, updated in September 2014, Eurochild and Hope and Homes for Children, UK, the European Union Programme for Employment and Social Solidarity,
46   Deinstitutionalizing and Transforming Children's Services, A Guide to Good Practice, by the European Commission Daphne Programme, Directorate-General Justice and Home Affairs, in collaboration with WHO Regional Office for Europe & The University of Birmingham, UK, 2007

3.2. VALUES AND PRINCIPLES THAT UNDERPIN THE PROCESS OF DI

These values and principles focus on a rights-based approach to child welfare services and outline the responsibilities of authorities and practitioners towards children, as enshrined in the United Nations Convention on the Rights of the Child (UNCRC)and Guidelines on Alternative CareThese fundamental principles are universal and all countries are encouraged to seek to implement such principles in child welfare work in progress for the development of family-based and community-based childcare services required to ensure closure or transformation of unsuitable institutions. The Constitution of the Republic of Ghana, the Children's Act, the Child and Family Welfare Policy, as well as other national policies and strategic frameworks etc.

3.2.1. Family support and prevention of family separation

A number of articles in the UNCRC outline the rights of children to live with their families and the responsibility of the State to support families and to provide services which ensure that children can, as far as possible, be brought up by their family (Articles, 7, 9 and 18 of UNCRC). This is also reflected in the Constitution of the Republic of Ghana as well as the Children's Act 1998 (Act 560) and the Child and Family Welfare Policy.

The Children's Act for example states that parents, care-givers and families shall retain primary responsibility for the welfare of their children and for the provision of their basic needs (food, clothing, shelter, health care and education), support in times of distress or sickness, support for the child's socialisation and identity development. No person shall deny a child the right to live with his parents and family and grow up in a caring and peaceful environment unless it is proved in court that living with his parents would: (a) lead to significant harm to the child; or (b) subject the child to serious abuse; or (c) not be in the best interest of the child (The Children's Act, 1998 (Act 560), Session 3). Therefore, child welfare services which prevent the separation of children from their families should represent a significant focus of the DI process.

3.2.2. Protecting children from harm

Even though there are times at which it is necessary for the state to intervene in family life in order to protect children from violence, harm, neglect and abuse, these powers must, however, always be balanced with the rights of the child, and of the family, to their family life and to maintain family relationships. Measures of protecting the child from violence, harm, neglect and abuse therefore do not necessarily mean that a child should automatically be removed from the family and, even if the child is removed from the family, this does not necessarily mean an automatic termination of the relationship between the child and the family.

3.2.3. Providing substitute families and alternatives to family care

The Constitution of Ghana (session 27 sub-session 1a) states that every child has the right to be taken care of by the natural/biological parents except where those parents have effectively surrendered their rights and responsibilities in respect of the child in accordance with law. Session 3 of the Children's Act, 1998 (Act 560) also states that parents, caregivers and families have the primary responsibilities of taking care of the child (the welfare and for the provision of their basic needs). No person is to deny a child the right to live with his/her parents and family and grow up in a caring and peaceful environment unless it is proven in court that living with his/her parents would lead to significant harm to the child; would subject the child to serious abuse; or would not be in the best interest of the child. It is only under such conditions that an alternative home or care is arranged for the child.

Children should therefore be first placed within their birth or extended family but where this is not possible, they should be placed with a substitute family and where this is also not possible, they should be provided with specialist residential care (foster care or adoption). However, an experienced social work professional who understands the complexities of balancing the differing needs and rights of the child and the child's family with the services available, should be in a position to make recommendations about which of those services would best suit the individual child's needs, wishes and current situation.

3.2.4. The right to privacy and family life

Children have a right to enjoy a family life and families have the right to care for their children in privacy, without state interference except where this is agreed by the family and/or necessary to protect the child (see below). The concept of respect for private life includes the right to develop one's own personality as well as to create relationships with others within the community and other settings within which the child develops.

In Ghana, a typical family life is a flexible entity, not confined to the typical nuclear family of parents (married or otherwise) and child alone but family life normally includes relationships with extended family members (e.g. grandparents, uncles, aunties, cousins etc.) and other key figures in a child's upbringing. It is the duty of the country to support and encourage family life, and privacy within it. The protection of children's identity and their right to privacy is also covered by article 16 of the UNCRC.

3.2.5. Measures of intervention must be both necessary and proportionate

If a decision is taken to implement a care measure for a child, the state must be able to prove that this measure was necessary, but also that it was proportionate. A situation or risk may mean that a social work intervention is necessary, but the type and extremity of that measure may not always be proportionate to the situation. For example, a child is placed temporarily away from a birth mother who is currently in a situation in which she feels unable to cope with caring for her child (in prison, with infectious diseases, or with a temporary mental condition etc.).

If the state does not make adequate steps to maintain the relationship between the mother/biological parents and the child and assist the mother/biological parents to deal with the present

difficulties, the placement may become more long-term or even permanent. In such a case it might be deemed that the measure was not proportionate to the situation and that the state did not make sufficient efforts to support the mother and return the child to her care. In this regard, an understanding of the processes for making placement decisions in the country needs to be assessed, since a number of key aspects of these processes appear to have significant impact on the rates of admissions of children into institutions.

3.2.6. The need for the participation of the child

Practitioners should develop appropriate mechanisms to ensure genuine child participation in the process of de-institutionalization for a number of reasons. However, because some children may be too young to participate in decisions that affect them, children must be engaged in developmentally appropriate ages. Some of the reasons for ensuring child participation in the DI process include:

- If it is truly believed that children are rights-bearers and partners in the process, then their fundamental right to participate in decision-making which affects them be must respected

- Children in institutions are rarely given the opportunity to choose anything for themselves. Encouraging them actively to participate in the deinstitutionalization process can be a therapeutic and developmental experience

- Examples of child participation demonstrate that involving children in decision making usually results in a much better service design, since children have a different perspective on their situation and needs.

3.3. FAMILY-BASED CARE – AN ALTERNATIVE TO INSTITUTIONAL CARE

A family-based model of children's care focuses on placing children into biological, foster, or adoptive families, while simultaneously strengthening families through educational, economic, material, and psychological support services in order to prevent separation[47]. Family care also depends on effective "gatekeeping" to ensure that children are not unnecessarily removed from families and placed in institutions in the first place.

Models of family-based care will vary according to unique contexts, cultures, and needs. However, they are rooted in a common set of principles and best practices that place the long-term needs of each individual child at the heart of the transition process. A transition begins with an assessment of the root causes of family separation for the children in residential care (as described above), and the raising of awareness about the importance of family care so as to reduce stigma and address common misconceptions. For example, families and communities may see residential care institutions as a solution to difficult circumstances, while local governments and communities might also see them as quicker and easier fixes. In some cases, lack of information and cultural stigma about circumstances like disability and HIV status can prevent families and communities from stepping up to support integration into family care. For these and other reasons, raising awareness about the importance of family-based care for children, while working to understand and address the

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47 Transitioning to Family Care for Children: A Guidance Manual, The Faith to Action Initiative, 2016, http://www.faithtoaction.org/resources/transitioning-to-care-for-children/

root causes of family separation, are vital steps to a successful deinstitutionalization process.

At its core, a family care model always includes the following elements, each of which is elaborated upon throughout below, are gatekeeping and needs assessment; family strengthening services; and a continuum of family-based care placement options.

3.3.1. The Continuum of Care

Transitioning children out of residential care is possible only when there are families who are willing and able to provide loving and supportive care for them. Because every child's needs and circumstances are unique, this requires that there be a "continuum of care" offering a range of family-based options that are carefully matched to each child's best interests[48]. These options include:

- Reintegration back into the family of origin, whenever possible;
- Care within extended family (kinship care);
- Foster care;
- and Adoption

These options are not prescriptive, but depend on best practices related to child and family assessment, permanency planning, child-to-family matching and preparation, case management and monitoring, and linkages to other support services. Decisions regarding children's placements within the continuum of care should be informed by the participation of children themselves-engaging them in developmentally appropriate ways in the decisions impacting their lives.

While this manual focuses on family-based approaches within the continuum of care, other forms of alternative care include supported independent living and, sometimes, temporary shelters, respite care and transitional centers, or small group homes when family options have been explored and are not viable at the time. Large-scale institutions are not included anywhere on the continuum because they have been shown to fail to meet the needs of children.

Any placement along the continuum of care should include a plan for permanency. While some placements, such as adoption, assume permanency, others may be temporary while permanent families are identified. Like all family care options, a permanent placement is highly dependent on linking the family to supportive services to meet the needs of both children and families.

> Permanency requires establishing family connections and placement options for a child to provide a lifetime of commitment, continuity of care, a sense of belonging, and a legal and social status that goes beyond temporary placement.

Transitioning to a continuum of family care is part of a long-term process that begins many months before children are placed within families and continues for many months after the institution has closed or shifted to new family-strengthening services. The ultimate goal is for children to experience healthy development, emotional security, and the lifelong relationships and sense of belonging that come from living within a family.

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48   Refer to Appendix for more details on the different options under the continuum of care

3.4. THE LEGAL FRAMEWORK THAT BACKS DI EFFORTS IN GHANA

The care of children and protection of their rights have been enshrined in the 1992 Constitution of the Republic of Ghana (Article 28). In pursuance to these constitutional provisions, the Government of Ghana (GoG) has formulated several legislations to safeguard the protection and care of children[49]. The current legislative framework in Ghana (laws, policies, strategies, guidelines and interventions across the country) provides all the key principles for a stronger and more robust alternative care system for children, as outlined in the UNCRC and UN Guidelines for Alternative Care. The principles of appropriateness, necessity and best interest of the child guide all the documents from the Children's Act to the more recent National Standards for Residential Homes for children in Ghana. The laws clearly and concretely establish criteria and procedures for alternative care placements.

3.4.1. Laws, policies, guidelines and regulations[50]

Ghana has enacted a number of laws, policies, national strategies and action plans to ensure greater care and protection of children. Below are summaries of key laws and policies that provide provisions for child and family welfare, alternative care and child protection. National laws in Ghana have been harmonized with the UNCRC and the UN Guidelines on Alternative Care.

The Children's Act 1998 (Act 560) is in line with the basic principles of the UNCRC, including the best interest of the child, non-discrimination, right to name and nationality, and right to grow up with parents and in a family environment. Under the Children's Act, the best interest of the child is primary in any matter concerning the child. Children cannot be denied the right to live with their parents and family unless it is proved in a court that this would not be in the best interest of the child. Both the 1992 Constitution and Children's Act recognize the primary obligation of parents in the care, maintenance and upbringing of children, and call for the implementation of measures by the state to support parents in their child-rearing responsibilities.

National laws and policies pertaining to childcare that support DI (directly or indirectly)

- The 1992 Constitution of the Republic of Ghana: enacts UNCRC provisions into domestic law principles
- Children's Act, 1998 (Act 560): provisions for child and family welfare; rights of the child; fostering, adoption and maintenance
- Children's Amendment Act 2016 (Act 937) — that makes provisions for matters relating to foster care and adoption; outlines the various procedures for fostering and adoption
- Adoption Regulations, L.I. 2360, 2018,
- Foster Care Regulations, L.I.2361, 2018,
- Criminal Code (Amendment) Act, 1998 (Act 554)
- Juvenile Justice Act, 2003 (Act 653)

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49   Deinstitutionalization Practice Model, A Guide for Residential Homes for Children (RHC), Bethany Christian Services Global, Ghana, 2019
50   Country Care Profile, Ghana, Better Care Network (BCN) and UNICEF, January 2015 (www.bettercarenetwork.org)

- Human Trafficking Act, 2005 (Act 694) and the Domestic Violence Act, 2007 (Act 732)

- The Child and Family Welfare Policy, 2014 – provides guidance for the prevention of unnecessary institutionalization of children and the protection of children in families

- Justice for Children Policy 2014 and Operational Plan

- The National Social Protection Policy, 2015

- National Standards for Residential Homes for Orphans and Vulnerable Children in Ghana, 2010: guidelines for providing residential care services revised in 2018 as the National Standards for Residential Homes for Children in Ghana.

- National Policy Guidelines on Orphans and Other Children Made Vulnerable by HIV/AIDS, 2005: provisions for child and family welfare, including preventive and family support services – early childhood development; supporting mothers and fathers via parenting classes; nutritional support; strengthening community groups; and health and nutritional programmes for HIV-affected parents and families

- National Social Protection Strategy, 2007: provides safety nets for vulnerable and excluded groups

- Early Childhood Care and Development Policy, 2004: provides the broad policy goal which is to promote the survival, growth and development all children between 0 and 8 years

- National Action Plan for Orphans and Vulnerable Children, 2010: provisions for child and family welfare

- National Gender and Children's Policy, 2004: provisions for child and family welfare

- Other standards, manuals and guidelines to support the implementation of the CRI include the Standards for Residential Homes for Children and Standard Operating Procedures for Inspection, Licensing, and Monitoring Residential Homes for Children in Ghana, 2018; Foster Care Operational Manual, 2018; the Foster Parents Training Manual, 2018; the Case Management Standard Operating Procedures for Children in Need of Care and Protection, 2018; Manual for Routine Monitoring of Alternative Care Systems in Ghana, 2019; Intersectoral Standard Operating Procedures (ISSOPs) for Child Protection and Family Welfare, Guidelines, Tools and Forms for Casework and Management, 2019;

STEPS FOR THE PROCESS OF DEINSTITUTIONALIZATION IN GHANA

Step 1 - Identify the RHC to be targeted for DI

Step 2 - Develop a plan to Manage the DI process

Step 3 - Prepare and move children to their new placement

Step 4 - Design appropriate alternative care services

Step 5 - Plan the Transfer of Resources

Step 6 - Prepare Staff of RHC for Possible Transitioning

Step 8 - Outline the Process of M&E
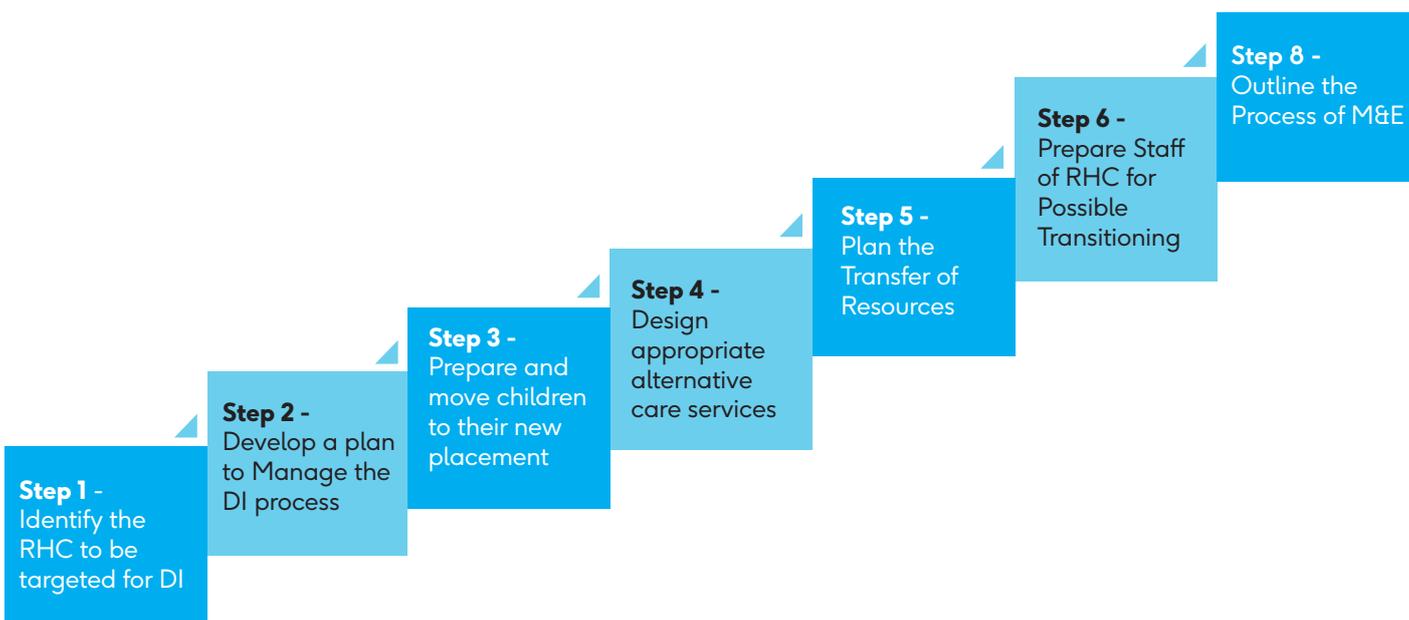
Support provided for the DI process also includes the provision of Personal Protective Equipment (PPE) to the staff of the Department of Social Welfare (DSW) as they go out to provide essential services for vulnerable children and families especially in the era of the Covid-19 pandemic. The mental health, safety, and wellbeing of all frontline workers in the COVID-19 response is a shared responsibility. Front line workers, including social services workforce, continue to operate in new ways, amidst uncertainty, to protect children and women.

CHAPTER 4.0: STEPS FOR THE PROCESS OF DI IN GHANA

Ghana has made remarkable strides to ensure better care for children in need of care and protection by gradually moving from residential care for children to family-based care under the Care Reform Initiative. A family-based model of children's care focuses on placing children into biological, foster, or adoptive families, while simultaneously strengthening families through educational, economic, material, and psychological support services in order to prevent separation. Family-based care also depends on effective "gatekeeping" to ensure that children are not unnecessarily removed from families and placed in institutions in the first place[51].

Change is difficult but when well thought of and planned out in a stepwise manner, it becomes a bit easier to achieve. Thus, in order to smoothly implement the change process of deinstitutionalization and re-integration of children into family-based care, there is the need to define steps to guide the process at the national, regional, district and community levels. This chapter therefore outlines the steps to guide the de-institutionalization efforts in Ghana to be led by the DSW at both the regional and district levels in collaboration with the key stakeholders and partners.

The eight (8) steps described below have been adapted from the "ten-step model of deinstitutionalization" presented in the Deinstitutionalizing and Transforming Children's Services, Guide to Good Practice Manual[52]. This model has been tested, adapted and implemented by several countries with varying socio-political and economic environments engaged in deinstitutionalizing and transforming children's services. Some of the information was also adapted from The Faith to Action Initiative's 2016 Guidance Manual for Transitioning to Family Care for Children[53]. These two manuals take the UNCRC as the framework to ensure that the needs and rights of each individual child are respected and protected in the transformation process.

Because the transitioning of children from institutions to family-based care described in the steps have to be handled on a case by case basis, requiring a lot of documentation, the forms/tools in the Case Management SOPs for children in need of care and protection and the ISSOPs for Case Management of child protection and family welfare are to be used for such documentations. These include Early Identification of Risk and Vulnerability in a Household Visit, Notification and Update of Casework Form, the Case Referral Form, the Risk and Vulnerability Assessment and Response Guide, comprehensive assessment, case and care plans, Case Closure Forms etc.

