



REPUBLIC OF GHANA



Care Reform Initiative (CRI) Ghana
#FamilyBestPlaceForChildren

National Standards for Residential Homes for Children in Ghana



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National Standards for Residential Homes for Children in Ghana.

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ACRONYMS

CRI	Care Reform Initiative
COC	Code of Conduct
DOVVSU	Domestic Violence and Victim’s Support Unit
DSW	Department of Social Welfare
FBO	Faith-based Organization
MoGCSP	Ministry of Gender, Children and Social Protection
MOU	Memorandum of Understanding
NGO	Non-Governmental Organization
RHC	Residential Home for Children
SOP	Standard Operating Procedure
SWO	Social Welfare Officer
UNCRC	United Nations Convention on the Rights of the Child
UNICEF	United Nations Children’s Fund
USAID	United States Agency for International Development

DEFINITIONS AND TERMINOLOGY

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 (kinship care or foster care), residential care and adoption.

Care Plan:

A written plan that identifies the developmental needs of the child; outlines the steps or measures to be taken in order to address those needs; sets out directions about the care and decisions about placement; and decisions about contact between the child and a parent, sibling or other relative of the child or any person who is significant in the child's life.

Family-based care:

Family-based care is the alternative care of children in a family environment. Family-based care includes:

- Kinship care (living with relatives); and
- Foster care (living in a home with a foster parent, who provides round-the-clock care – in the same capacity as a biological parent)

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 in residential care without the necessary authority are illegal.

Gate-keeping:

A recognised and systematic procedure to ensure that alternative care for children is used only when necessary and that the child receives the most suitable support to meet their individual needs.

Residential Care:

Residential Care is care provided in any non-family-based group setting, such as shelters for emergency care, transit centres in emergency situations, and all other short- and long-term residential care facilities, including group homes.¹ Residential care may be considered as a temporary alternative care solution for some children in emergency situations and with no other means of support but only as a last resort if no immediate placement in the community is found. The goal of residential care must be to provide temporary, short-term care and to reunify children with their parents or find a longer-term family-based care alternative within the shortest time possible.

Trauma

A type of damage to the psyche that occurs as a result of a severely distressing event.

¹ UN Guidelines for the Alternative Care of Children, 2009

FOREWORD

The Ministry of Gender, Children and Social Protection (MoGCSP) is mandated to ensure that all children in Ghana live in supportive, protective and caring environments that enable them develop to their full potential. Children should only be removed from their families and placed in alternative care in cases of immediate danger and when a child's parents are unable or unwilling, even with support, to provide adequate care. Some well-managed, small-scale residential care facilities are needed as an alternative care option to support children and families at different times. However, if a child needs to stay in a residential care facility, this should be temporary, and in a small-scale family-like facility until a better alternative is found either through family reintegration, or placed in foster care or adoption.

The first National Standards for Residential Homes for Children (RHC) were developed in 2010 to ensure that, the structural set up and quality of care of children in residential care are consistent and in line with international and domestic legal frameworks including the United Nations Convention on the Rights of the Child, 1989; the United Nations Guidelines for the Alternative Care of Children, 2009; the Children's Act (Act 560), 1998, and the Children's Act, Legislative Instrument (L.I. 1705) of 2003. In 2016 and 2017, the Department of Social Welfare (DSW), through the Care Reform Unit (CRI) engaged residential care stakeholders to review the National RHC Standards, specifically to identify challenges with implementation and compliance.

Based on the recommendations, Standards on admission of children into RHC and reintegration of children with their families have been strengthened in this revised Standards. Provisions have also been made on the use of volunteers in RHC as a safeguard against orphanage "*volunteerism*" which has been shown to not only impact negatively on children's well-being but also actively encouraging the proliferation of residential homes.

The revised national standards together with the check-list that speaks directly to evidences needed to measure compliance affirm the Government's position that the goal of all RHC in Ghana must be to provide temporary, short-term care and to reunify children with their parents or find family-based care alternative within the shortest time possible. Residential care should never be used as a primary or long-term alternative care solution, as it cannot replace the loving care of family and too often fails to meet the developmental needs of children. This is particularly the case for children aged 0 - 3 years as the negative impacts of institutional care are especially damaging for these young children.

Poverty, or material challenge should not be a justification for removing a child from parental care, for receiving a child into residential care, or preventing his/her reintegration.

It is the wish of the Government that these National Standards for Residential Homes for Children in Ghana are supported and implemented by all those responsible for regulating, providing and supporting residential care services, including local and international donors. This would ensure that services to children in residential care are provided in line with the UN Convention on the Rights of the Child, Guidelines for the Alternative Care of Children and the national Laws and Policies, and ultimately *in the best interest of the child*.

The MoGCSP is deeply appreciative of all the individuals and organizations that responded to requests for inputs to revise the 2010 National Standards for Residential Homes for Children and who participated in the 2016 and 2017 workshops and meetings.

The development of these revised Standards would not have been possible without the technical support received from UNICEF and the financial support from USAID. The MoGCSP is, as always, profoundly grateful for the support and partnership with our Development Partners.



Hon. Otiko Afisah Djaba,
Minister,
Ministry of Gender, Children and Social Protection

GUIDING PRINCIPLES FOR RESIDENTIAL CARE FOR CHILDREN

Residential care services for children in Ghana should reflect the principles of international and national legal frameworks including the United Nations Convention on the Rights of the Child, 1989; the African Charter on the Rights and Welfare of the Child, 1990; the UN Guidelines on Alternative Care, 2010; the Children's Act, 1998 and Amendments; and the Child and Family Welfare Policy, 2015.

The management and care of children in the Residential Home should always reflect the following principles:

Accountability

Everyone involved with children in residential care and their families should be held accountable for the delivery of an appropriate and quality service.

