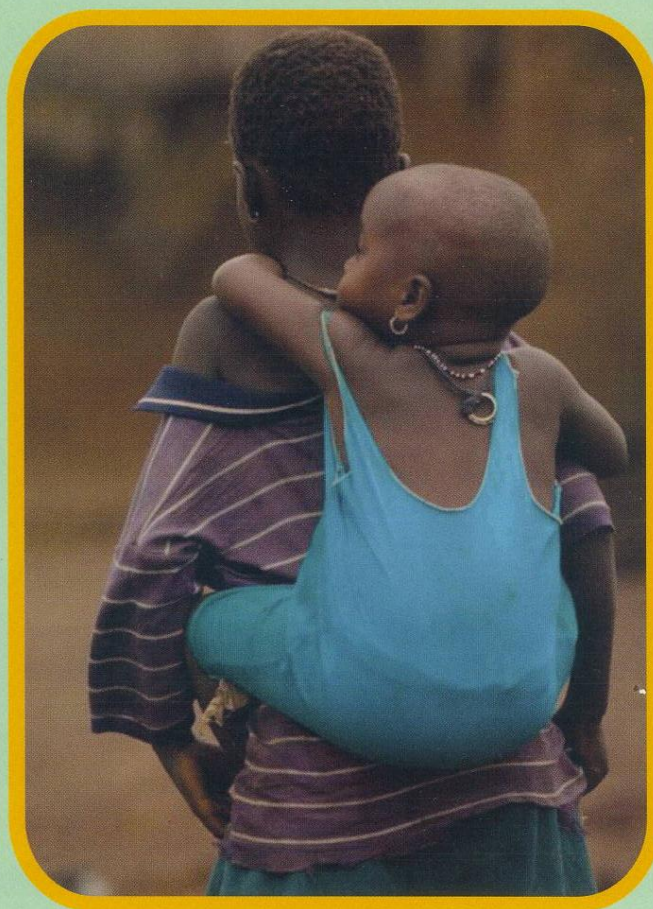


NATIONAL STANDARDS FOR RESIDENTIAL HOMES FOR ORPHANS AND VULNERABLE CHILDREN IN GHANA



2010



REPUBLIC OF GHANA

MINISTRY OF EMPLOYMENT AND
SOCIAL WELFARE



**NATIONAL STANDARDS FOR RESIDENTIAL
HOMES FOR ORPHANS AND
VULNERABLE CHILDREN
IN GHANA**

2010

FOREWORD

The Ministry of Employment and Social Welfare (MESW) recognises its obligation to ensure that every vulnerable child not in a family-based care but in a residential care facility lives in a supportive, protective and caring environment. For this reason the Ministry seeks to ensure that residential homes meet the minimum standards provided in international and domestic legal frameworks that relate to children without parental care. Standards that guided the development of this document include the *United Nations Convention on the Rights of the Child*, the new *International Guidelines for the Appropriate use and Conditions of Alternative Care for Children (2009)*, the *Children's Act 560 (1998)* and the *Child Rights Regulations (LI. 1705) of 2003*.

Much as these frameworks require that Residential Homes for Children (RHC) should be organized around the rights and needs of children and as close as possible to a family or small group situation, this unfortunately is often not the case. Many are large and have on admission children who are neither orphans nor are with special needs, and are kept in situations much longer than desirable. Children in such environment are known to face problems of neglect caused by poor care standards. They suffer from poor nutrition, life threatening hygiene practices and chronic lack of physical and emotional attention.

These sets of standards represent Ghana's attempt at harmonizing best practices from both domestic and international frameworks, enhancing quality of care and for preventing abuse and for the realization of the rights of all children including those in orphanages and other residential facilities for vulnerable children. This document shall serve as the basis for supervision by managers for the safety and development of children who by reasons of their circumstances find themselves placed under their care.

The Standards are also to be considered as a tool by the Department of Social Welfare (DSW) for the inspection and monitoring of RHC in line with its legal and professional responsibilities for ensuring minimum standards in these facilities. These should in addition, serve as criteria for the accreditation of facilities to run as orphanages or for the closure of those to be non-compliant. The multi-sectoral Regional Residential Homes Monitoring Teams that are to assist the DSW to check the proliferation of orphanages in some communities in the regions, will equally use these standards as the basis for monitoring care standards and identifying the unscrupulous institutions who for reasons other than seeking the welfare and wellbeing of vulnerable children establish homes to abuse and exploit them.

The MESW wish to thank all partners who came together to support the

development of these standards which was adapted from the Namibia Standards. Thanks to the Care Reform Initiative of the DSW which provided the leadership in the coordination of inputs from collaborating agencies including the Department of Children and other governmental organizations and NGOs such of Kinder Paradise and African Movement for the Prevention of Child Abuse and Neglect-Ghana.



HON. E.T. MENSAH (MP)
MINISTER OF EMPLOYMENT AND SOCIAL WELFARE.
2010

Acknowledgements

The Ministry of Employment and Social Welfare's deep appreciation goes to all individuals and organizations who responded at short notice to meetings to help in the development of these standards as well as to those who so generously offered their private time in reviewing the document and coming up with useful comments. Some organizations gave excellent consultation. In this regard, the Ministry will like to extend its special thanks to Kinder Paradise, African Movement for the Prevention of Child Abuse and Neglect (AMPCAN), and the Department Social Welfare whose showed keen interest and made useful contributions resulting in this set of enforceable national minimum standards for the care of children in Residential Homes in Ghana.

To Mrs. Helena Obeng Asamoah the national coordinator of the Department of Social Welfare's Care Reform Initiative and Mr. Iddris Abdallah UNICEF's consultant to the CRI whose valuable inputs have substantially enriched the process and the outcome of this document, the Ministry is indeed quite grateful.

The Ministry's most profound gratitude goes to UNICEF for always been supportive when it comes to matters of children and for coming to provide both technical and financial support in developing good practice set of standards for the country's Residential Homes for Children and other care institutions.