4.1. STEP 1: IDENTIFICATION OF THE RHC TO BE TARGETED FOR DI

Prior to making any decisions regarding an anticipated or possible transitioning of a child from institutional care to family-based care, it is important to perform an analysis and of the institutions to be involved in the transformation process as well as assessment of the individual children in the identified institutions. Thus the first step of the DI process is to conduct inspection of the RHC and the outcomes are the RHC a) to be licensed because it complies with the standards, b) to be licensed when it complies with the standards, OR c) to be closed because of total lack of compli-

51 Transitioning to Family Care for Children: A Guidance Manual, The Faith to Action Initiative, 2016, http://www.faithtoaction.org/resources/transitioning-to-care-for-children/

52 Deinstitutionalizing and Transforming Children's Services, A Guide to Good Practice, by the European Commission Daphne Programme, Directorate-General Justice and Home Affairs, in collaboration with WHO Regional Office for Europe & The University of Birmingham, UK, 2007

53 Transitioning to Family Care for Children: A Guidance Manual, The Faith to Action Initiative, 2016, http://www.faithtoaction.org/resources/transitioning-to-care-for-children/

ance to the required standards – thus this step will then help to identify or determine the RHC to be closed down. This step also is the step at which the assessment stage of the case management process for placement of the children into family-based care begins.

In order to prioritize or identify which institutions to be involved in the DI process it is important to ask certain questions based on the standards in the SOPs for Inspection, Monitoring and Licencing RHC. Based on the inspection, there is recommendation to either ensure the RHC complies with the standards or be earmarked for closure.

4.1.1. An initial assessment to be led by the Department of Social Welfare (DSW):

- Number of residential care institutions and staff

- The overall situation, number and characteristics of children in the institutions e.g. age, gender, ethnicity, special needs etc.

- Range of existent alternative services and resources – what is already there in the public and private sector

- Identification of poor-quality institutions as a priority as a result of inspection

Based on the information collected during the inspection, the timetabling for the closure of institutions is prioritized according to the following criteria.

- The level of vulnerability of children.

- Analysis at the institution level

- Number of RHC in a region or district

Once an institution has been prioritized, a detailed evaluation should be carried out including:

- A profiling and evaluation of children's needs and family situation, including any special needs and whether families can be traced

- An evaluation of resources available to the institution including personnel, buildings and finance

- A stock (number of current residents) and flow (admissions and discharges)

Moreover, it is important to consider the institutions as a system and to recognize which institutions 'feed' the other institutions. For example, it is likely that the vast majority of admissions to a special needs care unit or to a pre-school institution are from the institutions for infants, sometimes referred to as "day care centres homes". Thus, it may not be the most logical choice to close/transform the special needs care unit or the pre-school institution unless plans have been made previously – or simultaneously – to close the infant institution and to stop the admission of babies and infants to institutional care.

An overall appraisal of the institutional system in the country or region or district is necessary in order to assess areas of greatest need, and therefore prioritize where to begin in the process of deinstitutionalization. As mentioned already, an assessment of the various RHC in Ghana was conducted in November 2019 by the DSW, the geographic mapping of RHC "hot-spots" that identified 139 known RHC in Ghana caring for 3,586 children. During this assessment, certain RHC

were identified and earmarked for closure as part of the national DI programme of the Care Reform Initiative. More of such assessments would need to be carried out periodically in order to update the data on RCHs that either need to be licensed or closed.

4.1.2. Raise Awareness Among Key Stakeholders

Change is difficult, and people's reaction to deinstitutionalization can be of fear and misunderstanding. Meanwhile the work of deinstitutionalization cannot be done by a single organization working alone. The institutions for example, often perceive themselves as the best welfare and protection option for children; the result of this understandable position is that not much is done from their side to facilitate the reunification of children with their families, and reintegration with the community[54]. Shifting from a residential care model to family-based care requires collaboration between multiple stakeholders who will be impacted by or engaged in the process. This includes families, children, residential care staff, government institutions and partners, donors, local non-profit and community-based organizations, churches and community members.

Managing a DI process well therefore often includes raising awareness after the initial assessment and identification of poor-quality institutions prioritized for the DI process and sharing the vision for what this change means for children, families, and communities. Not everyone will immediately understand or appreciate the need for or the reasons behind the decision and hence it is vital that those who will be impacted by the transition, as well as those who will be asked to participate in bringing about the changes, are engaged and informed from early on.

Making every effort to raise awareness with sensitivity and care in dealing with the perspectives of people involved will help lay the groundwork for a successful transformation. It is necessary to change hearts and minds to understand that moving children from institutions to a family and community-based alternatives, is always in the best interest of children. That is why the mentality of the stakeholders has to be changed through rigorous awareness creation from the unset of the DI efforts in order for them to agree with the importance of the DI process for the well-being of the children.

While the mandate for the DI process to family-based is a government of Ghana initiative led by the DSW, the transition itself will depend on an entire community of people working together throughout the various stages of the process. Raising awareness not only increases people's receptivity to welcoming children back into their schools and communities, but also offers an opportunity to stir the hearts of those who might consider inviting a granddaughter, a nephew, a foster child, or an adoptive child into their homes. At the heart of this process is sharing information that helps everyone appreciate how transforming care can better meet the needs of the children.

This information may include:

- Evidence from research and lessons learned over the years about the limitations and detrimental effects of residential care

- The importance of family-based care for healthy development of children;

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54   Transitioning to Family Care for Children: A Guidance Manual, The Faith to Action Initiative, 2016, http://www.faithtoaction.org/resources/transitioning-to-care-for-children/

- The desires and rights of children to know and be cared for by their families and a family's right to raise their children whenever possible.

- The need to change mentality regarding children with special needs (that they have to be institutionalized)

- The remarkable potential for recuperation of children who come out of institutions and the special contributions children from institutions have made and can make to the society

- Concepts of foster parenting and adoptive care may also need to be introduced during the awareness creation step for key stakeholders to understand what can be done where it is not possible to re-integrate the child back into his/her family.

The awareness creation exercise needs to be carried out at the institutional level (among the officers of the DSW, officials of other government institutions and agencies and the officers of the RHCs), at the National level (among philanthropists, donors, NGOs etc.); at the community level as well as at the family level. A variety of approaches can be used to raising awareness and garnering community support. Strategies for outreach will differ depending on each target audience and context. For some, bringing in an outside consultant or sharing evidence-based guidelines provides legitimacy to your appeal. For others, sharing the biblical rationale for caring for orphans and vulnerable children within families may be the most compelling message.

Some people and groups may be more convinced by data and research, while others may be compelled by stories of children whose lives were transformed in a family environment. Sharing case studies and examples from other residential care organizations that have successfully transitioned to family care helps illustrate principles and alleviate fear. Other means of raising awareness may include face-to-face meetings with management, staff, and donors; forums for asking questions; community sensitization campaigns through presentations or television, radio, and newspaper campaigns; and church engagement through Bible studies, sermons, and congregation-wide discussions about family care.

The list of some key stakeholders to be engaged in awareness creation

- Ministry of Gender, Children and Social Protection

- Ministry of Local Government and Rural Development

- Ministry of Finance and Economic Planning

- Departments of Social Welfare, of Children, and of Social Protection

- Department of Community Development

- Ghana Education Service (GES)

- The Attorney General's Department

- Domestic Violence and Victims Support Unit (DOVVSU) of the Ghana Police Service

- The Regional Coordination Councils (RCCs) of the mapped-out Hotspot Regions

- The MMDAs of the mapped-out Hotspot districts

- Members of Parliament of the mapped-out districts

- Chiefs and Queen Mothers of the mapped-out Hotspot communities

- Members of the communities including some identified families

- Religious Leaders

- The Mapped-out Residential Homes for Children in the hotspot districts

- Association for Children's Homes

- Partners and donners (UNICEF, USAID, UK-AID etc.)

- Civil Society Organizations (CSOs), Community-Based Organizations (CBOs), Faith-based Organizations (FBOs) and Non-governmental Organizations (NGOs) involved in the provision of financial support to residential homes for children

- The residential institutions that have been identified and prioritised for DI

- Other child protection actors

4.1.3. Stock and flow analysis of the institutions

A detailed analysis of the institutions is required because the results of the analysis is to form the basis for the entire strategic plan for the DI process. This analysis should begin from the premise that an institution is never a static entity, rather it engages in a dynamic process in which there is a regular 'flow' of children coming into and leaving the institution.

This is a vital concept in terms of closing the institution, since if the services developed only address the placement needs of the 'stock' of children in the institution (i.e. the number and characteristics of children resident at any given time), the institution will not close, since the population of children will be replaced on a regular basis.

A stock and flow analysis can provide the information necessary for the projection of service provision required in order to close or transform the institution. An analysis of stock provides a snapshot of the individual situation of each child present in the institution at a given time, resulting in a general idea of the types and location of alternative placements necessary for these children. Information to be collected on the institution can be carried out systematically using independent teams to collect observation data within the institution. It is also essential for managers to provide a clear picture of their institution by completing a structured questionnaire (the data collection tools developed by Measure Evaluation, USAID) however it should be noted that some biases can be presented.

4.1.4. Consultation process and Factors of Resistance

Once the target institution has been identified, consultation should take place with all those who will be involved in the closure process within the institutions identified. Most importantly, early consultation with the managers of the institutions is essential.

Once discussions regarding the closure of an institution begin, rumours will soon reach the institution's director and personnel, and often the children. Involving them from the outset ensures that the correct information is transmitted and that people do not hear about major changes to their lives 'second-hand'.

News of the closure will almost inevitably trigger a wave of hostility and resistance to closure, but this is bound to appear at some point in the process and the sooner this resistance manifests itself, the sooner strategies can be developed to address it.

By the time the assessment is being carried out, the personnel of the institution will probably have been made aware of plans for closure. Even if they are being involved in the process and are aware that they may be employed in one of the alternative services to be created, it is likely that a certain amount of fear and hostility will exist on the part of the staff.

This can adversely affect the assessment process as the staff may refuse to cooperate in providing information, or may provide inaccurate information about the children. Such factors can be minimized by regular discussions with the staff and by involving them in the process of deinstitutionalization as far as possible, but inevitably some resistance will remain and this should be taken into account when carrying out assessments. (Please refer to sessions 4.6.1. Partnering with Residential Care Staff and Volunteers, 4.6.2. Addressing staff/volunteers concerns through the transition, and 4.6.4. Turning factors of resistance into agents of positive change for strategies in dealing with possible resistance of staff of institutions targeted for DI).

4.2. STEP 2: DEVELOP A PLAN FOR MANAGING THE DI PROCESS

Due to the complexity of the deinstitutionalization process and, more importantly, because of the vulnerability of the children involved, it is essential to anticipate and plan for as many areas of potential difficulty in the process as possible. In this way, the process can be carried out with the least disruption possible to the children and with the most efficient use of finances, time and resources. The DSW in 2018 developed a roadmap for the deinstitutionalizing of the mapped-out residential homes for children (RHC) in Ghana by 2021 however it is very important for the DSW to develop a strategic plan to operationalize the implementation of the roadmap.

4.2.2. Set up a Steering Committee or Group

In order to meet the complex needs of children within their family system multidisciplinary services are required. It is therefore imperative that the design of the deinstitutionalization programme at the national level to be implemented at the regional and district levels, involves partners from all the relevant disciplines. An additional advantage of inviting partners from across disciplines and across sectors is that this will increase the level of resources already available to the deinstitutionalization programme for the nation.

Forming a "steering committee" composed of various stakeholders committed to ensuring the safe reintegration of children into families can be helpful in developing an agreed-upon vision statement for the overall national deinstitutionalization programme and action plan/roadmap and working collaboratively to see it through. Partners from the agencies involved should form part of a steering group, whose role will be:

- To develop the deinstitutionalization strategy and action plan or road map and oversee its implementation
- To provide regular monitoring of the implementation and evaluate the quality of both process and outcome

It is recommended to conduct a rapid assessment to reveal who should be included in the committee, such as donors, local government or social service providers, and other representatives from the community. In addition, developing a network or "working group" with other residential care organizations (in the same regions for example) that are also engaged in transitioning to family-based care, can provide opportunities for regular information sharing, problem solving, and mutual support. Residential care directors, staff, and other steering committee members can benefit from the sharing of ideas, resources, and "lessons learned."

4.2.3. Suggested membership of a steering committee for the DI Process

- Departments and government agencies which provide child protection and family welfare services including health, education, social security, disability (e.g. Departments of Social Welfare, Children, and Social Protection, DOVVSU, CHRAJ, the Police Service, Ghana Education Service etc.)
- Local councils of communities from which a disproportionate number of children enter the institution,
- NGO partners who could assist with resources (not just financial, but also technical assistance, training etc.).
- Civil society representatives, as appropriate (for example community leaders, community activists from areas which produce a disproportionate number of cases for entry into the infant institution).
- Business representatives who are interested in assisting with resources.
- An accountant
- A lawyer or legal adviser

4.2.4. Create a project management team

The closure of an institution and transitioning to a family-based care involves a large number of personnel to undertake different aspects of the process. However, it is essential to ensure that an appropriately experienced project management team is appointed to oversee the entire DI process. Their role is completely different from the steering committee in the sense that this team would be responsible for the day to day implementation of the activities in the roadmap/action plan for the DI process.

Ideally, the team should include at least a project manager (a representative from DSW) , a social worker, a psychologist or therapist, an accountant and an administrator. However, if in reality it becomes difficult to get all these on the team, there should be at least a representative from the

regional and district levels of the DSW and someone from the RHC (if there are donor agencies who would want to join, they should be considered). Thus, there should be teams of Social Workers who would work on the cases as case managers. It is important to always visit the residential facilities together and work in such groups so that the client (the orphanage) does not feel any possible personal motivation. The team should meet every day and brief before they start the day's activities and at the end of the day's activities in order to strategize for the next steps or next actions to be taken.

4.2.5. The General Strategy of the DI Process

The main goal is the reunification of children to family-based care as well as the closure or transformation of the earmarked RHC (identified after using the standard SOP to inspect and monitor the RHC) into other service provision (e.g. community strengthening, provision of care for children with special needs etc.). The following strategic direction is what would be taken for the DI process.

- Given that children with special needs are much harder to place in foster care or adoption, a sufficient number of RHC that can cater for this category of children is needed. Very few RHC in Ghana admit children with special needs and even less that provide quality care for these children. RHC that admit children with special needs but don't provide sufficiently specialized quality care should be encouraged to upgrade their services to meet the standards.

- Children aged 0 to 3 are most vulnerable to the negative effects of long-term residential care and placement of these children in kinship care or formal foster care should be prioritized. The Road Map or Action Plan should prioritize the reintegration of children in these facilities (including those in the three government facilities). If reintegration or formal foster care is not an option for these children, then adoption should be pursued but should be the last resort.

- Greater emphasis should be placed on the reduction of the number of children in RHC through either closure of RHC or directives to licensed RHC to reduce the number of children in their care so as to achieve the standard of not more than 30 children in a facility. RHC that operate in Ghana must comply with the revised National Standards[55] which includes providing care in smaller family-type facilities (caring for a maximum of 30 children) and not large institutions offering boarding-school/dormitory style caregiving arrangements, as is currently the case with most RHC.

- RHC offering short-term emergency care should be prioritized. The high number of long-term care institutions in the 10 "hot-spot" Districts suggests that these facilities are not being used as a temporary or a last resort, despite the well-known problems associated with keeping children in institutions for lengthy periods (back up by many researches). Ghana has more than sufficient long-term residential care institutions, but facilities specializing in short-term care are lacking. DSW needs to promote short-term care where possible. The transformation of long-term care into short-term care facilities should also be considered as an option.

- Regions with a high concentration of RHC, in certain Districts (for example Kumasi Metropolitan Assembly in Ashanti has eight RHC) need to:

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55 Currently in the process of being verified.

1. ensure that no more RHC are established in the District;
2. make a concerted effort to close sub-standard and unnecessary RHC in these Districts;
3. and prioritize the provision of other family-based care services such as supported kinship care and formal foster care.

- The closure of RHC must always be in the best interest of children and not result in more harm to them. To ensure that this is the case, the closure of RHC requires a carefully planned case management process, with time-lines, to ensure that children in the RHC are either successfully reintegrated with their families or placed in foster care or adoption (as a last resort). District Social Welfare Officers (SWOs) are required to assist RHC with profiling of children to determine reintegration or other permanency arrangements and to facilitate the implementation of reintegration/permanency plans.

4.2.6. The Five-Year Road Map/Action Plan for the Closure of Some Residential Homes for Children in Ghana[56]

The Government of Ghana (GoG) has set a target of 50 licensed RHC with 2000 children by 2021 (Refer to the Appendix for the National targets for closure of RHC and reduction of children in RHC). The five-year roadmap/action plan also provides targets for licensed foster parents, as the reduction of children in RHC is dependent to a large extent on the availability of viable family-based care alternatives such as formal foster care.

In November 2019 there were 139 known licensed and unlicensed RHC caring for over 3,600 children. The 5-Year Road Map is intended to help DSW achieve the 2021 target, with financial support from USAID and technical support from UNICEF. The specific objective is for the closure of sub-standard and unregistered institutions with concrete milestones and timeframes. The road-map has concrete and realistic plans for placement of the children residing in the homes marked for closure. Findings from the RHC 'hot-spot' mapping exercise of Regions and Districts with high concentrations of RHC have helped to inform the development of the Road-Map which is intended to serve as a Working Document for DSW that will be revised and updated as data on RHC in Ghana improves and through reflection on lessons learnt with implementing the Road-Map activities.

It must be noted however that the DI process for Ghana would be carried out beyond the year 2021 and hence the current roadmap/action plan with the current indicative targets should be seen as a working document that would need to be updated regularly based on the data available at every particular period within the Regions and Districts (Region specific information is provided in Appendix). Functional administrative systems for enumerating RHC and children in residential care are absent[57] and as a result, reliable numbers of RHC and children in RHC are not yet available which means that the data on RHC and children in RHC is likely to change. The starting point therefore for the Road-Map is known RHC, and the Road-Map will be revised as needed as and when unknown RHC come to light. [58]

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56 The Five-Year Road Map for the Closure of Residential Homes for Children in Ghana, 2018 Working Document for the Department of Social Welfare (DSW), Ministry of Gender Children and Social Protection, as part of the Care Reform Initiative (CRI) Ghana, #FamilyBestPlaceForChildren
57 Reasons for this include the lack of resources and investment in establishing a standardised system for collecting and reporting on reliable data. Lack of knowledge and capacity in child protection case management, including the role of District officers as case managers of children in alternative care is also a contributing factor.
58_For instance, the number of 115 known RHC in mid-2017 increased to 130 in October 2017 following a verification exercise with 4 Regions on numbers of RHC as part of the establishment of a paper-based M&E system.