Age appropriateness

Every child should be handled in a manner appropriate to his or her age and intellectual development and should be spoken to and be allowed to speak in his or her language of choice, through an interpreter, if necessary.

Best interest of the Child

The best interest of the child is a child rights principle, which derives from Article 3 of the UNCRC, which says that *"in all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration"*. Assessing the best interests of a child means to evaluate and balance *"all the elements necessary to make a decision in a specific situation for a specific individual child or group of children"*. In order to determine the best interests of the child, it is critical that adults consult, understand and consider children's perspectives in decisions affecting them.

Child-centered

Positive developmental experiences, support and capacity building should be ensured through regular developmental assessment and programmes which strengthen the child's development over time.

Child Participation

Children are recognized as actors in their own development and protection, including children in residential care. Children must therefore be engaged and involved in all aspects of their care and home life and RHC staff should support them not only to make their views known, but also to understand how their feelings and wishes have been considered. No person shall deprive a child capable of forming views the right to express an opinion, to be listened to and to participate in decisions which affect his well-being, the opinion of the child being given due weight in accordance with the age and maturity of the child.

Continuum of Care

Good practice dictates having a full range of care options available for children in need i.e. a continuum of care, with priority placed on prevention and early intervention services to strengthen families and prevent unnecessary separation. Once a child has been separated from parental care, the spectrum of family care options includes reunification, relative (kinship) care, foster care and adoption. Residential care should be limited to cases where such a setting is specifically appropriate, necessary and constructive for the individual child concerned and in his/her best interests.

Family Preservation

All services should prioritise the goal to have children remain within the family and/or community context wherever possible. When a child is placed in alternative care, services should aim to retain and support communication and relationships between the child and their family (unless proven not to be in their best interests).

Necessity Principle

The principle of necessity is about ensuring that alternative care is only used when a child cannot be cared for by his/her own parents. This approach is grounded not only in the fundamental spirit of the CRC but also in many specific CRC provisions, such as health care (Article 24), education (Article 28), support for parents in their role (Article 18), conditions for separating a child from parents (Article 9), right to social security (Article 25) and protection from discrimination (Article 2).

Non-discrimination

No child shall be treated differently or discriminated against on the grounds of race, sex, gender preference, sexual orientation, ethnicity, religion, disability, socio-economic status or because the child is a refugee.

No harm

All actions taken to ensure that children live in supportive, protective and caring environments must strive to “do no harm”. This requires assessing and mitigating the risks of interventions that could negatively affect children; considering the context and needs of children when designing solutions and mitigate accordingly; and protect the best interests of children.

Right to grow up with parents

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 lead to significant harm to the child; or subject the child to serious abuse; or not be in the best interest of the child.

Right to survival and development

Every child has the right to life, dignity, respect, leisure, liberty, health, education and shelter. No person shall deprive a child access to education, immunisation, adequate diet, clothing, shelter, medical attention or any other thing required for his or her development including the right to participate in sports, or in positive cultural and artistic activities or other leisure activities. A child with disability has a right to special care, education and training wherever possible to develop his or her maximum potential and be self-reliant.

Sense of belonging to family and community

The family is considered a central unit of society and is deemed irreplaceable. The importance of a child’s sense of belonging to a family and community is the basis for commonality and solidarity. The RHC should support the child in every way possible to maintain this sense of belonging to his or her family and community.

Suitability Principle

The principle of *suitability* is about ensuring that, when alternative care is required, it is provided in an appropriate manner. To achieve this, there must be a range of family-based and other care settings from which to choose, and there must be a recognized and systematic gatekeeping procedure for determining which form of care is most appropriate.

NATIONAL STANDARDS FOR RESIDENTIAL HOMES FOR CHILDREN IN GHANA

The Standards for Residential Homes for Children in Ghana are intended to guide all those responsible for planning and providing residential care services, and for licensing and inspecting Residential Homes for Children. The quality of care provided can be measured and assessed against these Standards. There are 20 Standards, grouped into four Sections. Each Standard has many Criteria to show how the Standards can be met.

Section 1. Caring for Children in the Residential Home

- Standard 1: RHC caregivers
- Standard 2: Child safeguarding and protection
- Standard 3: Child participation
- Standard 4: Education
- Standard 5: Health and Nutrition
- Standard 6: Psychosocial Development
- Standard 7: Play and leisure

Section 2: Case Management of Children in the Residential Home

- Standard 8: Admission of children into the Residential Home
- Standard 9: Care Plan and reviews
- Standard 10: Reunification with family
- Standard 11: Independent Living
- Standard 12: Case recording
- Standard 13: Reporting on children in care

Section 3: Premises and Facilities

- Standard 14: Design of premises and facilities
- Standard 15: Safety of premises and facilities

Section 4: Residential Home for Children Governance and Management

- Standard 16: Statement of Purpose and policies and procedures
- Standard 17: Legal identity and governance
- Standard 18: Transparent, accountable and sustainable operations
- Standard 19: Staffing and human resource management
- Standard 20: Volunteers

The background features a large green area with a white, angular shape cut out of the top right corner. This white shape consists of a large triangle on the left and a smaller, darker green triangle on the right, creating a layered effect. The word "SECTIONS" is centered in the white area.

SECTIONS

SECTION 1:

CARING FOR CHILDREN IN THE RESIDENTIAL HOME

Standard 1: RHC caregivers

Children's well-being and safety is ensured through the provision of an adequate number of sufficiently experienced and qualified RHC caregivers.

Criteria for Achieving Standard:

1. The number of children cared for in the RHC does not exceed the approved number of children on the RHC licence. The maximum of children in RHC should not exceed 30. However, in case of emergency, additional children can be admitted through DSW as and when the capacity allows.
2. Every child is placed in the care of a qualified caregiver who is responsible for all major care activities for a small group of children e.g. personal care, meals, homework, recreation and emotional bonding and support.
3. The required ratio of caregiver to children is as follows:
 - One caregiver for five children from birth to three years;
 - One caregiver for eight children over three years of age;
 - One caregiver for ten children from six years to eleven years;
 - One caregiver for five children over eleven years to eighteen years;
 - One caregiver for not more than two children with severe disabilities.