FOREWORD	i
Acknowledgements	iii
CONTENTS	iv
Abbreviations	vi
Chapter 1 Organizational Structures	1
1.1 Background Information	1
1.2 Identity and Name	1
1.3 Statement of Purpose	2
1.4 Planning and Accountability and Transparency	2
Chapter 2 Management and Staffing	3
2.1 Management	3
2.2 Management Arrangements	3
2.3 Staff Complement	4
2.4 Staff Attributes	5
2.5 Staff Training and Development	5
2.6 Staff Management	6
2.7 Employment Practices	7
Chapter 3 Premises	8
3.1 Premises	8
3.2 Safe Environment	9
Chapter 4 Administration and Finance	10
4.1 Financial Management	10
4.2 Fund Raising	10

4.3	Complaints Procedure	11
4.4	Emergency Preparedness and Response	11
Chapter 5	Caring for Children	12
5.1	Admissions	12
5.1.2	Admission of Siblings.	12
5.2	The Care Taking Process	13
5.2.2	Care Giving Responsibilities	13
5.2.2	Child Participation	13
5.2.3	Case Recording	14
5.2.4	Progress Reporting	15
5.2.5	Health	16
5.2.6	Diet and Nutrition	17
5.2.7	Right to Education	17
5.2.8	Parent/Family Participation	19
5.2.9	Vacation and Weekend Visits	19
5.2.10	Right to Play and Leisure Time	19
5.2.11	Behaviour Management	20
5.2.12	Physical Social and Emotional Development	21
5.3	Leaving Care	22
5.3.1	Reunification of Child into Family/Community	22
5.3.2	Transition to Independent Living	23
5.3.3	Communication during Transition Living	24
5.3.4	After Care Support (Follow up & Contact)	24

Abbreviations

AMPCAN	African Movement for the Prevention of Child Abuse and Neglect
CoC	Code of Conduct
DOVVSU	Domestic Violence and Victim Support Unit
DSW	Department of Social Welfare
MESW	Ministry of Employment and Social Welfare
NGOs	Non Governmental Organizations
RHC	Residential Homes for Children
UNICEF	United Nations Children's Fund

CHAPTER 1 ORGANIZATIONAL STRUCTURE

1.1 *Background information*

The NGO wishing to establish and operate a Residential Home for Children (RHC) has a file (updated annually) which provides detailed background information about itself.

Achieving the Standard

- a) The file provides documents of the good standing and reputation of the NGO that would warrant placement of children in their care.
- b) The file contains information outlining the constitution, policy, management and regulatory arrangements, and structure of the NGO. It should also provide documentation of when and how the NGO was formed, its expertise and area(s) of competence(s).
- c) The file includes financial records for the last 2 years (or since the NGO was formed if this is shorter). These records include an overview of available funding, list of funders and capital of the NGO
- d) The file clearly outlines what would happen to facilities and children should the NGO cease to exist or be dissolved.
- e) In the case of foreign (non-Ghanaian registered) NGO, evidence is provided to show that all necessary legal permissions to operate in Ghana are in place and documented.
- f) Where the NGO providing or seeking to provide the RHC is based on a specific value outlook (e.g. a religious or social mission or vision) the file clearly explains how the value base will influence daily child care practice and how children, who so wish, will be allowed to practice their own religion and traditions.

1.2 *Identity and Name*

The RHC has a clearly-defined legal and organizational identity and a name, which clearly relates to its activities and the community.

Achieving the Standard

- a) The name of the RHC is approved by the Department of Social Welfare (DSW) and does not duplicate that of any other RHC.
- b) The RHC name (and image) does not carry negative or discriminatory connotations or label children in any possible manner.

1.3 Statement of Purpose

The RHC has a clear Statement of Purpose covering its aims and objectives and the services to be provided as approved by DSW

Achieving the Standard

- a) The Statement of Purpose includes goals and objectives and other information that clearly outlines the care, support and protection that will be provided and how the overall well-being of the children will be achieved. It specifies the targeted age-group and the characteristics of children to be cared for and how special needs will be met.
- b) The Statement explains how referrals will be received and processed.
- c) The Statement clearly describes the admission, discharge, reunification criteria that operates and explain what measures will be taken to meet children's need at this particular time.
- d) The NGO responsible for the RHC is required to adjust their purpose according to the needs in the community.

1.4 Planning and Accountability with Transparency

The RHC operates in a transparent and accountable manner.

Achieving the Standard

- a) The RHC has an updated strategic plan and annual work plans which are submitted to the DSW one month prior to the expiration of the license.
- b) The RHC produces an annual report including an audited financial report (audited by an external accountant) that is sent to the responsible DSW and donors.
- c) The RHC maintains personal files for all children and staff. The RHC has appropriate procedures in place to ensure good practice with regard to file content, file accessibility and file security.
- d) All donations received by the RHC are documented and properly accounted for.
- e) The DSW monitors compliance with the Standards.

CHAPTER 2 MANAGEMENT AND STAFFING

2.1 Management

The RHC is managed by people with the necessary skills and experience in relation to safeguarding and promoting the welfare of children.

Achieving the Standard

- a) The Manager of the facility has relevant professional qualifications and appropriate human resources and financial management skills and experience to carry out their tasks.
- b) All management posts have up to date job descriptions and the required educational levels/qualifications are clearly described.
- c) All managers have appropriate knowledge and experience with regard to the developmental needs of children and young people.
- d) There is evidence of how RHC managers are maintaining and developing their knowledge and experience.

2.2 Management Arrangements

The RHC has the necessary management skills and the necessary knowledge and experience of child care to ensure a professional service.

Achieving the Standard

- a) The management and structure and procedures of the RHC are clearly described explaining authority, roles and responsibilities.
- b) A Code of Conduct (CoC) is in place and communicated with, staff, parents/relatives of the placed children and DSW.
- c) A handbook covering policies, procedures, guidance, legal information and insurance details is in place and all employed staffs have easy access to it. The Handbook is updated annually.
- d) A human resources policy is in place for all staff.
- e) Monitoring and supervision mechanism of all staff and volunteers is in place.
- f) Children who are absent from the RHC without consent are protected in line with its written policy and guidance.
- g) The manager of the RHC has a system in place regarding whom to notify in case of significant events, and within a defined period of time.

- h) A filing system is in place to ensure that all records are maintained and stored in line with the requirements of DSW and other legal authorities. Confidentiality is maintained.

2.3 Staff Complement

The RHC has an adequate number of sufficiently experienced and qualified staff.