4.3. STEP 3: PREPARE AND MOVE CHILDREN TO THEIR NEW PLACEMENT[59]

The preparation and movement of children is perhaps the most important and complex aspect of the entire deinstitutionalization process and hence must be planned and implemented with great care. Moves are often traumatic for children and this step is for the practitioners to be provided adequate information and equipped with the competences to ensure that children are prepared for the move, thereby reducing trauma to the child and increasing chances of a successful placement.

4.3.1. Preparing and Moving Children

Once the services are being implemented or provided, the preparation and movement of children (either placement or re-integration and reunification) must be planned and implemented with great care and must last for at least 3 months. This is perhaps the most important aspect of the entire deinstitutionalization process.

- New placements must be based on the individual assessments and care plan for each child, with special interventions for children with special needs. In addition to this the family should be traced and prepared.
- Children find moves (either placement or re-integration and reunification) traumatic and this trauma is increased for children who have special needs or who lack understanding of what is happening to them. Therefore, it is essential that the children be carefully prepared for this process. They are also to participate actively in this process.
- Children should be moved in phases. If all children are moved at the same time from an institution, it is impossible to carry out the process with the degree of personal attention each individual child needs in order to make it successful.
- It is essential that official placement decisions to move are taken by the relevant authorities prior to the date for the planned move and that financial resources follow the child.

At the heart of every transition process is an individualized approach to working with children and families, with the goal of supporting each child's placement in a family that can best meet his or her needs. Ensuring safe and appropriate family care requires that there be strong processes and procedures in place to assess and engage children and families, make sound decisions regarding timing and types of placements, and develop individualized care plans that link children and families to appropriate support services. Each of these interrelated functions goes hand in hand with your organizational planning and resourcing and may require strengthening or creating new systems, procedures, and areas of expertise.

4.3.2. The Role of Case Management in this Step[60],[61]

To keep children safe from harm and to avoid the potential trauma of multiple placements, it is important that each child's transition be planned, prepared, and managed carefully. Child-centered

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59 Transitioning to Family Care for Children: A Guidance Manual, The Faith to Action Initiative, 2016, http://www.faithtoaction.org/resources/transitioning-to-care-for-children/

60   For more details on Case Management and forms and tools to be used, also refer to the ISSOPs for Child Protection and Family Welfare, Guidelines, Tools and Forms for Casework and Management, Department of Children Ministry of Gender, Children and Social Protection and UNICEF Ghana, Sept 2019

61   Case Management SOP for Children in Need of Care and Protection, Department of Social Welfare, Care Reform Initiative, November 2017 (with the standardized forms)

case work is an important approach to ensuring that this is done well. This refers to the individualized support provided by a case worker who is assigned to work closely with the child and family through each step of the transition process (in some cases there will be a separate case worker for the child and another for the family).

This not only provides children and families with a source of consistent and ongoing support, but also provides for the regular documentation of any assessments, records, and other information needed to make sound placement decisions and develop (as well as monitor and update) care plans based on the actual strengths, circumstances, and needs of individual children and families. It must be kept in mind that this is a longer-term process that takes place over time and at a pace that will vary according to individual needs. While the key steps are common to all, the pacing is specific to the preparation and readiness of each child and family. The process should take into consideration all children who are in residential care, regardless of age or special care needs.

Ideally, child and family case management will be carried out by professional Social Workers who are trained in the steps, methodologies, and tools that are integral to the transition process. In places where professional Social Workers are few and far between, every effort should be made to bring in this expertise. In contexts where this is not feasible, the work may rely on trained case workers. It's important that case workers should have (or have the capacity to develop) trusting relationships with the children and families, coupled with a solid understanding of the community context, cultural customs, and local language, so families can receive support based on deep understanding of their unique needs.

Case managers are not expected to provide all the child and family support services themselves - but they do play a key role in identifying what services are needed and providing the necessary referrals, linkages and follow-ups. At the core of this work is a child-centered focus that aims to engage children in age-appropriate ways, protect them from harm, and ensure that decisions are made in their very best interests, while also working closely with families and communities. Individual case management must take place within the broader framework of an overall transition plan, in collaboration with other partners and members of the transition team.

4.3.3. Conducting Child and Family Assessments

Conducting formal assessments of all children who will be transitioned into families, as well as all families in which children may be placed, allows child protection, care teams and case workers to identify the unique strengths and needs of each child and family. The assessment information will inform the development of the care plan for each child, the placement decision (either in the child's family of origin or alternative family placement), and will help to identify any special services that may be needed (for example, family support or special education). A good assessment process is key to ensuring a child's safety and protection, avoiding multiple placements, and preparing a child and family for transition.

o   Assessing the Children[62]

When assessing a child, it is important to remember that he or she is unique (even among siblings), with a distinct life history, identity, strengths, and needs. Successful transition into family-based

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62   It recommended that the tool for the comprehensive assessment in the Case Management SOP is used at this stage

care depends on the careful and informed consideration of all aspects of a child's wellbeing and development: physical, educational, behavioural, spiritual, social, and emotional.

Sources of information for the assessment include the child himself or herself, the social worker or case manager, current and previous care providers, teachers, health professionals, family members, community leaders, and others who know the child. Information can also be drawn from residential care records; existing case records, care plans, or other support plans (such as educational support plans); health, immunization, early education, and school records; and information from any specialized services.

Build on any previous assessments that the child has on file. Formal child assessments should be completed by individuals who have training in the process and speak the same language as the children (and whenever possible are also from the same region).

The child should be fully involved in the process of assessment, as appropriate for his or her age and capacity. For older children in particular, this will open the conversation about their move out of residential care and help prepare them for placement in a family. The child assessment will include:

- Basic biographical information;
- Previous placement history, including quality of relationships;
- Previous family contact history and all family information, including siblings;
- Developmental and behavioural observations, tests, and examinations;
- Any cognitive or physical disabilities, hearing or vision impairments, or special learning needs;
- Strengths and needs;
- Attachment, relationship, and abuse history;
- The child's feelings, desires, concerns, and opinions;
- Health history including illness, immunizations, wellness visits, and medications;
- Education history and information about learning style and ability;
- Temperament, personality traits, likes and dislikes, and fears;
- Self-help and life skills; and
- Community and extended family connections

o   Assessing the Families[63]

Together with child assessment, family assessment is essential to a successful transition, providing information needed to make appropriate placement decisions and care plans that include child and family-strengthening services matched to individual needs.

In all cases, before considering alternative family placements, every attempt should be made to locate and assess the child's family of origin, whether it be parents, other members of the immediate family, or extended family members. In cases where the child's family is known and in contact with the child, the family assessment may happen at the same time as the child assessment. In situations where the family's identity or location may not be known, the team must carry out extensive work to trace and locate the child's family to determine if reintegration is possible. This may include identifying family members in different areas or even different countries.

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63   Can use the ISSOP form or the home visit report of the Foster Care Operational Manual,

If at any stage it is determined that reintegration into a family of origin is not in a child's best interests, then the process of reintegration should be halted. Where it is in the child's best interests, staff should continue to facilitate contact with the family as far as possible, and may need to regularly assess whether to reconsider reintegration. In such circumstances the team should then turn to temporary alternative care arrangements (such as foster care or supervised independent living) and ultimately, if reintegration is ruled out, placement in more permanent, alternative family care, including adoption.

Like the child assessment, a formal assessment of family members directly and actively engages them in the process, affirming their unique strengths, capabilities, and opinions. Information can be gathered from family members as well as others who know the family well. Throughout the assessment,

- all families should be treated with dignity and respect by allowing them to clearly understand - and consent to - the placement process.
- Families should know that they have a choice and should not be forced to take children home if they are not ready.
- It's important that they have clear and accurate information, and open communication, to make informed and voluntary decisions.

Assessments of a child's immediate biological family, as well as of alternative family care options (e.g., extended family members, foster families, or adoptive families) should include the following elements:

- Basic biographical and location information, including all children and household members;
- Household income and employment;
- Parental educational history and schooling of children in household;
- Condition of the home and property;
- History of involvement with child protection services and involvement with community services;
- Observed quality of relationships, history of abuse, or domestic violence;
- Assessment of substance use or abuse;
- Previous contact with the child;
- Family health status and access to health services;
- Family strengths and any special needs (e.g., parental disability, housing, or parenting skills); and
- Community and extended family connections.

It is important to keep in mind that family assessments may need to take place at multiple points throughout the reintegration process. For example, case workers and child protection officers must be prepared to investigate and take action regarding any allegations of violence or abuse. Only when the assessment determines a family to be safe and appropriate should a child be placed.

(Please refer to the Department of Social Welfare's Assessment Forms of the SOPs for Case Management for children in need of care and protection)

4.3.4. Partnering with Children and Families

In many ways, children and families are the most important partners in the transition process, since they are the ones most directly impacted by the transition and are often best suited to identify their own strengths, needs, and desires. It is therefore important for children and families to have a voice in the process, and to be given plenty of opportunities to raise their questions and concerns, as well as to share their preferences and hopes. This will be a tremendous change for everyone involved. The child and the family alike need to understand what the transition process is about, why it is important, and how they will be engaged and supported before, during, and after placement.

Opportunities for child participation in the transition process will depend on each child's age and developmental capacity: While a younger child may have basic conversations or draw pictures to express his or her feelings about the transition, older children can more fully speak to their placement process and care plans. Children who are old enough to talk about their feelings can often provide great insight into what would make their transition easier. Meaningful participation goes beyond simply letting children express their views and opinions - it is engaging children and youth as active partners in the process. In all cases, careful consideration should be given to protecting the child's safety and rights to privacy and confidentiality.

Parents and families are likewise considered full partners in the transition, particularly since they will be the ones primarily responsible for raising the children. They too can understand and speak to decisions affecting their child's care and protection. Careful consideration should also be given to siblings or other children already living in the household and other family members impacted by the transition: on how they can be encouraged and enabled to participate.

Beyond speaking to their individual transition needs, family members can offer real insight into the local attitudes and customs within their community that may need to be addressed to ensure a smooth transition process. They can also help identify the services and support systems that exist or are needed to protect children and strengthen families in their communities.

Strategies for engaging families as partners in the transition process include:

- Inviting family members to transition planning and working groups;
- Hosting forums for parents and other care providers to collectively explore community responses to family and child needs;
- Supporting networking opportunities among parents;
- Establishing advisory boards to engage families in programme development & monitoring;
- Utilizing methods such as family group decision making.

4.3.5. Gatekeeping and Child-Focused Decision Making

At its core, managing each child's case as he or she transitions into a family requires effective gatekeeping. Gatekeeping in general refers to the decision-making processes and procedures that are put in place to ensure that care decisions for children who are separated (or at risk of separation) from family care are appropriate and based on the best interests of each child.

Gatekeeping during or prior to separation plays a key role in preventing unnecessary placement in residential care. If the placement of the child in residential care is the only option, the goal of gatekeeping is to ensure that decisions regarding the children's family placements (e.g., reunification or alternative family care) protect the children and are well matched to their individual circumstances and needs.

How gatekeeping is managed - that is, who is engaged and in what ways - will look different in different contexts. In many circumstances, placement decisions may require the involvement of legal decision-making bodies (such as in cases where a judicial process resulting in a legal decision is required). Ideally the gatekeeping process is overseen by officers of the Department of Social Welfare which is the government-appointed child protection professionals who work in conjunction with the residential care transition team.

It is important that all people involved in the transition - including children (in accordance with their developmental capacities) and families - have a clear and common understanding of the procedures for making a placement decision. Throughout the decision-making process, maintaining a focus on the child helps ensure that placement decisions and corresponding family support plans provide the best possible outcomes for each child.

The process is part of care planning and as such looks not only at the decision about who will care for the child and where, but also at what services will surround the child and family to provide safety, nurturance, and long-term commitment to the child.

Gatekeeping procedures are used to make decisions about children's care at multiple points:

- Before family separation, by assessing circumstances and needs and preventing separation when possible and appropriate through the provision of support services;
- After family separation, by identifying whether supported family reunification is possible, and if not, by determining best alternative care options, including alternative family care (like kinship or foster care; thus, preventing unnecessary placement in residential care);
- After placement in residential care and during the transition process, by determining the family-based care options best suited to children's individual needs and circumstances.

Any decision-making process regarding child placement should consider:

- Information gathered from multiple sources (e.g., caregivers, residential care workers, health providers, families, and the child) as part of a thorough assessment process;
- The rights and legitimate interests of all parties, including parents, siblings, and extended family;
- The resources and services available to a child and family to ensure a safe and nurturing home;
- A preference toward reunification with a child's family (immediate family or kinship care);
- A preference toward keeping sibling groups together;
- Alternative family placements that offer the greatest chance for permanency and improve child wellbeing, when family reunification is not possible; and
- Transparent decision making by a clearly identified team of people invested in the child's wellbeing, along with any legal decision-making bodies in accordance with national policies, as most often placement decisions are the responsibility of government representatives.

The long-term goal of decisions regarding child placement is permanency. The concept of permanency refers to establishing family connections and placement options for a child to provide a lifetime of commitment, continuity of care, a sense of belonging, and a legal and social status that goes beyond the child's temporary placement. Permanency provides children with the opportunity for attachment and bonding so critical to psychological, emotional, and social health. Permanency for children begins with working to stabilize families to prevent separation. Once separation has occurred, whenever possible and safe to do so, permanency efforts should focus on the return of a child to his or her family of origin. When reunification is not possible, other family care options are explored, with priority for those that can bring meaningful life-long connections with family, friends, and community members.

4.3.6. Implementing an effective gatekeeping process

It is important to put in place effective community-based services aimed at children and their families to prevent family breakdown by implementing an effective gatekeeping process that prioritizes family-based care and ensures that children are not unnecessarily being separated from families and entering institutions. Gatekeeping follows two key principles[64]:

i. The "necessity principle" - Make sure that alternative care is genuinely needed

- Prevent situations that can lead to alternative care at as early a stage as possible. This means working with communities to think about the most common reasons for children to lose parental care, run away from home, be placed in institutional care, etc., and identifying ways to reach those families that are most likely to be vulnerable to stress.
- Make sure that there has been a full assessment of the family situation before a child is removed or reintegrated, to identify all possible means to keep the family together.

ii. The "suitability principle" - Provide appropriate care for the individual child.

- Ensure that all forms of alternative care meet minimum standards, following guidelines, developing and adhering to standards, and formally monitoring care arrangements to ensure that children are cared for appropriately.
- Regularly check the child's wellbeing until a permanent arrangement has been made.
- Decide on the placement for the child that is suitable at that time, realizing that it may change over time.

4.3.7. Preparing Children and Families for Transition[65]

A key responsibility of the case manager is preparing the child and family for placement. Placement preparation may include family visits and supported reconnection, counseling and psychosocial support, provision of material support and linkage to basic services (e.g., income, employment, housing), and preparation for community integration (e.g., schooling, day care, rehabilitation services, health services).

The transition to family care can be an emotionally complex process for children. All children will need to be prepared with special consideration of their age and capacity, regardless of the type of family placement. Preparing children for placement should include adequate opportunities to

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64   Government of Liberia, Ministry of Health and Social Welfare (2014). Guidelines for Kinship Care, Foster Care and Supported Independent Living in Liberia.
65   Refer to Appendix for more details on the different forms of preparation for the children and family for transition into the different options within the continuum of care

explain the reason for the transition and to listen to the children's views, hopes, and hesitations. Books and storytelling may help younger children understand what is happening.

Even for a child who is looking forward to placement, there will be aspects of adjustment and loss. Older children in particular will need time and space to ask questions and receive honest answers; they should also be given the opportunity to discuss what information they would like the family to know about them.

> **Every child and family need proper preparation to:**
>
> • Minimize trauma and maximize the experience of positive change; and
>
> • Increase placement success by helping children feel confident about the change.

4.3.8. Preparation of the family and caregiver[66]

- Share any background information about the child with the caregiver that is relevant and that the child has agreed that you can share with the family or caregiver. Remind the caregiver that any sensitive information is confidential.

- Tell the caregiver what information has been given to the child about the household and their expectations.

- Confirm that the child will have a proper place to sleep and keep belongings.

- Make sure that the child's dietary, health, education, and other care requirements are well understood and work with the family to plan how these should be met.

- Inform the caregiver of any arrangements that are being made for the child to access other services and explain what is required of the caregiver to support the child to access these.

- Make sure that family support needs have been assessed and are being addressed through referrals and access to appropriate services (e.g., LEAP, economic support, day care, parenting groups etc.).

- Confirm the date and time of the child's arrival (including any interim visits leading up to the actual transition). Ask the family to prepare a welcome for the child on the day of transition, or prepare a departure celebration if the child is being collected from residential care by the family.

- Inform the family that they should inform the case worker of any important new information that the child gives them, any challenges or issues that come up, etc.

- Inform the caregiver how often the case worker will visit them and when the first visit will be. Explain that the case worker will always talk to the child in private.

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66   Adapted from Alternative Care in Emergencies Toolkit (Save the Children). As referenced in the Transitioning to Family Care for Children: A Guidance Manual, The Faith to Action Initiative, 2016, http://www.faithtoaction.org/resources/transitioning-to-care-for-children/

- Advise the caregiver of how to contact the case worker and whom to contact if the case worker cannot be reached.

When reintegrating a child back into his or her family of origin, it is important to work closely with the family to address both the causes of original separation and the impact of any harm caused by separation, and ensure that the child and the family will have access to all available forms of support necessary to ensure a safe and effective reintegration and help to prevent another separation. Preventing another family separation is critical and important in transition process because another separation would be very traumatic (especially for the child).

Families too need time and resources to prepare for the child in their home. The process of preparing families for a child's placement should involve parents, siblings, and others in the household. Families need to know about the child's background and have a thorough understanding of the placement process and care plan, including identified support services and follow-up visits. They should have opportunities to ask questions and share information, and know whom to contact to share challenges, problems, questions, and success stories.

If the family has never cared for children before or has not parented in a long time, additional training in parenting skills may be necessary (Refer to the DSW's Training Manual for Foster Parents). Even a child's parents may need some training to be successful in caring for their child, especially those who have special physical, behavioural, or emotional needs (Refer to the DSW's Training Manual for Caregivers of Children with Disabilities).

Families should understand and be prepared for the fact that many children living in residential care have gone through trauma or abuse in addition to being separated from their family. Children may not show these signs for months or even years, so preparing families to recognize and respond to signs of emotional distress when they arise is very critical.

Both families and children - even infants and toddlers - benefit from supported visits prior to placement. These visits allow children and families to get to know (or become reacquainted with) each other, anticipate any adjustments that will need to be made, and actively engage in the decision-making and planning process.

> One strategy for engaging and preparing family members for transition is family or case conferencing. This involves bringing family members (including extended family) together with members of the transition team (case manager, residential care staff, partners in the community) to discuss next steps, raise and address concerns, and refine care plans.

4.3.9. Developing Individual Care Plans[67]

Planning for transition also includes developing an individualized and holistic care plan for each child as he or she transitions out of residential care. As with the decision-making process, the transition process should engage a team of people involved in the lives of the child and family.