Standard 2: Child Safeguarding and Protection

Children feel safe in all aspects of their care and can expect a zero tolerance of abuse, harm and neglect.

Criteria for Achieving the Standard:

1. A Child Safeguarding Policy including a Code of Conduct (CoC) and complaints procedure is in place and communicated with staff, children, parents/relatives of the placed children and DSW. 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. The Child Safeguarding Policy and CoC address all the provisions outlined in the DSW template (**see Annex A**).
2. Prohibited disciplinary practices are never used including corporal punishment and humiliating treatment such as verbal abuse. Children are assisted to develop socially acceptable behaviour through positive behaviour management methods including encouragement, positive reinforcement and constructive staff response to inappropriate behaviour.
3. Staff found guilty of violating children's rights, abusing or physically harming children are dealt with in accordance with the relevant laws. This is laid down in their working contract.

Standard 3: Child Participation

Children's right to participation in all aspects of their care is upheld. 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.

Criteria for Achieving the Standard:

1. Children participate in the development and implementation of all aspects of their Care Plans including decisions about contact with their parents/families and reunification or other permanency plans.
2. Children are encouraged to participate in decision-making in relation to their living circumstances in the RHC and structured forums are provided for this participation. This can be in the form of a suggestions box, 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.
3. The ethnicity, culture and religion of most children in the RHC must not be forced on others. Children can practice their own religion and traditions if this does not harm other residents in the RHC.

Standard 4: Education

The child's right to education is upheld. Every child is unconditionally provided with appropriate and relevant education suitable to his or her abilities and developmental needs and is given assistance to make effective use of the education provided.

Criteria for Achieving Standard:

1. Children are provided with the necessary resources to participate in school including appropriate school uniforms, books, stationery and contributions to school outings and excursions. Time and space for homework is also provided.
2. 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. 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.
3. 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.
4. Children of school going age who are not in school participate in a temporary educational program during normal school hours, and the RHC works with the DSW and Ghana Education Service (GES) to secure appropriate educational provision. If children had dropped 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.

Standard 5: Health and Nutrition

The child's right to health and physical well-being is upheld. Children have access to and receive adequate medical treatment and health care and are provided with nutritious meals suitable for their needs.

Criteria for Achieving Standard:

1. Each home has a first aid box that is kept in an easily accessible place on the premises. RHC caregivers are all trained in basic first aid techniques.

2. The RHC ensures that all children in their care undergo a medical examination at the time of admission and annual medical checkups thereafter.

3. The RHC ensures that all children are insured under the National Health Insurance Scheme.

4. Any concerns about the physical, emotional or mental health of a child are immediately addressed by referring the child for the necessary medical assistance. DSW is informed in all instances of serious health issues. If a serious condition exists, the RHC ensures the child is given the necessary treatment and follows qualified medical or nursing advice in a written protocol on the provision of non-prescribed and prescribed medicines to children.

5. Children receive appropriate personal hygiene, health and substance abuse prevention education. Safe reproductive health education, including HIV prevention, is a priority for children above the age of seven years. 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. This education can be provided in groups or individually as needed.

6. A weekly meal plan for the home is displayed in the kitchen. Meals adhere to the basic dietary guidelines provided by a nutritionist.

7. Children should be involved as much as possible in choosing and preparing meals, and opportunities to sit and eat together should be promoted.

8. Clean drinking water is always available for all age groups.

Standard 6: Psychosocial Development

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

Criteria for Achieving Standard:

1. Activities and assistance that support the children's psychosocial development are based on the individual needs of the children and are laid down in each child's Care Plan.
2. Children are supported to overcome trauma and establish self-esteem and resilience. 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.
3. Children are 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.

Standard 7: Play and Leisure

The child's right to play is upheld. Children can play in a safe and stimulating environment that supports friendships, relations with children from the community and their individual and group developmental needs.

Criteria for Achieving Standard:

1. Children have sufficient time to play in their daily routine. Children are encouraged and enabled to make and sustain friendships with children of their own age outside the RHC.
2. The RHC ensures that every child has access to indoor toys and games and outdoor play equipment that is age-appropriate and supports the development of the child in all aspects. Children have access to a selection of suitable and age appropriate print media (e.g. books and magazines) and electronic media including television and the Internet.
3. Children with disabilities and/or special needs are provided with appropriate toys for stimulation and opportunities to play and relax.
4. Children are encouraged and given opportunities to take part in extramural activities including sporting and leisure interests. Trips out to events for enjoyment or interest are encouraged and organized by staff.

SECTION 2:

CASE MANAGEMENT OF CHILDREN IN THE RESIDENTIAL HOMES

Standard 8: Admission of children to the Residential Homes

Children are only admitted to the RHC with the involvement of and approval from DSW and in accordance with the legislative and regulatory requirements determining when a child needs care and protection (as per the Children’s Act and Regulations).

Criteria for Achieving Standard:

1. Children should be placed in RHC as close to their family of origin as possible, unless this is not in their best interest.
2. Sibling groups are kept intact and live together in the same house/group home as much as possible, unless there are reasons agreed with the DSW for not doing so.
3. Each child who remains in the RHC for more than seven days should have a Care Order. Obtaining the Care Order is the responsibility of DSW, however the RHC needs to ensure that DSW obtains this and should record all communication in this regard where needed.
4. The RHC may admit children in emergency situations but must inform DSW within 24 hours.

Standard 9: Care Plans and Reviews

The care of all children in the RHC must be based on an individual Care Plan, which includes a permanency plan and ensures the child is placed in a suitable environment for a specified period.