Achieving the Standard

- a) The RHC has adequate administrative capacity. The manager/administrator has sufficient administrative and financial knowledge and skills to comply with all legal requirements and accountancy rules.
- b) The number of care giving staff is adequate to the number of children in the RHC meeting the children's needs.
- c) There is at least one caregiver for every seven children or as approved by DSW.
- d) The RHC has ancillary (support) staff to support the caregivers in their task and to promote the well-being and safety of the children and premises.*
- e) The RHC makes use of social workers and psychologists for professional guidance and access to medical personnel.
- f) All members of care staff are at least 18 years old and are at least 4 years older than the oldest child accommodated. Staffs who are given sole responsibility for children or a management role are at least 21 years old.

**(Ancillary means support staff for, laundry, gardening, cleaning, etc. The social worker and/or psychologist's time involvement will be based on the number of children and their specific needs. This applies to all staff whether permanent, temporary, seasonal, consultant or unpaid (e.g. volunteers)*

2.4 Staff Attributes

Everyone working in the RHC are people suitable to work with children and young people and able to safeguard and promote their welfare.

Achieving the Standard

- a) The RHC has job descriptions and person specifications for all posts.
- b) The RHC has an open and transparent recruitment procedure in place that offers current staff and children an opportunity to contribute.
- c) Everyone working in the RHC, (including volunteers) has documented clearance from the police or 2 references who have known them for over 5 years and a written self-declaration that they do not have a criminal record and are fit to work with children and young people.
- d) Everyone including volunteers working in the RHC has documented health screening.
- e) Visitors and non-care giving staff are vetted before allowing them to be alone with children on one to one basis.
- f) Staff and volunteers who are not married are not allowed to conduct relationships on the premises.
- g) The RHC takes up references from previous employers and clients for everyone working in the RHC.
- h) All staff and volunteers in the RHC sign the CoC and adhere to the rules and regulations as well as confidentiality on all matters including disclosure of information about the children and their background.

2.5 Staff Training and Development.

The RHC has a training programme to enhance individual skills and to keep staff up to date with professional and legal developments.

Achieving the Standard

- a) The RHC provides staff with access to regular development and training opportunities.
- b) The RHC ensures that primary caregivers are trained in skills required to provide high quality care and meet the needs of each child or young person placed in their care.

- c) All primary caregivers are provided with specific formal training by DSW an accredited trainer/training institute, when they do not have a professional qualification relevant to caring for children.
- d) All staffs have personal development plans which are reviewed and updated annually.

2.6 Staff Management

Staff are organized and managed in a way that delivers the best possible care within the resources available.

Achieving the Standard

- a) Care is organized on a family type model with children living in small groups, preferably, in homes in the community enabling the RHC to make available at least one full-time caregiver for every seven children.
- b) A couple provide family type care for up to eight children (including biological children)
- c) There is evidence that staffs give children appropriate individual attention and respond to their personal needs.
- d) When there are children in the RHC who are differently-abled (disabled) or with special needs, this reflects in a higher staff-children ratio to ensure that adequate attention is given to each child.
- e) The primary caregiver is responsible for all major care activities e.g. personal care, meals, homework and recreation. This is necessary to promote a family environment and serves as a good basis for adult-child bonding.
- f) The assistant caregiver is responsible for all household chores and provides support to the primary caregiver in caring for children.
- g) When the primary caregiver(s) is (are) not available, assistant caregivers move in to be with the children and children are not moved out to another setting.
- h) Volunteers are never primary caregivers and attachment figures for the children but may act as assistant caregivers or support additional activities.
- i) Volunteers work according to clear instructions and always under supervision.
- j) Every staff member and volunteer working in the RHC is supervised by senior staff through individual and team meetings.
- k) Individual meetings with staff have a clear purpose and include provisions to supervise staff. Supervisory meetings are recorded in the staff files.
- l) All non-Ghanaians setting up homes and their staff must provide evidence of legitimate residence and work status in Ghana.

2.7 *Employment Practices*

The RHC is a fair and competent employer with sound employment practices and good support for its staff and volunteers.

Achieving the Standard

- a) The RHC has clear and transparent arrangements for contracts, salaries and benefits in line with Ghanaian laws.
- b) The RHC has documented human resources management procedures with regular job evaluations, feedback, appraisals (annual job performance) and reporting.
- c) All employed staff and ancillary staff are offered an orientation and induction programme to make them familiar with the RHC and the tasks they need to perform.
- d) The RHC Manager ensures that staff/ancillary staff members have full understanding of what is expected from them.
- e) All employed staffs have the opportunity to be involved in important decision-making about the RHC. Staff, as a group, has the opportunity to meet at least every three months with the Manager and once a year with the RHC's governing body.
- f) Whenever possible, the RHC recruits couples as primary caregivers to give the children a good role model.
- g) The RHC employs relief staff caregivers in cases of emergencies.
- h) Staff that is found guilty of seriously violating rights, abusing or physically harming children, is dealt with in accordance with the relevant laws. This is laid down in their working contract.

Chapter 3

Premises

3.1 Premises

The RHC premises are fit for the purpose of caring for children. The RHC is organized in a family type way with small groups and primary caregivers.

Achieving the Standard

- a) The RHC operates as small groups, each with permanent caregivers, in order to create a family environment for the children
- b) Where possible, the RHC is based in the community to allow children full participation in community and family activities.
- c) Each group home space is equipped with leisure space, tables for home work and a living room. The dining space ensures that children and caregivers can have meals together around the table in a family setting.
- d) Each family-type group will have separate bedrooms for girls and boys.
- e) If the RHC accommodates children with disability or special needs, the buildings are adapted to be accessible and safe for these children.
- f) The names of the RHC may appear only on administration or central buildings. The living space or any facilities used by the children (e.g. vehicles) are not labeled.
- g) A RHC is housed on the ground floor of a building unless otherwise approved by the Department of Social Welfare. If it is not located at the ground floor of the building, it must have bars on the windows.
- h) The location of the RHC is away from public toilets, rubbish dumps, main roads and anything that may pose a health or safety hazard to the occupants.
- i) The design, layout and use of the accommodation are such that children's individual care and privacy are not compromised:
 - A minimum floor area of 9m² for every three (3) children aged from birth to six (6) months.
 - A minimum floor area of 13m² for every six (6) children aged six (6) months to three-and-a-half years.
 - A minimum floor area of 20.5 m² for every eight (8) children aged three to eighteen (3-18) years.
 - RHC is a small structures serving at the maximum 30 people.
 - Girls and boys sleep in separate rooms when over the age of 6.
- j) The RHC premises are not used for functions unrelated to the RHC that compromise or have an adverse effect on the care of children in the RHC especially guest houses, restaurants, bars, shops, churches or other hospitality services unless they are securely fenced off and completely

inaccessible to children; equally, access to the area used by the children is forbidden to clients.