A holistic care plan articulates the needs and assets of each child and family as revealed through

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67   Please also refer to the Case Management SOPs for Children in need of Care and Protection

the assessment process, then outlines a response to every aspect of a child's development by identifying which support services and resources will be needed. The goal of any care plan is to offer children the best possible care and protection as they transition into families.

Care plans are not static documents, but rather flexible plans that evolve as a child's situation changes. For example, the plan for a child placed in temporary foster care will change if and when the child moves toward adoption. Plans should recognize that all children and families have strengths to contribute; and when appropriately supported, families and children can make well-informed decisions about child wellbeing and protection.

Every child should have an individualized care plan that includes the following elements:

- The child's care placement along the continuum of care;

- The needs and supporting strengths of the child and family;

- Relevant support services that meet the individual needs of the child and family;

- Those individuals or organizations responsible for providing each service;

- A plan for the child's day care, school education or vocational training, and opportunities for peer engagement, with any special accommodations or support services needed for success;

- Specific, measurable, and time-bound goals and objectives to be monitored; and

- A plan for the child's permanent family placement if he or she is being temporarily placed.

- please review and insert part of the reunification guidelines we drafted. (the actual reunification, the preparation with the community, etc.)

Negative Consequence of Rushing the Reunification Process[68]

A qualitative case study to explore the challenges facing children reunified with their families from an orphanage in Ghana reported that the children in the study experienced the move out of the orphanage as a form of loss. They lost family-like relationships that they had formed in the orphanage, which they found difficult replacing after their reunification. According to the findings, the children's relationships with families tended to weaken as a result of the loss of regular contact with parents during the prolonged stay in the orphanage.

The lack of family coexistence and emotional connection made the birth families resistant to the reunification, taking an attitude of 'you left, why are you coming back now?', leading to the children feeling isolated and rejected. The children's stigma was compounded by the condescending looks and unfriendliness they experienced from peers and other people in their communities.

From the findings of the study, it appears the preparation of the children and their families for the reunification was inadequate. This was characterized, for instance, by the children's inability to cope with the living conditions within their new homes compared to the orphanage or the child and family adjusting to each other.

The recommendations therefore are that first, residential care facilities should focus on preparing the family and community before reunification so that they can provide good quality and sustained care for the children. Social Workers should develop an exit plan for each child reunifying with their families. Having an individualized plan can help ensure that the children actively participate in the case-planning process and their needs and wishes are addressed before their reunification.

The children should have supervised trial visits to their parents' home before permanently reunifying. These visits would offer the child the opportunity to gradually adjust to the conditions at home and rebuild relationships with family and community members after lengthy periods of time in the orphanage. Educational campaigns by DSW through the media and traditional leaders (e.g. queen-mothers) should be used to explain to relatives and community members the benefits that children accrue from living within their families and communities.

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68   Kwabena Frimpong-Manso and Abraham Gyimah Bugyei; The Challenges Facing Children Reunified with Their Families From an Orphanage in Ghana, (Department of Social Work, University of Ghana, Legon, Ghana and Sustainable Empowerment and Development Consult, Legon, Ghana); John Wiley & Sons Ltd and National Children's Bureau, Children & Society (2018)

4.4. STEP 4: DESIGN APPROPRIATE ALTERNATIVE CARE SERVICES

After developing a plan to reunify the children either with their parents or families or placed in foster care or given for adoption as part of the DI process, the next step is to identify appropriate alternative care services which would be required to effectively deinstitutionalize the children from the residential care (this step is also part of the case management process). These services range from prevention and community support services, to moving children back to live with their parents, to substitute/alternative family-based care (kinship care, foster care or adoption), to specialist residential care.

4.4.1. Understanding the Primary Causes of Family Separation

A sound transition process from institutional care to family-based care always begins with understanding the reasons why the children in residential care have been separated from their families. This is the first step toward developing effective alternative family-based care services. Family is so central to a child's healthy development, and yet family separation happens for many different reasons. Children all over the world, in wealthy countries and poorly resourced countries, in stable communities and those in conflict, can be vulnerable to abuse, neglect, exploitation, and separation from family.

Poverty is a primary reason for children being placed in residential institutions in Ghana — in such circumstances, parents may see residential care as the only way to meet their children's basic material needs such as food and shelter, or provide them with access to an education and other services. Disability and illness (on the part of parents or children), parental death, natural disaster, or conflict are other causes for separation.

A realistic look at children living in institutions reveals that

- Between 2 to 8 million children around the world are living in institutions and away from their families and communities[69]. The 2015 Mapping of Child Protection System in Ghana[70] reported that the country had approximate 4,500 children living in institutional care.

- In October 2016 the DSW identified 115 RHC (this number has since been revised upwards to 139 as at November 2019) in Ghana caring for about 3,586 children[71]. The range of estimates is due in large part to the number of residential institutions that operate outside of registration systems or the lack of data systems to track the number of children living in care.

- Most children in residential care are not orphans; according to research 90 percent of children in institutions worldwide have at least one living parent, and most children who have lost a parent are able to live with the surviving parent, primary family members (such as older siblings), or extended family (such as grandparents). The 2006 DSW study found that 80 percent of children living in residential care facilities had families and could have been supported to live in their own communities — with their extended family

69   Transitioning to Family Care for Children: A Guidance Manual, The Faith to Action Initiative, 2016, http://www.faithtoaction.org/resources/transitioning-to-care-for-children/

70   Building a national child protection system in Ghana: From evidence to policy and practice, June 2015, UNICEF

71   Twenty-four RHC in ten districts in the four "hot-spot" regions (Ashanti, Central, Greater Accra and Volta) were selected for in-depth assessments. The mapping exercise was undertaken in the first quarter of 2017. Qualitative and quantitative data was collected from Regional and District Department of Social Welfare (DSW) officials and RHC. Regional and District DSW staff participated in each of the RHC site visits.

or community members. It is estimated that 19 per cent of Ghana's households include children in informal care

4.4.2. Principles of better practice in caring for children in need of care and protection

- Families can be strengthened, and separation can be prevented by building livelihoods, providing material support, and increasing access to basic services by the biological families of vulnerable children.

- Stigma, discrimination, and isolation (especially in cases of HIV, disability etc.) must be addressed.

- Care and support services need to be aligned with the public child protection system and the priorities of the Government of Ghana.

- Families need support services such as early childhood education, preschools, day care, after-school programmes, parenting education, resource centers, youth programmes, and temporary family shelters (these are described in detail below).

- Psychosocial and spiritual needs must be met as children return to families.

- Treat children as unique individuals and engage children and youth in decision making.

- Caring well for children requires a long-term commitment to each individual child.

The Success Story of Kofi Mensah72 (an OAfrica beneficiary)

At 22, Kofi Mensah is excited to enroll in apprenticeship to becoming an auto mechanic. He is a well-organized and focused young man who lost his parents at a young age to HIV and was institutionalized. He was deinstitutionalized by OAfrica in 2007, when he was 9 and reintegrated and resettled, on the banks of the Volta River, with his extended family. He has today moved to join his OAfrica childhood friend and brother (also OAfrica beneficiary), Kwame Dogo73 in Accra to train as an auto mechanic.

Kofi had adequately prepared and was ready for the change before the team went to pick him up to Accra. He had registered for the Ghana ID card, paid his year's National Health Insurance, opened an account with a bank for the transfer of his monthly allowance from OAfrica, which is very impressive!

On his way to Accra, he bought some fish to give to his friend and brother who is going to also be his roommate for the entire period of apprenticeship. To Kofi this gesture was a sign of his happiness at the reunion!

With a payment of 800ghc by OAfrica Kofi begins his 3 years' apprenticeship journey in the

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72 Not the real name is used for purposes of concealing the identity due to confidentiality
73 Also not the real name used for purposes of concealing the identity due to confidentiality

informal sector to become a specialized auto electrician. This amount is the cost of the apprenticeship for the duration of the training. This however does not include his feeding, transport, accommodation and other basic needs, which OAfrica will have to cover for the period. After completing this training, he will be qualified to work on his own fixing electrical problems in various motor vehicles and this means he actually has a job waiting for him in his home town.

4.4.3. Projection of which care services may be required and hence need to be developed

i. Prevention Services

Any child separated from his or her birth family suffers a great deal of trauma. As such, it is far better from all points of view to support families in caring for their children wherever this is possible and safe. Prevention services, when run correctly, are not costly and are in fact highly cost-effective. The common types of prevention services are:

- Counselling Services to mothers at risk of leaving their children in care by hospital-based Social Workers, who work in multi-disciplinary teams. Such a programme can reduce drastically the rate of abandonment in hospitals without providing additional support to the mothers.

- Family planning services - Social Workers can assist mothers to access free family planning services and ensure that they are educated regarding contraception. This is often the best method of preventing unwanted pregnancies.

- Mother and baby units (not very common in Ghana but can be adapted) - For cases of mothers who are in crisis situations and at risk of placing their children in care, a mother and baby unit can be an ideal service. In such a unit, a mother can live for a limited period of time with her child or children, whilst Social Workers assist in preparing her for independence. The mother learns parenting and household skills, is supported to finish her education and/or gain employment and is assisted in repairing her relationship with her family.

- Primary health care - Community health workers at the CHIP Compounds in the communities as well as those that provide child health care services (popularly known as Weighing) can be of great assistance in supporting families with young children and in accessing the right kind of support services. Social Workers should always ensure that clients are registered with these CHIP compounds, child welfare services and even with local clinics so that they can receive the medical care to which they are entitled.

- Decentralized and inclusive special needs education - Provision of special education in mainstream schools is essential to reducing the reliance on residential special schools.

- Counselling services and parents' support groups - Often families or parents may suffer severe stress as a result of caring for children with special needs or of being single parent families and may at times feel they can no longer cope. In such circumstances, a skilled counsellor can assist the parents to address their stress and find coping mechanisms that do not require the placement of their children in institutional care. Peer support groups can have a similar positive effect.

- Material or financial support and Resource networks (including NGOs, CSOs, community-based support organizations, philanthropists etc.) - At times, material or financial support can assist a family through a period of crisis, but this should only be used as a temporary measure and as part of a support package. Long-term material support tends to create dependence and does not necessarily assist the family to resolve its problems in the long-term. Social Workers should create local resource networks, involving all local agents who can assist in some way in resolving problems of children and families in difficult situations. Often, a solution to a situation of difficulty for a child and family is made up of many different components and involves a range of agencies and services.

- Emergency reception services — Where a child must be removed temporarily from the family, such as in a case of risk of significant harm, or if the parents are in a severe crisis situation, emergency reception services are required. These can be provided by emergency foster placements or emergency reception centres, offering a family-style environment for a short period of time. Social Workers should act as quickly as possible to return the child home, when safe and appropriate, or to find a long-term alternative family placement for the child. In this way, long-term admissions to institutions can be avoided.

- Respite care — Particularly for children with special needs or severe behavioural problems, respite care can assist families to look after their children in the short-term. Respite care avoids institutional placements by providing a temporary release from the stresses and challenges involved in caring non-stop for children with severe special needs.

- Crisis intervention - Social Workers should be available to intervene and support families in times of crisis. Emergency prevention and care can be used to support children to remain in their families.

- Early Childhood Care and Development (ECCD) - Early Childhood Care and Development (ECCD) is the timely provision of a range of services that promote the survival, growth, development and protection of the young child. This includes the establishment of Creches, Day Care Centres, Nurseries and Kindergartens by the government and private operators to take care of children whilst their parents go out to work. Day care centres which are part of ECCD can assist families who require child-care provision so that the parents can go out to work. Such centres can also provide additional food, access to free medical care and educational support for children who are marginalized in school and are at risk of dropping out - often a precursor to a child's admission to an institution. The centres can also provide counselling support to the children and/or the parents or families where necessary.

ii. Reintegration into the family

Where children have been removed from the care of their parents and placed in institutions, social services should attempt, when safe, possible and appropriate to reintegrate the children back into the family. This may require a package of care for the child and the family.

iii. Placement in the extended family

Where a child cannot be raised by his or her birth parents, the next best alternative may be the extended family. In this way, the child maintains strong relationships with his or her biological family

and the trauma of separation from the birth parents is reduced. Again, decisions regarding family placement should be considered carefully, particularly in situations where the child has been abused by the birth parents or where there is the possibility of the child being used as a house help by the extended family member. Placement recommendations should be made in consultation between experienced Social Workers and their managers.

iv.   Substitute families

- Foster care – Foster care is a relatively new phenomenon in many countries, particularly in African countries where kinship care has been practiced over the years. Thus, attitudes to foster care vary greatly in many African countries including Ghana. The concept of foster care has not been common among the Ghanaian community and Social Workers and other child protection actors need to educate people on the availability of a range of foster care arrangements. This would help reduce the rate at which parents abandon their children or send them into institutional care.

- The range of foster care required in order to provide viable alternatives to institutional care include Emergency foster care; Short to medium term foster care; Long-term foster care and Specialist foster care. The Foster Care Regulations, L.I.2361, 2018, Foster Care Operational Manual, 2018; the Foster Parents Training Manual, 2018 as well as the Manual for Routine Monitoring of Alternative Care Systems in Ghana have been developed to help streamline, guide and ensure that the process of entering a child into foster care as an alternative care, is regulated and carried out according to the law and in the best interest of the child.

- Adoption – This measure should only be considered once all attempts to return the child to the birth or extended family have been exhausted. It is an extreme measure in that it alters the child's identity. Placing children in a family environment involves matching the needs of the child to the adopting family, which is common practice in domestic adoption. However, international adoption works on the principle that the adopting parents select the child to satisfy the needs of the parent, rather than the needs of the child, which is unlikely to be in the best interests of the child. For these reasons, as much as possible international adoption should be avoided. The Adoption Regulations, L.I. 2360, 2018, for Ghana helps to regulate adoptions in Ghana.

v.   Specialist residential care

Some children are unable to live in a family and require specialist residential care. This should be provided in small family homes, which offer a family environment and simultaneously respond to their special needs. Children who have spent a long time in institutions often have concomitant developmental delays or behavioural problems. Some children may require a period of time in a small family home as a transition to care within a family and some children may require a longer-term residential placement. In any case, where residential care is used, this should be the last in-country alternative and should be provided in specially adapted small family units.

vi.   Therapeutic services

Children with special needs, autism, behavioural problems, attention deficit disorder or children who have been abused may all require therapeutic support to help address their particular needs.

Therefore, local authorities should have at their disposal teams of specially trained therapists who are available to assist not only children in the care system, but also children who are living in families throughout the community. These teams should be flexible and mobile, in order to provide services even in remote rural areas.

vii.   Transitioning into Supported Independent living

Supported independent living provides for a young person's transition to adulthood as the young person becomes independent in his or her own home, a group home, or other form of supported accommodation. This may be a viable option for older youth who have developed a capacity to live more independently, or who have expressed a desire to be on their own (refer to appendix for more information on this)

> Please refer to Appendix for Some Success Stories from of RHC in Ghana that have already transitioned to other services for the community

4.4.4. Some key concepts in developing the appropriate range of alternative services

- Packages of care - Social work personnel or those responding to the needs of a child in difficulty should employ packages of care, as opposed to a 'one placement fixes all' approach. The complex needs of children and families are best met with a combination of services — for example a mixture of respite or day care, counselling, material support and assistance in accessing local resources.

- Working in partnership with the families - This is the concept central to successful social work intervention in situations where children are at risk or are in difficulty. The social worker should empower the family to solve problems and access resources. Even where Social Workers must make difficult decisions such as removing the child from parental care in cases of abuse, they should work with the parents in this regard, explaining why the decision has been taken and what will happen next.

- Choosing the best placement for the child from the range of services available - A social worker or social work team, for instance, Regional Placement Committee, Social Services Sub- Committee, Child Protection Committee, among others, in consultation with an experienced manager, should be able to choose from the range of services available in order to find the best placement for the child. For example, a child might be considered legally 'adoptable', but may be secure and happy in a current foster placement. In such a situation, the social worker should be able to weigh up all factors in the case - including the child's attachment to the foster parent, the age and wishes of the child, the child's relationship with extended family etc. - before deciding to recommend adoption or a continued foster placement.

4.4.5. The need to know the services available/Service Mapping Directory

The needs of children and their families are diverse and it is impossible for a rigid and highly centralized child care system to meet all those needs[74]. Therefore, it is necessary for all those involved in the care of children in difficulty, to know the services available, envisage complex and diversified alternative services and supports to children and families and to consider which of these alternatives would be most appropriate and in the best interests of the child in each individual case.

The appraisal and mapping of the various children's care services, social support and social welfare services available to meet the needs of children and their families in different parts of the country (at the national, regional and district levels) is a major and key step in the deinstitutionalization process towards family-based care for children. This is because successful deinstitutionalization is accompanied by building the capacity of social support services to run and supervise the family-based care appropriate for children in need of care and protection (including alternative care services such as fostering and adoption services) and new children at risk of separation. The exercise is also to avoid duplication of efforts by stakeholders and partners in the provision of support services. These social support services are to ensure the strengthening of families to prevent separation.

The critical questions to ask whilst analyzing and mapping out the social support services available are what government services are functional and can be utilized; where are they located; who implements them; what public or private support resources are available for child protection and family welfare etc. The Department of Social Welfare under the Ministry of Gender, Children and Social Protection (MoGCSP) has undertaken an appraisal and mapping of the various children's care services, social support and social welfare services available in all the 16 regions of the country listed in the Social Welfare Service Directory/Service Mapping Directory. These services include a total of about 443 child and family support services, 665 counseling and psychosocial services, 5168 education related services, 776 legal aid and justice support services, 2116 medical and healthcare services, 243 economic empowerment services, as well as 358 social protection services.

The directory has further mapped out these various categories of services in the various districts in all the 16 regions as well as information about the contact and location of the various service providers making it easy for every professional that would be involved in the DI process to refer the families to be worked with for them to be supported for a successful DI process. These family-strengthening and children support services are provided by government agencies, Social Workers (professional and paraprofessional), former residential care staff, nonprofit organizations, churches, school counselors, health officers, and other community members.

The table below explores the examples of some of these services that can be utilized to support the families into which children will be reintegrated. For example, some of the support structures for families at risk of separation can include facilities such as day care centres for disabled children or young babies. These can allow a mother to go to work so that she can earn a wage and support her family. After school clubs may also meet a similar need. Young teenage mothers may be ostracized by their families and so a mother and baby support arrangement can assist them in their early days together. This can be enhanced with counselling to the grandparents and extended family. This is a much shorter intervention which keeps families together at less cost and without harm to the child. Hasty deinstitutionalization, closing the institution and reuniting the children,

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74 http://directory.mogcsp.gov.gh/

without properly thought out alternatives can be detrimental.