Criteria for Achieving Standard:

1. The Care Plan should be developed within four weeks of the child’s admission to the RHC. The DSW Care Plan template should be used to guide the development of this Care Plan with the involvement of the child, the child’s primary caregiver in the RHC and the child’s parents/family where possible and appropriate.
2. The Care Plan must include plans for the reintegration of the child with parents/family within the shortest period possible or placement in foster care, or adoption where there are no other alternatives.
3. The Care Plan must be reviewed and updated every six months, with the involvement of the child, the child’s primary caregiver in the RHC and the child’s parents/family where possible and appropriate. A record of any revisions and updates must be kept on the child’s file.

Standard 10: Reunification with Parents and Family

The RHC openly promotes and is actively involved in supporting DSW to reunify children with their families within the shortest period possible.

Criteria for Achieving Standard:

1. Regular supervised family contact is encouraged to facilitate the reintegration of the child with parents or family.
2. Children and their families are given maximum support from RHC and DSW to prepare for reunification through visits, counselling and preparation of their personal belongings in accordance with their reintegration plan (in the Care Plan).
3. The RHC cooperates with the DSW in providing after-care supervision services to families to help facilitate the child's smooth reintegration, when possible.

Standard 11: Independent Living

The RHC openly promotes and is actively involved in supporting DSW to reunify children with their families within the shortest period possible. The RHC openly promotes and is actively involved in supporting DSW to reunify children with their families within the shortest period possible.

Criteria for Achieving Standard:

1. While the focus should always be on reintegrating children or placing them in foster care or adoption within the shortest possible time, children are continuously prepared for independent living throughout their stay in the RHC and empowered to cope and adapt to life's challenges in the outside world.
2. Children aged 15 years and older are actively prepared for leaving care through special independent living programmes which includes assistance to find appropriate and affordable accommodation and when possible with the basic equipment to start independent life. The RHC ensures that the young people leaving the facility have all their personal documents including birth certificate, National Health Insurance Card and Identity Document/Card.

Standard 12: Case recording

The RHC ensures that an up-to-date comprehensive and confidential case record is maintained for each child in their care detailing the nature and quality of care provided and contributing to an understanding of his/her life events.

Criteria for Achieving Standard:

1. Each child has an individual file which contains the following documents:
 - a) Court orders
 - b) Social Enquiry Report
 - c) Emergency contact information on parents/family

- d) Care Plan with reviews and updates
- e) Case notes
- f) Progress reports from schools
- g) Medical records and important health information on the child
- h) Birth Certificate
- i) And any other relevant documents

2. Each child has a personal logbook with records on significant events. Logging is done daily by the caregiver. The logbook is kept in the possession of the caregiver. The information in the logbook is used for case reviews and updating the child's Care Plan.

3. Confidentiality of children's records is maintained including health records, background reports, care orders, reports about pending investigations and any highly sensitive information. All files are kept in a safe place, ideally a weatherproof cabinet, under lock and key to which only authorized persons have access.

4. The RHC maintains records of children who have been discharged and/or left care for independent living for at least five years after the child has left the RHC.

Standard 13: Reporting on children in care

The RHC monitors the progress of children in care and reports to DSW and other relevant stakeholders in the life of the child.

Criteria for Achieving Standard:

1. All RHC maintain monitoring records on children and report monthly to DSW

2. Significant events are reported to DSW and the child's parents/family (when they are known) within 24 hours of the event. Significant events include the death of a child, injury or illness requiring hospitalization, suspected abuse of a child in the home and abscondment of a child.

3. When any change occurs in the child's life that may influence the child's placement or future (e.g. serious illness, death of parent or guardian) the RHC notifies DSW within 24 hours of the event.

SECTION 3:

RESIDENTIAL HOMES FOR CHILDREN PREMISES AND FACILITIES

Standard 14: Design of Premises and Facilities

Children live in well-designed and pleasant homes with adequate space and the necessary facilities for a range of activities to promote their development.

Criteria for Achieving Standard:

1. The RHC is a small structure serving at the **maximum 30 children** accommodated in small group homes/units, with each unit accommodating not more than seven children.
2. The RHC has adequate space and facilities to cope with the number of children in the home including: kitchen facilities, equipment and utensils; dining facilities that enable children and caregivers to have meals together around the table; leisure space; space and tables for homework; bathroom and toilet facilities; and laundry facilities.
3. The home provides a comfortable living environment and is well-maintained. Furnishings and décor are domestic in style, similar to those found in a Ghanaian family home, and care is taken to create a homely environment.
4. The RHC has separate bedrooms for girls and boys over the age of three years. Children under three years may share bedrooms with those of the opposite sex.
5. There is sufficient space in the bedrooms to comfortably accommodate children and allow them some privacy. There should not be more than four children per bedroom, and less depending on the available space.
6. Each child has his/her own cot or bed for sleeping, with a mosquito net and/or the bedroom should have nets on the windows, and his/her own closet/drawers for clothes and personal belongings.
7. If the RHC accommodates children with disability or special needs, the design of the home should include any necessary and reasonable adaptation to meet the needs of these children. This could include adaptations such as ramps for children in wheelchairs, widening of bathroom doors, handrails in bathrooms etc. However in doing so, homes should seek as far as possible to maintain a domestic rather than 'institutional' impression.

Standard 15: Safety of premises and facilities

The premises provide a safe and secure environment for the children to live and play, including appropriate access to the surrounding community, ensuring their physical safety and security.