- k) Effective precautions, acceptable to children and staff, are taken to ensure the security of the RHC from access by unauthorised persons, without compromising or having an adverse effect on the care of children in the Home.

3.2 Safe Environment

The premises provide a safe and secure environment for the children to live, play, do homework activities and enjoy family life. The environment and facilities at the premises ensure secure environment and privacy for the children and safety of their personal belongings. Children are provided with physical safety and security.

Achieving the Standard

- a) The premises are safe for children and have all the required safety, security and health certificates from the local authorities.
- b) Every child has his/her own closet for clothes and a drawer or cabinet that can be locked for personal belongings.
- c) Children are not photographed at outings without their prior permission and those legally responsible for them.
- d) Media is not allowed at the RHC without prior permission of the management of the RHC and DSW.
- e) All repairs are dealt with immediately.
- f) Children and staff know the emergency evacuation procedures for the RHC, including those for use at night, in case of fire or other hazards.
- g) The manager of the RHC implements the requirements of the local Fire Authority, to the timescales agreed.
- h) Drains on the premises are covered.
- i) The RHC is insured.
- j) Weapons, firearms and explosives are not allowed on the premises of the RHC.
- k) The RHC has a safe place under lock and key to keep all cleaning agents.

Chapter 4 Administration and Finance

4.1 *Financial Management*

The RHC ensures that it is financially viable at all times and has sufficient resources to fulfill its obligations.

Achieving the Standard

- a) The RHC is able, at all times, to prove its financial viability and sustainability (e.g. by donor commitments and/or secured capital sufficient to cover the running costs of the facility for at least one year (and, preferably, for a period of three years).
- b) An annual audit of the financial records is carried out by an accredited accountant.
- c) The audited financial report is added to the RHC's Annual Report and is sent to the DSW by March 31 of each year.
- d) The DSW will provide feedback about it to the RHC by July 30 of same year.
- e) The Manager of the RHC has the necessary ability to plan, budget and administer the finances for the Home to ensure that it is run on a sound financial basis.

4.2 *Fundraising*

The RHC has a transparent fundraising strategy and proper and accountable registration and spending of donations and Government support.

Achieving the Standard

- a) All incoming donations are recorded and are visible in the financial records of the RHC, and are applied solely for the statement of purpose of the RHC. A fundraising documentation file is in place showing incoming donations and justification of spending.
- b) Children are not used in active fundraising activities.
- c) Pictures of children and personal stories are never used for fundraising purposes except with the permission of the children and/or the person legally responsible for the child. This permission is recorded in the fundraising documentation file.
- d) All donations are made, transferred and applied according to the legal requirements of Government of Ghana and the donor country.
- e) In the case of donations linked to individual children, no child is treated in a different way to children who have no individual donor.

4.3 Complaints Procedure

The RHC has a complaints procedure for children, parents, guardians and staff. All involved are informed about this procedure at the time of the child's admission.

Achieving the Standard

- a) Children, their parents/relatives receive in writing the complaints procedure of the RHC and how they can address any complaints they may have. Children are informed how to use the procedures. (See Appendix)
- b) The RHC complaints procedure incorporates an appeal mechanism and the opportunity for the complainant to have his/her complaint adjudged by someone independent of the RHC who is chosen by the complainant.
- c) If the RHC accommodates more than 25 children, a committee is established by the Board of Directors of the RHC to assess cases for appeal that cannot be dealt with between the caregivers and the children/ their parents and supervision staff.
- d) Complaints expressed lead to concrete measures to solve the situation with solutions that promote the improved quality services and well-being and safety of the children and their rights.
- e) A complaints procedure is in place and communicated with children, staff, parents/relatives of the placed children and DSW (see appendix)

4.4 Emergency Preparedness and Response

The RHC develops an emergency preparedness plan and responds to emergencies using established procedures

Achieving the Standard

- a) The RHC has an emergency preparedness plan and shares it with DSW
- b) The management of the RHC ensures that staff has access to the necessary information regarding safety and emergency situations (fire, break in, missing children, etc.).
- c) Telephone numbers of persons to call in emergency cases are visible near the phone (landline phone or cell phone with sufficient airtime) for staff and children.
- d) Children and staff have regular emergency drills and basic first aid training to know what to do in cases of emergency (fire, break- in, domestic accidents etc.).

Chapter 5 Caring for Children

5.1 Admission

Admission criteria meet the requirements spelt out in the Children's Act 560 (1998), Child Rights Regulations LI.1705 (2003)

Achieving the Standard

- a) The DSW Social Worker discusses the social investigation report with the RHC manager before a child is admitted.
- b) Except an approval is issued by DSW, a child is not admitted into the RHC.
- c) In emergencies, the RHC admits (a) (child(ren) and informs DSW within 24 hours
- d) Admission criteria do not discriminate on the basis of gender, race, culture, religious background or physical and health status. When the RHC is offering service to children with disabilities, the facility must be fully accessible and adapted to the needs and safety for these children. The Statement of Purpose (Standard 4) of the RHC must be respected and adhered to.
- e) The DSW provides a care order for each child who remains in a RHC over 7 days.
- f) Unless there are reasons agreed with the responsible DSW, groups of children living in the RHC include mixed genders and ages.
- g) The RHC makes every effort to maintain the name of the child. The RHC does not change the name of any child admitted when that child knows his/her name. When the child is not capable of giving his/her name and/or was admitted under an emergency situation as spelt out in 5. 1. (c) RHC seeks the approval of DSW before giving a name to a child on admission.
- h) The RHC provides maximum support to the child and his/her family of origin during the process of decision-making on admission and induction period
- i) The RHC cooperates with the DSW social worker to be actively involved in ensuring that the needs of the children are met.

5.1.2 Admission of Siblings

Siblings are cared for together and helped to keep in contact.

Achieving the Standard

- a) Siblings are given all the opportunities to live together in the same house/group; unless there are reasons agreed with the DSW.
- b) Where, for justifiable reasons, it is not possible for siblings to live together, the RHC encourages and facilitates contact between them.
- c) All financial and other resources and support are provided to allow siblings to maintain contact

5.2 The Care Taking Process

5.2.1 Care Giving Responsibilities

The RHC caregivers' relationship with the child is based on affection, understanding and respect.