Examples of Support Services That Strengthen Families and Protect Children	
Family Support Services	**Child Support Services**
• Economic and material support (LEAP, School Feeding Programme) • Economic strengthening and income generation • Employment support and skills training • Healthcare services (National Health Insurance Scheme, NHIS) • Recreational programmes • Faith-based programmes and groups • Childcare, early childhood, and preschool programmes • Parenting education and parenting groups • Fatherhood programmes • Mental health counseling and treatment • Family counseling • Information and referral services • Home visiting/parent aide programmes • Support groups • Substance use/abuse treatment • Domestic violence prevention/services • Life skills counseling	• Childcare and day care centers • Before - and after-school programmes • Early childhood and preschool programmes • Early identification of disability/early intervention • Therapeutic and rehabilitation services • Special education services/school integration • Psychosocial supports and counseling • Child and youth support groups • Faith-based programmes and groups • Mentoring programmes • Internships, apprenticeships, and skills training • Adolescent/teenage parent programmes • Temporary shelters and emergency placements • Kinship care and foster families • Life skills training • Financial literacy • Supported independent living services

Those involved in the care of children in difficulty comprise the following:

- Professionals working in direct service provision (professionals in social work and child care) should be aware of all the alternatives available in consideration of the child's best interests, as provided by international conventions.

- Other professionals who provide other social care such as health professionals, teachers, police officers, priests, civil servants in region and local authorities, need to be aware of their potential role in counselling parents, informing them of services available, alerting the competent authorities to children at risk and working together to protect children.

- Parents of children in situations of difficult situations need to be made aware of the alternative services available and not to believe that the only choice in a situation of difficulty is an institutional placement for the child.

- Children and young people themselves - Children's awareness of their rights and the support services available to them requires attention. Mechanisms to ensure that children's voices can be heard in the reform process are required, as are mechanisms by which individual children can be involved in decision-making regarding their care.

- Society in general - The deinstitutionalization process is complex and involves a great deal of change. Inevitably, there will be resistance to this change due to fear or lack of understanding. In order to combat and minimize such resistance, it is suggested that the entire community should be persuaded of the importance of deinstitutionalization.

4.5. STEP 5: PLAN THE TRANSFER OF RESOURCES FOR EFFECTIVE AND EFFICIENT DI PROCESS

Closing an institution should never be a cost-cutting exercise but it should always be about improving the quality of care for all the children concerned. Deinstitutionalization involves transferring resources from large centralized institutions to a wide range of services - a complex financial process requiring detailed planning and meticulous control. The transfer of all the resources needed to ensure the quality of care for the children concerned is therefore very necessary and important for an effective and efficient deinstitutionalization process. This emphasizes the need for making sure the resources follow the child to where he/she would finally be placed. A network of family-strengthening partners equips families with the resources they need to care well for their children, while also preventing family separation. The alternatives are usually cheaper and more cost effective to provide services to children, families and communities.

4.5.1. Current budget and funding arrangements

- Assessing current resources available - The programme plan should include an analysis of the budget for the institution identified for closure, clearly stating how much money is in the budget. It is also essential to know which authority holds the budget and where budgetary contributions come from. For example, some institutions may receive funding from local, regional and central authorities. It will be necessary to consult all funders to ensure their cooperation in transferring financial resources to the new services.

- Ring-fencing funding currently available - The deinstitutionalization process must not be seen as a cost-cutting exercise. Although it is cheaper for children to be cared for in their birth families or in substitute families, finance should not be the motive for reintegration or for developing foster care services. Whilst a significant proportion of children currently in institutions in the country could be cared for in families, some do require residential care and the deinstitutionalization process must seek to improve quality of care to all children involved. Rather than viewing the closure of an institution as a measure for saving money, the process should be viewed as a means of freeing up money to be used better. Therefore, an institution closure plan should include a written commitment on the part of the authorities responsible for the institution to ring-fence the funds currently available for institutional care and ensure that all these funds continue to be used in the new care system for the children involved.

4.5.2. Projection of running costs for the new services

Having projected the possible alternative family-based care services or model that would be appropriate for the children to be transitioned from the identified residential care facilities or institutions, there is the need to project the total cost for the new services. Once there is a projection of running costs for the new services, it is possible to compare this with the current running costs of the institution. This is essential for the following two reasons:

- If the new services cost more than the current institution, extra resources will have to be identified before approval can be given to develop the services, in order to ensure sustainability.

- If the cost is higher, a clear justification for allocating extra resources will be required. Such justification might include:
  » an improvement in the quality of care to children which will increase their life chances and therefore save the state money in the future, since many people who grow up in institutions are at a high risk of either entering adult institutions or being unemployed and dependent on state benefits.

  » a reduction in the number of children in institutions in the medium and long-term by emphasizing the prevention elements of the services, resulting in a dramatic reduction in costs on the part of the state.

If the new services cost less than the current institution, it is important to get the agreement of the local authority or local council to ring-fence any savings and to plough this money back into improving existing services or developing other services to accelerate the deinstitutionalization process. A projection of capital investment required for the development of new services is necessary to present a complete picture of the resources required and to be realistic when seeking funding.

4.5.3. Building partnerships for the management of resources

Though in Ghana the Department of Social Welfare of the Ministry of Gender, Children and Social Protection is the government agency mandated to supervise the running of residential institutions, other ministries and agencies also play important roles according to purpose and age category. For example, residential special schools are often the responsibility of the Ministry of Education, whilst infant institutions may be run by the Ministry of Health. There is therefore the possibility of the difficulties in terms of inter-ministerial or inter-departmental cooperation and management of resources. In this regard the following should be noted:

- The needs of children are cross-disciplinary. They cannot be met only by services in the social protection system. Children also require access to health care, education, recreation and in some cases specialized facilities.

- It has been mentioned over and over again that the best place for children's needs to be met is within the birth family and community system and, where living with the birth family is not possible – despite support services provided to the family - alternative family placements should be sought. Thus, the main responsible agency should develop as broad a partnership as possible, ensuring that all relevant state departments are involved. More importantly, the community, families and children themselves should be viewed as full partners in the process.

4.5.4. Reallocating Buildings and Other Fixed Assets

While some transitioning organizations decide to shut down their facilities once the transition process is completed, others transform their facilities into services needed to support the children and their families. Buildings, land, and other fixed assets have the potential to be used for a wide range of alternative programmes that help strengthen families, prevent separation, and empower communities. The family-based care model that will be chosen determines whether there will be the need to transfer the targeted RHC's (the RHC target for closure/DI) land, buildings, and other

fixed assets to the state or another organization) or transform them into new kinds of services.

An assessment of the local context and the needs of the families and communities will help determine alternative uses for these assets into transformed services in the best interest of the children or that would be beneficial to the children and their families (and even the community as a whole. These include:

- Learning and rehabilitation centers for children with disabilities;
- Early learning and day care centers;
- Vocational training and employment support centers;
- Community centers or centers for economic empowerment;
- Hubs for social protection services;
- Parent resource and training centers;
- School facilities;
- Health clinics and health education centers; and
- Short-term emergency care as children are waiting for placement.

In addition, an inventory of the RHC or institution's assets and other strengths (with respect to management and leadership, staffing, and volunteer support, for example) will inform which post-transition opportunities and options are the best match for the staff when planning for their transitioning too. The plan will also depend on access to continued and/or new financial resources to support these transformed services.

4.5.5. Engaging Donors, Ministry Partners, and Volunteers (national and international)

Donors, international ministry partners, and volunteers play a critical role in the process of deinstitutionalization because they often provide the financial and human resources to help support it. In some cases, donors may be the ones who initiate the transition process. In others, engaging donors who have long supported residential care may require thoughtful planning and awareness raising.

Some donors may be initially resistant to the change. They may be emotionally and spiritually invested in the current model of care, especially those who have directly engaged with children through short-term mission trips or as volunteers. For many residential care facilities, the income generated from these trips or from child sponsorships provides the bulk of the operational funds. Shifting to a family care model will require a shift in their approach to engaging donors: one that is better aligned with best practices in child development and in support of family-based care.

Donors should be considered as key partners in the transition, recognized for their support, and offered meaningful ways to remain involved without compromising the emotional health and protection of the children. The groundwork for a new kind of partnership with donors can be laid by sharing resources, engaging in conversations that raise awareness about the importance of family, addressing questions and concerns as they arise, and inviting participation in concrete and specific ways. These efforts have to be led by the Department of Social Welfare mandated to lead the DI process in the nation.

Perhaps not all donors will come along for the journey, but many will recognize that this is an opportunity to be part of an exciting process of transforming care for children. The bottom line is this that a child's need for family comes first. Donor preferences will vary, and you may find that you will need to recruit and engage some new donors and ministry partners to help you meet your

goals. Donors and ministry partners may consider contributing to the DI process by:

- Offering ideas and support for the new vision and business model;
- Partnering with local churches and community organizations to promote family care and recruit foster or adoptive families;
- Helping develop and fund new projects that strengthen families and children;
- Creating meaningful ways to engage all children in the community through sports programs, workshops, educational events, or English language programs;
- Providing relevant technical expertise and training on social work, community child protection, case management, family strengthening, and economic empowerment; and
- Training and supporting other professionals in the community, such as teachers or doctors.
- Transitioning to a model of family care is a unique opportunity to bring others along on the journey. Just as wise stewardship of financial resources is encouraged, so too is relational stewardship of the donors and partners who have supported the DSW thus far, as well as those who are joining the DSW as new partners in strengthening family care for children.

4.6. STEP 6: PREPARE STAFF OF THE VARIOUS RHC FOR POSSIBLE TRANSITIONING

The closure of an institution and simultaneous development of diversified community-based services is a huge exercise in the management of change. The complexity and sensitivity of preparing children for and supporting them through this significant change in their lives has been described in previous sessions. However, there is another group of people who need to be considered in a sensitive manner if a deinstitutionalization programme is to be successful and resistance is to be minimized. These are the staff or volunteers of the institutions to be closed as well as those from which children would be transitioned into family-based care.

It is very important to carefully plan and work/partner with such staff or volunteers in order for them to begin to concentrate on transitioning to work that rather focuses on community and family strengthening and provide them with guidance on the alternative use of resources or facilities under closure. (please refer to session 4.5.4. on Reallocating Buildings and Other Fixed Assets for some guidance on the alternative use of resources or facilities under closure). This step therefore addresses the possible resistance to the closure of an institution from the institution's personnel and provides those involved in managing the deinstitutionalization process with methods for reducing staff resistance. It also reminds practitioners that their primary duty is to the children (for the welfare of the children) and that the new services must be designed to address children's needs, not those of the personnel of the residential homes.

4.6.1. Partnering with Residential Care Staff and Volunteers

The Department of Social Welfare (DSW) should engage with residential care staff and volunteers as key partners for the DI process because this is very critical for an effective transition process. This engagement begins by actively including staff in awareness raising and planning groups.

Staff and volunteers often care deeply for children and may be concerned about what the transition process means for children's safety and wellbeing (especially in cases where previous abuse or neglect of the children has occurred). It's important to address these and any other concerns

early on, as well as to give staff concrete ways to remain engaged and informed along the way.

Their input provides key insight into how the process can be conducted smoothly. For example, those who have worked directly with children will usually have information to share regarding children's individual backgrounds, needs, and preferences.

4.6.2. Addressing staff/volunteers concerns through the transition

An important part of laying the groundwork for transitioning to family-based care will be ensuring that the right people are in place. This may require making some difficult decisions about which staff can transition into the new model of care, which may need to seek another line of work, and what new staff are needed. Staff whose jobs are being phased out often need additional support to come to terms with the changes.

Handling this with sensitivity can reduce the potential for staff resistance - one of the most common obstacles to a smooth transition process. The starting point is providing the information and support for building consensus around why family-based care is the best choice for children.

However, it's also important to recognize the impact that transition can have on the livelihoods and families of staff members and to seek good alternatives for them as well. Addressing staff concerns through the transition may include:

- Exercising transparency and working proactively to keep staff informed (for example, by including staff in planning groups and steering committees);
- Providing time and space for staff to express any fears or hesitancies regarding the transition, and its impact on their professional, community, and personal lives;
- Offering access to supervision, mentoring, training events, and written resources, especially for staff transitioning into new roles;
- Linking staff to professional networks and other affinity groups; and
- Networking with alternative job placement opportunities such as community-based organizations, for those whose roles are being phased out.

Examples of how existing staff can be trained to fulfill new roles such as:

- Foster[75] or adoptive families (especially for those used to caring directly for children);
- Community welfare workers; (e.g. Workers of community early learning and day care centres, community livelihood and economic empowerment centers, Learning and rehabilitation centers for children with disabilities; community vocational training and employment support centers; etc.)
- Family-strengthening service providers (if the facility's use is reallocated as such).

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75   Please also refer to the Operational Manual for Foster Care and the Training Manual on how to become a Foster Parent, DSW

4.6.3. Resistance to deinstitutionalization

The personnel of an institution, and particularly its management structure, represent a huge potential for resistance to the closure of that institution. The normal fear of change experienced by all humans is exacerbated for the personnel by the fear of unemployment and therefore the risk of social harm to themselves and their families. This is particularly true in rural settings, since the institution may represent one of the main employers in the village and surrounding area.

In such cases, it is likely that not only the personnel will act as a force for resistance, but also the local community and local politicians who may have close personal and family relationships with staff members or who may be concerned regarding the creation of social need through the significant increase in unemployment.

For this reason, among others, it is important to attempt to redeploy as many of the personnel as possible in the new services. However, concerns for the personnel should not be the over-riding influence regarding the staffing structure and geographical location of the new and alternative services developed as part of the DI process.

There might also be some political resistance especially when a political party in power does not see deinstitutionalization as important or when the party regards institutionalization of children in residential homes as the best option in dealing with the issue of children in the streets and other similar issues that involve displacement of children from the care of their parents or family members.

> **KEY POINT**: It is important to remember that when planning services, the needs of the children are paramount and that those of the personnel, although important, are secondary.

4.6.4. Turning factors of resistance into agents of positive change

Firstly, as long as personnel have opportunities to apply for posts in the new services, they still have hope for the future. In addition, if they are given priority over external candidates - so long as they are equally good as an external candidate - this can increase their sense of loyalty to the agency.

Moreover, if an element of positive competition is introduced, this could result in standards of care being maintained, and even improved. That is, if personnel are made aware that their performance and work practice, leading up to and during the change period, will be subject to an evaluation, which will have considerable influence on the outcome of the selection process.

If this one stage is taken further and their participation is used in the preparation and recuperation programmes as the framework for evaluation, this will:

- encourage them to participate actively in the recuperation and preparation process
- demonstrate that their skills and experience are valued
- result in developing closer relationships with and better understanding of the children
- demonstrate to themselves that they can learn new skills
- increase self-esteem

- reduce fear of the change
- ultimately reduce resistance to deinstitutionalization.

Indeed, positive reinforcement of personnel during this difficult and turbulent process is essential. If they feel totally disempowered, they will experience difficulty in adapting to new posts and to learning new skills, should they be redeployed; fear and low self-esteem are barriers to learning and growth.

4.6.5. Identifying staffing needs in the new and alternative services developed

According to the design of new services required to replace a large institution being closed down, a new staffing structure may be needed. Roles that may need to be filled by newly hired staff include professional university-trained Social Workers who conduct child and family assessments and provide support during the transition, paraprofessionals trained to do "social work", and child protection officers. Design of the new staffing structure should take account of the following.

- The professionalization of services - The main aim of deinstitutionalization and development of diversified services is to improve the quality of services provided to children and their families. As such, it is likely that the new structure will require an increased number of professional personnel, such as Social Workers, psychologists, teachers or therapists.

- The reduction of unnecessary administrative posts - It is often the case that large institutions employ a significant number of administrative personnel such as security-guards, laundry workers, cooks, secretaries etc. In the diversified community-based services fewer administrative posts may be needed.

- The geographical location of the services - Services should be located where the need is; for example, children should be placed in their areas of origin and day care centres should be developed in areas with the greatest need. Inevitably staff posts should be reallocated to these geographical areas. Existing staff should be given the option to commute to another town or village if this is feasible. Once the new structure is designed, it can be compared with the current structure of the institution giving a picture of how many personnel from the existing institution can potentially be redeployed.

4.6.6. When planning for personnel, the following should be remembered:

- Institution staff often have their own families to feed: if possible, it is better to avoid creating a new social need in the process of resolving another.

- Institution staff, like the children, take the effects of institutionalization with them into other aspects of their lives and their future careers. If they are involved in watching the children recuperate, grow and blossom outside of the institutional system, they would begin to understand what was wrong with the practice within the institution. In effect, they, like the children, would become deinstitutionalized,

4.6.7. Selection of personnel for the new and alternative services developed

Obviously, the selection of personnel must be timed such that the personnel for new services are selected and have undergone their necessary initial training just prior to the projected date for opening the new service. This is to avoid children's moves from being delayed or newly selected personnel from waiting around for services to open.

The Selection process: The fairest way to select personnel for the new services and simultaneously the way to ensure that the best personnel are employed is by an open competitive process, based on qualifications and experience detailed in curriculum vitae and, at the very least, by an interview process.

The agency may decide to hold an internal competition for the posts in the geographical area of the institution. It may however be preferable to hold an open competition, but to give priority to a member of staff from the institution over an outsider, where both are considered equally competent for the job. In addition, an evaluation of the work practice of personnel whilst in the institution should be carried out and the results should be taken into account during the selection process.

4.6.8. Factors to take into consideration in the selection process

- The effects of institutionalization - Many personnel have spent more years in the institution than the children and are, as a result, at least as 'institutionalized', if not more so. Institutional methods of caring for children are wholly inappropriate in modern diversified services and as such, the institutional behaviour of a staff member is likely to be a disadvantage.

- The potential to change - Nevertheless, even extremely 'institutionalized' personnel can be transformed into excellent caregivers if they have the inner capacity to analyze their practice, accept that aspects of this practice may be outdated and inappropriate and be prepared to modify their behaviour accordingly to accept and embrace the changed nature of the new and alternative services.

- Identifying abusers - Many institutions have in the past engaged in practices that are considered, in modern social work terms, to be abusive or to infringe on the human rights of children. These include physical punishments, food deprivation as a punishment and humiliating and degrading punishments. It is possible, however, that many personnel used these punishments because they learned their practice in the institution and the culture of the institution was punitive.

- Although this behaviour may now be defined as abusive, this does not mean that all personnel who at one time or another have engaged in these practices are child abusers in the pathological sense. Again, what is important here is whether or not these personnel are capable of analyzing these practices, accepting that they are wrong and changing their behaviour accordingly. However, experience in many countries shows that child abusers gravitate towards professions working with children in order to gain access to vulnerable children; as such it is likely that a tiny minority of personnel in the institutional system are long-term child abusers and should not, under any circumstances, be redeployed in new services. The quality of the evaluation process for personnel and the skills and experience of the evaluators is therefore vital.

- Special relationships with children - Observing staff members in the institution over a period of time, a skilled evaluator will be able to identify the staff whose behaviour with children is consistent, warm, professional and safe. The children will in general have particular affection and respect for these members of staff. This should be considered an advantage when redeploying personnel.