Criteria for Achieving Standard:

1. RHC comply with relevant health and safety legislations, including the National Building Regulations 1996 (LI.1630) and Fire Service requirements, and have all the required certificates from the local authorities, specifically the building permit issued by the Works Department of the Assembly and the fire service certificate issued by the Fire Service.
2. The RHC is situated away from public toilets, rubbish dumps, main roads and anything that may pose a health or safety hazard to the occupants.
3. The RHC is housed on the ground floor of a building unless otherwise approved by DSW. If it is not located at the ground floor of the building, it must have bars on the windows and railings on balconies and staircases.
4. The RHC premises are only used for the care of children and not for functions unrelated to the RHC including guest houses, restaurants, bars, shops, churches or other hospitality services. Where the RHC includes a school that is used by community children, the school must be on separate premises to the home.
5. Effective precautions are taken to ensure the security of the RHC from access by unauthorised persons. Effective precautions include a wall or fence around the property and a gate to the property that can be locked if needed. Visitors to the RHC must be required to sign a visitor's book.
6. The home and grounds are kept clean, in good repair and free from hazards.
7. The RHC has a written emergency preparedness plan and staff and children have access to the necessary information regarding safety and emergency situations. Telephone numbers of persons to call in emergency cases are visible near the phone, or, if the RHC doesn't have a landline, then emergency numbers should be on caregivers' cellphones which have sufficient airtime at all times.
8. The RHC has a sufficient number of fire extinguishers as specified by the Fire Service and these are in good repair.
9. The home and its facilities are not identified by signage as being a RHC; this includes, signage outside the home or on buildings in the home, and vehicles used to transport children. ²

² This is for the safety of the children and to prevent community members bringing children for admission to the RHC. It is also to ensure that the RHC provides as homely/family-like environment as possible. Donors who request signage should be made to understand that this requirement is in the best interest of children in residential care.

SECTION 4:

GOVERNANCE, STAFFING AND MANAGEMENT

Standard 16: Statement of Purpose and Policies and Procedures

The Residential Home has a written Statement of Purpose and Policies and Procedures that clearly show a commitment to providing well-managed, small-scale and temporary residential care for children with the explicit goal of reuniting all children with their families and/or placement in foster care or another permanent family arrangement (adoption) within the shortest period possible in the best interest of the child.

Criteria for Achieving Standard:

1. The Statement of Purpose/Objectives clearly describes the RHC policy on reintegrating children in the shortest period possible with their parents/families and/or other permanency arrangements.³
2. A Child Care Policy and Procedure Handbook is in place and includes information on admissions, care planning, discharge, referrals, reportable incidents, the child protection/safeguarding policy and record-keeping and reporting requirements. All staff in the RHC are aware of the contents on this Handbook and have easy access to it.⁴
3. Human Resource Management Policies are in place for all staff. These policies should address recruitment, job categories and descriptions, terms and conditions of service, staff development and training, supervision arrangements and disciplinary procedures. All staff should be aware of these human resource management policies.

Standard 17: Legal Identity and Governance

The RHC has a clearly defined legal and organizational identity, which reflects its residential care activities, and its good standing and reputation in the community as a child care service provider. Governance arrangements include an external Management Committee, which oversees its operations and ensures that it functions in an accountable and transparent manner.

Criteria for Achieving Standard:

1. Any person or an NGO may establish and operate a home for the care of children subject to the approval of the Minister. All privately run RHC are registered with the Registrar General as a Trust and are also registered as NGOs with the Department of Welfare's. These registrations are renewed annually (or as prescribed). All RHC must be registered as a NGO.
2. The NGO Constitution clearly reflects its objective to provide residential care in the community. It also provides information on when and how the NGO was formed, its expertise and areas of competence, and the management and regulatory arrangements of the NGO.⁵

³ The Guidelines in annex B aim to guide the development of this Statement of Purpose.

⁴ The Guidelines in annex C provided by the Department should be used as a guide to prepare this Child Care Policy and Procedure Handbook.

⁵ The NGO Constitution is not the same as the RHC Statement of Purpose

3. The Board of Directors has clearly specified terms of reference including number and criteria for selection of members, decision-making powers and frequency of meetings.⁶

4. RHC which operate as family “businesses” are not encouraged e.g. founder is the manager and family members are employed in as staff in management, caregiving or other positions. These kinds of arrangements create potential conflicts of interest in the management of staff and ensuring staff accountability.

5. Where the RHC also operates a day care center, school for children in the RHC, these facilities are registered with the Department of Social Welfare and Ministry of Education, respectively

Standard 18: Transparent, accountable and sustainable operations

The RHC manages its operations in a transparent, responsible and accountable manner, ensuring the continuity of services for children in its care.

Criteria for Achieving Standard:

1. The RHC is able 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).

2. A written crisis management plan is in place. The crisis management plan identifies all the possible risks to the continued operations of the RHC and provides a plan to which clearly outlines what would happen to facilities and children should the RHC cease to exist in the event of, for example, a funding crisis or the death of the owner/proprietor.

3. Pictures of children and personal stories are never used for fundraising purposes. Children are not used to raise funds directly e.g. making requests at community meetings or from local or international visitors.

4. The strategy of raising funds through donations linked to individual children is prohibited. This practice can complicate plans to reunify the child with family and the practice of sharing reports on the circumstances and progress of individual children in the RHC writing with donors is a violation of their right to confidentiality. RHC income generating activities should not involve children, unless participation in the activity has benefits for the child in line with his/her Care Plan.

5. The RHC produces a donation book that records all donations in cash and in kind received from individuals and organizations.

6. The RHC produces an annual report that is sent to DSW by 30 January.

7. The RHC produces an annual audited financial report (audited by an external auditor) that is sent to DSW together with the annual report. This audited financial report includes all incoming funds including donor grants, donations from the public (financial and material) and income from other sources e.g. income-generation activities or owner business.

⁶ Members of the Board of Directors can include: the manager of the RHC, respected religious and business leaders, community members with relevant skills such as accounting and fundraising and should include a social worker (but not a Departmental Social Welfare Officer as this could create a potential conflict of interest). Board of Directors members should, as far as possible, not be related to the management or staff of the RHC.