Achieving the Standard

- a) The caregiver pays individual attention to the child and makes a conscious effort to build up trust and to understand him/her. The caregiver always communicates openly, honestly and respectfully with the child.
- b) Through affection and respect, caregivers set an example and thereby encourage and help children to respect each other.
- c) The rights of the children in the RHC are respected and maintained
- d) The RHC code of conduct prohibits the use of physical punishment and violation when proven leads to sanctions, prosecution, dismissal etc.
- e) Caregivers are trained in respectful and effective behavior management
- f) The management of the RHC ensures, as far as possible, that professional services are provided where necessary to help children develop individual identity in relation to their gender, disability, religious, racial, regional, cultural or linguistic background or sexual orientation
- g) Each child has at least one person, independent of the RHC, whom they may contact directly about personal problems or concerns at the RHC. Such a person may, for example, be a social worker of DSW, an advocate, children's rights officer, adult family member, personal adviser, visitor on behalf of an organization carrying on the RHC, or mentor.
- h) No child stays in the RHC longer than is absolutely necessary.
- i) Where there are serious concerns about the emotional or mental health of a child, a mental health assessment is requested. If proven that a serious condition exists, DSW is informed about the condition and the child's care plan is reviewed.
- j) Personal information about the children, including their family and health status, is treated in a confidential manner and not revealed to visitors without the permission of the child aged 12 years old and over or the caregiver.

5.2.2 Child participation

Children are included in all decisions that affect their life according to their age and maturity. These include decisions about their current placement, choice of religion, contact and reintegration in their families, transition to any other placement, leaving care and preparation for independent living. The RHC functions in a way that enhances every child's independence and opportunity to make everyday choices. Children are trained in relevant life skills topics.

Achieving the Standard

- a) The RHC proves that it encourages children to participate in decision-making in relation to their living circumstances. This can be in the form of a children's panel with representatives elected by the children and/or regular house meetings, in which children can freely express their opinions and there is evidence that their opinions are taken seriously.
- b) Children have free access to their responsible DSW social worker and can speak with him/her privately.
- c) Children are prepared for independent living throughout the duration of their placement and are offered independent living activities from age 15 years.
- d) Children's money is held in safe keeping for them and children sign the records. They are encouraged to manage their own finances through help with budgeting and banking.
- e) Children are included in decision-making about contact with their birth families and relatives (except where the court rules otherwise), and have free access to contact with them but are not forced to make home visits if this is against their will and best interest.
- f) The RHC is actively involved in family reunification.
- g) Appropriate support is provided for children who are refugees, asylum seekers or internally displaced, taking into account the particular circumstances of each child's flight from his or her country of origin and the advice of specialized agencies where necessary.
- h) The race, ethnicity, culture and religion of the majority is not to be forced on others.
- i) A suggestion box is available for children and they are taught how to use it.
- j) Children aged 12 and over, who so wish, will be allowed to practice their own religion and traditions as long as this does not harm other residents in the RHC.
- k) Participation of the children in decisions about their daily life is encouraged and made possible. Children are invited to speak up and are listened to and their opinions are taken into account when every day decisions about the living conditions in the RHC are made.

5.2.3 Case recording

The RHC ensures that an up-to-date comprehensive case record is maintained for each child or young person in their care which details the nature and quality of care provided and contributes to an understanding of her/his life events. Relevant information from the case records is

made available to the child/parents and to anyone involved in her/his care.

Achieving the Standard

- a) Each child has an individual file which contains the following documents:
 - (1) birth registration
 - (2) death registration of the parents where applicable
 - (3) court orders
 - (4) background report
 - (5) emergency contact information on parents/family
 - (6) individual care plan
 - (7) evaluations and updates
 - (8) progress reports from schools
 - (9) available information about the child
 - (10) Health Record
- b) Health records, background reports, court orders, reports about pending investigations and any highly sensitive information is confidential and cannot be accessed without permission from the manager.
- c) All files are kept in a safe place under lock and key to which only authorized persons have access.
- d) Children and young people are allowed access to their background information and other file materials according to age and maturity, if it is in their best interest. Information is shared with them in a sensitive manner.

5.2.4 Progress reporting

A system is in place for reporting the progress of children to DSW, and other relevant stakeholders in the life of the child.

Achieving the Standard

- a) The care of all children is based on an individual care plan. All stakeholders in the child's life are given the opportunity to be involved in the development of this plan
- b) The children's care plan is evaluated and updated bi-annually or as needed
- c) Children are included in the development of their individual care plans and co-sign these plans by at least age 12 or when developmentally appropriate. The implications of the care plan are explained to all children according to their age and maturity.

- d) Children are involved in the development and evaluation of their care plan according to their age, emotional development and maturity.
- e) When any change occurs in the child's life that may have an effect on the child's placement or future (e.g. serious illness, death of parent or guardian - or death of the child) the RHC will, within 24 hours, notify DSW

5.2.5 Health

Children have access to and receive adequate health care.

Achieving the Standard

- a) The RHC ensures that all children are insured under the National Health Insurance Scheme
- b) The RHC ensures that all children in their care undergo a medical checkup at the time of admission. All children have access to medical treatment and health care. The RHC provides the necessary resources if hospital treatment is needed (e.g. medication).
- c) Medical records are completed and kept in the child's personal file with strict confidentiality. Where the RHC has a visiting or resident doctor/health person, he/she keeps the file. Important health information (allergies, epilepsy, sickle cell, etc.) are kept in the child's personal file.
- d) All caregivers are trained in the prevention of transmittable diseases and in first aid.
- e) The manager obtains and follows qualified medical or nursing advice in a written protocol on the provision of non-prescribed and prescribed medicines to children. Expired medication is not administered to children and is properly disposed of.
- f) Medication is always kept in locked cabinets with clear access guidelines.
- g) In the event that children have any disability, disease or infection, caregivers receive training in care and treatment and use of medication for such conditions as above.
- h) At the time of admission, it is clarified who has the authority to take decisions on medical matters. Agreement is also reached concerning which RHC staff can take decisions regarding urgent operations and medical treatment.
- i) Parents/family and DSW are always informed in cases of serious accidents, illness, pregnancy or death of the child.
- j) Children receive appropriate health and abuse prevention education. Safe reproductive health education is a priority for children above the age of seven (7).
- k) The RHC adheres to all general hygiene standards in all its activities including the preparation of food and in personal hygiene.