- Opportunities for retraining - The selection process will be greatly influenced by the opportunities for retraining made available to personnel. The agency leading the deinstitutionalization process needs to factor in the time and economic and human resources for retraining. Otherwise the institution personnel will be greatly disadvantaged. Therefore, planning for deinstitutionalization should include a retraining plan.

4.6.9. Evaluating the performance of personnel

This process, essential in order to gain a clear picture of the capacity of a member of staff of an institution (earmarked for closure) to provide adequate, professional, high quality care in the new services, should be carried out by an independent team.

The opinions of the director or team-leaders within the institution should be sought, however it is important to make allowances for possible bias. Part of the evaluation can be carried out by involving personnel in the transitioning and preparation programme for children, since, where possible, staff members should work alongside the therapist or psychologist leading this. There are several tools for evaluating staff performance which could be adapted for the purpose.

4.6.10. Specific additional needs in staffing and training

- Transitional staffing needs - During the transition from the institution to the new services, there will be a period of time when the institution is still open, while the new services are up and running. Thus, for this period there will be a need for a higher number of staff than those to be employed in the final structure of new services. This should be factored into the financial and logistical planning process.

- Project management personnel - It is essential that a deinstitutionalization project be coordinated by a project management team as indicated in session 4.2.4 - Create a project management team above. Their costs and training needs should also be factored into the planning process.

- Social work management training - Due to social work being a relatively new discipline in some countries, there may be very few social work managers who are also experienced Social Workers. This may be an area in which experience is lacking and as such additional training in this area is highly desirable.

Summary: Important Issues to Be Considered During the Personnel planning for the new alternative model of service

- Identify personnel needs for the new service structure

- Make a comparative table with the current personnel structure of the institution

- Identify training needs and training resources

- On the basis of available training, of the different types of posts available in the new structure and the geographical spread of the new services, calculate what percentage of the institution personnel could be considered for redeployment

- Inform personnel of the deinstitutionalization process and where possible involve them in the planning

- Organize a fair and open selection process for the new posts

- Use evaluations of the staff as part of the selection process

- Involve the staff in recuperation and preparation programmes for children. Make them aware that their performance and participation in these programmes will influence significantly the result of the evaluation.

- Carry out evaluations

- Design a table of dates for advertising posts, holding interviews, induction training or other training programmes in relation to projected dates for opening each new service

- Involve the staff in regular discussions regarding the deinstitutionalization process

- Liaise with other local authority departments e.g. health, education, in order to identify other possibilities for redeployment (such as community health nurses, specialist educators)

- Do not redeploy personnel with a history of abusing children or behaving aggressively towards children

- Provide ongoing training, support and supervision for personnel in the new services.

If these steps are followed, there is a much greater chance that all staff will feel happy and that the new or modified services will enjoy staff support and enthusiasm. Individuals who feel that their needs and situations have been recognized and taken into consideration, tend to be more willing to give their maximum effort. However, the contrary also applies.

4.7. STEP 7: ADDRESS THE LOGISTICS NEEDED FOR THE DI PROCESS

Successful movement/transitioning of children into new placements and transforming the services offered after all planning and preparations have been made involve a lot of logistics. When governments close institutions without developing adequate community-based alternatives-many residents have neither the skills nor support they need to establish a satisfying and safe life in the community. Without housing, employment, social activities, and support networks, children leaving institutions may become socially excluded and may end up in the streets. The development of adequate community-based services should always be undertaken done prior to the institutional closure to ensure that there will not be any hindrances impacting the transition. It is neither fair nor realistic to expect people, many of whom have lived most of their lives in institutions, to move to the community and thrive without such support.

This session focuses on the logistics involved in each of the steps towards deinstitutionalizing and transforming children's services. This concerns these main aspects of the deinstitutionalization process:

- Timescale of the process
- Preparation and movement of children
- Preparation and movement of staff
- Preparation of the new services

4.7.1. Proposing a timescale

Once an action plan has been agreed upon by the multidisciplinary steering committee in Step 2, all necessary information should be available in order to propose a timescale for the closure or transformation of the selected or identified institution. Factors to be taken into consideration should include:

- Number of children in the institution

- Age range, behavioural difficulties, special needs (as these will affect the length of recuperation and preparation programme required)

- Number of personnel allocated to carry out evaluations and recuperation/preparation work and therefore the number of children who can be prepared for moving at any given time

- Time required to develop the physical buildings which will house the new services

- Time required to evaluate, select and train personnel

- The need to move the children in a phased manner, so that the placement is supported and that post-placement support is provided consistently.

4.7.2. Planning the preparation and movement of children

The development of diversified services and the movement of children to alternative placements must be carried out in a programmed and phased manner. Timescales must be realistic but also flexible, since any manner of unforeseen problems can occur. Children should not be moved until all concerned are sure that the time is right and the necessary support services are in place. Temporary accommodation is not acceptable. Furthermore, each move should be planned according to each individual child's needs and not driven by other priorities.

4.7.3. Phased selection, training and movement of staff

The selection, training and movement of personnel should correspond with the movement of the children. Thus, in terms of planning, the project manager should calculate backwards from the projected opening date of the new service. For example, if the induction training takes two weeks, then it should begin two weeks before the opening date. If staff are required to give 15 days' notice in their current posts, the selection date should be at least 15 days before the training programme begins. The alternative services identified for the deinstitutionalization process of Institution X for infants are scheduled to open and the other relevant dates in terms of personnel selection and training have been calculated backwards from that date as outlined in Table below. A table of this kind can be produced for all the planned new services and can be of great assistance in allocating time, resources and space for the selection and training process.

Schedule of staff recruitment and training for alternative services

Service	Posts advertised	Interview date	Induction training period	Date service opens
Mother and baby unit	13th March	2nd April	21st April – 2nd May	5th May
Emergency foster parents	21st April	12th May	2nd – 13th June	16th June
Day centre	20th May	9th June	30th June	14th July
Counselling centre	20th May	9th June	30th June	14th July

4.7.4. Difficulties with phased movement

Just as phased movement is difficult for the children who are left behind in the institution, so the personnel who are not selected or moved early on in the process, or who know that they are not going to be redeployed in the new services can experience great difficulty in observing their colleagues moving on to their new careers, while they wait behind in an institution that is slowly, or rapidly, emptying/being closed. This can, and almost definitely does, adversely affect their work

practice with the children and can also result in increased resistance to closure. As discussed in session 4.6.8 above, this may result in resistance and hence it is very important to try to address the concerns of all the staff. (please refer to sessions 4.6.2. Addressing staff/volunteers concerns through the transition and 4.6.4. Turning factors of resistance into agents of positive change)

4.7.5. Planning the opening of the new services

It is essential that the newly developed alternative services are completely ready and fully functional prior to the children moving. This includes homes, gardens and equipment. It is important that the funds for the new services have been cleared and are available prior to the movement of both children and staff. It is emphasized that the transformation of services and use of resources associated with the institution should never return to 24-hour residential care for young children without a parent.

4.7.6. Developing Strategic External Partnerships for planning and opening new services

The remainder of this chapter explores various external partners that can be engaged to ensure the best possible support (logistics and resources) for children who have been reintegrated into families. These partners include:

- Government agencies (such as local child protection offices, public care institutions, and Social Workers), particularly those with a legal mandate to protect children;

- Nongovernment organizations (NGOs) that provide high-quality services for children;

- Community members and community-based organizations serving children and families; and

- Local churches and ministries, which are well poised to raise awareness about family care, identify and respond to those in greatest need, and help recruit foster or adoptive families.

- Private sector

i.   Non-government Organizations and Community-Based Partners

Nongovernment partners, including nongovernmental organizations (NGOs), faith-based organizations (FBOs), and community-based organizations (CBOs), often play a vital role in developing and providing a range of family-strengthening services. Remember that DSW and the transitioning organization or institution may not be able to provide all these services, but rather to build strategic partnerships that connect children and families to existing services (and to work together to identify and address the gaps).

These services may include healthcare; education and social protection; government employment and housing services; and specialized services such as childcare, disability services, mental health counseling, and substance use and abuse treatment.

NGOs, FBOs, and CBOs, along with community members themselves, have several unique assets to contribute to the transition process. First, they often have an intimate knowledge of the local context. This knowledge allows them to identify local families' and communities' needs and assets, then come up with creative solutions.

Second, they often have the flexibility to pioneer innovative approaches to supporting children and families. Third, their contributions to the transition help ensure community initiative in caring for and protecting children. Being responsive to the priorities that are determined at the local level helps build community ownership, which in turn helps to ensure that funds and other resources are used in the best possible way and with the longest lasting results. Finally, nongovernment partners can help advocate for government support and address gaps in local implementation of national plans and policies.

Ways to partner with NGOs, FBOs, and CBOs ("nonprofits") during the transition process include:

- Including nonprofit partners in all planning and implementation stages of the transition (including community mapping to determine existing services and gaps);

- Utilizing partners' training and capacity-building services (for example, training foster families or community Social Workers); and

- Participating in working groups to strengthen and coordinate child protection and family support.

Beyond the more formal services provided by nonprofit organizations, community leaders, elders, teachers, pastors, and neighbors also have a responsibility to ensure the care and protection of children. Just as child protection and healthy development depend on the care provided by family, so too does a family's ability to provide care and protection depend on a safe and supportive community.

Community members' contributions to the transition process are twofold. First, they aide the transition process by creating opportunities for children to form (or re-form) bonds with friends, family, church, and school. These bonds provide informal, positive supports as a child adjusts to living outside a residential care facility.

Second, they can serve in a "watchdog" role by raising awareness about child protection, reporting cases of abuse and neglect to authorities when necessary (and as required of citizens by law in the countries).

Community members may also serve in formal roles such as leaders in family conflict interventions, community health volunteers, and members of local child protection or child rights committees. These are groups of individuals, including youth leaders, mandated with responsibilities for the protection and care of children and families, including gatekeeping, placement decision making, and family-strengthening activities. Nonprofit partners, community leaders, and church leadership can help to mobilize and engage these kinds of community-driven efforts.

ii.   Local Church and Other Religious Body Partners

Local churches and their ministries as well as other religious bodies are well positioned to identify and respond to children and families in greatest need and can play a unique and transforma-

tive role in supporting the DI process. In many regions where orphanages exist, the local church, mosque or other religious groups, may already be engaged in supporting children in these residential care facilities. In cases where a local church or another religious body runs an orphanage, their participation is integral to the DI process.

Churches and other religious organizations in the community can also be engaged as partners in laying the groundwork for DI and strengthening family-based care. Churches and other religious bodies offer some of the most extensive, best-organized, and viable networks of community organizations administering to the spiritual, emotional, and material needs of children and families.

Pastors, ministry leaders, church members, imams and other religious leaders are in a tremendous position of responsibility and opportunity to inspire and mobilize their fellow members and local communities to greater awareness and action on behalf of children and families. For example, where stigma or tradition prevents families from welcoming nonrelated or disabled children into their homes, church leadership, through teaching and by example, can help address this.

Family life is integral to church and other religious living, and for this reason, churches and other religious bodies can also serve as partners in recruiting and supporting families interested in serving as foster or adoptive parents.

Specific opportunities for local churches and religious organizations to be involved in the transition include:

- Identifying families or children at risk and helping to ensure that they access needed services in order to prevent separation;

- Offering spiritual, emotional, and material support to families;

- Preaching, teaching, and raising awareness about the centrality of family to child well-being;

- Addressing attitudes within the community that prevent families and communities from embracing and supporting transition from institutional to family-based care;

- Recruiting and identifying families as potential foster or adoptive families; and

- Providing, volunteering for, and contributing financially to family-strengthening services.

- Through formal or informal support systems, local churches and other religious bodies have the opportunity to uplift families and extend God's love for children in very tangible ways.

4.8. STEP 8: MONITOR AND EVALUATE (M&E) THE DI PROCESS

In order to be sure that children are safe and well cared for in their new placements it is essential to establish a monitoring, evaluation and support system. The most significant indicators of placement success are improvements in the outcomes of the child's health, development and behaviour. The follow up assessment of children and their developmental outcomes in their new placement is essential to demonstrate the efficacy of the deinstitutionalization programme. An evaluation also provides the opportunity to assess the impact of transforming children's services both at community and national levels.

Thus, a good monitoring and evaluation plan is essential to ensuring the deinstitutionalization process is effectively meeting children's needs and should be included from the beginning stages of the process. The M&E plan would also help capture family or parenting benefits as well as success stories/most significant change stories that may arise during the process and hence could be shared to encourage other children and families to embrace the transition process.

It is also equally important to include in the M&E plan organizations, institutions, local authorities (e.g. MMDAs, chiefs and other traditional leaders) as well as the project management team which apart from the DSW would be required to be involved in carrying out the monitoring and evaluation of the entire process. Their responsibilities in monitoring and evaluating the entire DI process is very important.

4.8.1. Monitoring and Evaluation (M&E)

Monitoring is the routine process of collecting data or information about the activities and operation of a project to determine whether <u>activities are being implemented as intended</u> and to <u>measure the progress </u>towards project objectives. It can also be defined as the regular collecting, reviewing, reporting and acting on information about project implementation to know how well the project is progressing against expected results. Evaluation is the systematic process of analysing the collected information in order to determine whether the objectives (outcomes) of a project, a plan or programme have been or are being reached.

Prior to moving children from the institutions in the deinstitutionalization process, there is the need to collect baseline data and this should be updated regularly in the new placement. A database should be developed, with an individual record on each child, including details of assessments, monitoring and evaluation:

- Assessment of each child, their carer(s) and new placement and record data

- Monitoring each child's move into the new placement and record how the child settles in to their physical and social environment - Ensure that the child's experiences follow the care plan and interventions agreed for him or her

- Evaluating the success of each new placement by recording parenting/caregiving, child health, development and behaviour - Note risk factors of the child, parents and family that are associated with poor outcome

All new placements should be followed-up within 3 months and then at 6 months intervals for at least 2 years

- When problems are identified concerning the physical or psychological care of the child, give additional support with more frequent visits and therapy - If problems persist, consider moving the child to another placement

- When problems are identified concerning the social and/or physical environment, advise and empower the carers to create change - If the child is at risk of harm, a place of safety should be offered, together with a parent when appropriate

4.8.2. What the M&E of the transition during the DI process entails

A good monitoring and evaluation plan is essential to ensuring the family-based care model chosen for the children is effectively meeting the children's needs and should be included from the beginning stages of transition. Monitoring a DI process of transitioning from institutional care to family-based care involves:

- individual monitoring of each child during and after placement to ensure the child is safe and supported, and

- programme monitoring, in which specific outputs and deliverables are measured to ensure the transition is proceeding according to plan.

i. Monitoring Child Placements

After a child has been placed into the appropriate family-based care, regular follow-up visits allow his or her case worker to monitor the child's wellbeing and adjustment. Good monitoring ensures that the family and child are accessing and using services and support, alerts the case worker to any issues or challenges, and provides opportunities to revise the child's care plan to include new resources or services as needed.

- Case Monitoring - Case monitoring is ideally conducted by a case worker who gets to know the child and family over time. It's as much about building a trusting and supportive relationship between the case worker and the child and family as it is about "checking up" on the placement.

  In addition to regular home visits - case monitoring can involve conversations with teachers, health providers, and others involved in the transition who are in a good position to give insight into how the child is adjusting.

  It's also important to engage children as active participants in the monitoring process - giving them opportunities to speak about their experiences and life changes, share their views, and raise any concerns or questions.

  Both the child and the family should know they can contact their case worker between visits (or in the absence of a regular case worker, whom to contact) if they have urgent issues or fall into crisis.
  The frequency of visits and timeline for monitoring should be based on solid case practice and determined for each child and family as appropriate to their needs and circumstances. At min-

imum an initial follow-up visit should occur within the first week of placement, then again at the end of the first month, and then - as a general guideline - at three- to six-month intervals for at least two years.

Some foster placements may require monitoring for the duration of the child's care depending on the standards and policies of the country. In cases of difficult adjustment or other issues, more frequent visits may be necessary.

Case monitoring plays an important role in identifying and responding to issues and challenges that can arise during and after a child's transition to family-based care. At the same time, it's an opportunity to work with children and families to set realistic goals, recognize and build on strengths, and celebrate progress and milestones. Adjusting and settling into new circumstances and routines can take time, and case workers can help children and families through the critical steps of the process. Most families, when given appropriate support as needed, can provide safe and loving care, giving children a sense of belonging and lasting connection that is important to healthy development.

Some of the questions for consideration during follow-up visits include:

- Are the goals and objectives of the child's care plan being worked on or met?

- How are the child's health and development progressing?

- Is the child showing signs of lack of attachment, poor recovery from any previous delays, difficulty in school, or poor nutrition or hygiene?

- Are the parents or caregivers showing signs of inappropriate behaviour management, physical punishment, poor household maintenance and management, substance abuse, or domestic violence?

- How does the care plan need to be adjusted based on the child's development and any new challenges the child or family are facing?

Any issues and challenges revealed during a monitoring visit should be addressed immediately by linking the child and/or family to relevant services. If any serious issues are suspected, such as child abuse, it may be necessary to consider an emergency foster care or temporary group home placement until the situation can be more fully assessed and remediated. If the child is transferred to another family or setting such as a small group home, it's important that case monitoring continues (ideally with the same case worker) in the new placement.

Anyone working with the child and family should be aware of the legal mechanisms, for reporting any child protection concerns - whom do they get in touch with and how? They should also be aware of confidentiality and the child's and family's right to privacy. When speaking with others, it's important not to disclose sensitive information unless it is clearly in the child's best interest and done within the appropriate channels to ensure a child's protection.

(Refer to the session on Information Sharing Protocol to Protect Personal Data and Confidentiality in the ISSOPs).

Monitoring Transition during Deinstitutionalization Process

Things to consider when monitoring a child's transition from an RHC to family-based care:

- Severe and persistent problems may be an indicator that a child is struggling with the new situation. When in doubt, check it out.

- As children grow and develop, new challenges may appear. Both children and caregivers may need guidance in dealing with developmental and behavioural changes over time.

- Adjusting to a new situation after living in residential care can take time. Support the child and family in setting realistic goals and expectations, and remember to recognize and celebrate milestones and progress.

- Build on strengths whenever possible, but also look for signs that additional support is needed or that further intervention (including transferring to another family or service) may be necessary.

- Remember that the family is part of a wider community. Seek to understand what sources of informal social support the family has access to. If this is lacking, then work with the family to identify and build supportive relationships in their community

- The opinions of children, parents, caregivers, and other family members, as well as service providers and professionals, all matter. Together these different viewpoints help build a more complete picture.

- oCase Closure - A child's case can be "closed" when certain criteria are met. Even after case closure, a child should always know whom to contact for support if it is needed in the future (in the case of a child who is too young to be able contact anybody for support the case manager should ensure continuous follow-ups until the child is old enough to be able to take contact for support). Cases are typically closed under one of the following circumstances:

  » The goals and objectives of the care plan have been met (as agreed by all involved, including the child and family) and the child's long-term protection and care are reasonably assured;

  » The permanency goal has been met and there is reasonable expectation that the child is in a permanent care situation with a family of origin or extended, adoptive, or long-term foster family;

  » The child has reached an age of independence (usually 18 or older) and can reasonably be expected to have success in living independently;

  » The case has been transferred to another agency or organization or case worker (in which case the child's files should also be transferred); or

  » The child has died.