Standard 19: Staffing and Human Resource Management

The RHC staff has the necessary management skills and the necessary knowledge and experience of child care to ensure a professional child-focused service is provided. Everyone working in the RHC, including the manager/s, caregiver and support staff, are people suitable to work with children and can safeguard and promote their welfare.

Criteria for Achieving Standard:

1. The management structure of the RHC is clearly described and a system for the supervision of all staff is in place

2. The Manager of the home must have relevant qualifications and appropriate human resources and financial management skills and experience to carry out his/her tasks. As a minimum requirement, the manager must have completed senior high school and have at least one management related diploma. The Manager of the home should have at least five years management related experience, especially management of finances.

3. The RHC management team⁷ should collectively have appropriate knowledge and experience with regard to administration, financial management, alternative care, case management and childcare. Management team members should all have completed senior high school and have at least one relevant certificate. The size of the management team will depend on the size of the facility.

4. All RHC must employ a social worker to manage the cases of children in care in close consultation with the District Social Welfare Officer case manager, including the development and review of Care Plans and plans for the reintegration of children or placement in foster care or adoption.

5. All caregivers are at least 21 years old.

6. The RHC ensures that all 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. Essential knowledge and skills include:

- Basic caregiving skills, including building trusting and caring relationships with children.
- Positive behaviour management.
- Prevention of transmittable diseases and first aid.
- Reunification – specifically the role of the caregiver in supporting this process.
- Recording daily events in children’s logbooks.

7. Everyone working in the RHC has documented clearance from the police OR in the absence of this, two references from citizens from the community with high moral characters and proven integrity 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.

8. Everyone working in the RHC, including the management team, caregivers and support staff, have documented health screenings. Staff must be medically examined for communicable diseases before being employed by the management of the home and annually thereafter. If a member of staff is found to have a communicable disease, the staff member shall be excused from duty until declared fit by a registered medical practitioner.

⁷ Note: The RHC management team is not the same as the RHC Management Committee. The management team is made up of staff of the RHC, while the Management Committee are external to the RHC.

9. The RHC is a fair and competent employer with clear and transparent arrangements for contracts, salaries, benefits and leave provisions, which are in line with Ghanaian laws, in particular the minimum wage and leave requirements. These working conditions are laid down in staff employment/working contracts.

10. The RHC provides staff with access to regular development and training opportunities, including an orientation and induction programme, to enhance individual skills and to keep all staff, including managers, up to date with professional and legal developments.

Standard 20: Volunteers

The RHC ensures that the contribution of volunteers, where used, is always in the best interest of children and ensures that the potentially negative impacts on children's attachment to permanent staff are reduced as much as possible. Volunteers are never a source of income for the RHC.

Criteria for Achieving Standard:

1. The RHC must ensure that only trained and experienced, preferably professionally trained, volunteers are utilised. Suitable professions include: social work, psychology, pedagogy, medical care, education and occupational therapy.

2. Volunteers must not be younger than 21 years of age. They should have suitable life experience to be able to understand difficult stories and events, such as assaults, abuse, severe disabilities, and to be able to respond to these issues adequately.

3. Volunteers should stay for a minimum period (**at least three months**) and should come for specific tasks: for example, to support the set-up of a psychosocial support project for children processing the death of parents (social workers/psychologists), or to set-up a workshop to create tools for children with disabilities (occupational therapists) or to develop child participation mechanisms or strengthen case management systems (social workers). During their tasks they should always work under supervision and in close collaboration with RHC and DSW staff to exchange knowledge and experience.

4. Volunteers **must never** work as caregivers for the children. The daily care of children must be left to the caregivers. Volunteer interaction with children must not undermine the children's attachment to permanent staff.

5. Volunteers must have a (international) Criminal Record Check and a doctor's statement declaring that he/she is physically and mentally fit enough to take on the tasks required.

6. The RHC must submit the volunteers' profile/application to DSW before s/he arrives for their approval. **No volunteer may work in a RHC without the knowledge or approval of DSW.** DSW should provide written approval for the volunteer.

The image features a minimalist design with a teal background. A dark green, curved shape overlaps the teal from the top right. The word "ANNEX" is centered in a white, bold, sans-serif font.

ANNEX

ANNEX A:

GUIDELINES FOR CHILD SAFEGUARDING POLICY AND CODE OF CONDUCT FOR RESIDENTIAL HOMES⁸

The first step that an organization can take to ensure that it is “child safe” is to have written policies and procedures.

These policies and procedures should be developed with the input of children and staff and must comply with international standards meant to preserve the dignity and worth of children (for example, the Convention on the Rights of the Child).

The policy must be reviewed, updated, and revised as and when needed.

A child safeguarding policy should include:

1. Recognition of the rights of children.
2. A written staff behaviour code of conduct that includes:
 - Do’s and don’ts for staff/volunteer behaviour including positive disciplinary procedures, as well as a list of unacceptable disciplinary measures.
 - Procedures for investigating allegations of inappropriate staff/volunteer conduct.
 - Clear consequences for staff/volunteers failing to follow the code of conduct
 - Staff members, volunteers, interns, and board members must read, understand, and sign the policy.
3. Anti-bullying policies and procedures that includes:
 - How to raise awareness about bullying and create opportunities to talk about bullying.
 - Procedures for investigating incidents and guidelines for listening.
 - Clear roles and responsibilities for staff members if bullying is reported.
4. Guidelines on the use of photos and stories for communications and fundraising.
5. Guidelines on ensuring online safety when using Internet and cellphones etc.:
 - Consideration to be 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.
 - RHC should not have 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.
6. Guidelines on communicating the policy to all children, staff and volunteers.

The following sample child protection/safeguarding policy can assist organizations in developing a comprehensive code of conduct and consequences for breaking it.