- l) Issues of personal hygiene are dealt with sensitively
- m) Children are actively discouraged from smoking, alcohol, illegal substance or solvent abuse and under-age sexual activity. They are given opportunities to discuss these issues openly and honestly with staff and with their peers.

5.2.6 Diet and nutrition

Children are provided a nutritious diet that is culturally sensitive

Achieving the Standard

- a Children are provided with a nutritious, balanced and culturally/religiously sensitive diet.
- b The RHC plans the menu with a nutritionist
- c The RHC allocates sufficient resources, in consultation with a nutritionist, to prepare diets. Caregivers are trained in preparing healthy meals for a large family.
- d The RHC is responsible for monitoring that the children receive a diet that complies with their individual needs (e.g. medication and allergies) in order to promote their best possible health.
- e Malnourished children and babies are provided with a special diet based on the doctor's/nutritionist's recommendation
- f Where possible and age appropriate, the children are encouraged to assist in preparation of meals as a contribution to the learning of household skills and independent living.
- g Children are not routinely excluded from communal meals because of disability or as a punishment
- h Food is never used as a bribe or to show preference or as a punishment
- i Clean water is available at all times and for all age groups

5.2.7 Right to Education

Every child in the RHC is unconditionally provided with appropriate and relevant education suitable to their capacity, circumstances and developmental needs and is given assistance to make effective use of the education provided.

Children attend school in the community. Where a kindergarten or pre-school is part of the RHC, this is open to children from the community.

Achieving the Standard

- a. Children living in the RHC receive their care/education in a community education facility.
- b. When the RHC includes a school or kindergarten, the school or kindergarten will be on separate premises, and opens to children of the local community. The school or kindergarten follows the Ghanaian mainstream curriculum for public or private schools.
- c. The Day Care Center and school are registered with the DSW and Ministry of Education, respectively
- d. Children receive primary and secondary education in programs that lead to optimum use of their capacities and potential. Where needed, the children are encouraged to participate in extra classes to ensure that they can remedy any deficits in their educational career due to the situation before they were placed in RHC.
- e. Caregivers ensure that children have space and time to do their home-work studies and prepare projects in an appropriate environment.
- f. Children are provided with the necessary resources to participate in school: appropriate school uniforms, books, stationery and contributions to school outings and excursions.
- g. The learning process of the children is closely monitored and school reports and certificates are included in their files or displayed in the home to encourage them.
- h. RHC has appropriate motivational programs for children.
- i. If children drop out of school, appropriate measures are taken to provide them with vocational or skills training to improve their chances to compete for job opportunities in the future.
- j. Children have the right to express freely their future plan and decide on their further educational and professional careers. This is documented in the child's Care Plan.
- k. Children with learning difficulties or other special needs receive special education and, if possible, are provided with additional equipment (Braille computer, hearing equipment etc.) to guarantee that they can reach their full potential.
- l. Children are not denied participation in extra-curricular activities because they are in care.
- m. For children of school going age who are not in school, the manager has in place a temporary educational program during normal school hours, and works with the DSW to secure appropriate full-time educational provision.

5.2.8 Parental/Family Participation

Unless prohibited by a court order or DSW decision, parents/relatives are involved in all decisions regarding the care of their children.

Achieving the Standard

- a Parents/family are actively encouraged to maintain contact with their children while they are in the RHC and help to ensure that the child's contact with the community and traditions is maintained.
- b The RHC cooperates with the DSW social worker in supervision services to families in order to help facilitate the child's smooth re-integration, when possible. This includes facilitation of home visits during school holidays and weekends.
- c When direct contact with the parents or relatives is not in the best interest of the child, parents and relatives are supported to provide information to assist the child to know about his/her background and reason for placement in the RHC.

Parents are encouraged to give children permission to bond with their caregivers in order to ensure the development of a positive relationship.

5.2.9 Vacation and Weekend visits

Families/relatives take active part in taking care of children during holidays and weekends where this is in the best interest of the children. Children are encouraged to spend weekends and vacations with families, friends and mentors.

Achieving the Standard

- a Children are encouraged to spend weekends, holidays and vacations with families, friends and mentors
- b Families, mentors and friends who wish to spend weekends and vacations with children in their homes are screened by DSW
- c DSW provides written permission to families, friends and mentors before they take the children with them

5.2.10 Right to Play and Leisure Time

Children can play in a safe and stimulating environment that supports friendships, relation with the children from the community and their individual and group developmental needs.

Achieving the Standard

- a The RHC ensures that every child has access to play equipment that is age-appropriate and supports the development of the child in all aspects.
- b Children have sufficient time to play and meet with their peers in a relaxed atmosphere.
- c The RHC has access to a playground or play area that is child-friendly and open to the children's community friends. It has the basic equipment that stimulates physical and mental growth of the children.
- d Children are supervised during their free time according to their age and ability.
- e Children with special needs are provided with appropriate toys and opportunities to play and relax.
- f Children participate in community activities and clubs in the community to encourage their integration into the society and help them develop special abilities or talents.
- g Children are encouraged and supported to participate in extra-mural activities (teamwork, community activities).
- h Children are encouraged and given opportunities to take part in activities and leisure interests. Support is available to enable children with disabilities to enjoy a range of activities within and outside the RHC.
- i Leisure interests and areas in which the child has talents or abilities are considered within the child's Care Plan.
- j Children are encouraged and enabled to make and sustain friendships with children of their own age outside the RHC.
- k Trips out to events for enjoyment or interest are encouraged and organized by staff.
- l Children have access to a selection of suitable newspapers, books and magazines. Consideration is given to individual circumstances of children in watching videos and television, and in using computer games and accessing the internet. Videos, games consoles and computer games may be watched/played only by children of the intended age range. No RHC has any videos, DVDs, or games certified as suitable only for over the age of 18. Systems and policies are in place to safeguard children when computer networking or on the internet and also to prevent the RHC from becoming dominated by use of the television and computers.

5.2.11 Behaviour Management

Children are assisted to develop socially acceptable behaviour through encouragement, positive reinforcement, and constructive staff response

to inappropriate behaviour. Corporal punishment and humiliating treatment (including verbal abuse) is never used.