As in all other steps, closure includes discussions with other professionals, family members, and the

child to ensure that everyone is prepared for and in agreement with the closure, and that there is understanding of where and to whom to turn if help is needed in the future. In many cases specialized services or supports can continue.

It should be note carefully that a case can be reopened any time a serious concern is raised and substantiated.

(Please refer to the Case Closure Session of the SOPs for more details and the form to be used for the case closure).

- Follow-Up Support for Youth Leaving Care - For youth in residential or temporary foster care who are approaching the age of independence (usually 18 years or older), a good case plan and follow-up support for "care leaving" is needed. This can be a very difficult transition, since young people can face a myriad of risks including social isolation, lack of life skills, unemployment or underemployment, and exploitation. For this reason, it's important for the case worker to work closely with each youth, together with those who have been part of his or her care team, to assess and consider what follow-up support may be needed to ensure a good transition.

  The youth should also know whom to contact (such as the case worker or mentor in the community) and how if they experience difficulties or need references and support after leaving care.

Strategies to support Youth Leaving Care include:

- Working with youth to outline goals and goal measurements to ensure readiness;
- Helping youth to be integrated into the local community;
- Linking youth to necessary support services such as vocational skills training, education support, housing, health, employment, and social protection benefits;
- Linking youth to counseling, mental health, and psychosocial services; and
- Supporting social connections with family and community members, and/or mentoring programmes.

ii. Programme Monitoring

Programme monitoring and evaluation allow to determine if the overall transition is meeting the broader goals and objectives laid out in the overall plan for the DI process.

A monitoring and evaluation plan should be established by the steering committee or transition team as part of the overall plan for the DI process/programme from the very beginning of the transition, so that data can be systematically gathered and feedback throughout the process according to agreed-upon indicators of change.

These indicators will utilize various means of data collection to demonstrate change, including surveys and assessment forms, qualitative feedback and stories from children and families, school reports, family income and assets reports, health records, and/or records from local family-strengthening services.

Monitoring of the entire DI programme not only allows to track activities and targeted outputs, but also allows to take timely and effective action to correct deficiencies or make adjustments based on information gathered.

In transitioning children's care, some indicators of success might include increases or improvements to:

- Child wellbeing as demonstrated by children's health, development, behaviour, school attendance, sense of belonging, sense of safety, and relationship with the caregiver and others;

- Family wellbeing as demonstrated by families' health, parenting and caregiving confidence, income and economic strength, and access to and use of community-based child and family services;

- Organizational strength as demonstrated by good governance, staffing capacity and skill level, strong planning and tracking systems to monitor effectiveness of the programme, adequate resources, and good use of finances and sustainability;

- Community strength as demonstrated by shared understanding of and social support for family-based care; provision of family-strengthening services (formal and informal); and good cooperation and collaboration between service providers, local government, and community leadership.

By carefully measuring these indicators of change most relevant to the transition or DI programme, it will be possible to evaluate the impact in terms of outcomes.

Outcomes are changes in attitudes, behaviours, knowledge, and skills that represent lasting impact within the community. Some outcomes will be more immediate (for example, a demonstrated change in community members' acceptance of children with disabilities at the local school) while others will be longer term (for example, a positive change in national policies related to child protection). Good monitoring and evaluation provide opportunities for learning and for adjusting plans as needed according to information gathered. Ultimately, it helps to ensure that children are receiving high-quality care during the transition process, and that their needs are being provided for within loving, permanent families. Success stories and most significant change stories can also be documented during the process of monitoring and evaluation and hence could be shared to encourage other children and families to embrace the transition process.

> Please also refer to the DSW's Manual for the Routine Monitoring of the Alternative Care System in Ghana76   for detailed and easy-to-use directions for data collection, as well as data tools to measure priority indicators of alternative care in Ghana as well as important information on dataflow from the district to national level.

76   MEASURE Evaluation. (2019). A Manual for Routine Monitoring of the Alternative Care System in Ghana. Chapel Hill, NC, USA: MEASURE Evaluation, University of North Carolina.

4.8.3. Documenting Lessons Learnt

Deinstitutionalization is likely to involve major change in the way local authorities and agencies operate, manage systems and work together. As such it is important to monitor successes and failures and to review critically how best to implement change schemes in the social field. This requires all involved to undertake the following:

- Record and collect information about developments
- Share reflections and understandings — this should be facilitated by DSW
- Attend periodic meetings in order to analyze individual and corporate practice
- Share ideas and conclusions with wider audiences.

Times of change are both worrying and exciting for those concerned. Ensuring that there is a mechanism in place for sharing problems reduces concerns and in turn facilitates positive performance. Likewise, the closure or transformation of large institutions may have a major impact on local communities. It is therefore important to ensure that as part of the dialogue with these communities there is opportunity to feedback information and understanding about the achievements.

4.8.4. The mechanics of evaluation - Progress reports

It is recommended that during the life of the deinstitutionalization programme monthly evaluation reports are prepared, based on key indicators. Reports should include:

- Details of children affected - current status: How many children have been assessed, have care plans, have been moved? Into what services? Initial outcomes plus any other key issues

- Details of staff affected - current status: How many have been assessed, trained, moved as well as any key issues

- Development of new services - current status: Which new services have been developed/ are operational? What stage of development are the other services in?

- Financial position - balance sheet showing old and new costs, shortfalls and funding projections.

It is also suggested that a more detailed report be prepared every six months, including aggregations of the monthly reports and qualitative information about how the children and other key players view the process. A final report should also be produced on completion of the deinstitutionalization programme, which examines wider issues, including:

- Analysis of programme impact on children, families, staff, local agencies and communities
- Suggestions for future developments
- Lessons for others undertaking similar work

4.8.5. The impact of deinstitutionalization — the importance of evaluation

While much of the information needed to assess the impact and outcomes of deinstitutionalization can be the hard, quantitative statistical data already noted, there is also a great deal to be gained from collecting softer more qualitative information from those affected and involved.

Deinstitutionalization is an emotional subject for all concerned and it is vital that the experience is as positive as possible for all those involved. Evaluation is a key activity for all projects, especially major ones. Although often ignored or downgraded, it is a vital component to success. Evaluation must be built into the deinstitutionalization process from the start, and must be taken seriously as the project develops. The clearer the objectives the easier it will be to develop evaluation methods and materials to help judge progress.

CHAPTER 5.0: CONCLUSION AND RECOMMENDATIONS

The primary motivation for the process of transitioning from residential care to family-based care through a deinstitutionalization must be a genuine commitment to respecting all children's rights and should be rooted in an understanding that children grow best in families. Success in deinstitutionalization cannot be measured simply in terms of a reduction of the number of children in institutions even though this is one of the core indicators. More important indicators are those which measure the quality of life of children who have been moved from institutions and the effects of the deinstitutionalization process upon them. With these in mind as a starting point and a constant reminder, it is possible to ensure that the process is positive and successful.

5.1. CARING FOR CHILDREN WITH SPECIAL NEEDS

Children with disabilities (CWD) and children with special needs should not be left behind and be the last ones to be deinstitutionalized. In many countries this is the case, and Ghana shouldn't follow the same path. Thus, one important aspect of transition to family-based care is the need to include further considerations for children with special care needs in the individualized care plans that highlight the additional care and attention required for addressing the needs, and respecting the rights, of children with special needs/disabilities. For example, children with learning challenges or physical disabilities may require additional support services both in the home and at school. Additional supports and services may also be necessary for children who entered residential care after experiencing trauma or exploitation in the form of trafficking, child labour, street living, natural disasters, conflicts, or forced migration.

It is therefore crucial to secure ongoing support services for children with special needs and these services can include,

- Trauma healing and psychological care;
- Assistance integrating into school (inclusive education);
- Physical aids and assistive devices (for example wheelchairs, glasses, hearing aids);
- Training for the parents and other caregivers and families (e.g., sign language); etc.

It is also important to support families who care for children with special needs, such as professional caretakers of foster homes with the needed capacity and information for them to be able to effectively and successfully play their roles as caretakers. (Please refer to the DSW Foster Parents Training Manual for Empowering Caregivers and Strengthening Families 2018 as well as the Training Manual for Caregivers of Children with Disabilities, 2020).

5.2. CONCLUDING STATEMENT

It should be noted that per the assessment and mapping exercise conducted by the DSW in November 2019, there are almost three thousand and five hundred children living in institutional care in Ghana. Every day spent in institutional care reduces life chances for each of these children. The closure of an institution in a very careful and planned manner, transforms not only the lives of the children resident at that time, but also those who would have entered the system because of various reasons of separation from the families as well as a lack of alternatives. Therefore, deinstitutionalization is an investment in an entire future generation.

The steps and recommendations outlined within this Guideline Document therefore are intended to provide evidence-based best practices that facilitate an effective transition toward family and community-based support services; prevent unnecessary family-child separation; and promote appropriate, protective, and permanent family care through the DI process of the Care Reform Initiative. In summary, the aspects of the process of deinstitutionalization for a successful transition should include:

- Raising awareness about the importance of family care and engaging with key stakeholders, including staff, donors, government agencies, NGOs, community members, local churches, volunteers, service providers, and the children and families themselves;

- Developing a clear vision and plan for the new service model, and accessing and allocating financial and human resources to sustain the transition;

- Identifying and cultivating partnerships with individuals and organizations who will provide support services and family-strengthening resources to the children and families;

- Assessing and understanding the primary or root causes of family separation for the children in institutional care;

- Implementing an effective gatekeeping process that prioritizes family-based care and ensures that children are not unnecessarily entering institutions;

- Offering a range of family care options that can then be matched to each child's best interests and unique needs;

- Supporting the meaningful participation of children and their families, engaging them as active partners in the process;

- Developing an individualized, child-centered care plan for each child based on careful assessment of the child's strengths, needs, and circumstances;

- Preparing children and families for transition, and through individualized case work, supporting them through each step of the transition process;

- Providing linkages and enabling access to other community-based child and family services;

- Monitoring children and families to ensure that their needs are being met; as well as monitoring and evaluating the transition process to ensure that the goals are being met.

- Coaching caregivers to harness resources in their environment - Another important aspect of an effective transition process is to coach the parents and other caregivers/caretakers to harness the resource in their environment to support them in taking care of the children within the family-based care setting appropriate for the children.

APPENDIX

National targets for closure of RHC and reduction of children in RHC between 2017 – 2021 (this an example of a national roadmap or action plan and it will be reviewed appropriately as and when more assessment are done to identify which RHC need to be closed)

	Baseline Sept. 2017	Target 2021	Action	Annual Targets				
				2017	2018	2019	2020	2021
RHC	130	**50**	Close **80** RHC	6	10	21	21	22
Children in RHC	3 586	2000	Reintegrate/discharge **1 586** children	124	364	365	366	367
Licensed foster parents	40	500	Recruit & license foster parents	0	115	115	115	115

Region Specific Summary

Regions	RHC				No. of Children				Foster Parents			
	2017 (baseline)	2021 (target)	to be closed	2017-2018	2017 (baseline)	Target	to be reintegrated	2017-2018	2017	2021 (target)	To be trained	2017-2018
Ashanti	21	13	8	3	816	625	191	58	0	100	100	25
Brong Ahafo	9	5	4	1	182	132	60	54	0	84	84	0
Central	17	7	10	1	469	379	90	40	0	115	115	75
Eastern	16	6	10	4	480	180	300	150	35	-	-	
Greater Accra	26	15	11	3	110	790	310	120	40	210	170	110
Northern	7	4	3	2	193	106	87	45	0	80	80	10
Upper East	8	5	3	1	138	88	50	15	0	130	130	42
Upper West	3	1	2	0	42	7	35	10	21	30	9	0
Volta	17	7	10	6	362	192	166	85	0	50	50	15
Western	6	3	3	1	166	126	40	10	30	50	20	5
Total	130	66	64	22	2958	2625	1329	587	126	849	758	282

Family-Based Care Options in the Continuum of Care[77]

The aim of this additional session is to provide a deepened understanding of continuum of care options for children transitioning out of residential care as well as provide access to additional information on and resources for successful family reintegration, kinship care, foster care, adoption, and other models of care.

Transitioning children out of residential care requires that there be a robust continuum of care, offering a range of family placements and support services. Family-based care options within the continuum include reunification with birth families, kinship care, foster care, and adoption. Given the range of children's individual needs and circumstances, there is no "one size fits all" solution. For this reason, temporary and small group homes, as well as supported independent living, also have a place in the continuum. However, in keeping with best practice and evidence-based guidance from around the world, the continuum places highest priority on care of children within families.

The Family Care Options

Family care is the short-term or long-term placement of a child into a family environment, with at least one consistent parent or caregiver. While children should always be reunified with birth families when safe and appropriate, alternative family care, such as care within the extended family (kinship care), adoption, and foster care, is needed when reunification is determined not to be an option.

All family placement options involve conducting family and child assessments, preparing the child and family for placement, linking the family to appropriate family-strengthening services and community support as described in the care plan, and monitoring child and family wellbeing through regular follow-up visits.

a.   Family Reunification and Reintegration

Most children in residential care globally have at least one parent or close family member who is still living. In many cases, these family members could care for their children if given the right support. Family reunification is the process of reintegrating a child back into his or her birth family. This also often involves returning the child to his or her community of origin. Reuniting children with their birth families is considered the best option for children leaving residential care—but only if and when it is deemed safe and appropriate.

Child-centered reunification is multilayered and begins with assessing both the root causes of separation and the current circumstances of the family. In cases where residential care staff, case workers, and/or the child have lost contact with the family and the family's location is unknown, determining whether reunification is even a possibility may first involve a process of family tracing. It's important that strong efforts to locate and assess children's families are made before alternative placement options are considered.

Tracing families can sometimes be a labor-intensive process, involving outreach beyond the local region or even country. It may include interviewing government departments, village leaders,

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77   Transitioning to Family Care for Children: A Guidance Manual, The Faith to Action Initiative, 2016, http://www.faithtoaction.org/resources/transitioning-to-care-for-children/

community members, members of the extended family, or former residential care staff. It will require the assistance of case workers or trained volunteers, sometimes working from different locations to minimize travel costs and ensure better familiarity with the location where the search is undertaken.

In addition to direct individual outreach, other strategies such as targeted outreach through local radio, newspapers, TV or mobile phone texts, or posting notices where a child was initially separated or abandoned can yield results. A general guideline is that a concerted search effort could continue for at least several months or until a relevant authority has determined that the search is complete.

As with all family placement, the process of reunification is not a one-time event, but is made up of many different steps within a time frame that is dependent on the individual situation. Family and child assessment of the needs, strengths, preferences, and situations of each child and family is paramount to good decision making. These assessments will help determine whether a child and his or her family are willing and able to reunite, and if so, what forms of support the family will need to fully protect and care for their child. In the many cases where children have been placed in orphanages to access education and other basic services, providing access to these services closer to home can make all the difference. Children should not be returned to homes where they experienced neglect or harm unless and until the issues are resolved. Whenever reunification is deemed to be in the best interest of a child, his or her return home should be carefully monitored and supported with a sound care plan, including access to services and follow-up visits by the child's case worker. Follow-up support in reunification can include:

- Ongoing and new support to address the root causes of separation;

- Ensuring that children and families have ongoing access to health care, education, and other services that address their needs;

- Offering respite care when children and families may need short periods of time apart;

- Continuing to support efforts to address stigma and discrimination (sometimes a factor in initial separation) through work with the community, including religious leaders;

- Working to build on the strengths and resilience that children may have gained during their period of separation. Children may feel that the skills they have learned and the pride they have as a survivor contrasts with how they are perceived by their families or communities;

- Ensuring that children have a chance to discuss past experiences and to receive therapeutic support where necessary.

In addition to regular home visits and ensuring access to support services, monitoring the reintegration for success may include regular team meetings that include the child and family to help them work on goals, and discussions with other community actors such as pastors, teachers, and service providers. Once things are stabilized, the frequency of visits by a case worker should decrease over time, as long as there is a clear point of contact, should problems arise. Because the child may have spent months or even years benefitting from the care and support within residential care and developed a close bond with specific workers, the child should be carefully informed when visits will cease.

When reuniting a child with his or her family is determined to be unsafe or not in the best interests of a child at any stage in the process, then alternative forms of care—preferably family care—should be considered.

b.   Reintegration for Children with Disabilities

As many children are placed in institutions by their families due to disabilities, it is important to note that special services, rehabilitation, therapies, and supported school integration are all important aspects of care planning, during all phases of the reintegration process. Families need to have sufficient community supports in place to care for children with disabilities or suffering trauma as a result of separation and institutionalization, which could make it difficult to form attachments.

Those who are engaging in reintegration of children with disabilities are encouraged to:

- Map existing services and support and connect to local organizations working to support children with disabilities in their home communities. You may need to access physical aids (such as wheelchairs or hearing aids), train family members in children's care and support or teach them how to effectively communicate with children (e.g., sign language training), ensure that schools and homes are accessible; work to tackle discrimination, and promote integration into local schools.

- Link with community-based expertise and resources, in particular disabled people's organizations, which are run by and for persons with disabilities.

- Link parents of children with disabilities together. Peer-to-peer support can also be valuable for children with disabilities.

- Offer respite care to provide caregivers and children a break.

Possible steps to reconnect children with their families

Enable remote contact through a letter or email, call, or video message: This initial contact can help break down emotional barriers and enable children and families to get to know one another again. There may be a need for several letters or calls before face-to-face contact is made.

Short face-to-face meetings between parents and child: These meetings should happen under the direct supervision of a case worker. Where feasible, the parents should travel to the child, which provides a clear indication of the parents' commitment to reintegration, even though the agency may fund the travel.

Longer, supervised visits at the parents' home: The objective of these visits is to assess family functioning and the child's ability to readjust to the community and lifestyle. The case worker must be prepared to intervene at any time if the child is facing significant challenges.

Longer, unsupervised visits at the parents' home: This type of meeting is performed only after a supervised visit has been successful. The case worker must be confident that the child will be able to readjust to the local lifestyle and that the parents are able to care for the child.

Source: Guidelines on Children's Reintegration. Interagency group on children's reintegration;

c.   Kinship Care

Kinship care is the full-time care, nurturing, and protection of a child by someone other than a parent who is related to the child by family ties or by a significant prior relationship (e.g., relatives, godparents, older siblings, close family friends). The vast majority of children living outside parental care live with their relatives and extended family members. In most countries, care in extended family is the most long-standing and culturally acceptable form of alternative family care.