⁸ For more information see: The Global Fund for Children Child Protection Manual: Resources to Make Your Organisation Child Safe, 2014. <http://www.globalfundforchildren.org/grassroots-partner-resources/child-rights-protection-resources/>

SAMPLE CHILD SAFEGUARDING POLICY FOR RESIDENTIAL HOMES.

NAME OF INSTITUTION:

Our commitment to protect children

Values, Principles and beliefs:

- All child abuse is an 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.

- Awareness - we will ensure that all staff and others are aware of the problem of child abuse and the risks to children.
- Prevention - we will ensure, through awareness and good practice, that staff and others minimize the risks to children.
- Reporting - we will ensure that staff and others are clear what steps to take where concerns arise regarding the safety of children.
- 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 of all staff and volunteers for working with children.
- 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.

RESIDENTIAL HOMES FOR CHILDREN CODE OF CONDUCT

ACCEPTABLE ADULT BEHAVIOUR IN RELATION TO CHILDREN:

Staff/volunteers/consultants/partners should always:

- Empower children – discuss their rights with them, acceptable and unacceptable behaviour from adults and other children, and what they can do if there is a problem.
- Be loving, caring and responsible.
- Demonstrate encouragement and motivation.
- Show equal treatment of boys and girls.
- Try as much as possible to involve children in decision-making and allow children to make their own decisions with guidance from adults particularly about their own lives.
- Be a positive role-model.
- Talk to children about their contact with staff or others and encourage them to raise any concerns.
- Be aware of situations that may present risks to children and manage these.
- 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 among staff so that poor practices or potentially abusive behaviour does not go unchallenged.
- Be sensitive to acts of abuse, and be aware of and act on to children’s concerns and complaints immediately.
- Use positive discipline methods (**see Box below**).

Positive Discipline Methods

- Separate the behaviour from the child i.e. not labeling the child.
- Give praise when children obey rules/instructions or when they do things well. This encourages children to model their behaviour on positive reinforcement, and it also encourages them to learn self-discipline.
- Use natural and logical consequences e.g. if you come home late this will happen.
- Respond to situations rather than reacting. This includes being proactive rather than reactive and taking the context into consideration.
- Focus on the strengths of the inappropriate behaviour. For example, an overactive child could be engaged in dancing or karate
- Use routines and house rules/house policies, which provide structure and predictability to the child’s daily life and helps children to feel safe and know what is expected of them. Explain the reasons behind the rules in your home and give the child an opportunity to ask questions. Children are more likely to respect the rules and expectations when they understand the reasons behind them.
- Practice what you preach. For example, if children in your care are not allowed to use foul language then neither should you.

- Be realistic in what you expect from children at different ages and don't punish them for things they cannot be expected to know or do.
- Give consequences that fit the behaviour, and the age and developmental level of the child. For example, keep time-scales to a minimum (one minute for every year of the child's life, so a 6-year-old should not have a punishment longer than six minutes); and bring the punishment to an end and move on. Or, if a child didn't clean his room, it would be more appropriate to tell the child that he cannot go play at the park before he cleans his room than to simply prohibit the child from playing at the park. In this case, your response is connected to the child's behaviour and will make more sense to the child.
- Encourage children to solve their own problems, including using a 'restorative justice' approach, which aims to involve both 'victim' and 'offender' in meeting together to devise a plan on how to repair harm caused, or relationships hurt. At the same time, plans to prevent future misbehaviour can also be developed.
- Be consistent in your expectations and follow through. If you say you're going to do something, do it.
- Use positive words about the children in your care. Naming, bad-mouthing and humiliation lead to lower self-esteem and can become self-fulfilling prophecies.
- Negotiate a compromise. Think: 'How important is this? Does it affect the child's safety?'
- Use guidance and counselling methods, especially with older children. If needed, call on a senior member of staff or someone the child respects and ask this person to discuss the negative effects of the child's behaviour with him/her.
- Children learn by doing, so it might help to give the child a non-abusive task to perform, preferably one related to what s/he has done wrong. A child who has to fix, clean or tidy something that he or she has broken or dirtied is less likely to repeat that behaviour in future – but the task should be age and developmentally appropriate and children should not be made to perform domestic labour.

UNACCEPTABLE ADULT BEHAVIOUR IN RELATION TO CHILDREN:

Staff/volunteers/consultants/partners should never:

- Spend excessive time alone with children away from others.
- Take children to their home, especially where they will be alone with the children.
- Develop physical or sexual relationships with children.
- Hit or otherwise physically abuse children.
- Behave in a manner, use language, make suggestions, or offer advice that is inappropriate, sexually provocative, offensive, or abusive
- Have children with whom they are working stay the night at their home unsupervised.
- Sleep in the same bed as a child with whom they are working.
- Do things for children of a personal nature that they can do for themselves.
- Act in ways intended to shame, humiliate, belittle, or degrade children, or otherwise perpetrate any form of emotional abuse.
- Beat or otherwise hurt children.
- Discriminate against, show different treatment toward, or favor particular children to the exclusion of others.
- Perpetrate psychological or emotional abuse.

- Expose children to pornography.
- Expose children to hazardous work.
- Stigmatize children.
- Exploit children through child labour, sex work, or domestic work.
- Discriminate between children of different genders (for example, punishing pregnant schoolgirls, favouring boy children or girl children).
- Neglect children (for example, not meeting children’s needs, or not offering adequate care to children).
- Infringe on children’s rights (for example, their rights to privacy and confidentiality).
- Involve children in harmful practices (for example, female genital mutilation).
- Condone or participate in behaviour with children that is illegal, unsafe, or abusive.
- Use prohibited discipline methods (**see Box below**).