Achieving the standard

- a Children are protected against abuse and exploitation.
- b Staff responds positively to acceptable behavior and, where the behavior of children is regarded as unacceptable by staff, it is responded to by constructive, acceptable and known disciplinary measures approved by DSW
- c Measures of control and disciplinary measures are based on establishing positive relationship with children and are designed to help the child.
- d The consequences of unacceptable behavior are clear to staff and children and any measures applied are relevant to the incident, reasonable and carried out as contemporaneously as possible.
- e Physical restraint is only used to prevent likely injury to the child concerned or to others, or likely serious damage to property.
- f Physical restraint is not used as a punishment, or a means to enforce compliance with instructions or in response to challenging behaviour which does not give rise to reasonable expectation of injury to someone or serious damage to property.
- g A record of the use of restraint on a child by an adult is kept in a separate, dedicated, bound and numbered book, and indicates the name of the child, date, time and location, details of behavior requiring use of restraint, the nature of restraint, duration, name of staff members involved, children and other people present, the effectiveness and any consequences of restraint, any injuries caused or reported by the child.

5.2.12 *Physical, Social and Emotional Development*

Children are supported to achieve their physical, mental, moral, social and emotional development.

Achieving the Standard

- a Activities and assistance that support the children's development are based on the individual needs of the children and are laid down in each child's care plan. Caregivers are trained to treat children in a supportive manner and to carry out activities that support the physical, social and emotional development of children.
- b Children are supported to overcome trauma and establish self-esteem and resilience.
- c Where needed, children are referred to specialists/therapists or relevant programs to help them overcome trauma. They are assisted to make effective use of the help available.

- d Children are encouraged and supported to make life books and/or memory boxes to ensure that their roots and background are known and they understand why they are in the RHC.
- e Staffs are trained to talk with children about difficult moments in their lives and about abuse.
- f There are systems in place to promote the safety and welfare of children and to ensure that children are informed about and protected from abuse, which are known and understood by all staff (including volunteers and non-care giving staff).
- g No child is engaged in work that negatively affects his/ her physical, mental, social, emotional or moral wellbeing.
- h Relationships between staff and children are based on mutual respect and understanding with clear professional and personal boundaries which are effective for the individuals and the group.
- i Children in the RHC are looked after without favouritism or antipathy towards any individual or group within the RHC.
- j Each child has a personal logbook. Logging is done on a daily basis.
- k Children are encouraged to develop a proper awareness of their rights and responsibilities. Staff and children alike are clear that each individual has rights and responsibilities in relation to those who live in the RHC, those who work there and people in the community.

5.3 Leaving Care

5.3.1 Reintegration of the Child into Family/Community

Children are provided with support to enable effective transition from the RHC to the family and community.

Achieving the Standard

- a When children are ready to reintegrate into their families or communities, the RHC prepares a written plan and supports them through a step-by-step process according to the care plan.
- b Children are given maximum support to prepare for the change process through visits, counseling and preparation of their personal belongings in accordance with their discharge plan.
- c Children are involved in the decision-making of reintegration and are given maximum appropriate choices and ample time to ensure a smooth transition during reintegration. Children can bring forward issues that need to be resolved to support re-integration into the community.
- d Children are provided with telephone numbers and other contact details by the RHC so they can seek help after the change of placement

- e When children are returning to their family etc., those caring for them in the future are given all possible support, advice and assistance.
- f Children are prepared for the move and are not moved until they are ready. Moves are traumatic for children. Ensuring that the move is a positive one and that children are fully and properly prepared, reduces this trauma.
- g When a child cannot return to his or her family and has also not been placed with adoptive parents or foster parents, the child is encouraged and assisted by the RHC to become independent and self-reliant. The RHC and DSW continue to keep regular contact with him or her.
- h Subject to the agreement of the DSW, relevant personal, educational and health information concerning each child is passed on to that child's subsequent placement.
- i A written discharge plan is prepared and reviewed with the child, parents/family and DSW

5.3.2 Transition to Independent Living

Children are continuously prepared for independent living and empowered to cope and adapt to life's challenges in the outside world.

Achieving the Standard

- a Children are supported to become self-reliant, self-sufficient and participating members of society. They have access to education and have opportunities to acquire life skills and good values.
- b Caregivers ensure that children are guided to develop self-sufficiency in accordance with the needs identified in their care plan. Caregivers in particular focus on involving children in daily responsibilities according to age, maturity and level of understanding.
- c Children are supported in developing their daily care skills: dealing with money, legal matters, insurances and other practical matters.
- d Young adults over 18 years due to leave care are actively prepared for this through special programs in independent living, training, apartments or camps. Where possible they receive training to assume responsibilities, to integrate values and norms and to develop life skills.
- e Caregivers explore the child's/young adult's interests and plan activities which support the further development of his/her knowledge and life skills.
- f Children and young adults are supported to develop a social network and in maintaining contact with people in this network.
- g Young adults leaving care are assisted to find appropriate and affordable accommodation and assisted when possible with the basic equipment to start independent life.

5.3.3 Communication during Transition Living

All parties involved in the leaving care process are provided with relevant information in accordance with their role in the process and level of understanding. At the same time, the child/young adult and his/her family of origin have the right to privacy.

Achieving the Standard

- a The RHC cooperates with the DSW in managing all relevant information, ensuring confidentiality, proper documentation and access for all involved parties.
- b All legal documents/procedures for discharge of the young adult from the RHC are completed. The young adult receives all personal documents held by the RHC (e.g. birth certificate). The RHC retains photocopies of the documents
- c The young adult is properly informed about the leaving care process and the different possibilities for future life in accordance with his/her age and understanding.
- d The young adult is fully involved and empowered to participate in decision-making about the leaving care process. He/she participates in the planning and implementation of the leaving care process.
- e The young adult may determine to what extent his/her family of origin may be involved in the leaving care process.

5.4 After Care Support (*Follow-up and contact*)

Children and young adults who have left the RHC have the opportunity to receive assistance and support.

Achieving the Standard

- a Young adults who have lived at the RHC may return for advice. They may visit their previous group mates and, where possible, may be invited to events as part of the RHC family, at the discretion of the RHC.
- b The RHC attempts to maintain contact and follow up with the children and young adults when they leave the facility to monitor their progress.
- c The RHC ensures that the children and young adults leaving the facility acquire all national documents e.g. an Identity Document/Card.