Although it can be formally arranged through judicial authority or social services, it is more commonly informal in nature - often a matter of parents reaching out to relatives and relatives stepping up to care for their loved ones. This form of care can be permanent or temporary (for example, when a child is waiting to be reunited with his or her parents), or informal (by private arrangement) or formal (ordered by an authorized body). Permanency within a foster family may be in the form of adoption, legal guardianship, or a less formalized agreement between the family and child. For families at risk of separation, efforts to identify kinship care options ahead of time can help ensure that family ties and care are sustained and protected.

Because caring for a child may put additional strain on relatives and aging grandparents already impacted by poverty or other issues, family members providing kinship care can benefit from a full package of support services (e.g. LEAP) and case management to ensure successful placement. Grandparents, for example, may need cash stipends or material assistance to adequately feed and clothe a grandchild. Some children in kinship care may need particular support with schooling, and both the caregivers and children will benefit from healthcare services and targeted psychosocial support.

Where kinship care is formalized, monitoring and ongoing follow-up support are necessary to prevent family breakdown and more instability for the child. Strengthening the family in kinship care looks much the same as it does in the family of origin and is just as important.

d.   Foster Care

Foster care is the full-time care of a child within a nonrelated family who agrees to meet the developmental, psychosocial, medical, educational, and spiritual needs of a child who is not able to live with his or her own parents or extended family. Foster care systems vary widely throughout the world.

In some places, formal foster care is a growing, accepted alternative to residential care. In others, foster care remains informal (in the form of a private arrangement between families) or has not yet been introduced. In some cultures, and countries, especially where adoption is not currently legally recognized, foster care can serve as a permanent family placement. Foster care can be either short-term or long-term, depending on the child's needs and circumstances.

Formal foster care is typically authorized and arranged by an administrative or judicial authority, which provides oversight of the family on a regular basis to make sure that the child's needs are being met. Other forms of foster care include:

- Specialized foster family care that provides for children with special needs.

- Crisis intervention or emergency foster family care where a child lives with a family until the crisis is over or another care plan is made for the child.

- Spontaneous fostering, where a family takes in a child without any prior arrangement. This is a frequent occurrence during emergencies and may involve families from a different community in the case of refugee children.

Foster parent recruitment, screening, assessment, and training are crucial to providing a safe, stable, and nurturing environment for a child. In some countries, this process, assessment, and the licensing of foster providers are outlined in law.

Proper screening of foster parents is crucial to providing a safe, stable, and nurturing environment for a child. The following are points to consider when assessing a foster care provider:

- Motivation for becoming foster parent;
- Willingness of the entire family to have another child live with them;
- Preference for profile of child(ren) to care for (e.g., gender, age, sibling group, disability);
- Information on marriage, family, traditions, customs;
- Parenting experience;
- Discipline techniques;
- Description of the home;
- Interviews with each child and adult living in the household;
- Copy of police clearance for all adults living in the household;

Once the screening process (including background checks) has been completed, foster parents can benefit from specific training, including training on child rights, children's developmental needs, or caring for children who have experienced trauma. Make sure to share the child's individual needs with the foster family.

 Like adoption, planning for foster placement involves an in-depth process of assessing the child's needs, finding and matching the child to a foster family whose attributes and resources meet those needs, linking the family to any services and supports they will need to care for the child (for example, a small stipend for food or assistance with education), and monitoring the family through follow-up visits to ensure that the child is adjusting and cared for well, and the foster care family is also supported.

Foster care planning also includes a plan for permanency. Ideally, returning a child to his or her community of origin should be pursued first when it is safe to do so. Depending on the child's case, permanency plans might include:

- Temporary care while the possibility of family reintegration is explored;
- Foster care leading to adoption by the foster family, often called foster-to-adopt;
- Short-term or long-term care until the child is reunified or adopted by another family; or
- Long-term foster care until the child can live independently.

Foster care arrangements hold many of same benefits and risks of kinship care and can similarly

benefit from family-strengthening services and support. Foster families need to be adequately prepared and supported, and have sufficient community services in place to care for children coming out of institutions.

e.   Adoption

For children who have no possibility of remaining with or returning to their parents or relatives, adoption can provide a pathway to a permanent family. Adoption may become an option at the request of a child's birth family, or when a foster family or relative desires legal permanency, or for many children, it may be considered after a child spends time in a RHC and reunification and kinship care are not viable options.

Research has demonstrated that an adoptive family environment can support improved developmental outcomes for children, especially for young children transitioning from care within residential institutions.

Types of adoption include:

- Domestic (national) adoption, which involves adoptive parents who live in the same country as the child.

- International or intercountry adoption, which involves adoptive parents who live in a different country from the child.

- Extra-judicial adoption, in which legal rights and duties are conferred to adoptive parents, but through a process that is not legal (for example, when adoptive parents accept someone else's child and register the child as though he or she were their birth child).

Given its permanency, adoption requires transparency and must be conducted ethically and in the child's best interest. It is essential that more than one level of gatekeeping be involved before it is determined that a child is available for adoption. It should also include the active engagement of Social Workers external to the RHC and judicial authorities.

In certain parts of the world, domestic adoption has not yet been legally recognized or made available. Some countries are seeing a surge in domestic adoption through local promotion from government leaders and church leaders, and financial legal costs are being removed.

The legal adoption process in Ghana includes the following steps:

- A home study, in which an in-depth review and report of the potential adoptive family are completed through home visits, interviews with all family members, background checks, and assessments of the family's finances, parenting style, family history, education, and other factors;

- A process of matching an adoptive family whose attributes and resources meet the specific needs of an individual child (this may include the child's foster family if they are interested in moving toward permanency);

- Family approval for adoption by a court;

- Placement of a child into the adoptive family;

- Post-adoption services such as regular visits from a case worker to help the child and family with bonding, counseling, parenting education, and links to community supports and services, if needed; and

- Monitoring, as outlined in national adoption laws, for an established period of time (often up to two years). Home visits help the child and family with bonding, ensuring connection to supports and resources, and providing support for difficulties.

When domestic adoption is not possible, intercountry adoption provides children with the opportunity to have a permanent family. Intercountry adoption is governed by both the laws of the country in which the child lives and the country in which the adoptive parents live. In line with the Convention on Protection of Children and Co-operation in Respect of Intercountry Adoption, it is imperative that intercountry adoptions be authorized by competent authorities, guided by informed consent of all concerned, and that intercountry adoptions enjoy the same safeguards and standards that apply in national adoptions to protect children, safeguard the rights of their birth parents, and provide assurance to prospective adoptive parents that their child has not been the subject of illegal practices.

f.   Other Models of Community-Based Care

Occasionally, alternative forms of community-based care may be necessary when youth are old enough to be phased out of residential care, or when children need temporary housing while waiting for family placement. These models utilize family-style systems of support, and are recommended over large-scale institutional facilities.

o   Supported Independent Living

Supported independent living provides for a young person's transition to adulthood as the young person becomes independent in his or her own home, a group home, or other form of supported accommodation. This may be a viable option for older youth who have developed a capacity to live more independently, or who have expressed a desire to be on their own. As with children being placed in families, youth entering into supported independent living also require individualized care planning. Youth should be fully involved in developing their care plans, which are intended to identify solutions to any obstacles that need to be overcome for them to leave residential care and what will need to be in place for them to be successful. Using a process of "positive youth assessment" builds an understanding of the capacities and strengths, needs, and rights of youth. The assessment covers physical, intellectual, emotional, social, and vocational needs that may need to be addressed for the young person to successfully leave residential care and live independently. A care plan developed in response to these needs may include assistance in strengthening life skills, budgeting, cooking, job seeking, and integration into the community.

Moving from residential care to independent living should happen only when the goals of the preparation process have been met. The role of the case manager or support workers is to offer assistance at planned intervals or as needed, supervise the transition (though in most situations youth won't be directly supervised once they are living independently), and monitor the situation to ensure that youth are adequately supported through their care plans. Mentoring can be a very important part of youth living independently. Mentoring is matching a young person with a caring,

responsible adult (often a volunteer). The adult is usually unrelated to the child and can be identified through the local church, community, school, or other programme.

o   **Short-Term Care and Small Group Homes**

While the primary focus of this Guidance Manual is transitioning to family care, given the unique nature of each child's situation, temporary, short-term care in group homes, shelters, or forms of respite care or rehabilitative services for children and families in crisis are also included in the continuum of care. This section provides a basic description of these types of care and helpful resources for these unique circumstances. When separation from parents has occurred or is at risk of occurring, temporary residential care can provide services that evaluate and help address the immediate needs of the child and family, providing a framework for permanency planning through the possibility of reunification, or when this is not possible, supporting a child's transition into alternative family care. Circumstances in which short-term group care may be necessary for a period of time include specialized care for a child experiencing disability, substance abuse, teen pregnancy, transition off the street, armed conflict or sex trafficking, and family separation during natural disasters or migration.

Ideally, this option is reserved only for times of transition, ultimately leading to family care. Proper assessment, gatekeeping, and child-centered decision-making processes are of utmost importance when determining whether a child should be placed in a group care setting to prevent unnecessary long-term placement. All too often in emergency contexts, children are separated from their families. Family tracing and reunification and alternative family care are much more effective responses than placement of children in residential care. Types of group care include:

- Small group homes that offer formal residential care in groups of 5 to 14 children, under the care of consistent live-in care providers, and are intended to provide a more stable, family-like living environment. These homes should be located within the community and linked to community services, such as schools and health clinics, so children's needs are met within the context of normal community life. Small group homes can be particularly useful during the transitional period when older youth prepare for independent living, especially when coupled with mentorship and vocational training programmes. Permanency planning is important in helping children reunite with their birth families or transitioning children to stable and safe alternative family care as soon as possible.

- Safe houses and shelters are designed to provide a secure, often "closed" care environment (ideally in small group homes) for especially vulnerable children who require protection for a period of time. These children may be victims of trafficking, exploitation, or criminal activity.

- Short-break or respite care services offer overnight or short-term care for children to provide families (particularly foster or adoptive families) with a brief respite from caring for the child. This service can provide tremendous help to families caring for children with special needs and disabilities.

- Temporary residential care when kinship or foster care has been arranged but the family needs time to prepare.

SOME SUCCESS STORIES AND LESSONS LEARNT FROM RHC IN GHANA THAT HAVE AL-READY TRANSITIONED TO OTHER SERVICES FOR THE COMMUNITY

A. 13 years after Deinstitutionalization by OAfrica – We don't regret it for one day! The outcomes are much better for children

In January 2007, under the Care Reform Initiative, OAfrica (then OrphanAid Africa), with 51 children and 16 staff, decided, to completely de-institutionalize their rural orphanage in the Eastern Region of Ghana and transition into family-based care. It was the first such voluntary process in Ghana. The organization created a database to monitor all the children and used only trained Social Workers for the process supported by psychologists.

Challenges

- The main challenge was that it was still very difficult at that time to resettle children with disabilities in Ghana and hence the option for a group home had to be chosen, though not the preferred choice.

- The older children who had been institutionalized all their lives often had a lot of resentment against family members and preferred to live in a child headed household, or in group homes with their peers.

- Once resettled, some children request to return to the institution for a short time, and then settle more easily on the second attempt: it's a process that cannot be forced. Some children can only re-integrate very gradually – a few hours, then an overnight stay, then a weekend etc. They need time!!!.

- Donors were more institutionalized at that time than the organization and hence some funding was lost. But because the family-based care was a cheaper option of care it did not negatively impact on the organization. However, because there has been current international advocacy for DI it would probably be easier to retain donors now

Lessons learnt during our experience: What is most successful

- Children should not change schools mid-term or mid-course during the process

- The longer the institutionalization, and the less contact with the family, the more challenging the process of reintegration would be for the child (but not necessarily for the parent.)

- Care should be taken to ensure that the children can still keep in touch with their friends/workers from the Home they leave in the future.

- The children need to have easy and cost-effective telephone access to their case worker at all times, and often need a lot of reassurance.

- Parents accepting children into their home should undergo counseling, and positive parenting training. This should be ongoing: in fact, we have continued to date!

- Children should be allowed to take as many of their things back home with them as possible, especially photos, life books, toys, clothes and objects.

- An upbeat individual goodbye ceremony when the child is acknowledged as an important part of everyone's lives, can be appropriate.

- The importance of getting the staff to own the process cannot be emphasized enough and the more training and counseling on the benefits of the process for children that is done at the beginning with staff and families, the easier the process will be.

B. Brave Aurora's Deinstitutionalization Journey

Brave Aurora was founded in Ghana in January 2010 to support vulnerable children in the community of Guabuliga in the North East Region of Ghana after seeing the plight of children in the then Guabuliga Orphanage. At this time, the focus of the organization was on improving living conditions of the children in care and improving their educational, economic and health opportunities. With time, the vision of the organization bourgeoned and the scope was broadened to cover community development and child protection in general. Support to the institution looked all good until the dangers of institutionalization started to manifest.

A 2009 study by the Department of Social Welfare (DSW) exposed that up to 90% of the estimated 4,500 children in Residential Homes for Children (RHC) around Ghana were not orphans and 140 of the 148 orphanages around the country were un-licensed. Vulnerable children faced stigma and discrimination and were exposed to many instances of neglect and abuse in the RHC. Meanwhile around the time, there was a rapid growth of RHC in Brave Aurora's operational area. While implementing activities, Brave Aurora observed that these unlicensed homes were booming businesses. It was realized that a critical mass of children thronged into institutions due to material poverty which should never have been the case. A very disturbing fact was that in some instances, entire communities were found to be economically dependent on these unlicensed homes.

The team also uncovered that where the children from the homes were reunified with their families, there was very little post-placement monitoring and support. Urgent steps therefore had to be taken to arrest the situation and prevent bounce-backs. It was timely therefore that the Government of Ghana, through the Department of Social Welfare (DSW) in collaboration with UNICEF and other partners responded to the institutionalization crisis by designing and implementing the Care Reform Initiative (CRI) with the aim of establishing a more consistent and stable approach to caring for vulnerable children in Ghana. Infused in the existing holistic model, Brave Aurora designed its Reintegration Programme to complement the efforts of the DSW and UNICEF to popularize the Care Reform Initiative and to make a strong case for the disbandment of orphanages through a gradual process of reintegration by providing public education on the subject, postplacement support to the children and their families, providing quality assurance and sharing best practices with partners.

With support from DSW, Brave Aurora gradually reunified all forty-five (45) children in the Guabuliga Orphanage into their families and followed up with postplacement support ranging from starter packages through to the provision of educational packages. All existing resources to the home were redirected into alternatives that supported families and communities. The RHC was converted into a skills training center where the care leavers, their caregivers and community members received various vocational, financial literacy and Sexual and Reproductive Health and Rights (SRHR) trainings. Brave Aurora's team of Social Workers also provided psychosocial support to the

children and their families through home visits, regular monitoring and meetings. Recognizing the success of this model, Brave Aurora scaled it through the Young Ambassadors Programme (YAP).

YAP is a gatekeeping mechanism with a principal objective of helping create awareness through "true-example" cases amongst the general public on the harmful effects associated with institutional care. The objective of YAP is to improve the welfare of children in Northern Ghana through the proper reintegration of children in residential homes with their families or in other family-based care. The programme prioritizes advocacy on deinstitutionalization of children in non-family care, tracing and reunification. It also includes provision of follow up support to at-risk children and their families. The programme is designed with vulnerable children in mind; to support them find love, comfort and acceptance in a family setting. Under this programme, care leavers and their caregivers are at the frontline providing communities and individuals with education on the negative impacts of institutionalization. Apart from flipping the narrative for the children and their caregivers (recognition as active agents and not "victims"), the programme has also been effective in stemming the flow of children into residential homes and triggering deinstitutionalization at pace. The programme has succeeded in disabusing the minds of the general public about the perceived benefits existing in orphanages; kinsfolks are more aware that the advantages associated with family-based care far outweigh the benefits of institutional care.

Brave Aurora now works with partners across the northern regions of Ghana to facilitate deinstitutionalization; tracing and monitoring cases, sensitizing RHC to reintegrate children into their families, sensitizing RHC to close the homes, supporting RHC to transform their activities towards family-based care, supporting case management, providing quality assurance, training child protection actors, documenting and sharing best practices among others.

C. SOS Children's Village Ghana's Change from Residential Care to Family-Based Care Alternatives[78]

SOS Children's Villages (SOS CV) Ghana and the federation as a whole has embarked on measures to operate according to all UN Guidelines and other care reform initiatives to make sure the organization meets modern care standards and align with the most acceptable care options for orphans, abandoned and vulnerable children in Ghana.

As a result, SOS CV Ghana is building very strong relations with the Department of Social Welfare (DSW) to support in

- making the needed changes a reality;

- taking all the necessary measures to operate in accordance with the legal and policy framework guiding alternative care in Ghana;

- collaborating with the DSW to train all SOS parents in foster care and license them accordingly;

- putting in place a strong gatekeeping mechanism to ensure that the admission of children into SOS Villages will become the last resort and also be in the best interest of the child

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78 Alexander Mar Kekula, National Director, SOS Children's Villages Ghana,

- as well as working assiduously to remove all institutional features in the SOS system whilst continuing to provide the best care for the children in non-institutional ways.

Some of the alternative care options being practiced in SOS CV Ghana include reunification, re-integration, foster care, small group homes, kinship, and parental care.

o Reunification - SOS CV Ghana as organization believes that family, as the basic unit of society is the best place for children to grow and develop. As a result, conscious efforts have been made to trace the biological relations of the all children under the care of SOS Children Villages Ghana. The identified families have been assessed and those families found to be capable of taking care of their children have had their children reunified with them. SOS CV continues to support the educational needs of the children re-unified with their biological relations, as well as other support per the Child and family Assessment.

o Reintegration - SOS CV Ghana, which has been noted for practicing residential care under the SOS Villages concept, is currently migrating SOS families from the residential care into the communities in phases. Four SOS family houses have been prepared to move into the communities by the end of 2020. Some young people who have lived under the care of SOS CV and have reached the stage of young adulthood, as part of our policy have been reintegrated in their chosen communities. SOS CV has rented accommodation for them and also continues to give them the needed support until they reach full stage of independent living.

o Foster care - SOS CV Ghana had planned to have all its SOS mothers trained and certified in foster care parenting by DSW and as a result, the first batch of SOS mothers received the training from the DSW with the second batch being prepared to have their turn as soon as the COVID-19 restrictions are eased off. Some SOS children have therefore been placed under foster care with support from DSW which trained all the foster care parents. SOS CV continues to offer varied support to these children and the children are living happily with their foster parents. SOS CV periodically follows up on these children to assess their care situations and advise when necessary. This gives SOS CV Ghana the opportunity to extend the organization's existing services and competences to a new care setting rather than developing a new model.

o Small group home for young people - With the gradual eradication of the traditional youth homes, SOS CV is currently encouraging small group homes for its young people. The small group home concept allows between 4 to 6 SOS young people in a particular tertiary institution to live in rented accommodation until they finish school and also reach full adulthood and are empowered enough to live independent lives. Whilst the young people stay in the small group homes in the community, SOS CV officials visit and support them with all their needs.

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