Prohibited Discipline Methods

- Use any physical discipline, which includes spanking or physical force of any kind.
- Use physical restraint 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. Physical restraint is only used to prevent likely injury to the child concerned or to others, or likely serious damage to property.
- Use food as a bribe to get children to conform to accepted behaviour or to show preference or as a punishment.⁹
- Withhold necessary clothing, rest, toilet use, or entrance into home.
- Ridicule a child for any bed-wetting or lapses in toilet training.
- Apply any substance, which would cause a child to be burned (e.g. peppers).
- Confine the child to an area such as a closet or a locked room.
- Place any item in the child’s mouth (soap, hot sauce).
- Verbally abuse, make threats, or negative remarks about child or his or her family.
- Deny necessary educational, medical, counselling or social work services.
- Withhold parental or sibling visitations.
- Allow punishment by peers or siblings.
- Use any form of discipline that produces adverse side effects (illness, severe emotional or physical stress, physical damage).
- Threaten a child with removal from the home.
- Force a child to participate in religious practices that he/she does not belong to.

⁹ Using food as a reward or as a punishment can undermine healthy eating habits that children need to learn. Giving sweets, chips, or soda as a reward often leads to children overeating foods that are high in sugar, fat, and empty calories. Worse, it interferes with their natural ability to regulate their eating. It also encourages them to eat when they’re not hungry to reward themselves. Offering otherwise off-limits food as a reward or special treat is also confusing. Children hear that they’re supposed to enjoy foods that are good for them and avoid foods with little nutritional value. Being told that they can indulge in foods that are unhealthy for them as a reward for doing something good sends a mixed message. They may also start associating unhealthy foods with certain moods—when you feel good about yourself, for instance, it’s all right to reach for a sweet. Source: Why Parents Shouldn’t Use Food as Reward or Punishment, University of Rochester Medical Center: <https://www.urmc.rochester.edu/encyclopedia/content.aspx?ContentTypeID=160&ContentID=32>

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 center.

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:

If there is sufficient evidence to support the initial report:

1. Have all steps been taken to protect the child involved?
2. 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.
3. 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:

1. Confronting the accused person while ensuring the protection of the child.
2. Reporting the concern to the Manager or in his absence to the Assistant Manager.
3. 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.
4. 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.
- (2) The Deputy Director (Child and Family Welfare Directorate)
Department of Social Welfare,
P. O. Box M230,
Accra.
- (3) The Coordinator
Care Reform Initiative,
P.O. Box M230
- (4) The Regional or the Social Welfare Office in the district where the abuse occurred.
- (5) The Regional or District DOVVSU Office or the Police Station in the district where incident occurred.
- (6) Ministry Hotline: **080 0800800** or **080 0900900**

ANNEX B:

GUIDELINES FOR RESIDENTIAL HOMES STATEMENT OF PURPOSE

RHC Statements of Purpose must describe:

- 1) A brief history of the RHC, why it was established, when it was established and who established it.
- 2) The RHC provider's aims and objectives in providing the service. The aims and objectives must include a statement about how the RHC intends ensuring that the facility will only accept children for whom residential care is the last resort and only for the shortest period possible.
- 3) Details of the beneficiaries served including:
 - Target of children served e.g. children with physical and/or intellectual impairment, children rescued from trafficking. Details should also be provided on the type of children that the RHC will not cater for e.g. children with disabilities.
 - Age of children served.
 - Number of children to be cared for.
- 4) The care and protection needs of children that the RHC will meet, including:
 - Child safeguarding and protection
 - Child participation
 - Education
 - Health and Nutrition
 - Psychosocial Development
 - Play and leisure
- 5) The provider's and any managers' full name(s), business address (es), telephone number(s) and (where available) email address (es).
- 6) Details about the legal status of the provider (for example, whether they are a registered NGO).
- 7) The address DSW must use to send formal documents to providers and managers. Formal documents include inspection and monitoring reports.

The information in Statements of Purpose must always be accurate and up to date.

ANNEX C:

GUIDELINES FOR RESIDENTIAL HOMES CHILD CARE POLICY AND PROCEDURE HANDBOOK

The Residential Homes for Children (RHC) Child Care Policy and Procedure Handbook must provide guidance to RHC staff on the following matters:

(1) Referrals

- How will referrals from Department of Social Welfare and other sources be received and processed?

(2) Admission of children

- Criteria for admitting children? Admission criteria should not discriminate on the basis of gender, race, culture, religious background or physical and health status (unless the RHC is not set-up to provide the necessary care to children with disabilities/special needs, in which case this needs to be stated).
- Process of admitting children? Process needs to ensure that:
 - Children are only admitted to the RHC with approval from DSW
 - In emergencies, the RHC can admit children but must inform DSW within 24 hours
 - Where children are admitted from other Regions there is a valid reason for this and it is documented on the child's case file.

(3) Reunification of children

- What steps does the RHC take to ensure that as far as possible children are reunified with their families and/or placed in foster care in the shortest time possible?

(4) Discharge of children

- How are children formally discharged from the RHC?

(5) Significant events

- How are significant events managed and reported and within what time-frames? Significant events include:
 - Death of a child.
 - Serious injury or illness (including mental health condition).
 - Abscondment.
 - Pregnancy.
 - The system to manage significant events needs to include informing parents/family and DSW.

(6) Care of children

- What are the roles and responsibilities of primary caregivers?
- How will the allocation of caregivers to children support their need for one consistent adult with whom they can form a healthy attachment?
- How will the RHC ensure the required ratio of children to caregiver is met? 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.
- How will the RHC ensure that children are able to participate in decision-making about their own lives and the operations of the RHC?
- How will the RHC ensure that children of different religious or cultural backgrounds to either the majority of other children in the RHC or the religious outlook of the RHC will be allowed to practice the religion/culture of their choice?

(7) Volunteers

- Policy needs to be clear on the role of volunteers, specifically that volunteers are never primary caregivers and attachment figures for the children but may support additional activities.

(8) Contact with family and friends

- DSW provides written permission to families, friends and mentors before they take the children with them
- Families, mentors and friends who wish to spend weekends and vacations with children in their homes need to be screened by DSW.



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