Appendix

CHILD PROTECTION POLICY FOR RESIDENTIAL HOMES.

NAME OF INSTITUTION:

Vision:

Mission:

Our commitment to protect children

Values, Principles and beliefs.

- All child abuse involves the abuse of children's rights.
- All children have equal rights to protection from abuse and exploitation.
- The situation of all children must be improved through promotion of their rights as set out in the UN Convention on Rights of the Child and the Children's Act 1998 (Act 560). This includes the right to freedom from abuse and exploitation.
- Child abuse is never acceptable.
- We have a commitment to protecting children with/for whom we work.
- When we work through partners, they have a responsibility to meet minimum standards of protection for children in their programmes.

What we will do:

We will meet our commitment to protect children from abuse through the following means.

1. **Awareness** we will ensure that all staff and others are aware of the problem of child abuse and the risks to children.
2. **Prevention**: we will ensure, through awareness and good practice, that staff and others minimize the risks to children.
3. **Reporting**: we will ensure that staff and others are clear what steps to take where concerns arise regarding the safety of children.

4. **Responding**: we will ensure that action is taken to support and protect children where concerns arise regarding possible abuse. In order that the above standards of reporting and responding are met, staff will also ensure that they:
- take seriously any concerns raised.
 - take positive steps to ensure the protection of children who are the subject of.
 - any concerns.
 - support children, staff or other adults who raise concerns or who are the subject of concerns.
 - act appropriately and effectively in instigating or co-operating with any subsequent process of investigation.
 - are guided through the child protection process by the principle of 'best interests of the child'.
 - listen to and takes seriously the views and wishes of children.
 - work in partnership with parents/carers and/or other professionals to ensure the protection of children.

How we will ensure our commitments above are met:

- **All staff and volunteers** will sign up to and abide by the attached code of conduct.
- **All staff and volunteers** will have access to a copy of the child protection policy.
- Recruitment procedures will include checks on suitability for working with young people.
- Induction will include briefing on child protection issues.
- The Institution will display contact details for reporting possible child abuse and every member of staff will have contact details for reporting.
- Systems will be established to investigate possible abuse once reported and to deal with it.

Code of conduct

Staff and others must never:

- hit or otherwise physically assault or physically abuse children.
- develop physical/sexual relationships with children.
- develop relationships with children which could in any way be deemed exploitative or abusive.
- act in ways that may be abusive or may place a child at risk of abuse.
- use language, make suggestions or offer advice which is inappropriate, offensive or abusive.
- behave physically in a manner which is inappropriate or sexually provocative
- have a child/children with whom they are working to stay overnight at their home unsupervised.
- sleep in the same room or bed as a child with whom they are working.
- do things for children of a personal nature that they can do for themselves.
- condone, or participate in, behaviour of children which is illegal, unsafe or abusive.
- act in ways intended to shame, humiliate, belittle or degrade children, or otherwise perpetrate any form of emotional abuse.
- discriminate against, show differential treatment, or favour particular children to the exclusion of others.
- This is not an exhaustive or exclusive list. The principle is that staff should avoid actions or behaviour which may constitute poor practice or potentially abusive behaviour.

It is important for all staff and others in contact with children to:

- be aware of situations which may present risks and manage these.
- plan and organize the work and the workplace so as to minimize risks.
- as far as possible, be visible in working with children.
- ensure that a culture of openness exists to enable any issues or concerns to be raised and discussed.
- ensure that a sense of accountability exists between staff so that poor practice or potentially abusive behaviour does not go unchallenged
- talk to children about their contact with staff or others and encourage them to

raise any concerns

- empower children - discuss with them their rights, what is acceptable and unacceptable and what they can do if there is a problem.

In general it is inappropriate to:

- spend excessive time alone with children away from others.
- take children to your home, especially where they will be alone with you.

CHILD ABUSE REPORTING PROCEDURE

Section 17 of the Children's Act 1998 (Act 560), obliges all Ghanaians with information on child abuse to report such cases. In the light of this, and taking into consideration the Institution's Child Protection Policy, in the event of any suspicions or concerns regarding the sexual or physical abuse of children, or the exploitation or neglect of a child by staff, **(or the Institution's volunteer, or partner)** the following process must be followed:

STEP ONE:

Any concerns must in the first instance be raised and discussed as soon as possible with (name or title to be provided) to whom the staff member reports. If this person is not available or is the one under suspicion, then the staff should report the matter to the Focal person (name to be provided) in the centre.

STEP TWO

The (title same as under One above) or focal person will report the suspicion on the same day directly to the (designated officer) or in his/her absence to the (the next designated officer)

The (designated officer) will call a meeting of the line manager, focal person and the staff member initiating the complaint. This meeting will be held if possible on the same day or on the following day at the latest. The meeting will among other things establish the following:

- I If there is sufficient evidence to support the initial report.
- li Have all steps been taken to protect the child involved?

- lii Is it in the best interest of the child and taking into account the rights of the suspected person to confront this person with the accusation before moving forward.

If the (title) is the suspected person then the (a designated person) will discuss with the Focal person to establish the above points

STEP THREE

Based on the outcome of the meeting referred to in **STEP TWO** above and if it is felt that there is sufficient evidence to take the matter forward, the staff member or Focal Person will be responsible for:

- Confronting the accused person while ensuring the protection of the child.
- Reporting the concern to the Manager or in his absence to the Assistant Manager.
- Informing the Manager of plans to report the matter both to the Department of Social Welfare and DOVVSU or any Police officer where DOVVSU is not available.
- If the Manager is the suspected person, the Focal Person reports the matter to DOVVSU or any Police Officer in the locality where the institution is established.

Below is a list of potential external contacts who could be contacted to provide support to the victim and take further action (if necessary) where a case of abuse is proven.

- 1 The Director,
Department of Social Welfare,
P. O. Box M230
Accra.
Tel: 021-684536

2. The Deputy Director (Child Rights)
Department of Social Welfare,
P. O. Box M230,
Accra.
Tel: 0302684543
3. The Coordinator,
Care Reform Initiative,
P.O. Box M230
Tel. 021-684550
4. The Regional or the Social Welfare Office in the district where the abuse occurred.
5. The Gt. Accra DOVVSU Regional Coordinator,
Ministries Police Station
Ministries,
Accra.
6. The Regional or District DOVVSU Office or the Police Station in the district where incident occurred.